

**STAGES OF SUFFERING: PERFORMING ILLNESS IN THE  
LATE-NINETEENTH-CENTURY THEATRE**

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Few life occurrences shaped individual and collective identities within Victorian society as critically as suffering (or witnessing a loved one suffering) from illness. Boasting both a material reality of pathologies, morbidities, and symptoms and a metaphorical life of stigmas, icons, and sentiments, the cultural construct of illness was an indisputable staple on the late-nineteenth-century stage. This dissertation analyzes popular performances of illness (both somatic and psychological) to determine how such embodiments confirmed or counteracted salient medical, cultural, and individualized expressions of illness. I also locate within general nineteenth-century acting practices an embodied lexicon of performed illness (comprised of readily identifiable physical and vocal signs) that traversed generic divides and aesthetic movements. Performances of contagious disease are evaluated using over sixty years of consumptive Camilles; William Gillette's embodiment of the cocaine-injecting Sherlock Holmes and Richard Mansfield's fiendishly grotesque transformations in the double role of Dr. Jekyll and Mr. Hyde are employed in an investigation of performances of drug addiction; and the psychological disorders enacted by Henry Irving and Ellen Terry at the Lyceum Theatre serve as the centerpiece of an exploration of performances of mental illness. Each performance type is further illuminated using a dominant identity category: I contend that contagion was subtly tethered to notions of nationality and boundary crossings, Victorian class strata informed performances of addiction,

and prevailing understandings of the masculine and feminine inspired the gendering of mental illness categories.

In an age in which the expansion of physician authority and the public's faith in the findings of medical science encouraged a gradual decentralization of the patient from her own diagnosis and treatment, I see Victorian performances of illness as potentially curative. Even on the popular stage, where the primary objective was to entertain, performances of illness crucially restored the patient and his illness (both figuratively and literally) to center stage in ways unsurpassed by the period's novelists, painters, social reformers, and journalists. The difficulty of articulating experiential suffering with words or brushstrokes was partially ameliorated in theatrical enactments of illness. After all, theatre's very nature guarantees that when words fail, bodies take up the cause.

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## ACKNOWLEDGEMENTS

When I was a little girl, my mother's nickname for me was Camille. It was, I'll concede, a fitting one. Given to overdramatic displays of emotions, from effusive joy to smoldering indignation, I never left my parents uncertain as to my mood. My forte, you may surmise from my nickname, was pathos. I learned my first French words because of these theatrics. "Pauvre petite, vous n'avez pas de chance, vraiment," my amused (or perhaps bemused) mother would say to her Camille: "Poor little one, you never had a chance, really." After months of researching the character of Camille, I now understand that my nickname was actually a term of endearment. Yes, from our modern perspective she seems a little ridiculous, a little operatic, perhaps even a little cringe-worthy. But to thousands of nineteenth-century theatergoers, Camille was beloved for her sincerity, her passion for life, and her inability to wear her heart anywhere but on her sleeve. If I can partake in even a portion of Camille's legendary *joie de vivre*, I will count myself as very fortunate indeed. My first and largest expression of gratitude is for my remarkable mother, Katherine Kendall, whose support of my life pursuits has been tireless and wholehearted.

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security guards, affable conversationalists whose friendly faces I still remember nearly a year later. Stateside I was aided by the hardworking research and enviably organized circulation staffs at the Billy Rose Theatre Collection in the New York Public Library for the Performing Arts (BRTC), Micah Hoggatt at the Harvard Theatre Collection (HTC) and Bill Daw at University of Pittsburgh's Curtis Theatre Collection.

Finally, my heartfelt appreciation goes to family members near and far, living and departed. My grandmother, Marian Scott Kendall (1919-1998), earned a PhD in educational psychology while caring for a husband and two children in the 1960s. Spirited and uncompromising (in the best sense of the word), she remains my academic inspiration. My father and stepmother, Michael and Margaret Zinsser, are seemingly inexhaustible founts of love and support. I thank them for the numerous phone calls, Sunday dinners, and much-needed laughter. My sister Rhian Virostko, the wisest person I know, and stepsister Mindy Wright, my kindred spirit, graciously kept me connected to the world outside of the library. This dissertation is dedicated to my two main men. To my husband Ryan, whose load was unduly heavy these last two years, and who coped with it with exceptional selflessness, patience, and humor. And to my darling boy Milo Rhys, who spent his first few months of life sweetly sharing his Mommy with her other baby. Just which baby kept her up more at night remains a mystery.

## 1.0 INTRODUCTION: MEDICINE AND MIMESIS

The scene: A lodging-house at night. Clusters of sleeping lodgers overcrowd the room. Above the slumberous group hovers Typhus, whose work is interrupted by a disembodied voice:

CHOLERA (*without*):

Sister! Sister!

TYPHUS:

I am here,

Doing my work for to-morrow's bier.

Nine and seven lie each in a row –

Two are gone, and two will go.

CHOLERA (*enters*):

Sister! Sister! you work too slow;

For here, where the tide has left its slime

To mix with the filth of a hundred drains,

And the hovels are rotting in damp and grime,

While the landlord is counting his daily gains,

And his slaves are groaning with chronic pains,

You linger about, till famine and gin

Must finish the work which you begin.

TYPHUS:

Chide me not, Sister! My work is sure.

The days are many since last you came;

But you pass'd away, and your fearful name

Was soon forgotten; but I endure.

The “sisters” then debate the virtues of their disparate methods of dispatching unsuspecting humans by the scores. They discuss their victims (Typhus prefers the poor, dirty, and undernourished, while Cholera claims to be an equal-opportunity assassin), the different paces with which they carry out their handiwork, and the auspicious ignorance of society as to the sisters’ true identities and nefarious activities. However, Typhus avows that their carefree days are numbered: “The rich and the poor will both get wise; / And the Law will open its hoodwink’d eyes.” Once that happens, “They will drain their streets, and build their schools, / And hunt us out.” Cholera dismisses Typhus’s fears, reminding her sister that “Twice warned, the fools / Still keep us here, and they still will keep” because “*Laissez-faire* still rules the land.”<sup>1</sup> Entitled “Typhus and Cholera – An Eclogue,” this allegorical tête-à-tête appeared in the September 24, 1853 issue of *The Times* of London, a year before the infamous Broad Street cholera outbreak killed hundreds in the city’s Soho district. Though *eclogue* is a short poem or pastoral dialogue, the conversation between these two epidemiological horrors is constructed, both on the physical page and in its structure and progression, as a scene fit for the Victorian playhouse. The author (identified only as “S. T.”) provides the requisite scene description as well as stage directions for its characters; both diseases speak in verse, a simple rhyming pattern that aesthetically counters the theme of their gruesome exchange; and the piece concludes with a moralistic message: the plagues of humankind profit from sociopolitical abstentionism on the topics of public health and sanitation reform.

The popular press of the nineteenth century, which encompassed both “legitimate” newspapers including *The Times* and satirical periodicals like the irreverent *Punch, or the*

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<sup>1</sup>“Typhus and Cholera – An Eclogue,” *The Times*, September 24, 1853, Times of London Digital Archive, 1785-1985 (CS167938360).

*London Charivari*, was perhaps a better barometer of societal trends and cultural anxieties than the era's legislative measures, and a perusal of the headlines reveals that late-Victorian public discourse was dominated by three major topics: politics, health, and the theatre. The latter two claim the focus of this dissertation. At first glance, medicine and theatre would seem unlikely bedfellows. One occupies the scientific realm of empirical thought, the other the artistic realm of ephemeral experience. One deals directly with matters of life and death, the other in their representation. One aspires to bandage wounds, the other often to expose them. However, the two fields intersect in ways both literal and symbolic: both potentially diagnose and treat society's ills; their best practitioners are skilled communicators and expert observers of human behavior; and to be truly effective, both disciplines must commingle science and art, innovation and tradition, the personal and the public. Medicine and theatre have also long been bonded metaphorically: emotional performances are *infectious* and gestures are *symptomatic*; disorders can be "*faked*" and the sufferings of the ill are at times *aesthetic*, at others *tragic*. Though I do not wish to overextend the association, my dissertation aims to illuminate common threads stretching between these two ostensibly isolated topics by reconstructing theatrical performances of illness on the late-nineteenth-century stage.

Western perceptions of illness shifted fundamentally during the Victorian period, thanks in large part to an unprecedented confluence of medical discoveries and innovations. The first and perhaps most revolutionary of these was the supplanting of the miasmatic theory of disease by germ theory. Miasmaticists believed that disease was dispersed by polluted air bearing particles of decomposed matter (*miasmata*). As Steven Johnson notes in *The Ghost Map: The Story of London's Most Terrifying Epidemic – and How It Changed Science, Cities, and the Modern World*, the miasmatic theory was fiercely championed by scientists, journalists, and social

reformers alike, who pointed to the foul-smelling air endemic to squalid neighborhoods as proof that airborne miasmata caused urban outbreaks of cholera, diphtheria, and dysentery.<sup>2</sup> Though it injuriously thwarted attempts by contagionists to convince the public of disease's person-to-person transmission, the miasmatic theory did lead to sanitation reforms that substantially improved urban living. After decades of debate, the experiments of Louis Pasteur, Robert Koch, and Joseph Lister offered irrefutable evidence of the existence of microorganisms, including malignant types of bacteria and viruses. With Koch's 1880s discoveries of the *Vibrio cholerae* and *Tubercle bacillus*, germ theory permanently ousted miasmatic theory, ushering in a period of sweeping scientific breakthroughs.

Conceptions of illness also transformed monumentally with the inclusion of drug addiction into the inventory of medically treatable diseases. In the early-nineteenth century, the abuse of alcohol or drugs evinced a shaming moral failure or weakness of willpower, and addicts were often treated solely for the unpleasant symptoms of habitual use, not for the eradication of the addiction itself. "However," remarks Lawrence Driscoll, "by the second half of the century doctors were moving into the center of the [treatment] equation and 'drug addiction,' now heavily discussed and debated, became a 'medical growth area' as medical textbooks emerged containing sections on this new disease of 'morphinism.'"<sup>3</sup> Ironically, many Victorian drug addicts developed their dependencies through the over-prescription of cocaine and opiates for a startling number of physical complaints by medical professionals. The rapidity with which some ameliorative narcotics were transformed into injectable elixirs for recreational pleasure shocked

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<sup>2</sup> Steven Johnson, *The Ghost Map: The Story of London's Most Terrifying Epidemic – and How It Changed Science, Cities, and the Modern World* (New York: Riverhead Books, 2006), 121.

<sup>3</sup> Lawrence Driscoll, *Reconsidering Drugs: Mapping Victorian and Modern Drug Discourses* (New York: Palgrave, 2000), 13.

the medical community, whose members scrambled to maintain control over the growing *fin-de-siècle* drug market. A gradual recognition of addiction's biochemical consequences (and its responsiveness to medical treatments) prompted its re-categorization as a disease requiring professional intervention.

The third in this tripartite series of medical revolutions occurred in the field of psychology. Indeed, for many the late-nineteenth century marks the birth of modern psychology. While pseudo-sciences like phrenology and mesmerism captivated credulous imaginations at the mid-century, more "legitimate" scientific systems like evolutionary psychology (emerging from Darwin's *Origin of Species*) and theories of memory (originating from German physician and "father of experimental psychology" Wilhelm Wundt's controversial work) contributed to an expanding discourse on the philosophy of the mind. In England, two theorists helped change the landscape of psychological studies, one by moving away from largely philosophical conjectures to experience-based psychology (Alexander Bain) and the other by arguing for a physiological foundation for psychological disorders (Herbert Spencer). French neurologist Jean-Martin Charcot, the reputed "Napoleon of neuroses," also greatly impacted the field of psychology, particularly in his notorious work on hysteria. Believing that hysteria was the product of a weak neurological constitution and triggered by a traumatic life event, Charcot used hypnosis (a newer model of mesmerism) to induce his patients' hysterical symptoms so as to scrutinize them more thoroughly. Starting in the 1890s Charcot's most famous pupil, Sigmund Freud, began to revolutionize the diagnosis and treatment of mental illness through the creation of psychoanalysis.

Of course, the relentless pursuit of scientific and medical innovation was not without its drawbacks. As the twentieth century grew nearer, the institution of medicine ballooned in size



and stature, bifurcated into specialties, improved its technological gadgetry, and swallowed up traditionally non-degreed professions (like gynecology's appropriation of midwifery). The profession's unprecedented growth in the late-nineteenth century resulted in detrimental alterations to the practice of medicine. The expansion of physician authority and the public's faith in the findings of medical science encouraged a gradual decentering of the patient from her own diagnosis and treatment. For many eighteenth-century doctors, the patient's personal testimony and any visible symptoms were often the only clues in determining ailments, but soon microscopes and blood tests displaced the patient's illness narrative and even at times the physical examination as the Victorian physician's preferred diagnostic tools. As Claudine Herzlich and Janine Pierret articulate in *Illness and Self in Society*, "Now that the symptoms became the means of determining the nature of the illness, they ceased to be the expression of an indissoluble and specific link between the sufferer and his illness. The 'sick man' seemed to disappear from the medical cosmology as the clinical discourse began to take shape."<sup>4</sup> Moreover, the devaluation of the patient, coupled with the strengthening of physician authority, fundamentally altered the traditional doctor-patient dynamic; many clinicians now assessed patients from a "professional" distance in order to disengage their sympathetic response to human suffering. The practice of quarantining (either to prevent the spread of contagion or to remove the sufferer from hazardous surroundings) and institutionalizing (particularly for psychological disorders) further reduced the visibility of the ill in society. These shifts profoundly de-romanticized and stigmatized illness at the turn-of-the-century and beyond.

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<sup>4</sup> Claudine Herzlich and Janine Pierret, *Illness and Self in Society*, trans. Elborg Forster (Baltimore: Johns Hopkins University Press, 1987), 30.

Athena Vrettos states in her introduction to *Somatic Fictions: Imagining Illness in Victorian Culture*, “The ways in which [Victorians] talked about health and disease are not only issues of medical history, but also forms of cultural fiction making. ...I am thus more concerned with the imaginative configurations through which Victorian culture understood illness than with the historical reality of individual symptoms or the retrospective accuracy of medical diagnoses.”<sup>5</sup> Vrettos’s focus is my own. Some studies of Victorian illness expertly detail the period’s multitudinous categories of disorders and diagnoses, modern medicine’s rapid expansion, and the evolving doctor-patient relationship and still miss medicine’s implications for cultural fiction-making entirely. After all, “illness, health, and death [can] not be reduced to their ‘physical,’ ‘natural,’ or ‘objective’ evidence,” write Herzlich and Pierret, “...they do not escape the impact of society.”<sup>6</sup> As Michel Foucault and Susan Sontag famously theorize, few life occurrences shaped individual and collective identities within late-Victorian society as critically as suffering (or witnessing a loved one suffering) from illness. Inscribed with an immense metaphorical potential that guaranteed its primacy within contemporary cultural imaginations, illness was, as Herzlich and Pierret argue, a “human construct,” and the sick person “a social being.”<sup>7</sup> Through various cultural avenues, Victorians engaged in “a general dialogue about sickness and health, whether through sustained representations of physical affliction and exertion or passing metaphors of bodily sensitivity and threat.”<sup>8</sup>

One such avenue was the theatre. However, despite the abundance of related sources on illness and Victorian culture emerging from the fields of literature, the history of medicine, and

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<sup>5</sup> Athena Vrettos, *Somatic Fictions: Imagining Illness in Victorian Culture* (Stanford: Stanford University Press, 1995), 3.

<sup>6</sup> Herzlich and Pierret, *Illness and Self*, xiii.

<sup>7</sup> *Ibid.*, xiii.

<sup>8</sup> Vrettos, *Somatic Fictions*, 1.

cultural studies, there is a conspicuous paucity of theatre scholarship examining how dramatic interpretations of illness reflected, subverted, or re-imagined culturally salient constructions of illness. Several reasons for this imbalance can be theorized. Before the advent of psychological realism, Western playwrights rarely made explicit mention of illness in their scripts. That is, a character's physical or mental suffering was not interwoven into the fabric of the text via overt dialogue or graphic stage directions; rather, the construction of staged illness was under the general purview of the actors. For nineteenth-century theatre scholars who prize texts over performances, this factor perhaps deters prolonged deliberations on Victorian staged illness. I also suspect the popular theatre's reputation for inartistic superficiality dissuades scholars from identifying within its scripts and auditoriums themes of perceived gravity and import (like illness). Similarly, the efforts made by popular performers to research illness through real patient observation were often devalued as calculated publicity stunts by the Victorian press; this attitude appears to have been adopted by a circle of historians who fail to recognize the earnestness by which some actors prepared their illness roles.

This dissertation considers performances of illness on the Anglo-American stage spanning the years 1850 to 1914. In order to distill this unwieldy assortment of portrayals into interpretable categories, I will differentiate between three popular types of staged illness: disease and contagion, addiction, and mental illness. These categories purposefully coincide with the three aforementioned areas of Victorian medical innovation, and each will be analyzed through historical reconstructions that illuminate how illness was conceived of, rehearsed, and performed by some of the popular theatre's most notable actors. By dividing the dissertation in three separate but interfacing areas, I seek to isolate from general acting practices an embodied lexicon of performed illness that traversed generic divides. It is my contention that this performative

lexicon, comprised of readily identifiable physical and vocal signs, was both durable and flexible, adaptive to changing cultural trends and medical innovations. To offer an example cited by Katherine Kelly and Stanton Garner, the germ theory of disease and the most crucial period of the medical field's professionalization (both significant blows to the romantic potency of Victorian illness) immediately preceded the rapid expansion of psychological realism in the 1880s, an aesthetic shift that ushered in more unaffected performances of illness.<sup>9</sup> Yet while compiling this lexicon will occupy a portion of this dissertation, I am ultimately concerned with how these performances assimilated with or counteracted leading medical, cultural, or individualized expressions of illness. To this end, I have chosen to survey a dominant identity category within each performance type. I contend that contagion was discursively and theatrically connected to notions of nationality and border-crossings; Victorian class strata informed performances of addiction; and prevailing understandings of the masculine and feminine inspired a proliferation of gendered mental illness categories.

I am hopeful this dissertation will also revise several inaccuracies prevalent in Victorian theatre scholarship. The handful of isolated performances of illness that have elicited scholarly attention, such as Sarah Bernhardt's famed portrayal of the consumptive courtesan in *La Dame aux Camelias*, are frequently dismissed as melodramatic fits of pathos bearing little resemblance to authentic experiences; I seek to complicate such simplistic readings of performances of illness as displays of histrionic, crowd-pleasing sensationalism. While performances of illness

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<sup>9</sup> Stanton B. Garner, Jr., "Artaud, Germ Theory, and the Theatre of Contagion" *Theatre Journal* 58 (2006): 1-14 and Katherine E. Kelly, "Pandemic and Performance: Ibsen and the Outbreak of Modernism," *South Central Review* 25, no. 1 (Spring 2008): 12-35, <http://www.jstor.org/stable/40040017>.

conformed somewhat to the generic obligations (not to mention actor egos) of the theatre, they were shaped far more fundamentally by “imaginative configurations” of illness (to use Vrettos’ useful term) generated by intertwining medical, literary, and social discourses. Evidence suggests that actors like Ellen Terry, Richard Mansfield, Clara Morris, and Henry Irving often conducted preparatory research on illnesses they were to embody, observing the corporeal signs and behavioral patterns exhibited by sufferers, and selecting aspects to incorporate into their performances. Following Raymond Williams’ lead, I reject the categorizing of theatre as merely *reflective* of cultural compulsions and ideologies. The devaluation of theatre’s power to *generate* culture prohibits a balanced understanding of Victorian illness roles. As Vrettos avows, “narratives of illness, whether in medical case histories, advice manuals, or literary texts, could shape individual experiences of suffering.”<sup>10</sup> To this list I would add theatrical performances. Indeed, performances of illness influenced how non-theatrical individuals performed their own illnesses, an argument corroborated by the highly performative demonstrations of female hysteria directed by Charcot in Paris’s Salpêtrière Hospital. The implied interdependency of theatrical performances of illness and their “authentic” counterparts in society-at-large certainly demands closer examination.

There are several guiding assumptions of my thesis to which I have already alluded, but now should be stated. This dissertation will argue that performances of mental or physical suffering on the Victorian stage were responsive to shifts in medical knowledge and practices as well as other cultural and aesthetic representations of illness. However, theatre is not merely reflexive, but inventive; I maintain that the late-nineteenth-century stage was a testing ground for illness roles and their dramatic flexibility, emotional potency, and bankability, and that its

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<sup>10</sup> Vrettos, *Somatic Fictions*, 2.

performances profoundly influenced other cultural and personal expressions of illness. I am cognizant of the challenges in emphasizing the performative aspects of the illness-process without trivializing such experiences, and subscribe to the theory that the vast majority of the Victorian age's invalids were authentically ill and possessed no ulterior motives. However, I also recognize that illness, related as it often is to identity transformations, interpersonal turmoil, questions of faith, and cycles of remission and relapse, is fundamentally theatrical. Finally, though I do not wish to vilify the entirety of the Victorian medical profession, I believe that its rapid institutionalization reduced patient agency to such a degree as to trigger a proliferation of compensatory cultural expressions of illness.

What sociocultural work did performances of illness accomplish that other expressive art forms or cultural bodies could not execute? I see Victorian performances of illness as potentially curative. Even on the popular stage, where the primary objective was to entertain, performances of illness restored the patient and his illness-process (both figuratively and literally) to center stage in ways unsurpassed by novelists, painters, social reformers, and journalists. As a number of literature scholars concede (Miriam Bailin, Jane Wood, and Athena Vrettos among them), the corporeal experience of illness evades easy narrativization through language. While many Victorian authors created evocative, highly forceful illness narratives, the simple act of recording illness-processes on paper rendered the experiences paradoxically fixed. Likewise, the artist's brush could depict beautifully a single emblematic moment or mood within the illness-process, but the medium of visual art cannot capture the tremendously variable journey of an individual's experience of illness. The difficulty of articulating experiential suffering with words or brushstrokes was partially ameliorated in theatrical enactments of illness. After all, theatre's very nature guarantees that when words fail, bodies take up the cause. Ephemeral and changeable,

theatre resists essentializing the experience of illness by allowing multiple actors to embody and interpret illness roles in different spaces, times, and situations. This does not mean, however, that participating in theatrical reenactments of illness (as an actor or audience member) necessarily counteracts the disagreeable or traumatic consequences of experiencing real illness. As Joseph Roach relates in *Cities of the Dead: Circum-Atlantic Performance*, most experiences of loss “through death or other forms of departure” instigate a form of *surrogation* by which “culture reproduces and re-creates itself.” But attempts by “survivors” to fill the vacated spaces with “satisfactory alternates” rarely succeed, Roach explains, because “the fit cannot be exact.”<sup>11</sup> If Roach’s hypothesis is correct, late-nineteenth century “imaginative configurations” of illness were inspired in part by a collective need to locate suitable surrogates to fill the cavities left gaping by loss. Moreover, performances of illness need not be flattering portrayals to re-centralize the patient’s experience. As played by Richard Mansfield, Dr. Jekyll’s addiction was horrific, excessive, and ruinous, and it elicited emotional and visceral responses from those who witnessed his undoing.

Although the lives of those occupying Victorian sickrooms, hospitals, and asylums cannot be conflated with those performing on stages, the individual identities within these two groups can be regarded as moving along three shared progressions: stable to unstable, authentic to artificial, and liberated to imprisoned. The first two spectrums seem to work in tandem. The actor’s profession depended upon his ability to imitate different identities at will, a fact that prompted many Victorians (collectively devoted as they were to the concept of an ideal, stable, and transparent self) to doubt the authenticity and stability of the performer’s own identity. As I

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<sup>11</sup> Joseph Roach, *Cities of the Dead: Circum-Atlantic Performance* (New York: Columbia University Press, 1996), 2.

read more personal and professional accounts of illness, I was surprised to find a similar rhetoric used to deliberate the profoundly destabilizing effect of illness on the sufferer's identity, though charges of artificiality were leveled at the more dubiously classified "nervous disorders" plaguing female patients rather than at the sufferers themselves. By far the most fascinating narrative on which both actors and patients were plotted appraised their relative freedom and agency within an allegedly repressive society. As Penny Farfan and Gail Marshall have noted in recent works, the acting profession of the late-nineteenth century was simultaneously emancipating and delimiting.<sup>12</sup> To women of the lower and middling classes, the career offered unparalleled social and financial independence. They and their male counterparts also enjoyed a permissible form of countercultural behavior in service of their art: the abandoning of societal strictures in order to create dynamic character portrayals. And yet, the expressive freedoms of Victorian actors were paradoxically limited by a number of factors, including audience expectations, dramatic conventions, the popularity of repertoires, and the availability of compelling roles. More profoundly, the profession's inferior or immoral reputation (the latter rendered all the more egregious if the player were female) could liberate or imprison those within its ranks, depending upon the individual. Similarly, the physical fettering of the ill by their illnesses seems nearly incontrovertible; moreover, the sufferers' *virtual* enslavement was often narrativized in fictional and autobiographical accounts of illness. Despite their collective lack of agency, however, some patients found unexpected freedom in ill health. Like the period's stage performers, the ill were permitted to relinquish the codes of polite behavior customary of their

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<sup>12</sup> Penny Farfan, *Women, Modernism, and Performance* (Cambridge: Cambridge University Press, 2004) and Gail Marshall, *Actresses on the Victorian Stage: Feminine Performance and the Galatea Myth* (Cambridge: Cambridge University Press, 1998).



sex or economic stature. Illness could render the body more expressive, the mind more unencumbered, or the conscience cleared.

With its interdisciplinary nature and historical concentration, this dissertation will operate most productively within the general domain of cultural studies. Though my scholarship remains rooted in and informed by materialist convictions, I feel the rigorous deployment of materialism is better suited to more wide-ranging historical investigations. I do intend to track cultural shifts prompted by theatrical and medical innovations over a span of nearly 50 years; however, I am less concerned with providing comprehensive historical coverage of Victorian medicine or theatre than I am with exploring and scrutinizing evocative moments within those histories. Over the last two decades, the historiographical application of cultural studies by Victorianists to illuminate the interconnectedness of the period's cultural, political, scientific, and artistic milieus has yielded a significant and solid body of scholarship. Andrew Smith's *Victorian Demons: Medicine, Masculinity and the Gothic at the fin de siècle* (2004), for example, provides a rich cultural studies approach for uniting the disparate fields of history of medicine, literary studies, gender studies, and sociology, as does Diane Price Herndl's *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940* (1993).<sup>13</sup> Such works afford a basic blueprint for using cultural studies to incorporate disassociated topics into an integrated argument.

As I have come to discover in my research, the random miscellany of primary source materials available for this study (deeply subjective critical reviews and actor journals, isolated visual representations, patchy prompt books, etc.) necessitates a mediating theory or theories to

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<sup>13</sup> Please see the bibliography for publication information on sources receiving mention in this review of literature and theories.

help consolidate meanings and identify cohesive elements. While cultural studies will serve as this dissertation's guiding conceptual framework, I will make more particular use of performance studies and theatre iconography, alongside literary analyses of available play-texts, in order to reconstruct and interpret the embodied performances of illness. The conceptual instability of performance studies, often a source of frustration to theatre historians, is the precise trait that recommends it for this study. Because it recognizes that the performative permeates nearly all realms of human existence, performance studies best illuminates the ways in which late nineteenth-century theatrical performances of illness reproduced aspects of authentic experiences of illness, and, more specifically, how the latter were theatrical in their own right. I was convinced of performance studies' suitability to my research area by Lynn M. Voskuil's application of performance theory to Victorian customs of behavior in *Acting Naturally: Victorian Theatricality and Authenticity* (2004). Extending the reach of performance studies into the medical field, Brant Wenegrat contends in *Theater of Disorder: Patients, Doctors, and the Construction of Illness* (2001) that the sick conform to and perpetuate socially salient illness roles. "An illness role is a purposive behavior pattern consistent with a character in poor health," states Wenegrat. "Enacting an illness role involves giving proper responses to various prompts and contingencies."<sup>14</sup> While this dissertation will benefit from the fluidity of performance studies, I am also mindful of stretching the life-as-performance synthesis past its breaking point (caregivers as audience members, physicians as directors, the sickroom as the stage), as it has the potential to oversimplify and distort what was a far more complex social condition.

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<sup>14</sup> Wenegrat, *Theater of Disorder: Patients, Doctors, and the Construction of Illness* (Oxford: Oxford UP, 2001), 4.

The extant evidence of each performance will partially dictate the deployment of specific theories. Instances in which the performance's physical markers are visually recorded, whether through publicity photographs, artist renderings, or even irreverent caricatures by *Punch* cartoonists, call for the interpretative methods of theatre iconography. The essays in *Picturing Performance: The Iconography of Performing Arts in Concept and Practice* (1999), particularly those by Robert Erenstein and M. A. Katritzky, offer helpful evaluative summaries of the methodology, and art historian Kimberly Rhodes's *Ophelia and Victorian Visual Culture: Representing Body Politics in the Nineteenth Century* (2008) is bursting with skillful expositions of iconic theatre images. These works demonstrate that theatre iconography can aid in deciphering the gestural and corporeal elements of performing illness without falling back on semiotic systems of analysis. Illness in the form of chronic or terminal disease, mental illness, or addiction has the potential to alter identities. The internality of illness is often betrayed by external, stigmatizing symptoms, destabilizing the sufferer's identity from both within (the self) and without (society). Though an extensive treatment of identity politics and illness would be outside the dissertation's scope, the case studies I have chosen to examine generate questions about the influence of gender, class, and nationality on embodiments of illness. My methodology will therefore also incorporate recent discourse on identity formations.

To adequately reconstruct select performances of illness, a task crucial to my dissertation's success, I have relied heavily upon primary sources, including critical newspaper reviews, magazine essays, actor journals, scripts, prompt books, photographs, advertisements, and artist renderings. Several visits to major archives in the United States and Britain yielded significant source material for such reconstructions. The clippings files at the Harvard Theatre Collection provided a wealth of newspaper reviews covering *Camille* and *Dr. Jekyll and Mr.*

*Hyde* productions in New York, Boston, Philadelphia, and London. The Collection also houses a significant quantity of visual evidence, including a set of photographs of Sarah Bernhardt's performance as Marguerite Gautier and publicity shots of William Gillette's Sherlock Holmes injecting cocaine hypodermically. The London Theatre Museum's archives, now housed by the Victoria and Albert Museum, provided invaluable visual and written documentation of Henry Irving and Ellen Terry's performances at the Lyceum Theatre. The British Library's Manuscripts Reading Room boasts a notable set of handwritten journals by Kate Terry Gielgud critiquing several years of *fin-de-siècle* London theatre, as well as the prompt book for Henry Irving's Lyceum production of *King Lear*, among other treasures. The Wellcome Library of London, the renowned history of medicine collection, contains a wonderful compilation of Victorian medical journals, textbooks, and biographies. And finally, the New York Public Library of the Performing Arts' Billy Rose Collection had abundant files on American productions of *Camille*, *Dr. Jekyll and Mr. Hyde*, and *Sherlock Holmes*.

To aid my appraisals of how actors performed illness, I consulted both current and period explanations of acting theory. Of primary import was William Archer's *Masks or Faces? A Study in the Psychology of Acting* (1888), written as a contradictory response to the 1883 English publication of Denis Diderot's *Paradox of the Actor* (*Paradoxe sur le Comédien*, 1758). The result of Archer's polling of actors through a 17-question survey, *Masks or Faces?* advocates the performer's emotional engagement with his character's psychology. Along with Archer's study, George Henry Lewes's *On Actors and the Art of Acting* (1875), and Genevieve Stebbins's *The Delsarte System of Expression* (1886) provided helpful descriptions of late-nineteenth-century performance techniques and their philosophical or practical motivations. To augment these primary sources, I turned to critical treatments of nineteenth-century acting theory, including

George Taylor's *Players and Performances in the Victorian Theatre* (1989); Sharon Aronofsky Weltman's *Performing the Victorian: John Ruskin and Identity in Theater, Science, and Education* (2007); Julia A. Walter's *Expressionism and Modernism in the American Theatre: Bodies, Voices, Words* (2005); Joseph R. Roach's *The Player's Passion: Studies in the Science of Acting* (1985); and Gail Marshall's *Actresses on the Victorian Stage: Feminine Performance and the Galatea Myth* (1998). Used together, these works on acting informed my dissections of the period's performances of illness.

A dedicated study on theatrical performances of illness during the most transformative period of modern medicine has not yet been attempted; the probable reasons for this absence have already been detailed. However, this is not to say that the intersections of theatre and medicine have been entirely neglected by scholars. In the last two decades, research in this hybridized discipline has focused on two key areas: early modern theatre (2004's *Disease, Diagnosis, and Cure on the Early Modern Stage* by Stephanie Moss and Kaara L. Peterson, for example) and contemporary theatre, inspired in large part by AIDS plays and "pathographical" pieces like Margaret Edson's *Wit* (1995).<sup>15</sup> Only in the last ten years have publication trends indicated that interest in nineteenth-century medicine and theatre is mounting. Leading the charge is Stanton B. Garner, Jr. (author of "Physiologies of the Modern: Zola, Experimental Medicine, and the Naturalist Stage," 2000 and "Artaud, Germ Theory, and the Theatre of Contagion," 2006), who recently guest edited *Modern Drama's* special issue on Theatre and Medicine (fall 2008). While the journal issue is replete with persuasive articles, all but one offer

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<sup>15</sup> The term *pathography* was coined by Anne Hunsaker Hawkins to describe "a form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death" (*Reconstructing Illness: Studies in Pathography* (West Lafayette, IN: Purdue University Press, 1993), 1).

plays-as-literature analyses of modernism's canonical works (the exception being Shawn Kairschner's performance-based "Coercive Somatographies: X-rays, Hypnosis, and Stanislavsky's Production Plan for *The Seagull*"). Indeed, most of the literature related to my dissertation remains firmly committed to scrutinizing the oeuvres of canonical giants like Ibsen (Kelly 2008, Sprinchorn 2004, and Matos 2008), Strindberg (Holzapfel 2008) and Shaw (Carpenter 2007) through the lens of science. Most notably for my purposes, very few studies assess plays from the *popular* stage in light of contemporaneous medical discourse or develop arguments deriving from non-literary sources (Tomes 2002 and King 1997 offer two isolated exceptions).

Scholars who do integrate performance studies and Victorian medicine seemingly prefer to research performances of mental illness. Given the unmatched theatricality (bordering on sensationalism) inherent in portrayals of madness and their attendant popularity, this scholarship trend is perhaps unsurprising. Of the various types of enacted mental illness, feminized psychological instability in the form of hysteria has garnered the most attention, with Elin Diamond's *Unmaking Mimesis: Essays on Feminism and Theater* (1997), Anhki Mukherjee's *Aesthetic Hysteria: The Great Neurosis in Victorian Melodrama and Contemporary Fiction* (2007), and Kerry Powell's *Women and Victorian Theatre* (1997) all tackling Anglo-American "hysterical" performances. Also incorporating late nineteenth-century perceptions of hysteria are several recent studies interpreting the acting methods of Elizabeth Robins (Townsend 2000), Clara Morris (Grossman 2009), and Sarah Bernhardt and Mrs. Patrick Campbell (Aston 2007). Masculine performances of madness receive far less critical attention, though Henry Irving's biographers often note his singular attraction to embodying emotionally imbalanced characters (Richards 2005 and Holroyd 2008) and Michael Schwartz's *Broadway and Corporate*

*Capitalism: The Rise of the Professional-Managerial Class, 1900-1920* (2009) considers performances of neurasthenia in its discussion of nervous conditions and the professional-managerial class (PMC). Tackling the subject of constructed performances of mental illness from the opposite side, Benjamin Reiss, Kimberly Rhodes, and Jonathan Marshall all investigate the theatricalization of “authentic” madness in nineteenth-century asylums by doctors and patients alike.

There are no discrete studies of Victorian performances of contagion (or of any time period, for that matter); rather the topic often functions as anecdotal or tangential support for critical deconstructions of acting methods. In *A Spectacle of Suffering: Clara Morris in the American Stage* (2009), Barbara Wallace Grossman discusses Morris’s various methods of portraying corporeal or mental suffering (including the actress’s enlisting of medical expertise in crafting Camille’s tubercular cough); however, Grossman’s biography understandably does not engage in a substantial history of medicine or illness discourse to illuminate Morris’s process. Similar approaches are to be found in biographies of Sarah Bernhardt (Marks 2003 and Woods 1994). Linda and Michael Hutcheon have come closest to positioning contagion, its corporeal markers, and its metaphors as central to performances of disease in *Opera: Desire, Disease, Death* (1996). The Hutcheons, an English literature scholar and a professor of medicine, employ nineteenth- and twentieth-century opera to tease out modern medicine’s impact on staged performances of illness in a series of absorbing chapters, including: “Famous Last Breaths: The Tubercular Heroine,” “Syphilis, Suffering, and the Social Order: Richard Wagner’s *Parsifal*,” and “The Pox Revisited: The ‘Pale Spirochete’ in Twentieth Century Opera.” To my knowledge, late nineteenth-century performances of addiction have not received any particular consideration, undoubtedly due to the relative infrequency of explicitly staged drug use in the period’s plays

(twentieth-century theatre offers far more instances). However, there have been several studies investigating the period's performances of alcohol addiction, John W. Frick's 2003 book *Theatre, Culture, and Temperance Reform in Nineteenth-Century America* being the most comprehensive.

To supply my dissertation with ample contextualization, a widening of the parameters of "related literature" to include a broader scope of non-theatre secondary criticism is necessary; these sources bear brief mentioning. The fields of literature and medicine have interacted for some time now, and the volume of published works continues to increase. While I intend to preserve the intrinsic distinctions between performance and literary analyses in my project, I also recognize the associative qualities my topic shares with those works emerging from literature and medicine. In this lively scholarly arena, medicine – as a topic of profound historical relevance – is employed to clarify and expand discussions of genre (Davis 2008 and Rothfield 1992); narrative (Arata 1996, Bailin 1994, Choi 2003, Christensen 2005, and Otis 1999); masculinity in fiction (Smith 2004); literary constructions of illness (Lawlor 2006, Lawlor and Suzuki 2000, and Vrettos 1995); and the relationship of illness, femininity, and fiction (Gilbert 1997, Herndl 1993, Meyer 2003, Lintz 2005, and Gilbert and Gubar 1979). Also germane to my dissertation, literature scholars have culled Victorian medical discourse to support their studies of Arthur Conan Doyle's *Sherlock Holmes* (Accardo 1987 and Booth 2000) and Robert Lewis Stevenson's *The Strange Case of Dr. Jekyll and Mr. Hyde* (Zieger 2008, McNally and Florescu 2000, Reed 2006, and Saposnik 1971). Finally, several studies seek to identify culturally salient forms and functions of illness within nineteenth-century society, including Claudine Herzlich and Janine Pierret's *Illness and Self in Society* (1987), Susan Sontag's *Illness as Metaphor* (1978), and Bruce Haley's *The Healthy Body and Victorian Culture* (1978). As may be surmised



from the above review, the available works directly related to my dissertation are limited, an indication (I hope) of my project's unique focus and approach. However, I am confident there is sufficient ancillary scholarship generated by those in other disciplines to support my assertions.

The chapters that follow are dedicated to performance analyses and organized by the type of illness being portrayed. Each of the performances to be examined took place in Anglo-American theatres, though the actors were not always native performers; several were produced on both sides of the pond via transatlantic tours. Though I will at times treat Victorian performances of illness as one group, I recognize that there existed very real divergences between American and British acting and audiences. I will therefore address these differences as they become important. Similarly, these performances were of popular works on popular stages, and despite the attempts of Victorian bardolators to crown Shakespeare as the playwright of the elite and erudite, his plays were still performed in popular theatres, thus his inclusion in our analyses. Finally, I will be approaching the performances within each chapter chronologically so as to highlight the parallel shifts occurring in the fields of medicine and theatre.

Chapter Two investigates the performance of contagious disease in Victorian Anglo-America theatres. Nearly all late-nineteenth century modes of communication, from newspaper editorials to serialized fiction to scientific lectures, register the tremendous sociocultural impact of the discovery of the germ. At once stealthy and brazen, quantifiable and ambiguous, the contagious germ became a symbol for many kinds of invasion and violation; in particular, the rhetoric of contagion was applied to the "corrupting" influx of foreigners entering Great Britain and the United States. Contagious diseases were rendered especially terrifying because of their largely indiscriminate nature; one infectious strand could link together a multitude of people regardless of class, gender, and nationality. Ultimately, this process of contamination implies an

essential human equality dismissed by hierarchically structured societies. This chapter will examine performances of disease that straddled the germ theory “dateline” roughly located in the years 1882-1888 (for it was during this period that scientists secured irrefutable proof that bacterial and viral microbes were communicable through person-to-person contact). The human body’s vulnerability to microscopic bearers of disease and the potential destabilization of an individual’s selfhood through illness became sources of significant anxiety in Anglo-American culture. These same concerns became sources of income for playwrights and actors who dramatized experiences of contagion in front of the theatre’s footlights.

Our case study will take as its subject 65 years of consumptive suffering in the form of Marguerite Gautier (or Camille, depending on the adaptation), the doomed courtesan of Alexandre Dumas fils’s *La Dame aux Camélias*. I argue that nineteenth-century performances of Camille trended toward one of two dominant depictions. Actresses who *romanticized* the courtesan’s fatal affliction participated in the cultural prolongation of the consumptive myth, or the fallacious belief that consumption was an inherited disease striking only the rich, beautiful, young, sensitive, or exceedingly talented. As we shall see, actresses with such varied performance styles as Laura Keane, Jean Davenport, Helena Modjeska, and Sarah Bernhardt all helped perpetuate (and magnify) the romantic myth by emphasizing Camille’s exalted status as a fated consumptive. Other embodiments of Camille during the latter half of the nineteenth century *medicalized* her diseased condition. Forgoing the rose-colored glasses donned by the former group of actresses, Italian star Eleonora Duse and Anglo-American performers Matilda Heron, Clara Morris, and Olga Nethersole emphasized the graphic realities of tuberculosis as a contagious disease. Their explicit and uninhibited enactments of tubercular suffering (both psychological and physiological) loosened the consumptive myth’s tight grasp on artistic

representations of the disease. An ancillary project of this chapter gauges the impact of the actress's nationality on her performance of contagion and its reception by audiences. Dozens of actresses coughed their way through the role on English and American stages between the years 1850 and 1915, many of whom were not homegrown performers. On English stages, the tragic French courtesan Marguerite was transformed into Camille, a suffering English Rose whose pink-cheeked comeliness and ample curves belied her grave condition. The performances of vulgar Americans, while electrifying, often failed to strike British reviewers as beautiful as those of their native actresses. In the hands of American actresses like Heron and Morris, who rejected the more subdued acting styles of Western Europe, Camille's agony was unrestrained, her illness raw and explicit. Finally, for some Anglo-American critics the exoticizing foreignness of continental European actresses Eleonora Duse, Helena Modjeska, and Sarah Bernhardt legitimated their performances of the Parisian courtesan and her disease.

Performances of drug addiction are the focus of Chapter Three. Since the famed *delirium tremens* scene in William H. Smith's *The Drunkard* (1844) drew thousands of spectators to the Boston Museum, playwrights, theatre managers, and actors have capitalized on the dynamic theatricality of an addict's stereotyped behavior. Throughout the nineteenth century, characteristic portrayals of the addict's steep decline into physical, financial, and emotional ruin were drawn in broad, erratic strokes, the better to both thrill and terrify audiences. It is important to note, however, that performances of addiction before 1880 were almost exclusively those of alcoholics in temperance melodramas. Prior to the twentieth century the medical community controlled the majority of narcotics usage, a crucial factor in delaying the recognition and eventual stigmatization of the drug addict. After all, most of the era's key addictions (to opiates like laudanum, opium, and morphine and stimulants like cocaine) grew from legitimate medical

prescriptions. In an unfortunate and injurious cycle, often doctors and scientists prematurely heralded a new drug as the latest miracle cure only to later discover the substance's highly addictive properties. Protecting their pharmaceutical gold from widespread public censure, physicians asserted that a weak constitution or a deviant mind rendered a person more vulnerable to drug "enslavement."<sup>16</sup> This contention effectively classified drug abuse as another "disease of the will," like alcoholism. At the *fin de siècle*, the taking of drugs for pleasure or mental stimulation further threatened the physician's control over the narcotics science invented; simultaneously, the growing recreational drug market solidified the interdependence between economics and drugs (an association that continues to endure). In order to "re-medicalize" drug use in the new century, physicians investigated the pathological and neurological effects of drug and alcohol addiction, reinventing addiction as a medically diagnosable illness. The performances of addiction examined in this chapter participated in these perspectival shifts. Additionally, the fictional abuser's socioeconomic class proved to be a critical element in theatrical formations of addiction.

The centerpiece of Chapter Three is a comparative study of William Gillette's embodiment of the cocaine-injecting Sherlock Holmes, a character he played over 1000 times beginning in 1897, and Richard Mansfield's fiendishly grotesque transformations in the double role of Dr. Jekyll and Mr. Hyde (1888). As I hope this evaluation will illustrate, the popular stage provided a serviceable platform for debating the Victorian drug user's mastery over his vice. In essence, did the user control the habit or did the habit control him? In *Sherlock Holmes*, Gillette's professional, refined, and intelligent detective self-administers hypodermic injections

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<sup>16</sup> Peter Conrad and Joseph W. Schneider, *Deviance and Medicalization: From Badness to Sickness* (Philadelphia: Temple University Press, 1992), 114.

of cocaine (to the consternation of Dr. Watson and in full view of the audience, no less) in order to stimulate his mental faculties. Far from being a brief or ineffective bit of business, the detective's cocaine habit was mentioned in the same sentence as his pipe smoking by a solid number of Gillette's reviewers; interestingly, both activities were often reported with a boys-will-be-boys wink. Holmes's drug use is socially acceptable, executed onstage by Gillette with panache and elegance. Holmes's detecting skills are sharpened, not dulled, by the injections, and he appears in complete control over his dosage and its effects. In direct contrast to Gillette's performance, Mansfield's sensational rendition of substance abuse depended as much on his portrayal of two unsavory addicts as it did on his gruesome onstage transformations from one to the other. At the play's opening, Mansfield's Jekyll, whose drug habit was borne from genuine scientific curiosity and perpetuated by intellectual egotism, is physically and emotionally buckling under the strain of hiding his addiction. Instead of liberating him from Victorian social mores, the vial of medicine Jekyll concocted to split his identity into halves of good and evil robs him of joy, friendship, and agency. If Mansfield's Jekyll appeared as a remorseful, ensnared addict, his Mr. Hyde was an archetypal urban drug fiend, bestial and maniacal, even perhaps a personification of the drug itself.<sup>17</sup> Ultimately, it is Hyde (the drug), not Jekyll, who possesses control over the scientist. Lest Mansfield's performance be interpreted as faithfully depicting Stevenson's literary characters, it is interesting to note that several major critics lamented his acting choices because they did not conform to readers' expectations. In Mansfield's hands it was abundantly clear that Jekyll's addiction was an illness, painting a very different picture of *fin-de-siècle* drug use than the elegant social habit of Gillette's Holmes.

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<sup>17</sup> Mansfield's transformations between drug fiend and ill addict were so frightening that he was officially named by a horrified audience member as a suspect in the Jack the Ripper case.

Chapter Four investigates the performance of mental illness at Henry Irving's Lyceum Theatre. Theatre practitioners arguably have always held an interest in the inner workings of the human mind; their craft practically demands it. But the link between psychology and theatre entered a new stage in the late-Victorian period. Charcot's theatre of hysteria captivated audiences at the Salpêtrière Hospital; Nora, Hamlet, and Oedipus all spent well-documented time on Sigmund Freud's couch; and – even before Strindberg and Ibsen – playwrights like Arthur Wing Pinero, Henry Arthur Jones, and James A. Herne penned popular psychological dramas. It is unsurprising, therefore, that the scholarship devoted to theatrical representations of mental illness is prolific. To avoid duplicating the methods employed in extent studies, I will orient my analysis of performances of mental illness not on play-texts, but on a particular theatre company's decades-long commitment to staging psychological disorders and their various treatments. Under the artistic management of Henry Irving, London's Lyceum Theatre operated as a kind of laboratory for testing the dramatic efficacy and economic viability of psychological themes and illnesses. As I will posit, the repertoire, staging practices, and performance conventions of the Lyceum betrayed its maestro's keen interest in the human mind's myriad inconsistencies. Indeed, his writings on acting methods reveal that Irving was fascinated, whether consciously or unconsciously, by the evolving science of psychology. As Jim Davis notes: "Irving's belief that sensibility and technical control could be exercised at the same time, that the mind of the actor should have a 'double consciousness,' concurs, however unintentionally, with developments in psychology in the late nineteenth century, particularly the work of Ribot and Freud."<sup>18</sup> Furthermore, though he was not the first theatre artist to recognize

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<sup>18</sup> Jim Davis, "He Danced, He Did Not Merely Walk – He Sang, He By No Means Merely Spoke': Irving, Theatricality and the Modernist Theatre," in *Henry Irving: A Re-evaluation of*

mental illness's dynamism as a dramatic device (Sophocles perhaps holds that title), Irving and his troupe of actors were particularly adept at tempering the sensationalistic aspects of staging such disorders with a heavy dose of technical prowess.

In this chapter, I will examine six performances of illness executed by Irving and his leading lady, Ellen Terry. Lyceum audiences witnessed stage enactments of mental disorders ranging from masculine mania (*The Bells*, 1871) to feminine hysteria (*Ravenswood*, 1890), most to critical acclaim but some notably to public jeers. It is my contention that the Lyceum's more overt, physical style of enacting mental instability, so very popular at the beginning of Irving's tenure at the theatre, gradually lost favor as the psychological revolution and theatrical realism ushered in a more internalized, subtle form of performance. This, coupled with Irving's fascination with more supernatural, non-scientific treatments for mental illness (like mesmerism), rendered the Lyceum's last production featuring performances of madness, 1898's *The Medicine Man*, simultaneously too hackneyed and too speculative for *fin-de-siècle* audiences. I will further assert that Victorian mental illness was unquestionably gendered. How and why a person suffered from disorders of the mind, Victorian medicine stated in no uncertain terms, was dictated largely by gender. Madness became crucially feminized in the late-nineteenth century, thereby naturalizing women's experiences with mental illness and rendering masculine states of psychological distress abnormal and abhorrent. My research into theatrical depictions of mental illness and their critical reception yielded a similar bias: Terry's performances of feminine madness were viewed as organic, elegant, and profoundly *pathetic*, as their inherent

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*the Pre-eminent Victorian Actor Manager*, ed. Richard Foulkes (Aldershot, England: Ashgate, 2008), 30-31.

emotional fragility as women brought them closer to psychological instability than men, whereas Irving's madmen were emasculated and rendered unnatural by their *tragic* mental states.

Finally, a word on terminology. Whenever possible, I have endeavored to employ vocabulary used within Victorian culture to describe illnesses, medical procedures, anatomical structures, and other scientific phenomena. For example, I use the word *consumption* to denote the pathology of tuberculosis before Robert Koch's discovery of the disease's bacteriological origins, and I mirror the late-nineteenth-century's imprecise use of descriptors (*madness, lunacy, unhinged mind*) in my discussion of mental illness on the Lyceum stage. When considering the "true" pathology of a given illness (from a twenty-first century perspective), however, I attempt to employ current medical terminology. In addition, the designation *Victorian* is used as a chronological marker of the late-nineteenth century (1837-1901), not as a sole indicator of the British Empire.



## 2.0 PERFORMANCES OF CONTAGION

On the evening of February 2, 1852, Madame Eugénie Doche returned from an early retirement to once again grace the Parisian stage. According to theatre legend, the role that induced Doche to abandon her tranquil existence in England for Paris's Théâtre du Vaudeville was one that had been peremptorily rejected by no less than four leading French actresses, including the famed tragedienne Rachel. Alexandre Dumas fils' consumptive courtesan and "Lady of the Camellias," Marguerite Gautier, first appeared in the pages of *La Dame aux Camélias* (1848), a novel that garnered both approbation and caustic criticism for its depiction of the seamier underbelly and shallow decadence of France's labyrinthine metropolis, as well as its impure heroine's romanticized redemption. As was common practice with popular literature, Dumas adapted his novel for the stage the following year, but repeated rejections by theatre managers to produce the work, along with the abovementioned casting difficulties and a censorship ban ordained by the Minister of the Interior, delayed the play's theatrical premiere for nearly three years. Finally the renowned actor-manager Bouffe took up the play at the Vaudeville, though his acting troupe boldly inveighed against staging the controversial story. When their leading actress, Mademoiselle Fargueil, refused to play Marguerite on moralistic grounds, Charles Fechter (who

was assigned the role of Marguerite's lover Armand Duval) sent the script to Doche.<sup>19</sup> Though Doche's reasons for accepting the part of Marguerite were not explicitly recorded, several can be speculated. Apart from the novel's audience-assuring notoriety (a sound rationale for any shrewd performer), playing Marguerite offered the actress an opportunity to assume an exhaustive spectrum of emotions from elation to despair. Marguerite also bestowed upon her first and subsequent players a wardrobe of enviable variety and splendor, prolonged stage time, tender love scenes, brutal altercations, and, most importantly, an onstage death replete with aesthetic beauty and dramatic pathos. Finally, Doche may have been attracted to the role because of her acquaintance with Marie Duplessis, the young courtesan with whom Dumas had a two-year affair and whose glamorous lifestyle and premature death from tuberculosis inspired Marguerite's creation.

The Vaudeville's production of *La Dame aux Camélias* was "unanimously recognized as a triumph," and though Fechter's acclaimed performance as Armand "fairly divided the honors of the evening with the heroine," Doche's became the indisputable talk of the town.<sup>20</sup> In her 1875 comparison of five actresses who performed Camille (Marguerite's moniker in America), Grace Greenwood declared Doche "by far the best representative of that anomalous, almost impossible, character," citing the actress's Parisian upbringing as essential to her success as the doomed courtesan. For Greenwood, Doche's superiority in the role was rooted in her refined execution of Marguerite's illness, pulmonary tuberculosis: "Her malady showed itself in a slight but frequent cough, and in occasional little shiverings. She had no painful paroxysms of

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<sup>19</sup> The above description was drawn from Bonnie Jean Eckard's summary of *La Dame aux Camélias*' first production in her dissertation "Camille in America," (Ph.D. diss., University of Denver, 1982), 24-38.

<sup>20</sup> Eckard, "Camille in America," 29 and Grace Greenwood, "Five Camilles," *New York Times*, February 21, 1875.

bronchitis, she swooned but once, and was temperate in her tears. Still, though comparatively subdued and restrained, there was wonderful power and pathos in her performance.”<sup>21</sup> Dumas, who supervised all of the company’s rehearsals, may have inspired Doche’s much-admired restraint, for according to the Welsh newspaper *Western Mail*, “Dumas fils, when instructing the actress charged with the role of Marguerite Gauthier, in the ‘Dame aux Camelias,’ begged her not to cough like a locomotive, such being excessively pulmonic. ‘I do so, Monsieur,’ replied she, ‘in order to die more rapidly.’”<sup>22</sup> At any rate, L. H. Hooper of *Appletons’ Journal* concurred with Greenwood’s assessment, stating: “She was at once the most *distinguee*, the most refined, and the most emotional of actresses, and the same distinction and refinement were among the most striking of her many personal charms.” Doche’s delicate face and body (so similar to Duplessis’ reputed features) were crucial to the actress’s authenticity as the consumptive Marguerite, submitted Hooper:

Tall, elegant, and graceful, with a swan-like throat, great, lustrous eyes, blue as sapphires under their shadowy lashes, and hands and feet of aristocratic slenderness and mould, she was the very being best fitted to personify the fair, frail, fragile *Traviata*. I have heard persons, who were present during her first representations of “*La Dame aux Camélias*,” expatiate on the effect produced in the last act by those white, slender, semi-transparent hands, and by the seeming fragility of the delicate frame, which every cough appeared to rack with painful violence.<sup>23</sup>

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<sup>21</sup> Greenwood, “Five Camilles,” *New York Times*, February 21, 1875.

<sup>22</sup> “Paris Letters,” *Western Mail*, February 19, 1875, 19th Century British Library Newspapers, (BB3205055440).

<sup>23</sup> L. H. Hooper, “The Adventures of a Drama,” *Appletons’ Journal of Literature, Science and Art (1869-1876)* 9, no. 209, March 22, 1873: 403, American Periodicals Series Online, (2308849301).

Though she may not have recognized it at the time, Doche's interpretation of Marguerite marked the birth of an enduring cultural icon, one that, as I will claim, was critically defined by the illness role it encompassed. Indeed, the legacy of Doche's Marguerite was cemented by the presence of two artists in the Vaudeville's audience, both of whom assured the character's perennial place on the nineteenth-century stage: Guiseppe Verdi, who transformed Marguerite Gautier into Violetta Valéry in his opera *La Traviata* (1853), and an actress of relative obscurity, Jean Davenport, who became the first to play Camille in America.<sup>24</sup> A growing Marguerite/Camille epidemic quickly spread to the Anglo-American stage, a phenomenon of cultural transmission that serves as the focus of this chapter.

The theatrical sensation of Camille (as I will hereafter refer to the character unless alluding to the role as played by continental European actresses) conquered the United States in the 1850s and Britain in the 1880s, the roughly 30-year delay a result of the play's censorship by the Lord Chamberlain's office. The character's popularity eventually dipped in both countries during the First World War, though the play was revived with success through the 1930s. While groundbreaking changes in Western drama and theatrical practice at the twentieth-century's dawning are routinely cited as causes of Camille's dwindling commercial appeal, they were not the sole provocations of the play's decline. On the contrary, shifting artistic tastes worked in concert with landmark medical discoveries (and the graduate revisions in cultural sentiment that accompanied them) to redefine the pathology of the courtesan's fatal disease of tuberculosis and, ultimately, the role itself. In this chapter I therefore invest Camille's theatrical endurance with a

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<sup>24</sup> Matilda Heron, the most famous American Camille, also maintained that she witnessed Doche's performance in Paris, though some have questioned her claim's validity.

deeper significance than that proposed in existing scholarship. Several factors inspired this position of intensified meaning and cultural import. First, the very fact that various *La Dame aux Camélias* adaptations, from Dumas' original dramatization to 1875's *Heartease*, survived tuberculosis's dethroning as the romantic disease attests to the play's heretofore unacknowledged versatility. Because the symptoms of Camille's malady are not elaborately drawn through any form of onstage narration or stage direction, the performance of the character's disease was under the distinct command of each actress and her own interpretative designs. Second, far from simply satisfying the audience's appetite for melodramatic pathos, "woman-with-a-past" plot devices, and thwarted love affairs (as has been previously claimed by theatre historians), Camille reigned as consumption's most famous victim, one whose dramatic trajectory made tragic – if not reassuring – sense of the disease's destabilizing senselessness. Along with other consumptive characters such as *Uncle Tom's Cabin's* Little Eva and *Helping Hands's* Margaret Hartmann, Camille symbolically legitimated the illness-processes of tuberculosis's "chosen" victims, affording them a dignity often absent from authentic experiences with the disease. Despite her professional impropriety, Camille's delicate dignity during the illness-process and purifying spiritual deliverance enabled her to operate as the sentimental surrogate for the hundreds of thousands whose lives were impacted either directly or obliquely by the disease.<sup>25</sup> As I have argued elsewhere, in their performances of consumption nineteenth-century actors were capable of "decipher[ing], consolidat[ing], and ma[king] meaningful the diverse experiences of those enduring the disease's bleakest realities."<sup>26</sup> Though Camille's usefulness as a surrogate was

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<sup>25</sup> I have borrowed the term "surrogate" from Joseph Roach's study *Cities of the Dead: Circum-Atlantic Performance* (New York: Columbia University Press, 1996).

<sup>26</sup> Meredith Conti, "I am not suffering anymore...": Tragic Potential in the Nineteenth-Century Consumptive Myth," *Journal of Dramatic Theory and Criticism* 24 no. 1 (Fall 2009): 73-4.

certainly diminished by the 1882 discovery of tuberculosis's bacterial origins, she nevertheless sustained the romantic myth of consumption's more glorifying aspects far into the twentieth century.

Our investigation into embodiments of Camille contains a historical review of tuberculosis's transition from romantic disease to contagious epidemic. The remainder of the chapter will be dedicated to the actresses who interpreted Camille and her terminal illness. I contend that at their most basic, nineteenth-century performances of Camille can be divided into two sweeping categories: romanticized and medicalized. Actresses in the former grouping helped to construct or perpetuate the romantic myth of consumption by prioritizing pathos over suffering, aesthetics over authenticity, and symbolism over realism. Though quite diverse in their acting techniques, repertoires, and physical appearances, performers including Laura Keane, Jean Davenport, Helena Modjeska, and Sarah Bernhardt emphasized Camille's tragic potency as one of consumption's hand-picked victims. Those who comprised the latter set, including Eleonora Duse, Matilda Heron, Clara Morris, and Olga Nethersole emphasized the more graphic physiological and psychological symptoms of living with and dying from the "wasting disease," thereby invalidating the consumptive myth and replacing it with a representation of tubercular suffering more conversant with the emergent claims of germ-theory contagionists. And yet these two categories of consumptive performances were not apportioned neatly, as one might easily assume, on either side of Koch's 1882 disclosure of tuberculosis's true pathology. Instead, the types existed concurrently and were often juxtaposed against one another, a fitting reflection of the discordance among specialists as to tuberculosis's main causes, both before and even after the publication of Koch's conclusive study. As we will note, however, though contemporary accounts suggest Camille's actresses were more inspired by artistic and financial stimuli than by

scientific developments, critical reviews register in rhetoric, tone, and aesthetic judgment the shift in the disease's pathology from the inherited, aggrandizing consumption to the indiscriminate and contagious tuberculosis. It is my contention that critics of mid-century Camilles preferred those who mythologized her condition, while those writing at the *fin de siècle* honored more realistic representations.

## 2.1 DISEASE AND THE VICTORIAN IMAGINATION

Though *tubercle bacilli*, the rod-shaped airborne bacteria that cause tuberculosis (also known as *Mycobacterium tuberculosis*), can spread to tissue throughout the human body through the bloodstream, tuberculosis is most commonly a disease of the pulmonary system.<sup>27</sup> In pulmonary

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<sup>27</sup> There is an extensive library of scholarship on tuberculosis. For scientific descriptions of tuberculosis as well as its cultural history in Western society (particularly Britain and the United States), see David S. Barnes, *The Making of a Social Disease: Tuberculosis in Nineteenth-Century France* (Berkeley: University of California Press, 1995); Barbara Bates, *Bargaining for Life: A Social History of Tuberculosis, 1876-1938* (Philadelphia: University of Philadelphia Press, 1992); Meredith Conti, "Tragic Potential in the Nineteenth-Century Consumptive Myth"; John Conway, *Loomis: The Man, The Sanitarium, and the Search for the Cure* (Fleischmanns, NY: Purple Mountain Press, 2006); Thomas M. Daniel, *Captain of Death: The Story of Tuberculosis* (Rochester: University of Rochester Press, 1997); Thomas M. Daniel, Joseph H. Bates, and Katharine A. Downes, "History of Tuberculosis" in *Tuberculosis: Pathogenesis, Protection, and Control*, ed. Barry R. Bloom (Washington DC, American Society for Microbiology, 1994); Thomas Dormandy, *The White Death: A History of Tuberculosis* (New York: New York University Press, 2000); Georgina D. Feldberg, *Disease and Class: Tuberculosis and the Shaping of Modern North American Society* (New Brunswick, NJ: Rutgers University Press, 1995); R.Y. Keers, *Pulmonary Tuberculosis: A Journey Down the Centuries* (London: Baillière Tindall, 1978); Clark Lawlor, *Consumption and Literature: The Making of the Romantic Disease* (Basingstoke: Palgrave MacMillan, 2006); Clark Lawlor and Akihito Suzuki, "The Disease of the Self: Representing Consumption, 1700-1830 in *Bulletin of Historical Medicine* 74 (2005): 287-307; Nan Marie McMurry, "'And I? I am in a

tuberculosis, the bacilli enter the body through the inhalation or ingestion of microscopic air droplets expelled by an active tubercular (typically through coughing or sneezing). Once inside they may lie dormant indefinitely, as is the case with the majority of those infected, or they may become activated, producing tiny white tubercles that deteriorate the delicate lung tissue. In previous centuries, tuberculosis was often categorized by the rapidity of its progression; there were cases of swiftly advancing acute or “galloping” consumption, writes Thomas Dormandy, “but classically [tuberculosis] was chronic and even intermittent, with seemingly miraculous remissions and startling improvements followed by terrible relapses.”<sup>28</sup> No matter the developmental pattern or manifestation, tuberculosis can be fatal if left untreated, and is especially virulent in the immunosuppressed. In its early stages, the disease’s symptoms are not distinctly tubercular and could be mistaken for those of a common cold or stomach flu: paleness, modest weight loss, runny nose, persistent cough, and excessive sweating at night.<sup>29</sup> The relative vagueness (or perceived innocuousness) of these initial complaints ensured the neglect or misdiagnosis of many nineteenth-century cases of tuberculosis, to the decided peril of its

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Consumption:’ The Tuberculosis Patient, 1780-1930” (PhD Diss., Duke University, 1985); B. Meyer, “Till Death Do Us Part: The Consumptive Victorian Heroine in Popular Romantic Fiction,” in *Journal of Popular Culture* 37, no. 2 (2003): 287-308; Lewis J. Moorman, *Tuberculosis and Genius* (Chicago: University of Chicago Press, 1940); Katherine Ott, *Fevered Lives: Tuberculosis in American Culture Since 1870* (Cambridge, MA: Harvard University Press, 1996); Charlotte A. Roberts and Jane E. Buikstra, “The History of Tuberculosis From Earliest Times to the Development of Drugs” in *Clinical Tuberculosis* 3<sup>rd</sup> ed., ed. Peter D. O. Davies (London: Arnold, 2003); Barbara Gutmann Rosenkrantz, ed., *From Consumption to Tuberculosis: A Documentary History* (New York: Garland Publishing, Inc., 1994); Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (New York: BasicBooks, 1994); F. B. Smith, *The Retreat of Tuberculosis, 1850-1950* (London: Croom Helm, 1988); Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1977); and Michael E. Teller, *The Tuberculosis Movement: A Public Health Campaign in the Progressive Era* (New York: Greenwood Press, 1988).

<sup>28</sup> Dormandy, *White Death*, 22.

<sup>29</sup> *Ibid.*



victims.<sup>30</sup> However, as the disease enters its later stages the signs were unmistakable.<sup>31</sup> The traits that comprised the tubercular diathesis (often called the “look” of the consumptive) were crucial for nineteenth-century diagnosticians, as were the tell-tale wheezes, coughs, and shortness of breath of the late-stage consumptive. In his 1836 *Treatise on Consumption*, William Sweetser enumerated the abhorrent changes sustained by those in the “last period and termination of consumption”:

The emaciation is frightful, and the most mournful change is witnessed in the whole aspect. The nose is sharpened, *nipped in*; the cheeks are hollow...the fat of the face being mostly absorbed...the eyes are commonly sunken in their sockets, and...seem enlarged, and often look morbidly bring and *staring*....The lips are thin, often pale and retracted....The chest in some instances – probably to adapt itself to the wasted state of the lungs, – becomes generally or partially contracted...the belly is flatted and sunk...and all the comeliness, and pleasing symmetry of the human form are destroyed.<sup>32</sup>

It was the cadaverous appearance of late-stage tuberculars that furnished the disease with its most enduring monikers, including “consumption,” “wasting disease,” *phthisis* (Greek for “wasting”) and “the decline.” The corporeal traits Sweetser so graphically catalogued were often accompanied by a host of unpleasant symptoms: “The pain in the joints was constant,” writes Sheila M. Rothman, “the pulse accelerated and then become weaker, diarrhea broke out and became uncontrollable, and the legs swelled.”<sup>33</sup> In contrast to the often sudden, painless, or spiritually illuminating demises of fictional consumptives, death from tuberculosis was more often than not an occasion of physical (if not emotional) agony. “Although the patient remains

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<sup>30</sup> Rothman, *Living in the Shadow*, 16.

<sup>31</sup> Conti, “Tragic Potential,” 63.

<sup>32</sup> William Sweetser, *Treatise on Consumption* (Boston: T.H. Carter, 1836), 72-73, <http://books.google.com>.

<sup>33</sup> Rothman, *Living in the Shadow*, 17.

*compos mentis* until the end,” Clark Lawlor writes, “the death can be extremely unpleasant, with patients becoming more and more short of breath, increasingly unable to control their coughing and expectoration, unable to gain a moment’s peace.”<sup>34</sup> Sweetser named excessive sweating, diarrhea, difficulty expectorating lung matter, and colic pains as common harbingers of a consumptive death; the final causes of termination were suffocation, hemorrhages (both “slight” and “profuse”), and a gradual and “insensibl[e]” wasting away from exhaustion and weakness.<sup>35</sup>

Tuberculosis’s exceptional reputation served to isolate consumption from the catalogue of “undesirable” diseases that impacted nineteenth-century society, just as it continues to isolate it in the works of contemporary scholars. And yet consumption, even in its aggrandized form, should be understood (at least initially) as an illness with just as many similarities to other nineteenth-century diseases and differences. Despite the dangers of lumping disparate illnesses like smallpox, typhoid, scarlet fever, and tuberculosis into one consolidated group, it is useful to do so temporarily in order to determine the physical threat and social stigma that was “Disease” in the nineteenth century. To assert that disease touched the lives of nearly every Briton and American is not an exaggeration. Though the specter of disease loomed at various distances over men, women, and children of different classes, ethnicities, and geographies, the sheer number of life-threatening illnesses, their unpredictable patterns of morbidity, and the variable effects of medical curatives meant that if you were blessed enough to escape disease’s clutches, chances were someone you knew wasn’t so lucky. As Katherine Ott writes, “The meaning of a disease evolves from the interrelationship of people, technology, medical doctrines, and state affairs. Illness is as dependent upon the palpable human experience of it as it is upon impersonal

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<sup>34</sup> Lawlor, *Consumption and Literature*, 5.

<sup>35</sup> Sweetser, *Treatise on Consumption*, 81.

physiology and pathology.”<sup>36</sup> J. N. Hays concurs in his manuscript *The Burdens of Disease*, labeling disease “both a pathological reality and a social construction.”<sup>37</sup> Because it wields both material and philosophical leverage, disease’s sphere of influence is particularly expansive. As Hays enumerates, disease profoundly affects demographics, social constructions, politics, economies, and cultural and intellectual thought, even to the point of having “set its stamp on the ‘optimism’ or ‘pessimism’ of an entire age.” And yet, Hays reminds us, disease is not itself immune to civilization’s inverse influence. The “restlessness” of many cultures to acquire new lands brings populations into intimate contact with foreign peoples and their indigenous maladies, thereby “increas[ing] disease’s opportunities,” while human efforts to identify, control, and eradicate diseases have coerced certain pathogens to mutate.<sup>38</sup> Hays’s dual construction of disease (material and abstract) is evident in the nineteenth century, when the human experience of illness occupied the minds of scientists and laypeople alike. While it was not uncommon for disparate disciplines (medicine, journalism, fine arts) to reach consensus regarding the significance of a particular disease, their divergent frames of reference discouraged frequent like-mindedness. Indeed, rapid-fire advancements in the nascent fields of epidemiology and bacteriology received significant resistance from a skeptical populace all too familiar with the consequences of disease outside the controlled laboratory.<sup>39</sup>

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<sup>36</sup> Ott, *Fevered Lives*, 1.

<sup>37</sup> J. N. Hays, *The Burdens of Disease: Epidemics and Human Response in Western History*, rev. ed. (New Brunswick, NJ: Rutgers University Press, 2009), 1.

<sup>38</sup> Hays, *Burdens of Disease*, 2.

<sup>39</sup> Repeated outbreaks of cholera in England (which killed nearly 30,000 Londoners over four separate waves of the disease in 1832, 1849, 1854, and 1866) had decimated whole neighborhoods, and smallpox and typhoid fever were endemic in the United States since the 1600s, to cite but a few of the dozen diseases familiar to Anglo-Americans. For statistics of European cholera outbreaks see Vincent J. Knapp, *Disease and its Impact on Modern European History*, (Lewiston, UK: Edwin Mellen Press, 1989), 133.

While non-contagious diseases like cancer, heart disease, and gout were grim realities for many Victorians, the fact was that no set of ailments inspired more scrutiny (and undesirable stigmatizing) than the period's catalog of epidemic diseases. In his 2009 book *Dread: How Fear and Fantasy Have Fueled Epidemics from the Black Death to Avian Flu*, Philip Alcabes delineates how the epidemic is defined by a tripartite system of perception: the *physical event* (“a microbial disturbance in an ecosystem with accompanying shifts in the well-being of different human populations”); the *social crisis* (“illness and death spread widely act as destabilizers, disrupting the organization of classes, groups, and clans that make up the society we know”); and the *narrative* (“that knits its other aspects together” through storytelling, personal accounts, and the communication of fears and hopes of the epidemic's outcome).<sup>40</sup> As Hays, Acabes, Margaret Pelling, and Nancy Tomes have all suggested, the invisible threat of contagion elicited in Victorians' complex feelings of fear, confusion, revulsion, and at times apathy.<sup>41</sup> Epidemic outbreaks were often unpredictable and indiscriminate in their selection of victims, marking all persons as potential targets of infectious disease. And yet, the average contagion's discernible preference for crowded or unsanitary environs conceptually linked epidemic outbreaks with the lower social classes, stigmatizing the infected as unhygienic, vulgar, and/or ignorant. While

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<sup>40</sup> Philip Alcabes, *Dread: How Fear and Fantasy Have Fueled Epidemics from the Black Death to Avian Flu*, (New York: PublicAffairs, 2009), 5.

<sup>41</sup> See Hays, *Burdens of Disease*; Philip Alcabes, *Dread*; Margaret Pelling, “The Meaning of Contagion: Reproduction, Medicine and Metaphor,” *Contagion: Historical and Cultural Studies*, ed. Alison Bashford and Clair Hooker (London: Routledge, 2001): 15-29; and Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge, MA: Harvard University Press, 1998). Other investigations into disease and Victorian culture include: Peter Baldwin, *Contagion and the State in Europe, 1830-1930* (Cambridge: Cambridge University Press, 1999); Stephen Halliday, *The Great Filth: The War Against Disease in Victorian England* (Gloucestershire, UK: Sutton Publishing, 2007); Anne Hardy, *The Epidemic Streets: Infectious Disease and the Rise of Preventive Medicine 1856-1900* (Oxford: Clarendon Press, 1993); Knapp, *Disease and its Impact*; and Erin O'Connor, *Raw Material: Producing Pathology in Victorian Culture* (Durham, NC: Duke University Press, 2000).

some Anglo-Americans deeply dreaded or were disgusted by the notion of contagion, others viewed it as an antediluvian concern, inconsequential to civilized society. Aside from the newly widespread usage of smallpox inoculations, the advisable “treatment” for most contagions was left over from the plague-ravaged medieval age: quarantine. Because of this (and, I would add, the shared arrogance of industrialized nations), nineteenth-century “popular belief in contagion was seen as belonging to a primitive state of society, and as entailing a breakdown in social responsibility.”<sup>42</sup> In the largest chasm between the “pathological reality and social construction” of a disease in the nineteenth century, tuberculosis’s authentic (contagion) and perceived (inherited disease) pathologies were essentially incompatible constructions. While tuberculosis was readily acknowledged to be *endemic* in Europe and North America, with one English physician boldly calculating in 1815 that one-fourth of the entire European population was consumptive, the disease resisted categorization as an infectious *epidemic* of the same ilk as cholera or smallpox.<sup>43</sup> This resistance was due in large part to the consumptive myth that pervaded medical and cultural discourses and operated as an artistic trope in nineteenth-century theatre.

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<sup>42</sup> Pelling, “Meaning of Contagion,” 25.

<sup>43</sup> Daniel, *Captain of Death*, 30.

## 2.2 AN ICON OF ILLNESS: THEATRICAL EMBODIMENTS OF CAMILLE FROM 1853 TO 1914

It is all champagne and tears – fresh perversity, fresh credulity, fresh passion, fresh pain...It carries with it an April air: some tender young man and some coughing young woman have only to speak the line to give it a great place among the love-stories of the world.

- Henry James on *Camille*, 1886<sup>44</sup>

If Dumas' Marguerite Gautier was a literary sensation, she was simply no match for her more legendary theatrical analog, Camille. With remarkable regularity Camille graced Anglo-American stages for well over a half-century's time, embodied by an impressive panoply of actresses of varying techniques, talent, and professional clout. As can be imagined, not all Camilles were created equal; the character provided some actresses with career-defining turns and others with career-jeopardizing failures. Though Camille's status as a dramatic *tour de force* has been ably confirmed by the scholarship of Katie N. Johnson, Nicholas John, Gwen Ursula Preston Jenson, and Bonnie Jean Eckard, her ranking as the most prominent, visible representative of nineteenth-century disease has gone largely unacknowledged.<sup>45</sup> The remainder of this chapter is dedicated to revising this perennial misinterpretation. By embarking on a comparative study of theatrical embodiments of Camille, I hope to complicate simplistic

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<sup>44</sup> Henry James, qtd. in Eckard, "Camille in America," 22.

<sup>45</sup> Katie N. Johnson, *Sisters in Sin: Brothel Drama in America, 1900-1920* (Cambridge: Cambridge University Press, 2006); Nicholas John, ed., *Violetta and Her Sisters: "The Lady of the Camellias," Responses to the Myth* (London: Faber and Faber, 1994); Gwen Ursula Preston Jenson, "Matilda Heron and the Americanization of Camille" (Ph.D. diss., University of Nebraska – Lincoln, 2003); and Eckard, "Camille in America."

readings of the character's significance in Victorian culture, as well as consolidate methods of portraying consumption into two comprehensive groups: those that romanticized Camille's illness and those that medicalized it.

In order to divide nineteenth and early twentieth-century portrayals of Camille into the two aforementioned categories, I examined written accounts and visual depictions of the actresses' performances evaluating the following criteria: body (both the actress's authentic features and those furnished by technical applications of make-up and costuming); movement, gesture, and facial expression; vocality (the actress's use of diction, pronunciation, volume, and vocal melodies or cadences, as well as her inclusion of archetypal consumptive vocalizations: coughs, wheezes, shortness of breath, etc.); emotionality (as it accompanied Camille's illness-process and her death); and the quality and development of Camille's onstage interactions with other characters. Perhaps not surprisingly, I paid particular attention to written and iconographic representations of Camille's death scene, which spans the length of the last act in all but one of the dramatizations (the exception being Laura Keane's *Camille* with its "it-was-all-a-bad-dream" conceit). In my analyses I attempted to assess the relative impact of authorial subjectivity on critical reviews, audience accounts, and actor memoirs. I also treated the repeated claims by critics of a particular actress's "realistic" portrayal of Camille's tubercular suffering as ambiguous at best, as such arguments were based upon pre-Stanislavskian notions of theatrical realism. After comparing various source materials, I then contextualized the performances using contemporary medical and socio-cultural perspectives on tuberculosis. Ultimately my goal was to uncover discrete moments of harmony or discord between theoretical, material, and artistic expressions of tubercular illness, as well as to arrive at an appreciation of the character's cultural longevity before, during, and after the disease's drastic reclassification.

Though I have sorted Camille performances into those that perpetuated the consumptive myth and those that incorporated the epidemiological view of tuberculosis, it is important to recognize that versions of both discourses co-existed (somewhat discordantly but not altogether uneasily) for nearly fifty years. Herzlich and Pierret best explain tuberculosis's post-Koch conceptual duality: "In the course of the nineteenth century, tuberculosis thus became bound up in two successive chains of signifiers: passion, the idleness and the luxury of the sanatorium, and a pleasure-filled life 'apart' on the one hand; the bacillus, the dank and airless slum, and exhaustion leading to an atrocious agony on the other. The disease therefore gave rise to a twofold discourse that both celebrated the consumptive and stigmatized the germ-carrier."<sup>46</sup> It was within this dichotomous discourse that Camille operated as an icon of illness on the Anglo-American stage.

### **2.2.1 The Romantic Myth of Consumption<sup>47</sup>**

Before the *tubercle bacillus* first became visible on the microscope slide, the romantic myth of consumption reigned in both professional and popular discourse. Given the nearly inextricable linkage between the consumptive myth and the nineteenth century, it is perhaps surprising that crucial aspects of the myth significantly predate the Romantic Movement. Two divergent but dialogic notions of consumption operated within the Renaissance; the first established the disease

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<sup>46</sup> Herzlich and Pierret, *Illness and Self in Society*, 28.

<sup>47</sup> I have borrowed the useful terms "romantic myth of consumption" and "consumptive myth" from Clark Lawlor's *Consumption and Literature*.



as a consequence of “love melancholy,” and the second introduced the possibility of a mild consumptive deliverance to heaven for the religiously devout, echoing the established tradition of *ars moriendi*.<sup>48</sup> For Renaissance physicians, consumption was the result of an imbalance of the humors; those with lymphatic temperaments were considered abnormally susceptible to consumption.<sup>49</sup> In the Enlightenment the humoral conceit of consumption was “metaphorically purified as the ideal physical disease of sensibility.”<sup>50</sup> This drastic revision resulted from a unique intertwining of several eighteenth-century preoccupations: feminine (or effeminate) emotionalism, aesthetic beauty, and the intricate workings of the brain and nervous system. As Sontag states: “For snobs and parvenus and social climbers, TB was one index of being genteel, delicate, sensitive. With the new mobility (social and geographical) made possible in the eighteenth century, worth and station are not given; they must be asserted.”<sup>51</sup> In addition to signaling a deep-rooted love melancholy, the languid sadness associated with consumptives could now allegedly predicated a superfluity of refined sensibility, an inherited trait passed on in well-bred families through blood and breeding. Hereditary, by extension, became a crucial factor in determining a person’s natural susceptibility to consumption, and – despite the scientific community’s awareness that the poor and malnourished succumbed in far larger numbers to the disease than society’s wealthier citizens – superior sensibility and social refinement persisted as vital cultural components of the consumptive myth in the nineteenth century. Other than reclassifying consumption as an epidemic, how else to explain the high rates of morbidity and mortality within multigenerational families? As Herzlich and Pierret make clear:

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<sup>48</sup> Lawlor, *Consumption and Literature*, 27-28.

<sup>49</sup> Barnes, *Making of a Social Disease*, 40.

<sup>50</sup> Lawlor, *Consumption and Literature*, 44.

<sup>51</sup> Sontag, *Illness as Metaphor*, 28.

“consumption...[the] inherited disease...was especially liable to befall the rich, the young, women, and the fragile beings consumed by ‘the passion of sadness’...for them, tuberculosis was also a way of life full of luxury and leisure.”<sup>52</sup> Nowhere was the linkage between consumption and over-indulgence stronger than in imperial Britain, where “consumption” referred both to an illness and a birthright of the blue bloods and bourgeoisie. Notes Sontag: “TB is described in images that sum up the negative behavior of nineteenth-century *homo economicus*: consumption; wasting; squandering of vitality.”<sup>53</sup> Authenticating Sontag’s assertion is a treatise by eighteenth-century physician Edward Barry that attributes Britain’s soaring consumption rates to the epicurean overindulgences of Her higher-born subjects.<sup>54</sup> His chastisement of the leisure class’s material and fiscal immoderation failed to disguise a conspicuous pride in his homeland’s affluence; in this paradoxical stance, the disease of consumption was not just a necessary evil, but a valued accessory, of a flourishing Empire. “TB was an ambivalent metaphor,” Sontag advances, “both a scourge and an emblem of refinement.”<sup>55</sup>

To the shifting cultural templates of consumption, the eighteenth century also contributed the glorification of the consumptive body as the ideal symbol of beauty, particularly for women. Those aspiring to the diminutive measurements and translucent complexion of the consumptive female “took to drinking lemon juice and vinegar to kill their appetites and make themselves look more alluring,” tight-laced their already constrictive corsets, cultivated public reputations as “bird-like” eaters, and replaced their heavy skirts with pale and airy ensembles resembling the

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<sup>52</sup> Herzlich and Pierret, *Illness and Self*, 24.

<sup>53</sup> Sontag, *Illness as Metaphor*, 63.

<sup>54</sup> Barry labels this phenomenon as the “disease of indulgence” (Lawlor, *Consumption and Literature*, 45-46).

<sup>55</sup> Sontag, *Illness as Metaphor*, 61.

consumptive's bedroom shift.<sup>56</sup> As Katherine Ott remarks: "The middle-class public thought robust health vulgar in a lady...Albescence indicated not only a woman of leisure, unaccustomed to outdoor exertion, but also a delicate nature, coeval with death and ready to pass over at a sigh."<sup>57</sup> The result was a monumental shift in the standards of physical beauty:

The voluptuous female figure cherished for centuries as the European model of perfection was starved in the late eighteenth century to replicate the consumptive female's wasting form: sunken chest, long willowy limbs and swan-like neck, "winged" back (labeled thusly because of severity with which the shoulder blades jutted out of an emaciated torso), translucent skin with flushed cheeks, and fiery, deep-set eyes. The newly minted epitome of female beauty transformed life for fashion-forward European and subsequently American women; not only was a near skeletal body the new mark of beauty and refinement, but feminine plumpness actually became equated with laziness and intellectual slowness.<sup>58</sup>

The popularity of "invalid-chic" continued unabated in the nineteenth century, when literary, theatrical, and visual depictions of consumptive-esque beauty proliferated, and "the image of pale, bedridden, wasting women and men quickened the pulse of Victorian[s]" on both sides of the Atlantic.<sup>59</sup>

By 1800 the consumptive myth was an unstoppable socio-cultural juggernaut, consolidating the abovementioned trends with influences from the disease's newly formed association with the Romantic Movement. The rechristening of consumption as the "romantic

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<sup>56</sup> Dormandy, *The White Death*, 91. According to Dormandy, the eighteenth and nineteenth-century obsession with consumptive beauty potentially contributed to the tuberculosis epidemic, noting: "Some doctors claimed that the wearing of such unsuitable attire in winter contributed to the vicious influenza epidemic of 1803...which in turn may have lowered patients' resistance to phthisis" (91-92). The term "cultural templates" is borrowed from Lawlor, *Consumption and Literature*.

<sup>57</sup> Ott, *Fevered Lives*, 13.

<sup>58</sup> Conti, "Tragic Potential," 64-65.

<sup>59</sup> Ott, *Fevered Lives*, 13.

disease” sprung from two key factors, one artistic and the other empirical. Consumption’s mythologized preference for youthful, beautiful, and emotionally delicate victims, as well as its unpredictable illness pattern of reassuring remissions and devastating relapses, rendered the disease a sublime, pathos-inducing device for inclusion in Romantic poetry, drama, literature, and art. Consumption’s thematic and metaphorical uses for Romanticism’s devotees were remarkably diverse, inspiring artistic meditations on premature death and dying, relinquished love, spiritual deliverance, fate and individual will, and the sovereignty of nature, among others. Soon autumn supplanted spring as the preferred season for Romantic poets, for turning leaves and nipping frosts on summer blooms were fitting metaphorical tributes to the wasting consumptive’s final days.<sup>60</sup> Henry David Thoreau would remark after spying the fall’s changing maple leaves ““with their greenish centre and crimson border’: ‘Decay and disease are often beautiful like the hectic glow of consumption.’”<sup>61</sup> In addition to consumption’s romantic aestheticism, the Romantics were also prompted to commandeer the consumptive myth by a stark reality. The astonishing number of influential Romantics who fell victim to the wasting disease, including John Keats, Robert Burns, Walter Scott, Frédéric Chopin, Friedrich Schiller, and nearly the entire Brontë family, cemented consumption’s reputation not just as the romantic disease, but as the disease of the Romantics. Because of their professional notoriety, passionate souls, and (purportedly) melancholic dispositions, Romantic artists became the iconic avatars of nineteenth-century consumption.

However, in order to reconcile the premature demises of the famed “wasting poets” – who oftentimes hailed from the lower and middling classes – with the pre-existing aristocratic

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<sup>60</sup> Lawlor, *Consumption and Literature*, 2.

<sup>61</sup> Qtd. in Dormandy, *The White Death*, 91. Dormandy provides an excellent short history of consumption in “the romantic image,” 85-100. See also Hays, *Burdens of Disease*, 158.

archetype of consumption, the myth's class-bound definition of "superior" was expanded. The romantic myth of consumption contended that a person endowed with exceptional intelligence, passion, or creativity was also inherently susceptible to the disease, regardless of class. "If a poet," it was thought, "worked too hard and too quickly, his genius at full stretch, mental and physical over-stimulation would eventually result in languorous exhaustion and disease. Mental over-stimulation was especially destructive."<sup>62</sup> In this formulation, intellectual and artistic brilliance came with costly price tags, and yet a diagnosis of consumption curiously legitimated a scholar or artist's cerebral exertions, whether or not the fruits of their labors merited great praise. Similarly, in a conspicuous outgrowth of the disease's established relationship with love melancholy, an excessively passionate soul also left its owner vulnerable to developing consumption. "Fever and consumption were thus seen as only the physical signs of an inner fire, whether it be of desire or of genius, which made the sufferer's pallor glow," write Herzlich and Pierret. "The shining eyes, their 'glowing that matches the pink cheeks,' as [*Magic Mountain* author] Thomas Mann has put it, came from the fire of a soul that was destroying itself: the consumptives 'burned up their days.'"<sup>63</sup> Paradoxically, the overindulgent gratification of these desires by expressive means (whether verbal, creative, or physical) was thought to court consumption, but so too was the unnatural stifling of passion's incendiary impulses. "The romantic idea that the disease expresses the character is invariably extended to assert that the character causes the disease – because it has not expressed itself," argues Sontag. "Passion moves inward, striking and blighting the deepest cellular recesses."<sup>64</sup>

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<sup>62</sup> Lawlor, *Consumption and Literature*, 116.

<sup>63</sup> Herzlich and Pierret, *Illness and Self*, 25.

<sup>64</sup> Sontag, *Illness as Metaphor*, 46.

The fabled painless demise of the consumptive is perhaps the most staggering claim upheld by the consumptive myth, a premise that was debunked by centuries of contrary reports (both in medical texts such as William Sweetser's above-quoted 1836 *Treatise on Consumption* and in witness testimonies to consumptive deaths) and yet remained imperative to the disease's cultural efficacy throughout the nineteenth century. The perishing of consumptive's victims – selected as they were by virtue of their remarkable emotional sensibility, social refinement, brilliance, creativity, or passion – in physical agony or psychological despair would diminish the disease's mythologizing exclusivity. Such demoralizing deaths were expected of the nameless casualties of cholera, yellow fever, and other epidemic diseases, but not of individuals succumbing to the romantic disease. Though the pain-free death was an *exclusive* rite of passage for consumption's chosen victims, it was by no means an *exclusionary* ritual. "Everywhere and in all periods," write Herzlich and Pierret, "it is the individual who is sick, but he is sick in the eyes of society, in relation to it, and in keeping with the modalities fixed by it."<sup>65</sup> Prior to the discovery of tuberculosis's person-to-person communicability and the resultant isolation of the consumptive, the late-stage consumptive often spent his final days in a private sickroom with an intimate coterie of loved ones serving as witnesses to his "gentle" passing. Even the early seaside sanatoria constructed to accommodate wealthy consumptives "forged their own inclusive communities of patients and personnel, a multilayered support system for the dying process."<sup>66</sup>

Further corroborating the consumptive death's peacefulness was the reported ebb and flow of *spes phthisica*, a phenomenon that enjoyed widespread credibility in both the medical and cultural spheres. Translated as "the hope of the consumptive," *spes phthisica* was a state of

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<sup>65</sup> Herzlich and Pierret, *Illness and Self*, xi.

<sup>66</sup> Conti, "Tragic Potential," 70.

hallucinatory ignorance in which consumptives “were believed to suffer a specific unwillingness to recognize the gravity of their situation in that they were held, by both medical and popular opinion, to deny that death was imminent,” explains B. Meyer.<sup>67</sup> Under the spell of this “strange illusion,” as Sweetser labeled it in his *Treatise*, “the sufferer is oftentimes cheerful, confident, buoyed up by a deceitful hope, when the disease has declared itself to all about him in language that cannot be misunderstood.”<sup>68</sup> The *spes phthisica* then receded at various speeds depending on the individual, leaving behind a startling mental clarity. According to Sweetser, “the individual is awakened from [*spes phthisica*]; new light seems to burst upon his mental vision; he becomes aware of his approaching dissolution, and often with an astonishing calmness and clearness of mind, prepares himself for the solemn event.”<sup>69</sup> Lawlor sees the mythic consumptive’s lack of physical and mental pain as a “double-edged sword”: “even as it makes death easier and removes despair, it also blinds the sufferer to the danger he faces, paradoxically both freeing the patient from fear and yet withholding the possibility of action based on the truth of his condition.”<sup>70</sup> As I have proposed elsewhere, the pairing of illusory incomprehension with enlightening lucidity replicates the exact pattern of an Aristotelian recognition or *anagnorisis*, in essence a change from ignorance to knowledge; in this way the romantic myth of consumption permitted the consumptive’s illness-process and eventual demise to be viewed within the generic context of tragedy.<sup>71</sup>

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<sup>67</sup> Meyer, “Till Death Do Us Part,” 290.

<sup>68</sup> Sweetser, *Treatise on Consumption*, 74.

<sup>69</sup> *Ibid.*, 77.

<sup>70</sup> Lawlor, *Consumption and Literature*, 30.

<sup>71</sup> Conti, “Tragic Potential,” 71.

The expression of individuality through illness was fundamental in the nineteenth century, according to Foucauldian discourse.<sup>72</sup> This was especially true for women of the bourgeois classes, who were exempted from strictly proscribed codes of social conduct *only* during times of illness. Indeed, feminist critics like Elaine Showalter, Susan Gubar and Sandra Gilbert have recently shifted the paradigm of feminine Victorian illness in order to reposition invalidism as a willful act of protest, not just of subservient compliance. Ultimately, as I hope the above history has sufficiently proven, consumption was, above all else, the disease of individuality, of exceptionalness, and – as no other epidemic diseases could reasonably claim – of transcendental purpose. “One died individually and rather slowly of tuberculosis,” offer Herzlich and Pierret, “so that the victim was in a position to perceive his condition, to form a self-image, and to discern the way in which others saw him.”<sup>73</sup> The romantic myth’s consumptives did not suffer through illness only to perish in anonymity, poverty, or disgrace; instead, the powerful cultural narrative validated their illness-processes and celebrated the very individualism that rendered them vulnerable to the disease. Consumptives were also afforded a tremendous amount of behavioral latitude, as alternating bursts of spirited courage and melancholic despair were not only tolerated in tubercular patients, they were expected. Nineteenth-century physicians, convinced of the restorative powers of fresh air therapy, encouraged consumptives to relocate to healthier climes like the south of France or the Swiss Alps or (especially in the case of males) to take extended sea voyages. In these ways, the mythic

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<sup>72</sup> See Laura Otis’s *Membranes: Metaphors of Invasion in Nineteenth-Century Literature, Science, and Politics* (Baltimore: Johns Hopkins University Press, 1999) and Martin Wallen’s *City of Health, Fields of Disease: Revolutions in the Poetry, Medicine, and Philosophy of Romanticism* (Aldershot: Ashgate, 2004).

<sup>73</sup> Herzlich and Pierret, *Illness and Self*, 30.



consumptive may have been robbed of physiological autonomy, but in its place he was granted heightened agency.<sup>74</sup>

The consumptive myth was forged by and thrived within a tenacious but nevertheless variable blend of fact and fiction. As the century drew to a close fiction was uncoiled from fact, and the clinical view of tuberculosis emerged, but not before a series of performances lent credence to the romantic disease's legendary aesthetic beauty, gentleness, and exclusivity.

### **2.2.2 Consumptive Camilles: Externalizing and Eternalizing the Romantic Myth**

The majority of actresses who played Camille between 1853 and 1914 romanticized her illness, and the reasons for this were several. First and foremost, it is difficult to ignore the play's original source: a romantic novel with formidable links to the consumptive myth. While a Parisian courtesan ostensibly seems an unlikely candidate for developing a disease associated with moral purity, refinement, and genius, Camille's eligibility is secured by her fragile beauty, passionate spirit, and the material trappings of social distinction (accrued, even as they were,

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<sup>74</sup> Based upon their assessment of illness narratives by nineteenth-century consumptives, Herzlich and Pierret elucidate the consumptives' evolving perceptions of their disease: "Initially the event seemed to them steeped in the Romantic myth with all the significations that emerge from it; their own discourse naturally partook of and contributed to it. But over the months and years the sufferer somehow experienced the inversion of the myth. In the beginning these writers felt as if their illness had removed them from ordinary life and engaged them in an abstract confrontation with passion and with death, a confrontation in which the body was barely implicated. As time went on, each of them discovered the weight of the most material limitations – symptoms, the invasion of the self by the illness, the difficulty of maintaining relations with others, exclusion from the world. In this manner all of them gradually discovered that they were 'sick'" (Herzlich and Pierret, *Illness and Self*, 32-33).

through assignations with wealthy lovers). Indeed, many of the period's dramatic critics took pains to distance the *exceptional* Camille from her indelicate sisters in sin, including one *Spirit of the Times* commentator who argued:

There are, doubtless, in Paris, and even in the French portion of the city of New Orleans, numbers of females belonging to that type of woman intended to be represented by Dumas in his 'La Dame aux Camelias': they are women of education, great personal beauty, and possess extraordinary fascination of manners, and not unfrequently [sic] own every grace that adorn the female sex, except that priceless diadem, virtue. I remember to have seen a miniature of the original of Dumas' Dame aux Camelias, and it certainly represented anything but the face of a woman possessing the characteristics of a common and coarse courtesan...<sup>75</sup>

In short, as Brander Matthews noted, "a Margaret Gauthier was as rare as a white blackbird."<sup>76</sup> Most crucial to Camille's consumptive identity are the internalized, burning passions that she stokes and stifles as the play progresses. As Théophile Gautier noted after witnessing *La Dame aux Camélias*'s 1852 premiere, the courtesan's illness and passionate spirit (both of which lay dormant at the play's opening) are intimately related and interdependent; during act one "[she] is not yet transformed by passion...But then as she begins to be troubled and then filled with real love, she becomes humble, shy, tender – and ill. She is consumed not only by love for Armand but also by the disease which consumes her body. And she knows it."<sup>77</sup> Her deliberate suppression of these romantic passions at the behest of Armand's father further aggravates the disease and ultimately leads to her death. Camille's consumptive vulnerability extends beyond

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<sup>75</sup> Acorn [pseud.], "Letter from 'Acorn'," *Spirit of the Times*, May 23, 1857, American Periodicals Series Online, (804533162).

<sup>76</sup> Qtd. in "The 'Dame Aux Camelias,'" *Current Literature (1888-1912)* 36, no. 6 (June 1904), American Periodicals Series Online, (229993571).

<sup>77</sup> Qtd. in Dormandy, *The White Death*, 70.

her passionate soul. As Linda and Michael Hutcheon state, though the story's theatrical adaptations make no mention of how Camille became consumptive, the novel discloses that her illness was inherited: "[Camille's] only legacy from her dead mother is the disease they share."<sup>78</sup> Additionally, the nineteenth-century conviction that economic and physical manifestations of "consumption" are intertwined is discernable in Dumas's text. Though Camille's provincial upbringing offers little clue as to her familial social status, the courtesan's lifestyle (leading to the conspicuous accumulation of material luxuries) is both a prime example of Sontag's "negative behavior of nineteenth-century *homo economicus*" and a character flaw with grave repercussions. Camille's physical decline is accompanied by the progressive dissolution of her worldly belongings "until, in the play's final act, her austere outfitted bedchamber matches her depleted corporeal form."<sup>79</sup> In Dumas's most overt acknowledgement of the consumptive myth, the play's final scene gives prominence to the transitory power of *spes phthisica* (not to mention the dramatic potency of a tragic *anagnorisis*). Physically incapacitated but mentally composed, Camille seems to have made peace with her approaching demise. However, her behavior shifts precipitously with the contrite Armand's arrival:

Armand! I said this morning that only one thing could save me. I had given up hoping for it – and then you came. We must lose no time, beloved. Life was slipping away from me, but you came and it stayed...Nichette is to be married this morning, to Gustave. Let us go see her married...Bring my outdoor things, Nanine, I want to go out.<sup>80</sup>

Duplicating the alleged pattern of *spes phthisica*, Camille's hallucinatory euphoria is fleeting, particularly because it proves physically unsustainable for her enervated body. After declaring to

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<sup>78</sup> Hutcheon and Hutcheon, *Opera*, 44.

<sup>79</sup> Conti, "Tragic Potential," 68.

<sup>80</sup> Dumas, *Camille*, 162.

Armand “I want to live...I must live,” Camille becomes suddenly introspective. “But if your coming has not saved me, nothing will, I have lived for love, now I am dying of it.” Sullenness, self-pity, and hostility are absent from her remark; instead, the realization succeeds in renewing the consumptive’s mythologized tranquility just as the disease overtakes her.

In addition to the novel’s reliance upon the romanticized view of consumption, Dumas’s stage adaptation draws Camille’s story even further into alignment with the myth. Whereas the novel’s narrative jumps through time and utilizes a framing device, assaulting readers with graphic descriptions of Marguerite’s wasted, lifeless body before permitting them a glimpse of her as the spirited creature of Armand’s admiration, the play follows a linear plot progression customary of the period’s dramas. Dumas’s script may require audiences to observe Camille’s consumptive death just before the curtain falls, but it spares them the sobering sight of her inert, skeletal corporeality, not to mention the cruelty with which her memory is dishonored in the book. Those involved in producing *Camille* for the stage also contributed to the statistical disparity between romanticized and medicalized treatments of the character. The dramatic aestheticizing of life’s physical hardships (including illness and death) with little concern for scientific authenticity was commonplace in nineteenth-century melodramatic fare, as was the ennobling of Victorian womanhood’s prized qualities: fidelity, emotional delicacy, aesthetic pulchritude, and selflessness. The period’s most successful actresses were adept interpreters of such attributes, employing them to heighten dramatic pathos while satisfying the audience’s appetite for virtuous heroines. Though Camille’s “virtue” was a hotly debated topic, her beauty, sensitivity, and noble self-sacrifice nevertheless obliquely allied her with the virginal darlings of the nineteenth-century stage, and most actresses did little to fracture this association. Furthermore, according to Bonnie Jean Eckard, as the lives of Marie Duplessis and her fictional

counterpart Marguerite Gautier grew into cultural legends, “both the historical figure and the dramatic character became [even more] idealized and took on heroic qualities. They became bigger than life, having greater capacity for passion, sacrifice and suffering than the average woman. The actress therefore...had to create a kind of super-woman.”<sup>81</sup> As an 1898 *Cincinnati Post* article suggests, Camille’s interpreters were charged with foregrounding the courtesan’s exceptional *individuality*, an essential component of the consumptive myth:

To play Camille well, an actress must have solved, either by intuition or experience, all the problems in the complex heart of woman. She must add to that a power to analyse and a sense of detail that is rarely found in the ordinary woman. She must have a perfect sense of the unities and preserve perfect values throughout the whole delineation. She must, above all, be able to show through the five acts a gradual purification by the power of love; that one idea of Love the Savior is the note that has made *Camille* popular with the theatre goers of three generations.<sup>82</sup>

Finally, the conservative outcry against *La Dame*’s risqué themes expanded well beyond the borders Dumas’s native France, most obviously in the Lord Chamberlain’s decades-long censorship of the play in Britain. Artists who mounted productions of *Camille* in America and later in Britain purified the play’s objectionable subject matter by deemphasizing Camille’s immoral profession and eradicating the more distasteful aspects of tuberculosis. British actress Jean Davenport, whose career was spent almost entirely in the United States, employed writer John H. Wilkins to pen the first English-language adaptation of *La Dame aux Camélias* called *Camille, or, the Fate of a Coquette*. As the title indicates, Davenport and Wilkins reduced Camille’s moral misdeed from prostitution to flirtation, a revision that the *Spirit of the Times*

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<sup>81</sup> Eckard, “Camille in America,” 13.

<sup>82</sup> *Cincinnati Post*, September 29, 1898, *Camille* Clippings File, BRTC.

claimed “does away with the objection raised against the French piece.”<sup>83</sup> Davenport’s fellow British expatriate, actor-manager Laura Keene, also attempted to minimize public disapproval of *Camille* by reframing the play as an instructive nightmare. In Keene’s version “the entire story of the courtesan’s life and death was presented as a dream,” related George C. D. Odell, and “in the last scene Camille awoke from these dreadful visions.”<sup>84</sup> Even Helena Modjeska’s *Heartsease*, the first *Camille* adaptation to circumvent the British censorship of *La Dame*, implies that Constance (*Heartsease*’s name for Marguerite/Camille) and Armand are engaged to be married by the time they flee Paris for the restorative environs of the French countryside. By diminishing Camille’s status as a “fallen woman” and highlighting her manifold virtues, theatre artists became instrumental in perpetuating the mythologized view of consumption as the disease of extraordinary individuals. However, there were many other ways in which the actresses embodying Camille romanticized her illness, and it is to these we now turn.

### 2.2.2.1 The Actresses

The first to perform a version *Camille* in America in 1853, Miss Jean M. Davenport (Lander) set the stage for decades of romanticizing portrayals of the courtesan. Born in England in 1829, Davenport was raised as a child performer by her father, the manager of Staffordshire’s Richmond Theatre. By 1849, the year she permanently relocated to the United States, Davenport had received glowing reviews as a performer in England, Germany, Holland, and America, and had studied music in Paris. From her informal but international training as a young actress,

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<sup>83</sup> Acorn [pseud.], “Theatricals in Boston,” *Spirit of the Times*, October 25, 1856, American Periodicals Series Online, (804533162).

<sup>84</sup> George C. D. Odell, *Annals of the New York Stage*, vol. 6 (1850-1857), (New York: Columbia University Press, 1931), 454.

Davenport developed a highly refined acting style that was governed by what William Winter called a “thoroughness of impersonation, complete command of the essential implements of histrionic art, a fine intellect, a lovely feminine temperament...and the controlling faculty of taste.”<sup>85</sup> These characteristics were exhibited in abundance in Davenport’s portrayals of Juliet, Cleopatra, Mary Stuart, and, of course, Camille. Laura Keane conducted a similar process of overzealous sanitization when she produced her own version of the play entitled *Camille: a Moral of Life* in 1856. Born in Westminster, England as Mary Frances Moss, Keane took to the stage after the failure of her seven-year marriage to the Duke of Wellington’s godson. As a novice to the profession, Keane learned the fundamentals of acting from British actress Emma Brougham and the famed Madame Vestris. One year after her British theatre debut she moved to America and in 1853 became the country’s first (reputed) actress-manager. As biographers have noted, Keane imbued roles with graceful femininity, intelligence, and personal charm, and *Camille* proved to be no exception.

The Kraków-born Helena Modjeska’s early life has been the subject of much historical speculation, as both her potential status as an illegitimate child of a Polish nobleman and her first marriage to her former guardian (who, unbeknownst to the bride, was already married at the time of their union) were later shrouded in secrecy by the actress and her managers. Modjeska performed in her native Poland for 10 years – seven of which were spent as the lead actress at the Imperial Theatre, Warsaw – before she and her second husband, Karol Bożenta Chłapowski, emigrated to California where they attempted to found a farming colony.<sup>86</sup> The venture failed, however, and Modjeska returned to the stage, becoming one of the United States’ most

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<sup>85</sup> William Winter, qtd. in Eckard, “Camille in America,” 47.

<sup>86</sup> Eckard, “Camille in America,” 101. Chłapowski was known in America as “Count Bozenta,” a bogus title he adopted for promotional purposes.

acclaimed performers of classical roles. According to Benjamin McArthur, Modjeska's refined acting style corresponded most ably to the "classical school" of American performance, "characterized by a faultless declamatory delivery, controlled emotion, and a thoroughly dignified stage presence."<sup>87</sup> Some evaluators regarded Modjeska as a cold, calculated, and unemotional actress; others interpreted her efforts as unaffected and realistic. Within the latter group was *The Critic's* Westland Marston, who in 1881 commended Modjeska for rejecting the antiquated English "points" system for a performance technique that was defined by its "very simplicity...With regard to her means of producing effect it may be said that Modjeska is a realist, within the limits that refined feeling and intuitive taste allow, while in her conceptions of character she is imaginative and poetical."<sup>88</sup> Newspapers often depicted Modjeska as a cerebral actress rarely if ever given to shoddy or unstudied interpretations.

The following sections will, I hope, illuminate key elements in these actresses' performances that were in accord with the consumptive myth. In general, those in the romanticizing group downplayed or purged the character's more dissolute traits so as to purify her reputation and idealize her suffering; the external (and internal) manifestations of Camille's illness remained resolutely mythologized. Not surprisingly, the angelic consumptive diathesis was an integral part of romantic embodiments of Camille, whose tubercular condition was subtly, almost imperceptibly drawn in the first three acts, only to surface in the fourth and fifth acts. For some actresses this physical (and mental) transition was characterized by its very

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<sup>87</sup> Benjamin McArthur, *Actors and American Culture, 1880-1920* (Iowa City, University of Iowa Press, 2000), 170. Though I will be focusing on Modjeska's acting style within serious roles, several critics including John Ranken Towse declared Modjeska's talent was shown in the best light in comedies.

<sup>88</sup> Westland Marston, "Modjeska in England," *The Critic (1881-1883)*, June 4, 1881, American Periodicals Series Online, (421002431).



mildness, and for others it was evoked in the abrupt onset and dissolving of *spes phthisica*, the increase of consumptive vocalizations, or the staging of pathetic swoons; either approach validated the mythologized view of consumption. Physical agony played little to no role in Camille's final moments and suffering was permitted only if it was poetically enacted. If an otherwise romanticized portrayal of the illness was tarnished by too much hectic suffering, responses to such theatricalized distresses were critical. Additionally, most romanticizing actresses, acknowledging the mythic (and dramatic) power of *spes phthisica*, included the brief display of emotional or spiritual euphoria in the moments before Camille's consumptive death. The end result of the actresses' efforts is clear in the responses of audience members and critics: those who romanticized Camille's consumptive condition succeeded in purifying, idealizing, and individualizing her, thereby rendering her as a fitting sacrifice to the nineteenth-century illness of consumption. The performances of Modjeska, Davenport, and Keene serve as exemplars of this approach.

#### **2.2.2.2 Camille as the Exceptional Consumptive**

"I can never understand why *Camille* is considered a bad play, when its moral is so pointed," Modjeska told the *Kansas City Journal* in 1884. "It is the terrible and sad lesson of a sinful woman purified by an honest love."<sup>89</sup> Though the actress's defense of the play echoed those publicly uttered by many of Camille's nineteenth-century interpreters, it is interesting to note that 11 years prior to Modjeska's American debut in *Camille* she refused to enact the role in the first Polish version of *La Dame* on moral grounds. As we noted earlier, the English-language adaptations Modjeska chose to produce in America and Britain – including *Heartsease*, a

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<sup>89</sup> *Kansas City Journal*, May 15, 1884, qtd. in Eckard, "Camille in America," 116.

wholesome and timid version that inspired British authorities to lift the ban on *La Dame* – downplayed the play’s most objectionable themes and passages. But it was her onstage efforts as Camille that prompted one critic to write, “it must be said that no actress has equally purified and ennobled the character of *Margu rite Gautier*, or as we call her, *Camille*.”<sup>90</sup> Regarding other actresses’ embodiments of the character (and her illness) as too vulgar and commonplace, Modjeska claimed in her autobiography that she returned to the role’s original source, Marie Duplessis. Reading Ars ne Houssaye’s account of the famed courtesan that depicted Duplessis as exceedingly cultured, refined, and delicate, Modjeska decided to “[follow] Houssaye’s description” when creating her portrayal of Camille. Note how closely Modjeska’s understanding of Camille aligned with the romantic myth’s ideal consumptive: “It pleased my imagination to present Camille as reserved, gentle, intense in her love, and most sensitive, -- in one word, an exception to her kind,” wrote the actress.<sup>91</sup> As the largely favorable critical responses indicate, Modjeska’s romanticized Camille was among the most successful to grace the Anglo-American stage. One such review published in the *Birmingham Daily Post* declared, “the actress contrives to ennoble and refine it by the prominence which she gives to the many redeeming qualities of the unhappy woman of pleasure, and especially those chivalrous elements of candor, generosity, and self-sacrifice which constitute, in some sense, the mainspring of the plot.” Moreover, in Modjeska’s conception the wasting disease cleansed Camille of any lingering transgressive qualities: “The purifying and elevating influences of remorse and physical suffering are also

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<sup>90</sup> Charles De Kay, “Modjeska,” *Scribner’s Monthly* 17 (November 1878 – January 1879): 664, <http://books.google.com>.

<sup>91</sup> Helena Modjeska, *Memories and Impressions of Helena Modjeska: An Autobiography* (New York: Macmillan, 1910), 356.

brought into play, as the action progresses, with consummate art...”<sup>92</sup> Boasting a performance style of studied elegance, balance, and attention to detail, Modjeska expertly constructed a romanticized portrait of Camille by idealizing and ennobling the famed tubercular without stripping her of all her spirited fervency.

Retooled to accommodate the puritan moral standards of the English actress and her American public, Jean Davenport’s *Camille, or the Fate of a Coquette* presented “a woman who was inexplicably obsessed with flirtation, a distressing malady that caused her to lose the one and only man she had ever loved.” Despite Camille’s demotion from prostitution to coquetry, the origin of her consumptive illness was little altered from Dumas’s work: a constitutional susceptibility aggravated by a faulty behavioral choice – in the coquette’s case, an obsessive devotion to “late hours of dancing and midnight feasts.”<sup>93</sup> Only a handful of critics commented on *Camille*’s American debut, and those who did labeled Davenport and Wilkins’s adaptation as absurd, awkward, and inferior (both poetically and structurally) to the original French play. However, since Davenport’s performance served as a model against which generations of Anglo-American Camilles were judged, a portrait of Davenport as Camille can be garnered by combining those few initial reviews with retrospective evaluations of her legacy. Davenport’s performance did not hinge upon Camille’s amatory passions, as did the representations of many of her successors. As the *New York Tribune* affirmed, “Mrs. Lander’s purpose is always unmistakably pure and worthy. If she fails at times to realize the fullest force of a passionate situation, it is apparently because of an excessive desire to guard herself against overstepping the perfect modesty of nature. It is impossible to estimate too highly the refinement of her manner,

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<sup>92</sup> “Theatre Royal: Madame Modjeska in ‘Heartsease,’” *Birmingham Daily Post*, October 4, 1881, 19<sup>th</sup> Century British Library Newspapers (BC3201248203).

<sup>93</sup> Eckard, “Camille in America,” 40.

speech and action which unceasingly distinguishes her presence before an audience.”<sup>94</sup> In vesting Camille with a preternatural virtue that clashed with the audience’s preconceived notions of the character, Davenport delighted some critics and vexed others. “Her rendering of the part,” remarked Odell generously, “was as chaste and elegant as such a performance could be,” while *Appletons’ Journal* pronounced her efforts “too stately, too cold, too much *au grand tragique*” for the diseased coquette.<sup>95</sup> In particular, Camille was prematurely stripped of her wantonness by Davenport’s embodiment (even before Armand’s appearance), so that her storied ascent into purity lacked dramatic magnitude: “Miss Davenport as the heroine was too grand, too good, and too evidently trying to make an attempt to show a reckless dissipated woman struggling to emerge from her degradation, without showing that she was reckless or could be dissipated.”<sup>96</sup>

Like Davenport, Keene eliminated from her performances what she deemed to be unnecessary coarseness, vulgarity, and the “ugly details of feeling”; instead, as Eckard relates, the “emotions which were displayed [by Keene] were idealized and subdued.”<sup>97</sup> And like Davenport, Keene’s moralistic impulses to purify the character deadened what many regarded to be Camille’s defining characteristic: her impassioned spirit. This in turn diminished Camille’s capacity to fulfill the fundamental attributes of the idealized consumptive. Exhibiting no overwhelming passions (be they sexual, sensual, or another form of expressive desire), Davenport and Keene’s Camilles were both left without the essential spark to ignite the quiescent disease. Yet Keene received more favorable reviews as Camille than Davenport. If we classify both actresses’ Camilles as embodiments of illness, what made Keene’s performance a superior

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<sup>94</sup> *New York Tribune*. February 2, 1865.

<sup>95</sup> Odell, *Annals of the New York Stage*, vol. 6, 281 and Hooper, *Appletons’ Journal*, March 22, 1873.

<sup>96</sup> Hooper, *Appletons’ Journal*, March 22, 1873.

<sup>97</sup> Eckard, “Camille in America,” 51.

representation of a romantic consumptive to Davenport's? Part of the answer lay in Keene's physical suitability for the role (which we will discuss shortly), and the other part lay in her adaptation of *Camille*. While the "it-was-all-a-dream" conceit may strike modern appraisers as somewhat absurd, the play's approach actually strengthened the production's adherence to the consumptive myth and its cultural legacy. Diverging from all other staged versions of Dumas's story, *Camille: a Moral of Life* includes an "apotheosis" in which Camille ascends "to heaven where she is reunited with the spirit of her mother."<sup>98</sup> As Eckard points out, this supplemental scene bears much resemblance to the final tableau of Aiken's *Uncle Tom's Cabin* (1853) in which Little Eva appears in the clouds, clad in white, and riding on the back of an ascending dove. What Eckard fails to appreciate in her comparison of the two scenes, however, is that Keene's unambiguous allusion to *Uncle Tom's Cabin* linked her French Camille with America's most famous tubercular victim, Little Eva, and her spiritual deliverance via a consumptive death. In this way, Keene advanced her objective of idealizing Camille's consumptive illness while also satisfying the audience's appetite for spectacle and sentiment.

### **2.2.2.3 Fading in Death, Blooming in Beauty: The Consumptive Diathesis**

Given the importance of corporeal markers to diagnosing nineteenth-century tuberculosis cases, it is not surprising that the actress's body and face were immediate signifiers of Camille's consumptive condition. For the romanticized Camille, the most coveted features of the consumptive diathesis – alabaster skin, flushed cheeks, rosy lips, glistening eyes, and a diminutive frame with lithe, delicate limbs – marked her as an ethereal beauty. Furthermore, the physical features of the "real" Camille, Parisian courtesan Marie Duplessis, were well known

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<sup>98</sup> Ibid., 50.

and often served as inspiration for actresses' wig, makeup, and costume choices. Duplessis, as Dumas himself described her, "was tall, very slender, her hair black, her complexion pink and white. She had a small head, long, almond-shaped eyes, like those of a Japanese, but expressive and sparkling, lips like cherries, and the most beautiful teeth in the world. She was exactly like a statuette in Dresden china."<sup>99</sup> Camille's physical delicacy was often bolstered by the actresses' choreography, the characteristic movements and gestures of which were never angular or mechanistic, nor could they be mistaken for naturalistic. Instead, Camille's ideal physiology was that of a heightened, poetic fluidity of motion. If the actress attempted to include dramatic "points," she only received commendation from the audience and critics *if* the points were gracefully executed with seamless physical transitions that indicated Camille's kinetic elegance.

When Davenport first put on Camille's satin slippers she was only twenty-four years old, a notable detail when considering that Camille's most famous interpreters (Bernhardt, Duse, Morris) were all substantially more mature than the character. Only one year older than Marie Duplessis (and therefore Camille) at the time of the courtesan's death, Davenport organically infused the role with a youthful innocence that older actresses could only attempt to replicate. As the mythologized victims of consumption "wasted away" in the prime of life, Davenport's age was a crucial factor in her embodiment of illness. An actress of medium height and build, with a round face, long nose, and wavy, chestnut brown hair, Davenport possessed few of the fabled physical traits so admired in Duplessis and in Madame Doche's Marguerite. However, unlike future reviews of *Camille*, in which the actresses' body measurements and complexions were stringently evaluated for their consumptive qualities, critics of Davenport's did not appraise her

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<sup>99</sup> Lucy Hamilton Hooper, "How Dumas Wrote 'Camille,'" *The Ladies Home Journal* (1889-1907) 10, no. 2 (January 1893): 5, American Periodicals Series Online (192037481).

physical suitability to the role (or lack thereof). It is my supposition that as the first stateside Camille, critics could not readily or in any meaningful way compare Davenport to Doche. It could also be that Davenport's youthful appearance diminished the necessity for her to satisfy all the physical ideals of the consumptive diathesis, though this theory is not directly supported by contemporary evidence. Unlike Davenport, Keene's face and body boasted many of the tubercular diathesis's most recognizable (and desirable) features. Like the mythologized consumptive of the romantic period, Keene possessed "a graceful figure, features of classical outline, [and] bright sparkling eyes," according to the *New York Times*. William Winter's remark, that "in appearance she is almost seraphic," echoes the poetic descriptions of angelic beauty applied to the period's consumptive sufferers.<sup>100</sup> Keene's physical resemblance to the idealized consumptive was further secured by the actress's delicate, almost otherworldly movement style: "[she was] slight, graceful and willowy in her every movement, as if guided by the hand of the supernatural," offered biographer John Creahan.<sup>101</sup> According to Eckard, "Winter noticed a peculiarity of her acting involving swift, sliding movements...[and] 'the singular expedient [mannerism], by way of expressing emotion, of rapidly and continually blinking her eyes.'"<sup>102</sup> These observations suggest that Keene's delicate frame, sylphlike movements, and glittering, expressive eyes enabled the actress to more convincingly occupy the figure of a late-stage consumptive than Davenport. Indeed, as Vernanne Bryan relates: "the *Tribune* reviewer

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<sup>100</sup> *New York Times*, June 20, 1886, qtd. in Eckard, "Camille in America," 52, and William Winter *Vagrant Memories: Being Further Recollections of Other Days* (New York: George H. Doran, 1915), 46.

<sup>101</sup> John Creahan, *The Life of Laura Keene* (Philadelphia: Ridgers Publishing, 1897), 99.

<sup>102</sup> Eckard, "Camille in America," 51.

would say of Laura's acting style that she favorably compared in features, motion, and gesture to the Paris lady of the camellias, Madame Doche."<sup>103</sup>

Modjeska's physical appearance was among her most persuasive tools in realizing Camille's consumptive condition. Like Keene before her, Modjeska possessed the tall, thin figure suggestive of tubercular wasting and the delicate features and graceful comportment limned by the consumptive diathesis. "Her bodily presence is most attractive – the figure tall and graceful; the features mobile and expressive," attested *The Birmingham Daily Post*, while *Scribner's Monthly's* Charles de Kay pronounced her form as "spare, without being thin; she is slender yet well knit, and endowed by nature with what painters call 'fine lengths,' that is to say, harmonious and noble proportions."<sup>104</sup> The actress's fluidity of movement also received numerous mentions. "She uses her body with so much grace and so much truth to the feeling that possesses her, that she might play in pantomime and yet interpret with clearness and accuracy the impulses of her mind," offered the *Philadelphia Evening Bulletin*, and the *Saginaw Daily Courier* applauded the actress's "poetry of motion." The overall effect of Modjeska's physical appearance, writes biographer Antoni Gronowicz, was captivating: "Her long legs, the paleness of her flesh, the quietness of her movements, the extreme modesty of her expression, which gave her, despite the maturity of her body, a touch of innocence – all contrived to give the impression

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<sup>103</sup> Vernanne Bryan, *Laura Keene: A British Actress on the American Stage, 1826-1873* (Jefferson, NC: McFarland, 1997), 65.

<sup>104</sup> "Theatre Royal," *Birmingham Daily Post*, October 4, 1881 and de Kay "Modjeska," *Scribner's Monthly*, 17 (November 1878-January 1879), 664. *Reynolds's Newspaper* described her as "tall, prepossessing in appearance...[and] very graceful in bearing" ("Yesterday's Theatricals," review of *Heartsease*, May 2, 1880, 19<sup>th</sup> Century British Library Newspapers (Y3200577904)) and London's *Daily News* complimented Modjeska's "slim and graceful figure" ("The Theatres," *Daily News*, review of *Heartsease*, May 3, 1880, 19<sup>th</sup> Century British Library Newspapers (Y3203101724)).



of some ballerina caught in a dream.”<sup>105</sup> The frequency with which Modjeska’s body and movement quality were cited in reviews implicates both as vital aspects of her courtesan’s refinement and beauty and, by association, her status as a romantic consumptive.

Vocal techniques that further emphasized Camille’s agreeable nature and the mildness of her consumptive decline were prized by those in the romanticizing group. However, the want of critical coverage of Davenport and Keene’s vocalities suggests there was nothing incredibly unique in their vocal work as the consumptive courtesan. The actresses both possessed clear, well-modulated voices that would satisfy the demands of the role. It does appear that the women refrained from protracted coughing fits or hoarse, overdramatic gasps, as such effects almost always elicited reviewer comments. It was fairly common for actresses of the romanticizing group to allow a strained breathiness to disrupt the mellifluousness of Camille’s voice *only* in the later acts, particularly in her heated confrontations with Duval and Armand and the play’s death scene; such a tactic would have suited Davenport and Keene’s understanding of Camille’s disease. However, if Davenport and Keene’s vocal work went largely unmentioned in reviews, Modjeska’s was an important part of her character construction. Her vocal artistry, honed through years of performing classical works, elevated her Camille, differentiating her from a sea of unexceptional portrayals. “She has a pure, sweet voice, full of agreeable modulations and bearing the faint flavor of a foreign accent which gives peculiar piquancy to her speech,” declared the *Philadelphia Evening Bulletin*.<sup>106</sup> According to the critics of the *Birmingham Daily Post* and *Reynolds’s Newspaper*, Modjeska’s tonal command and excellent diction rendered her

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<sup>105</sup> *Philadelphia Evening Bulletin*, January 29, 1878, and *Saginaw Daily Courier*, April 11, 1878, qtd. in Eckard, “Camille in America,” 103 and Antoni Gronowicz, *Modjeska: Her Life and Loves* (New York: Thomas Yoseloff, 1956), 191.

<sup>106</sup> *Philadelphia Evening Bulletin*, January 29, 1878, qtd. in Eckard, “Camille in America,” 102.

Camille “sympathetic.” Interestingly, the actress’s Polish accent was the subject of much commentary, though critics differed as to whether its presence aided or hindered her portrayal of the Parisian courtesan. “It should be said that Madame Modjeska has a strong foreign accent,” stated London’s *Examiner*, “but her elocution is wonderfully good, and she never emphasises [sic] the wrong words in a sentence...” The *Glasgow Herald* advanced, “If the lady’s lack of thorough command of our language marred to some extent the more rapid passages in ‘Mary Stuart,’ the foreign accent added to the effect on the ear of her performance in ‘Heartsease.’”<sup>107</sup> In most critics’ evaluation, Modjeska’s accent (though it was not French) served as an adequate indicator of Camille’s continental origins and indirectly fortified her social exclusivity as a mythologized consumptive.

#### 2.2.2.4 The Mythic Mildness of Consumption

Consumption’s legendary gentleness, both as it ushers the body into decline and in its final moments, was a linchpin of romanticizing performances of Camille. Perhaps because Keene’s performance of illness was contextualized by the “it-was-all-a-dream” conceit as illusory, her Camille’s final surrender to disease was not mentioned directly in reviews. A composite sketch drawn from retrospectives on Keene’s craft suggests that her Camille’s demise did not tug at the heartstrings with the same degree of force as other performers. Keene could, in the words of William Winter, inspire “at once sympathy and a cautious reserve,” being both

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<sup>107</sup> “Theatre Royal,” *Birmingham Daily Post*, October 4, 1881; “Yesterday’s Theatricals,” *Reynolds’s Newspaper*, May 2, 1880; “The Examiner of Plays: ‘Heartsease’ at the Court,” *The Examiner*, May 8, 1880, 19<sup>th</sup> Century British Library Newspapers (BC3201028583); and “Madame Modjeska at the Gaiety Theatre,” *Glasgow Herald*, review of *Heartsease*, November 24, 1881, 19<sup>th</sup> Century British Library Newspapers (BC3203641372).

serene and severe in comportment.<sup>108</sup> While Keene's more measured style may not have contained the requisite pathos, Davenport's enactment of Camille's suffering was perhaps too heavy-handed in its premeditated poignancy. Her mission to purify Camille extended into the notorious death scene, according to Sacramento's *Daily Democratic State Journal*:

Before dying she becomes reconciled to her lover, who forgives her for the sorrow that she has caused him, and regrets that circumstances should have so occurred as to sever them in the hour when their happiness seemed complete. Camille is surrounded by those who have remained her friends through every stage of fortune, displaying their true and heart-felt devotion. She dies in the arms of her lover, without the consciousness of her approaching end, and when she thought, too, "They would be so very, very happy."<sup>109</sup>

Reviews suggest that Davenport, who presented Camille as tearfully repentant in the play's later acts, made little attempt to differentiate between Camille's *emotional* suffering triggered by a blighted love affair and her *bodily* suffering furnished by pulmonary disease. "She presented us last evening with so moving a picture of a suffering but innocent woman, that at times, the whole audience were in tears – and this is an artist's highest, greatest triumph," applauded the *New York Herald*.<sup>110</sup> But *Spirit of the Times* lamented that "[t]he lighter portions of the part are ever shadowed by the continuous 'vale of tears' in which she is shrouded...it is a frightfully melancholic affair, calculated only to make people uncomfortable, induce free application of white handkerchiefs, and point no moral lesson whatever..."<sup>111</sup> While the reviews indicate that Davenport failed to strike the right balance between phlegmatic polish and stirring pathos, the consumptive myth's romantic tenets contextualize her mixed critical reception. Davenport's

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<sup>108</sup> Winter, *Vagrant Memories*, 46.

<sup>109</sup> "Miss Davenport," *Daily Democratic State Journal*, review of *Camille*, May 10, 1855, 3.

<sup>110</sup> *New York Herald*, February 27, 1865.

<sup>111</sup> *Spirit of the Times*, March 11, 1865, *Camille* Clippings File, BRTC.

performance may have employed the Renaissance conviction that love melancholy could activate a dormant case of consumption, but it also conservatively purged Camille of much of her passionate fire, a contradiction that undermined the character's theatrical dynamism as well as her status as an iconic romantic consumptive. Ironically, though Davenport's labors to purify the immoral Camille should have rendered the character even more representative of the consumptive myth, they ultimately served to devalue Camille's mandatory exceptionality.

Critical responses to Modjeska's Camille, which were far more numerous and detailed than those of Davenport and Keene's, crowned the actress the finest of the consumptive myth's theatrical endorsers. In performing Camille's illness and death, which according to *Aberdeen Weekly Journal* was "finished and artistic to the highest degree," Modjeska's approach prized restraint over intemperate abandon. The *Philadelphia Evening Bulletin* characterized the actress's technique as "the quiet method [of acting]...it has the kind of repose which excludes all rant and tear, all high tones and all ferocious gesture. The fiercest stress of passion passes without convulsive throes of the body, without disheveling of the hair and without hysterical demonstration of any sort."<sup>112</sup> Her exercising of control in the role of Camille, observed *The Critic* in 1882, commenced in the play's very first scene. While many of her contemporaries embellished the courtesan's blithe, naïve gaiety before her first consumptive cough curbs the scene's levity, Modjeska permitted Camille's illness to infiltrate and strain the character's simulated merriment. "Modjeska sounds a deeper note at once," the newspaper advanced. "As soon as she has touched the piano, her head falls with a sob. Her cough makes itself heard. *Consumption is written on her face.* Guests gather round the table; broad jokes are bandied...[but

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<sup>112</sup> "London Correspondence," *Aberdeen Weekly Journal*, review of *Heartsease*, May 3, 1880, 19<sup>th</sup> Century British Library Newspapers (BA3205733977) and *Philadelphia Evening Bulletin* January 29, 1878, qtd. in Eckard, "Camille in America," 102.

Modjeska] sits very pale and silent. Her mirth is evidently forced.” However, as numerous reviews indicate, the actress’s expression of Camille’s anemic, melancholic fatigue was not drawn in shocking, telegraphing hues but in muted, evocative tinges; in this way Modjeska romanticized (not medicalized) Camille’s ambiguous suffering. “Indeed,” as Westland Marston ventured, “in the power of producing semi-tones and *nuances* it may be doubted whether this actress has any present rival.”<sup>113</sup> While Modjeska brought to the role a subtlety of expression not customarily associated with the melodramatic *Camille*, her approach should not be confused with theatrical realism. Perhaps given her extensive background in portraying classical characters, Modjeska was disposed to perform within a heightened range of dramatic responses. As Marston suggested, “It is true that her instinct leads her to shun those ugly ultra-realisms by which at times the early pre-Raphaelites chose unnecessarily to defy convention...[W]hile within limits her mode of interpretation leans to the simple and the familiar, the poetry of her conception penetrates the realism of her means and lifts them into beauty.”<sup>114</sup>

Modjeska’s shunning of “ugly ultra-realisms” certainly extended to her enactment of Camille’s death. Though she attested to spending many hours conceptualizing her roles, her preparations – according to the actress herself – did not include real-life observations. Dismissing the voguish practice of actors who conducted “character research” by witnessing the behaviors of medical patients, Modjeska once declared, “No, I do not walk the wards of hospitals to study death in its terrors. The plays were not written at a dying bedside.”<sup>115</sup> Modjeska’s reliance on her own imaginative instincts to construct the consumptive’s final moments, her

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<sup>113</sup> “The Drama,” *The Critic: a Weekly Review of Literature and the Arts (1886-1898)*. “The Drama,” review of *Camille*, December 30, 1882, American Periodicals Series Online (421017711), emphasis added, and Marston, “Modjeska in England,” 143.

<sup>114</sup> Marston, “Modjeska in England,” 143.

<sup>115</sup> Modjeska, qtd. in Eckard, “Camille in America,” 107.

resolute espousal of theatrical restraint, and her purging of Camille's more ignoble aspects, led the actress to create a relatively painless and spiritually uplifting demise that satisfied the consumptive myth's romanticizing tenets while still providing plenty of audience-pleasing pathos. "In the final scene," described the *Birmingham Daily Post*, "where the poor girl lies dying, purified of the taint of her earlier life of vicious unreality, cherishing her love for and her faith in the man to whom she had given herself with generous unreserved [*sic*], reading over and over the letter which tells her that all has been explained to him and that he now knows her truth and devotion to him, cherishing the faith that he will yet come to her, the tender emotions were expressed with a nice sensibility and discrimination which belongs to the highest order of art." Many critics expressed relief and appreciation that Modjeska's refined courtesan died with elegance. For the *Glasgow Herald*, "The death scene in the last act, often so repulsive, was a fresh triumph for this extraordinary actress, and as amidst the tears of the women and the cheers of the men the consumptive *Lille de Joie* died in her lover's arms the opinion was general that a great actress appeared among us..."<sup>116</sup> The *Daily News* of London commended Madame Modjeska for avoiding "the customary painful minuteness" with which other actresses enacted Camille's physical agony. According to Eckard's summary of Modjeska's critical responses:

The *New York Daily Tribune* reported that there was no taint of physical decay in the death scene, and *Theatre Magazine* commented that she omitted the 'sickroom atmosphere.' Compared to the harrowing details of death included in Clara Morris's interpretation, Modjeska's was simple and idealized. One critic found

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<sup>116</sup> "Theatre Royal," *Birmingham Daily Post*, October, 4, 1881, and "Music and the Drama," *Glasgow Herald*, review of *Heartsease*, May 3, 1880, 19<sup>th</sup> Century British Library Newspapers (BC3203623414).

the death scene touching and artistic, without being in the remotest degree realistic.<sup>117</sup>

Despite Modjeska's rejection of real-life observation as a method of choreographing Camille's consumptive decline and death, her embodiment still struck several critics as particularly naturalistic. "It is a painful picture, but it was filled in with striking and thoroughly harmonious colours, the one final touch – her death – giving a sad yet vivid completeness," offered *Glasgow Herald's* enamored critic. "There was no exaggeration in the elaboration of the details; everything was natural; the 'I am so weary' as affecting as the death-cry 'Armand' was heart-piercing..." The *Aberdeen Weekly Journal* complimented Modjeska on what was judged as the medical accuracy of her portrayal: "the perception of the subtle symptoms of the dire disease which ends the heroine's life is astonishing even to doctors who have seen her, as it were, exhibiting the most hidden but fatal signs of a malady they examine with care." The *Pall Mall Gazette's* critic, however, regarded "the excessive realism of some portions" of Modjeska's dying scene as "hardly necessary."<sup>118</sup>

#### 2.2.2.5 Camille's Tragic End

We must give Modjeska's Camille center stage one last time to acknowledge what truly set her apart from other romanticized portrayals. Perhaps the best evidence that her embodiment most ably perpetuated the consumptive myth is the intriguing shift in generic assumptions, about the play and its titular role, tendered by her Anglo-American critics. While evaluators labeled the

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<sup>117</sup> "The Theatres," *Daily News*, May 3, 1880, and Eckard, "Camille in America," 107-108.

<sup>118</sup> "Madame Modjeska at the Gaiety Theatre," *Glasgow Herald*, November 24, 1881; "Our Ladies' Column," *Aberdeen Weekly Journal*, review of *Heartsease*, June 7, 1880, 19<sup>th</sup> Century British Library Newspapers (BA3205735030); and "The Theatre," *The Pall Mall Gazette*, review of *Heartsease*, May 4, 1880, 19<sup>th</sup> Century British Library Newspapers (BA3200362133).

majority of nineteenth-century Camilles as “melodramatic” creations, significant numbers of witnesses to Modjeska’s performance described her interpretation as “tragic.” “In the hands of other actresses,” Henry Wadsworth Longfellow reportedly told Modjeska in her Boston dressing room, “the play could seem merely an attack on moral standards. But to watch you playing Marguerite is to be able to sense the depth and tragedy of this woman. And the play is redeemed.” *The Critic*’s reviewer felt similarly, stating: “Camille, as Modjeska represents her, is a figure of ancient tragedy rather than a mawkish creation of Dumas.” As I have argued elsewhere, the centuries-long dominance of the consumptive myth in literature, the performing arts, and visual culture had much to do with its appropriation of the tragic genre’s aggrandizing tenets. The mythologized consumptive was conceived of as a tragic hero, both elevated and rendered vulnerable by one or more exceptional traits, fated to endure a fall that often precipitated philosophical or spiritual enlightenment via a tragic recognition; furthermore, the providential descent of the mythologized consumptive, like the tragic hero, was formulated to inspire fear and pity.<sup>119</sup> Whether or not Modjeska intentionally guided *Camille* into the realm of tragedy, commentators acknowledged the presence of several of its generic markers in her performance. “Modjeska’s *Constance* is no mere mercenary courtesan, but a loving, erring woman, whose *fall* apparently has resulted from the combined operation of strong impulses and weak guiding principles,” volunteered the *Birmingham Daily Post*, “a creature, in fact, *more sinned against than sinning*, and to be *pitied* rather than condemned.” As Gronowicz reports: “In a letter to Brander Matthews, concerning her performance in *Camille*, George H. Jessop quoted Beethoven’s remark about the opening chords of the *Fifth Symphony*, ‘Fate knocks at the door,’ for he saw the imminence of fate in Modjeska’s playing of the role, which, he said, gave the play

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<sup>119</sup> Conti, “Tragic Potential.”



the power of the old Greek tragedies.”<sup>120</sup> Even *Camille*’s most notorious disparager, William Winter, conceded that Modjeska had breathed new life into the clichéd character: “Modjeska in *Camille* was more like a spirit than a woman; she was the ideal of native purity, lost through passion, but struggling toward the light.”<sup>121</sup>

The actresses romanticizing *Camille* counted among their number the inimitable Sarah Bernhardt. However, because Bernhardt hybridized the romanticizing and medicalizing approaches to the character to create the most memorable Marguerite of them all, her performance will be discussed after we gain knowledge of the tubercular performances of Nethersole, Morris, Heron, and Duse.

### 2.2.3 Clinical Tuberculosis

When Heinrich Herrmann Robert Koch announced to the Berlin Physiological Society on March 24, 1882, “with great clarity and in unrefutable terms that the tubercle bacillus, *Mycobacterium tuberculosis*, [was] the cause of tuberculosis,” he provided unassailable empirical proof of the disease’s communicability.<sup>122</sup> He certainly was not the first to argue that tuberculosis was

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<sup>120</sup> Gronowicz, *Modjeska*, 180; “The Drama,” *The Critic*, December 30, 1882, 361; “Theatre Royal,” *Birmingham Daily Post*, April 14, 1885, emphases mine; and Gronowicz, *Modjeska*, 162. Not everyone thought of Modjeska as a tragedian or *Camille* as a tragic figure. John Ranken Towse wrote in a short piece on the actress that “she can indicate the pangs of suppressed sorrow with admirable and touching truthfulness, but the full expression of tragic grief or horror is not within her range. The woes of *Camille* never found a more graceful or more pathetic interpreter; but the awful imaginings of the despairing *Juliet* at the one supreme moment in the potion scene, demand powers of a different and higher order than any which she possesses...” (“Madame Modjeska,” *Century Illustrated Magazine* 27, no. 1, (November 1883): 22, American Periodicals Series Online (181265281)).

<sup>121</sup> William Winter, *The Wallet of Time, Containing Personal, Biographical, and Critical Reminiscence of the American Theatre*, vol. 1 (New York: Ayer Publishing, 1969), 371.

<sup>122</sup> Daniel, *Captain of Death*, 80.

contracted through person-to-person contact, as dissenting voices inveighing against the consumptive myth and its theories pierced through the otherwise harmonious din of generations of pro-myth scientists and doctors. However, such protests were scarcely heeded. Most notably, tuberculosis's known pathology had significantly expanded at the mid-century from infectious disease expert Jean-Antoine Villemin's successful experiment inoculating rabbits using tissue from tubercular human and animals, thereby demonstrating tuberculosis's rightful place among society's most formidable epidemic diseases. He published his findings in *Etudes sur la Tuberculosis* (1865), but the medical community largely ignored Villemin's work until his results were corroborated seventeen years later by Koch's bacteriological evidence. Despite years of targeted speculation, both from medical professionals and the wider public, the notion of non-contagious tuberculosis persevered tenaciously. Indeed, only a year prior to Koch's discovery one medical textbook indexed the following as consumption's causes: "hereditary disposition, unfavorable climate, sedentary indoor life, defective ventilation, deficiency of light, and 'depressing emotions.'"<sup>123</sup>

If, as Nancy Tomes writes, "from 1865 to 1895 Western medicine underwent a virtual civil war over the truth of the germ theory," than tuberculosis can be regarded as the conflict's Gettysburg.<sup>124</sup> "The idea that living organisms had a role in causing disease had a long and venerable history dating back to classical times, but as of the mid-1800s, what was sometimes referred to as the 'animacular hypothesis' was distinctly unpopular among medical men..."<sup>125</sup> In the largely positivist world of Victorian medicine, where ocular proof reigned as the most trusted method of determining truths, the "invisible enemies" that created and spread disease were

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<sup>123</sup> Qtd. by Sontag, *Illness as Metaphor*, 54.

<sup>124</sup> Tomes, *Gospel of Germs*, 28.

<sup>125</sup> *Ibid.*, 5.

immensely troubling entities. More palatable to Western scientists than germ theory was the miasmatic theory of disease (already briefly discussed in our Introduction), which proclaimed noxious air bearing particles of decomposed matter as the culprit for contagious diseases like cholera and plague. With clogged sewers, rotting garbage, and filthy humans composing a symphony of overpowering stench in nineteenth-century urban environs, it is small wonder that scientists hungry for empirical evidence would light upon air pollution as the mainspring of disease. The miasmatic theory also provided those concerned with contracting diseases with a behavioral directive: avoid noxious air (identified through the olfactory organs) and avoid illness. The germ theorists, on the other hand, had no silver bullet to offer the anxious populace. Those hostile to the concept of microorganisms producing disease “were profoundly uncomfortable with the moral randomness they perceived in the germ theory,” writes Tomes; “if contact with a microbe was the sole cause of disease, then living a virtuous, clean life did not necessarily protect one from its ravages.”<sup>126</sup> Anti-contagionists were also wary of the germ theory’s implicit undermining of the physician’s craft and authority, as well as its discounting of social circumstances in the shaping of disease.<sup>127</sup> To combat these discomforts as well as stem the unhygienic and unsafe practices in Victorian life that promoted the spread of microbes, germ theorists united with sanitation reformists. Though advancements in sanitation could not entirely stop contagious disease epidemics, both groups argued, they could greatly lessen their impact. This “contingent contagionism,” it was reasoned, “allowed for the interplay of environment and germs, [and] offered to some a plausible explanation for patterns...of disease,” particularly those

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<sup>126</sup> *Ibid.*, 46.

<sup>127</sup> Alcabes, *Dread*, 96.

exhibited by tuberculosis.<sup>128</sup> As the battle over germ theory's credibility waged on, the late nineteenth-century experiments by Koch and French chemist Louis Pasteur "compiled increasingly convincing proof that distinctive species of microbes were linked with the most deadly diseases of the era," and between the late 1870s and the 1890s, bacterial sources were discovered for cholera, gonorrhea, typhoid, scarlet fever and, of course, tuberculosis. "Although many physicians continued to have reservations about the germ theory of disease, the general principle that microorganisms played a central role in causing communicable diseases had by 1900 achieved widespread acceptance in both Europe and America."<sup>129</sup> As Alcabes suggests of germ theory's eventual dominance, "The simplicity of the one-bug-causes-one-disease view was well suited to the mood of twentieth-century modernity."<sup>130</sup>

Back in 1882, news that Koch, the newly ordained "hero of the empire," had identified tuberculosis's true pathology spread fairly quickly, as did the April 10 publication of his findings report, "The Etiology of Tuberculosis."<sup>131</sup> In less than a month *The Times* of London and *New York Times* announced Koch's landmark discovery to the English-speaking world (with New Yorkers nevertheless expressing consternation that the news took so long to reach the United States). Though acceptance of Koch's findings was not immediate or unanimous, the microscopic tubercle bacillus was indeed the David to the consumptive myth's Goliath, slinging stones that irrevocably damaged nearly every component of the disease's romanticized construction. At the myth's core was consumption's legendary, *pathos*-inducing exclusivity, of which the reclassification of tuberculosis as a contagious disease necessarily destroyed.

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<sup>128</sup> Feldberg, *Disease and Class*, 14.

<sup>129</sup> Tomes, *Gospel of Germs*, 6.

<sup>130</sup> Alcabes, *Dread*, 88.

<sup>131</sup> Otis, *Membranes*, 25.

Consumption could no longer be viewed as the “romantic disease,” discerningly selecting the hereditarily superior, the emotionally delicate, or the brilliant or passionate as its ideal victims. The “real” bacterial tuberculosis was fundamentally defined by its indiscriminate and indifferent nature; of little concern to the covetous bacilli were the personal attributes of individual members of the uninfected populace. “No one asks ‘Why me?’ who gets cholera or typhus,” remarks Sontag of contagion’s arbitrary nature.<sup>132</sup> The stigma conventionally attached to such undesirable diseases now sullied and demythologized tuberculosis’s exclusive reputation.

“Tuberculosis picked out and killed a few Princes and it carried off more than one bejeweled, tender-hearted courtesan,” concedes Thomas Dormandy, “but it slaughtered the poor by the million.” With consumption’s elitist predilections effectively debunked, society’s poor and laboring classes were progressively acknowledged as the hardest hit by centuries of tuberculosis epidemics.<sup>133</sup> As McMurry states: “In the early nineteenth century consumption shared a beneficent constellation with ideas of individuality, beauty, intelligence, and spirituality...in the late nineteenth century [these] were challenged and overshadowed by a new pejorative stereotype. The tuberculosis victim at the turn of the century was a creature of ignorance, poverty, and immorality, who seemed to deserve illness.”<sup>134</sup> Tuberculosis’s growing association with society’s impoverished citizens, urban decay, and insalubrious environs further tarnished the disease’s reputation, as did the body fluid now understood to most capably transmit tuberculosis from one human to another, sputum.<sup>135</sup> Instead of residing solely within the

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<sup>132</sup> Sontag, *Illness as Metaphor*, 38.

<sup>133</sup> Statistics revealed that the impoverished were contracting the disease at a rate of five times their wealthier counterparts (Dormandy, *The White Death*, 73).

<sup>134</sup> McMurry, *The Tuberculosis Patient*, viii.

<sup>135</sup> Prohibition of spitting in public places was ordained in European and American cities for fear that “dry phthisical sputa sticking to the floor, clothing, etc., [which remains] virulent for a long

consumptive body (where the mythic disease was believed to be contained during its occupation, eventually expiring along with its consumed host), the tubercle bacilli not only existed but thrived in outer environs, expertly breaching material boundaries and waiting patiently in streets, in omnibuses, in carpets, and on clothing for future victims. Ultimately, the contagious disease was rendered far more threatening to the body politic by its very unpredictability as an airborne bacterium. As the individuality and exclusivity of the consumptive victims waned, so to did the potential for a painless demise. Though antithetical reports of tubercular suffering had always been present, the gentle deaths “enjoyed” by consumption’s romantic heroes were deemed too extraordinary for the millions of contaminated sufferers now being recognized.

If the mythologized consumption was the disease of the individual, than clinical tuberculosis was the disease of the anonymous masses. The invention of streptomycin, the first successful treatment for tuberculosis, was sixty years away; thus isolation proved to be the only effective method of containing tubercular pathogens and their human hosts. In one of the most visible consequences of the consumptive myth’s deterioration, impersonal hospices and isolated sickrooms replaced the peaceful and palliative familial bedchamber and the wealthy seaside sanatoria as “proper” accommodations for tubercular patients, a cultural shift so elegantly assessed in Eugene O’Neill’s *Long Day’s Journey Into Night* (1940). If, as Pamela K. Gilbert claims, “the nineteenth century’s twin terrors [were] the disintegration of the physical and social

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time, if inhaled as dust into the lung” could cause tuberculosis (Hugo Engel, “The Etiology of Tuberculosis” in *Philadelphia Medical Times (1871-1889)*. September 9, 1882, American Periodicals Series Online (726658672)). Dr. James T. Whittaker, in an 1882 lecture delivered at the College of Physicians of Philadelphia, appeals to bourgeois notions of decorum in warning against spitting: “with our knowledge of the danger which lurks in the sputum often, how much graver insult it is than a mere breach of propriety, how much deeper offence than a mere disgrace” (James T. Whittaker, “Original Lectures: The Bacillus Tuberculosis” in *Medical News*, Sep 30, 1882, 365).

body,” than quarantine, which lumped the infected together with no concern for economic or social disparities, was a decidedly mixed blessing.<sup>136</sup> According to Alcades, “[many] could not abide the notion, implicit in quarantine, that everyone is equally vulnerable to disease – universal susceptibility erases distinctions between the educated middle and upper classes, on the one hand, and the poor, on the other.”<sup>137</sup> In a conspicuous sign that the scientific demythologizing of consumption had infiltrated the socio-political realm, *fin-de-siècle* France mandated a “declaration policy” that obligated doctors to register all tubercular cases with governmental authorities, a procedure that effectively “subordinated [individual rights] to the rights of others to be free from contagion.”<sup>138</sup>

#### **2.2.4 Stages of Tuberculosis: Medicalizing Marguerite Before, During, and After the Epidemiologic Revolution**

In September of 1888, a benefit performance of *Camille* was presented “under the auspices of the Masonic fraternity” in St. Paul, Minnesota, the receipts of which totaled \$1200. Given the benefit’s timing, four years after Robert Koch revealed tuberculosis’s true pathology and during the height of the epidemiologic revolution, it is tempting to surmise that the irony of the benefit

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<sup>136</sup> Pamela K. Gilbert, *Disease, Desire, and the Body in Victorian Women’s Popular Novels* (Cambridge: Cambridge University Press, 1997), 18. Until streptomycin was approved for distribution in 1944, the treatment of tuberculosis patients remained relatively unchanged after the discovery of the tubercle bacillus.

<sup>137</sup> Alcades, *Dread*, 97. As Alison Bashford explains: “Over the nineteenth century ‘public health’ came to mean the ordering of categories of clean and unclean, normal and pathological, healthy and unhealthy, self and other. This involved what I think of as ‘quarantining’ strategies, even if this stretches the technical sense of the term: strategies and technologies of isolation, containment, barriers, the policing of spaces” (“Foreign Bodies: Vaccination, Contagion, and Colonialism in the Nineteenth Century,” in *Contagion: Historical and Cultural Studies*, 39).

<sup>138</sup> Barnes, *Making of a Social Disease*, 104.

was not lost on its attendees, for the proceeds from the evening were collected to help yellow fever sufferers.<sup>139</sup> And yet the majority of Camilles gracing the Anglo-American stage in the age of bacteriology still closely followed the romanticizing depictions enacted by Davenport, Modjeska, and their compatriots. For Matilda Heron, Clara Morris, Olga Nethersole, and Eleonora Duse, however, Camille's dramatic interest extended beyond the performative precedents. Whether consciously or no, these women disrupted the expectations of audiences and critics by diverging (in ways both significant and subtle) from the customarily romanticizing interpretation of Camille and her fatal disease. Some chose to introduce symptoms of Camille's illness more gradually into the play's action, providing a more accurate depiction of chronic tuberculosis's methodical process of destruction. Others resisted purifying, glorifying, or otherwise elevating the character in order to render her "deserving" of the mythologized consumption's honorable demise, but instead portrayed Camille as a resolutely earthbound creature, flawed in one or multiple ways. Some proffered less-than-glamorous representations of tuberculosis's impact on the human body, thereby divorcing the disease's diathesis from its reputed claims of aesthetic beauty. And in all of the cases, these actresses enacted tubercular deaths that were both applauded and denounced for their disconcerting graphicness (or, in the case of Duse's, its unique subtlety). However, the fact each actress included one or more of these medicalizing ingredients in their performances did not preclude them from embracing particular aspects of the consumptive myth. For instance, though the realistic physical suffering of Clara Morris's Camille was devised through the actress's consultation with her own physician, she nevertheless presented one of the most spiritually and morally innocent Camilles of the nineteenth century. Therefore, instead of discussing each actress's performance separately, we

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<sup>139</sup> "A Fever Benefit," *Macon Telegraph*, October 1, 1888.



will be taking each of these four variances in turn so as to deduce how they were performed, how they defied the consumptive myth's commanding influence, and how they corresponded with developing views of tuberculosis. But first let us briefly meet the four actresses of the medicalizing group and discover how they came to play *Camille*.

#### **2.2.4.1 The Actresses**

Born in Ireland in 1830, Matilda Agnes Heron immigrated with her family to America in 1842.<sup>140</sup> Soon after settling in Philadelphia Heron's father died, leaving Matilda, her mother, and two sisters to seek an income from theatrical work while her brother Alexander entered the shipping business. Reports differ as to whether the Herons were already a theatrical family or whether the sudden death of their patriarch pushed his female survivors to pursue stage careers; also unclear is where and when Heron made her professional debut (at the St. Charles Theater in New Orleans or Philadelphia's Walnut Street Theater). However, we do know she studied under the tutelage of English-born actor and theatre manager Peter Richlings, a man whose histrionic and broadly comic techniques were already somewhat outdated in American theatres. By 1854, Heron had completed engagements in many cities including New York, St. Louis, Pittsburgh, Sacramento, and San Francisco (where she performed opposite Edwin Booth). In 1855 the actress appeared in her own *Camille* adaptation, which she brought to New York's Wallack's Theater two years later. Heron's portrayal of the courtesan stunned audiences with its unprecedented naturalness and raw emotionalism; the actress became an overnight sensation and

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<sup>140</sup> This summary of Heron's life was compiled using the dissertations of Jensen and Eckard, as well as Wayne Turney's biographical sketch, <http://www.wayneturney.20m.com/matildaheron.htm#keene>, accessed July 10, 2010.

Camille her most beloved and financially lucrative role. In the *New York Tribune* William Winter summarized Heron's appeal as Camille:

She had a wildness of emotion, a force of brain, a vitality in embodiment and many indefinable magnetic qualities, that combined to make her exceptional among human creatures...She appeared in other parts but Camille was the part that she always acted best. It afforded the agonized and agonizing situation which alone could serve for the utterance of her tempestuous nature.<sup>141</sup>

Heron's popularity waned slightly in the late 1850s, though Jensen claims that through 1863 Heron remained the sweetheart of the American stage. The actress proved to be a poor manager of money and spent all of her monumental *Camille* earnings. Despite her early years of success as an actor and adapter of plays, Heron died virtually penniless in 1872.

American actress Clara Morris's early life was a nomadic existence spent in the company of her single mother. The pair finally settled in Cleveland, where the untrained fifteen-year-old Morris debuted as a ballet girl at the city's Academy of Music. She was soon performing speaking roles as well as engaging in an affair with the company's married actor-manager. As biographer Barbara Wallace Grossman writes, during her formative years as an actress in Ohio Morris developed her signature performance style: "graphic realism...emotional intensity...and the powerful impact she had on her audiences – particularly women."<sup>142</sup> Morris first moved with her mother to New York in 1870 to work at Augustin Daly's Fifth Avenue Theatre, where both actress and manager enjoyed immense success with Morris's electrifying performances in sensational dramas like *Article 47* and *Madelein Morel*. Three years later while contracted at

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<sup>141</sup> William Winter, *New York Tribune*, March 5, 1877, qtd. in Jensen, "Matilda Heron," 139. I have also located this exact statement in an 1895 article entitled "The Sleeping Camille" (*Wheeling Register* 33, no. 38, August 16, 1895) and attributed to author Esther Quinn. I have chosen to credit Winter due to the earlier date.

<sup>142</sup> Barbara Wallace Grossman, *A Spectacle of Suffering: Clara Morris on the American Stage* (Carbondale: Southern Illinois University Press, 2009), 68.

Albert Palmer's Union Square Theatre, Morris's notable turn in *Camille* gave especial prominence to the performer's maturing style as an emotional actress (and, as we shall soon note, her desire to embody Camille's illness as accurately as possible).<sup>143</sup> Throughout her career critical responses were of two general opinions: some found Morris's tearful, unrestrained enactments of suffering deeply touching and exhilarating, while others lamented her lack of control, subtlety, and technical training. Still, even for her detractors Morris's emotive powers were undeniable. As Nym Crinkle attested:

Those who have seen her with tears streaming down her face, her lips white and quivering, and her face drawn by an imaginary woe into the speechless agony of pain, need not be told that the woman who thus passes into the very heart of the playwright's misery and becomes part of it, who feels, and who, giving to every phase of her artistic experience some fibre of herself, exercises the procreative power of genius of her profession.<sup>144</sup>

While at Palmer's Morris began to suffer from protracted bouts of ill health and was prescribed morphine in 1876 as an analgesic for chronic pain, sadly triggering a lifelong addiction to the drug as well as precipitating the actress's artistic and financial collapse. According to Grossman, "the unfortunate combination of a disastrous marriage, a humiliating public failure as Lady Macbeth, and, most significant, an addiction to morphine led inevitably to her artistic decline."<sup>145</sup> Though she did forge a profitable secondary career as a writer and lecturer, Morris's morphine addiction, passé repertoire, and grueling schedule as a touring actress sabotaged her desperate attempts to salvage her once-brilliant stage career.

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<sup>143</sup> The term "emotional" was often applied to Heron, Morris, and Nethersole, but as theatre historians now point out, belonging to the "emotional school of acting" in the nineteenth century implied both a talent for performing overly passionate or pathetic characters and a natural tendency toward such behaviors off the stage as well. I use the term only in the former meaning.

<sup>144</sup> Nym Crinkle, qtd. by Grossman, *Spectacle of Suffering*, 109.

<sup>145</sup> *Ibid.*, 168.

Olga Nethersole was born in London's Kensington neighborhood to parents of Spanish and English heritage and received her education in England and Germany. The premature death of her father allegedly prompted Nethersole to pursue a stage career (although biographer Lavinia Hart conceded that the sixteen-year-old Nethersole was also "badly stage struck"), and in 1887 she began her provincial stage career at the Theatre Royal, Brighton, followed in 15 months by her London debut at the Adelphi.<sup>146</sup> She later expanded her responsibilities and influence by becoming a theatre manager, though her play selections were often found deficient. Like Helena Modjeska, Nethersole was classified as an actress of great ambition and intelligence. As Lavinia Hart reported, "Olga Nethersole's mind never ceases to work for her art, even when her body rests, which is hard on admirers and word-painters, but of untold benefit to the public."<sup>147</sup> Like many of her predecessors and peers Nethersole received no formal acting training, but instead acquired the necessary skills of her craft while performing with provincial and urban theatre troupes. However, the results of Nethersole's creative labors were less consistently received than those of the ever-composed Modjeska or the magnetic Morris. While some critics acknowledged Nethersole as a vital late nineteenth-century preserver of mid-century emotionalism, one who excelled at moments of dramatic intensity and could produce a wide and "convincing" variety of human emotions at will, others labeled her a performer of inconstant power with little to no technical skill.<sup>148</sup> Even one largely approving reviewer of Nethersole's Camille admitted, "[the performance] betrayed in many places the evidences of inexperience and want of proper tuition. The tendency to pose, to speak indistinctly in moments of excitement, and

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<sup>146</sup> Lavinia Hart, "Olga Nethersole," *The Cosmopolitan: a Monthly Illustrated Magazine* 31, no. 1 (May 1901): 15, and Wayne Turney, <http://www.wayneturney.20m.com/nethersoleolga.htm>, accessed June 28, 2010.

<sup>147</sup> Hart, "Olga Nethersole," 15.

<sup>148</sup> Turney, <http://www.wayneturney.20m.com/nethersoleolga.htm>.

to be over-emphatic in gesture and expression, betrayed itself constantly...”<sup>149</sup> Though it became a valued part of her repertoire, Nethersole’s Camille was not a career-defining role for the actress. Rather, it was one in a host of charismatic and sensational characters, including Floria Tosca, Carmen, Paula Tanqueray, and Sapho, for which Nethersole’s abilities were particularly well suited. By the *fin de siècle* Nethersole’s notoriety as a passionate and unfettered performer was secured by two daring theatrical exploits. First she shocked audiences with an especially realistic kiss (known thereafter as the “Nethersole Kiss”) in 1897’s *Carmen*; then, three years later, her Sapho was carried upstairs by the play’s male protagonist, prompting local authorities to close the production on the grounds of immorality. The matter was soon taken up in court, with Nethersole winning a favorable decision. Given the free publicity of the trial, the actress’s remounting of *Sapho* not surprisingly enjoyed an extended run. As Camille, Nethersole played to the fullest the role’s professional wantonness, impassioned spirit, and hectic disease; interestingly, however, several medical experts heralded her consumptive death as the most “naturalistic” on the British stage.

Italian actress Eleonora Giulia Amalia Duse began acting at the tender age of four when she joined her family’s acting troupe.<sup>150</sup> As an impecunious, adolescent traveling player Duse “guarded jealously the secret of her youth” and assembled a surprisingly mature and diverse repertoire of roles; at age sixteen she played Shakespeare’s Juliet in Verona’s open-air theatre.

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<sup>149</sup> “Olga Nethersole as Camille,” *The Critic*, November 3, 1894, American Periodicals Series Online (725591892).

<sup>150</sup> This summary of Duse’s life and career was compiled using: Helen Sheehy, *Eleonora Duse: A Biography* (New York: Knopf, 2003); J. Ranken Towse, “Eleonora Duse,” *Century Illustrated Magazine* 49, no. 1 (November 1895): 130-34, American Periodicals Series Online (181369191); Jeanne Bourdeux, *Eleonora Duse: The Story of Her Life* (Whitefish, MT: Kessinger, 2005); and Oscar G. Brockett and Franklin J. Hildy, *History of the Theatre*, ninth ed. (Boston: Allyn and Bacon, 2003), 402.

Word of Duse's theatrical triumphs in Naples, Florence, and Venice spread through the continent, and soon "she was invited to visit the principal European capitals."<sup>151</sup> Following an 1885 tour in South America Duse founded her own theatre company, and in 1893 she appeared for the first time in New York. By this time Duse's armory of roles (Marguerite Gautier, Fedora, Frou-Frou, Magda) bore striking resemblance to that of her single competitor for the title "Premiere International Actress," Sarah Bernhardt. However, the two actresses' performance methods could not have been more dissimilar. If Bernhardt excelled in passionate, turbulent, and histrionic enactments, Duse was unsurpassed in her naturalism, responsiveness, and quiet emotion. As Hugo Whittmann pronounced in 1923, the year before her death, "everything about her was genuine, truly conceived and truly represented in spirit and in action – a fine, unusually subtle, but powerful and mighty art....She exhibited not a breath of affectation."<sup>152</sup> Duse's cynics viewed the actress's perceived lack of artifice to be an equally synthetic and contrived presentation of theatrics to those of her more demonstrative peers. Nevertheless, Duse's Marguerite was a true departure from all previous incarnations, and certainly the only one that can be labeled "realistic" in the *fin-de-siècle* sense of the word. While not all critics praised Duse's Italian-language rendition of the famed courtesan, all acknowledged the actress's unconventional artistry and originality. Duse's later years were marked by critical successes in cutting-edge works (including several of Henrik Ibsen's plays), exhaustive international touring, mentoring of younger artists, and persistent health problems. The actress succumbed at age 65 to pneumonia while on tour in Pittsburgh.

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<sup>151</sup> Towse, "Eleonora Duse," 130.

<sup>152</sup> Hugo Whittman, "Eleonora Duse," *Living Age*, November 24, 1923.

As can be garnered from the biographical sketches above, few threads of commonality can be sewn through the lives and careers of all four actresses. Heron and Morris premiered their Camilles prior to the 1882 scientific debut of the *tubercle bacillus*; Nethersole and Duse's portrayals appeared nearly one dozen years after it. Heron was the only actress to receive acting training outside of company apprenticeships, but Duse is the only actress whose contributions to Western performance still receive mention in theatre history textbooks. The women all boasted vastly differing acting methods, career trajectories, and personal lives, and yet they must be temporarily united in this study as collaborators, for each notably deviated from the established traditions of portraying Dumas's diseased heroine in one or more of the following ways.

#### **2.2.4.2 Camille as an Unexceptional Tubercular**

It is perhaps difficult to conceive of Camille as anything other than exceptional. Even though she is a member of the Parisian *demi-monde*, she is ordained by Dumas as its unofficial queen. Similarly, the majority of Camille's theatrical interpreters reinforced the character's regality or, as we have already seen, elevated her above even Dumas's conception by purifying and idealizing her for the Anglo-American stage. These actions rendered Camille a sublime illustration of the mythologized romantic consumptive as well as a beloved heroine of the nineteenth century. However, with the exception of Clara Morris's "strained" effort to present a "perfectly unsullied and respectable" Camille (to borrow the *Spirit of the Times*'s negative description), the women of the medicalizing group took a contrastive approach; their Camilles were decidedly un-angelic women who, depending on the actress, were flawed by carnal desires, fickle emotions, or unfinished manners.<sup>153</sup> Within the framework of the consumptive myth, such

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<sup>153</sup> *Spirit of the Times*, qtd. in Grossman, *Spectacle of Suffering*, 122.

unrefined and indelicate Camilles were unsuitable; within the framework of clinical tuberculosis, however, in which all strata of society were at risk for infection and in which the majority of tubercular patients were not of noble breeding or exceptional delicacy, such Camilles were quite appropriate. Not surprisingly, Heron, Nethersole, and Duse all took different tacks in certifying Camille's normalcy as an imperfect, flesh-and-blood female.

To the consternation of some and the pleasure of others, Heron portrayed Camille as an unassuming country lass whose provincial customs clashed with her occupation as a cosmopolitan plaything for the wealthy and desperate. Despite having partially sanitized her adaptation of Dumas's play for America's more Puritan audiences, Heron's acting in many ways pushed against her own script. As Barbara Wallace Grossman writes, "The lusty physicality of [Heron's] performance made Camille seem common, even vulgar. According to the *New York Tribune*, she often walked brazenly with her hands on her hips and lifted the skirts of her ball gowns 'as if she were entering a coach.' One critic complained that she had turned Camille into an Irish washerwoman, while others objected to the coarseness of her interpretation."<sup>154</sup> Those at *Flake's Bulletin* in Galveston, Texas found Heron's inelegant style too unmannerly for the legendary courtesan: "While admitting the wonderful art of Miss Heron's rendition, we objected to her roughness. Miss Heron seems not to know that Camille, though a woman, was always a lady by instinct and culture."<sup>155</sup> The newspaper's juxtaposition of the terms "lady" (noble, refined, and therefore exemplary) and "woman" (common, uncultivated, and therefore deficient) is particularly telling, for it highlights the metaphorical chasm that existed between the exceptional consumptive and the anonymous tubercular. *Spirit of the Times's* Acorn concurred

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<sup>154</sup> Grossman, *Spectacle of Suffering*, 117.

<sup>155</sup> "Amusements," *Flake's Bulletin*, review of *Camille*, December 7, 1867.



with *Flake's* reviewers, stating: "The great fault of Miss Heron's first two acts of *Camille*, to my mind is, that she does not make the woman refined enough; it is difficult to believe that a young man possessing the refinement that is supposed to belong to Armand, should be enamored of a woman displaying so many coarse, or at least, uninteresting [*sic*] traits of character."<sup>156</sup> Because of Heron's embodiment, lamented the *Philadelphia Inquirer*, "The world has been taught to regard "La Dame aux Camelias" as a coarse unfortunate, who captivated the guilty creatures sitting at the play only by the force of her recklessness and her sufferings."<sup>157</sup>

Of course, there were many who defended Heron's interpretation, including the actress herself. "It is said that I expunged the most beautiful parts of Dumas' play, and introduced my own diseased fancies," wrote Heron, vehemently insisting "[t]his is not so. After having witnessed in America different representations of the character of *Camille*...I went to Paris, where, for the first time I saw the true *Camille*, the reckless, erring, loving, hoping, sacrificing, despairing, repentant, purified woman. I saw the moral of the play in its truth – its terrible reality."<sup>158</sup> The sheer variety and complexity of descriptors Heron applied to the "true *Camille*" suggests the actress regarded the romanticized *Camilles* as one-dimensional. In Eckard's view, Heron purposely coarsened her *Camille* in order to conform to the anti-elite ideologies of America's antebellum audiences. Heron's *Camille*, tunders Eckard, was "American in its lack of refinement and gentility and its assertion of a blunt, straightforward [*sic*] personality." To support her assertion, Eckard points to Fitz-James O'Brien's account of Heron's lack of artifice:

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<sup>156</sup> "Letter from 'Acorn,'" *Spirit of the Times*, May 23, 1857.

<sup>157</sup> "The Ex-Editor in New York," *Philadelphia Inquirer*, review of *Camille*, December 1, 1895.

<sup>158</sup> Because of Heron's embodiment, wrote the *Philadelphia Inquirer*, "The world has been taught to regard "La Dame aux Camelias" as a coarse unfortunate, who captivated the guilty creatures sitting at the play only by the force of her recklessness and her sufferings" (December 1, 1895).

<sup>158</sup> Heron, qtd. in Jensen, "Matilda Heron," 175.

Miss Heron's first entrance was wonderfully unconventional. The woman dared to come in upon that painted scene as if it really was the home apartment it was represented to be...She walked in easily, naturally, unwitting of any outside eyes. The petulant manner in which she took off her shawl, the commonplace conversational tone in which she spoke to her servant, were revelations...Here was a daring reality.<sup>159</sup>

Adam Bandeau also vindicated Heron's vision of Camille in *The Vagabond*, arguing:

She portrays a character exactly as it is, not without one touch of grace not its own, but with every touch of awkwardness belonging to it. She not only adds nothing, but subtracts nothing. She not only idealizes not, refines not, elevates not; she eliminates nothing of coarse or displeasing [sic]; she spares no harrowing thought, no disgusting minutiae; she is not only terrible in her lifelikeness, but at times offensive. And yet this very offensiveness adds to her thrall over you; you are held in spite of your dislike because of it.<sup>160</sup>

As was the case with her Sapho, Carmen, and Tosca, the Camille of Nethersole was guided by her excessive passions and thinly veiled carnality. "Nethersole," raved the obviously smitten Beaumont Fletcher, "is a ravishing bit of human loveliness, supple, voluptuous, opulent of physical graces; and these are sublimed with a melting tenderness and a vast hunger for a youthful trust to feed her own great love upon that is infinitely pathetic..."<sup>161</sup> Unlike Bernhardt's Marguerite, whose impassioned spirit served as an idealized *tragic* flaw that necessarily furnished the character's consumptive decline, Nethersole's Camille – while characterized by a handful of reviewers as delicate and elegant – was nevertheless more unabashedly sensual than any of her counterparts. Indeed, some regarded her performance as unrefined and vulgar, with one critic complaining that "[her lovemaking] was too deliberate and overacted, thus leaving

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<sup>159</sup> Eckard, "Camille in America," 67-68.

<sup>160</sup> Adam Badeau, *The Vagabond* (New York: Rudd and Carleton, 1859), 4.

<sup>161</sup> Fletcher, "Three Ladies," 482.

nothing to the imagination.”<sup>162</sup> Furthermore, Nethersole compounded Camille’s flaws by depicting her as erratic, fickle, and at times even fatuous – qualities regarded by Victorians as being decidedly (and undesirably) female. In the estimation of *The Critic*’s reviewer in 1894, the actress’s interpretation was “...remarkable for the boldness and frankness of its opening scenes – although there never was an approach to vulgarity, – the passionate fervor of its love episodes[,] and the unaffected pathos of its suffering and despair.” Nethersole’s Camille, *The Critic* continued, underwent a significant conversion (thanks to Armand’s love) from “the imperious, impatient and reckless courtesan” of the earlier acts to the “simple, happy, trusting woman” of the third act.<sup>163</sup> With this transformation Nethersole distanced her Camille from the consumptive myth’s more pristine, morally anchored heroines.

In Duse’s hands, Marguerite Gautier spoke, moved, suffered, and died with a quotidian naturalness that challenged the preternatural exceptionality of the character as played by Davenport, Modjeska, and other performers. Though there were reports of a nervous excitability exhibited by the actress in the role, most critics marveled at Duse’s understated take on the customarily frantic character. “To audiences accustomed to seeing actresses roll on the floor in violent hysteria and weep great ears,” wrote the *New Haven Register*, “Duse’s rendition might have seemed tame.”<sup>164</sup> The actress “rarely raised her voice above an ordinary conversational tone, and never resorted to the frenzied gestures or motions which most actresses find requisite to the expression of grief or anger,” wrote *The Critic*.<sup>165</sup> For the majority of Anglo-American critics, what defined Duse’s performance was a kind of low-grade despondency that

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<sup>162</sup> Eckard, “Camille in America,” 153.

<sup>163</sup> “Olga Nethersole as Camille,” *The Critic*, November 3, 1894.

<sup>164</sup> “Duse in a New Camille,” *New Haven Register*, April 21, 1896, 3.

<sup>165</sup> “The Drama: Eleonora Duse,” *The Critic*, February 29, 1896.

communicated Marguerite's awareness of (and perhaps resignation to) her deteriorating health as well as her dissatisfaction with the superficial status quo of her existence. With Armand's introduction new hope was indeed injected into Duse's unrefined Marguerite, but it was with a world-weary hesitancy that she pursued the romance. In her 1893 assessment of "Signora Duse" as Marguerite, *The Critic* contributor Mary Cadwalader Jones contended:

To put it roughly, the part of the Dame aux Camelias is usually played as though Marguerite were either a young person of refinement whose lines have fallen in unfortunate places, or else a courtesan who has somehow managed, until she meets Armand, to escape a great passion. Signora Duse brings her before us as a girl of the people who has drifted into or chosen an easier life than that to which she was born, and who accepts its drawbacks without question until she feels that she is loved for herself alone.<sup>166</sup>

Forsaking the romanticizing qualities of feminine innocence, emotional delicacy, and refinement for a psychological (and physiological) groundedness, Duse highlighted her character's naturalized humanity. As we will find in the next section, Duse's stage presence (which was simultaneously awkward and organic) further disassociated Marguerite from her legendary superiority.

#### **2.2.4.3 Unmasking the Consumptive Diathesis**

The romantic myth of consumption, like the vast majority of other myths, possessed at its core a set of observable facts that had become, through years of narration, imagination, and idealization, markedly fictionalized. The purpose and meaning of the consumptive diathesis underwent just such a transformation; it began as a collection of physical and behavioral traits

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<sup>166</sup> Mary Cadwalader Jones, "Signora Duse," *The Critic*, February 4, 1893, American Periodicals Series Online (725699302).

that signaled either the presence of consumption *or* a natural proclivity toward developing the disease, and it mutated into a set of covetable features that confirmed to onlookers a person's beauty, delicacy, genius, and/or refinement. Even after consumption's reclassification in 1882, there was no denying that the "wasting disease" often made walking skeletons of its human hosts, and theatre audiences and critics still expected actresses to physically signify Camille's enfeebled condition by whatever means were at their disposal. In 1898, one reviewer dedicated considerable type-space to ridiculing British actress Margaret Fuller's less-than-wasting form:

As you saw those powerful, muscular arms, you wondered how any tuberculous Marguerite Gunter [*sic*] could have owned them....They showed you that Camille, in spite of her cough, was enjoying very good health – thanks for kind inquiries....A healthier, buxomer, and more material Camille I have never seen. If she had cuddled poor Armand in those splendid bicycle arms of hers, you would have heard his bones creak.

Taking one last swipe at Fuller's fullness, the critic gleefully jibed: "Here was a Camille that should have died from heart disease, or fatty degeneration, but never from consumption."<sup>167</sup>

While slow or rapid emaciation was indeed a scientifically evidenced symptom of late-stage tuberculosis, the "beauty" of the consumptive's wasting was culturally constructed, and the deliberate cultivation of unnatural thinness was one of the most disturbing and long-lasting side effects of the consumptive myth.

While seemingly intent on divesting Camille of her mythologized exceptionality and preternatural refinement, the actresses of the medicalizing group were much less keen to invalidate the character's aesthetic appeal by abandoning the reputed beauty of the consumptive diathesis. Their reluctance to flaunt the corporeal realities of tuberculosis is certainly not

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<sup>167</sup> "Margaret Fuller is Quite Justified in Acting," [unidentified newspaper], March 23, 1898, *Camille Clippings File*, HTC.

surprising. First, as Dumas's story and all subsequent adaptations make clear, Camille's allure has much to do with her winsome delicacy, which is at least partially supplied by the advanced nature of her disease (the other provider, one assumes, is good genes). Second, for reasons both commercial and cosmetic, nineteenth-century actresses certainly did not court opportunities to look unappealing onstage. Donning elaborate costumes and "painting up" with stage makeup were essential components of the actress's pre-curtain ritual, and the importance of an actress's physical appearance in sustaining her livelihood cannot be underestimated. To strip the famous courtesan of her legendary consumptive comeliness would be to fundamentally alter both audience expectations and, on a much larger scale, Western theatrical convention. Third, as we have already noted, even as the consumptive myth was dethroned by the clinical view of tuberculosis, cultural appreciation for the consumptive diathesis failed to wane accordingly. However, one actress refused to glamorize the tubercular's physical transformation.

Eleonora Duse once wrote that "theatricality weighs on the theatre like a poisoned coat, the venom of the lie," and "to save the theatre, the theatre must be destroyed..."<sup>168</sup> One of Duse's methods of shrugging off the poisoned coat of theatricality was her rejection of the nineteenth-century actress's customary adornments: wigs, makeup, extravagant costumes, and – perhaps most revolutionarily – corsets. For her, the actor's ability to communicate intimately and truthfully the experiences of characters was hobbled by such contrivances, which served only to erect an artificial barrier between performer and audience. In her 1896 study of the art of "La Duse," Laura Marholm Handsson proclaimed:

Just as Duse never acted anything but what was in her own soul, she never attempted any disguise of her body. Her own face was the only mask she wore

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<sup>168</sup> Duse, qtd. in Eckard, "Camille in America," 164.

when I saw her act. The expression of her features, the deep lines on her face, the melancholy mouth, the sunken eyes with their large heavy lids, were all characteristic of the part. She always had the same black, broad, arched eyebrows, the same wavy, shiny black Italian hair, which was always done up in a modest knot...from which two curls always escaped during the course of her acting, because she had a habit of brushing her forehead with a white and rather bony hand, as though every violent emotion made her head ache.

No jewel glittered against her sallow skin, and she wore no ornament on her dress; there was something pathetic in the unconcealed thinness of her neck and throat. She was of medium height, a slender body with broad hips, without any signs of the rounded waist[,] which belongs to the fashionable figure of the drama.<sup>169</sup>

Handsson's description not only suggested the breadth of Duse's theatrical asceticism, but it also enumerated a number of the consumptive diathesis's physical characteristics, of which the actress seemed to be in natural possession.

Though Duse performed nearly all of her characters sans external ornamentation, the effect of her minimalistic approach was most commented upon when she played Marguerite. Without artificially duplicating the alabaster complexion, flushed cheeks, abnormally cinched waist, cascading hair, and diaphanous dresses of the typical stage consumptive, Duse permitted her own body to disclose the severity of Marguerite's physical condition without romanticizing it. As critical reviews suggest, the signs of tuberculosis, deprived of their mythologized splendor, were etched on her body and face through Duse's enactment of weariness, pain, and melancholy. Many witnesses were astounded by how the actress's unpainted face registered the character's mental and physical deterioration. "She seems to have no powder or paint on her face," wrote the

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<sup>169</sup> Laura Marholm Handsson, "Eleonora Duse: The Italian Actress and Her Art," *Current Literature (1888-1912)* 19, no. 4 (April 1896), American Periodical Series Online (252385721).

*New York World*. “Its colors, the flush of excitement or the gray pallor of suffering, seem to be the colors of life.”<sup>170</sup> According to Justin Huntly McCarthy’s 1893 article in *Gentleman’s Magazine*, “Her pale, powerful face, that disdains the traditional adornment of the stage, its crimsons and whites and blacks, is so endowed with expression that by it alone, were she silent and motionless, she could, we may well believe, convey all the purposes of the drama which for the time she seems to live.”<sup>171</sup> Duse’s stage movements further distorted the notion that consumptive sufferers were endowed with a feminized, spiritual grace. The meandering crosses, fleeting sculptural poses, and delicate, fluttering gestures of the romanticized Camilles were supplanted by the unorthodox movements of Duse’s devitalized Marguerite. According to Helen Sheehy, “In *La Dame aux Camélias*, she wore only different shades of white, and without a corset, she could ‘curl up like a cat’ on the sofa, or stretch full length with her arms over her head, even cross her legs like a man.”<sup>172</sup>

Of course, we can only speculate on how conscious Duse was of subverting the consumptive diathesis’s aestheticism with her more unvarnished portrait of Marguerite’s tubercular transformation. However, Sheehy offers a theory on the larger purpose of Duse’s spartan stagings:

In refusing to wear wigs and makeup and corset, Duse stood metaphorically naked in front of her audiences. At the same time Freud was developing his theories of the unconscious, and Ibsen was exploring the unconscious in his plays, Duse was giving flesh to those ideas onstage. The era’s harsh new electrical

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<sup>170</sup> “The Return of Eleanora Duse,” *New York World*, July 27, [?].

<sup>171</sup> Justin Huntly McCarthy, “Pages on Plays,” *Gentlemen’s Magazine*, 275 (July 1893), 96.

<sup>172</sup> Sheehy, *Eleonora Duse*, 110.



lighting illuminated every nuance of her acting, which was startling, disturbing, new – artistic and erotic.<sup>173</sup>

#### 2.2.4.4 Enacting Chronic Tuberculosis

In a post-Koch retrospective on the many renditions of Camille, the *Spirit of the Times* took comic aim at those actresses who routinely downplayed Camille’s tuberculosis until the play’s final moments:

[Some actresses] were uproarious bacchantes, rather than queens of the demi-monde, and bounced through the heart-breaking preliminaries of death with a jovial defiance that left upon our minds very serious doubts of their extinguishment in the last act, and despite all the illusion, we carried away a suspicion that the Dame aux Camelias, instead of lying white and weary in her last attire, was eating lamb chops and drinking warm stout in her dressing-room.<sup>174</sup>

In Dumas’s script and its adaptations, Camille’s illness is divulged within minutes of the opening curtain when her telltale cough pierces through the superficial chatter of her dinner guests. Later, the character swoons (or fully collapses, depending upon the actress) when dancing with Armand, and in act three Camille admits to Mousier Duval that she is not long for this world. For many actresses, these seemed to be the sole, playwright-authorized moments to demonstrate Camille’s tubercular condition before act five’s death scene, a formula that accomplished several things: it linked Camille’s periods of good health with her passionate relationship; it promoted the mythologized construction of tuberculosis as the gentle disease; and it built dramatic tension through the erratic materialization and dispersal of consumptive symptoms. While it can be argued that Dumas and these actresses intended to depict the precipitous nature of “galloping”

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<sup>173</sup> Ibid., 116.

<sup>174</sup> “Causerie,” *Spirit of the Times*, [undated], *Camille Clippings File*, HTC.

consumption, such diagnoses were far outnumbered historically by cases of chronic consumption, in which the disease's symptoms progressively increased in intensity and duration. Labeled by critics as "hectic," "feverish," "sickly," "morbid," and "graphic," the performances of Morris, Heron, and Nethersole strayed from custom by peppering the play with cumulative displays of tubercular suffering.

Matilda Heron was the first to integrate tubercular symptoms throughout the course of *Camille*. Her sketch of the disease began subtly enough, as *Balou's Pictorial Drawing-Room Companion* reported: "Miss Heron had nothing to do at first but to enter superfinely and well dressed, cough and eat a lozenge..."<sup>175</sup> However, accounts of her performance suggest Heron accelerated Camille's condition far more swiftly than her contemporaries Keene and Davenport: as one reviewer noted, "Her power for the most part was in the cough, by means of which she marked the increasing physical infirmity that could only end in dissolution."<sup>176</sup> Heron's decision to make Camille's disease an ever-present reality instead of a distant or dormant threat rendered tuberculosis an integral part of Camille's identity. "Matilda Heron limited her Camille to the courtesan [*sic*] and the consumptive," declared the *Philadelphia Inquirer*. "Her own morbid temperament dominated a creation that is volatile and serious by turns and that finally succumbs to disease only through disappointment."<sup>177</sup> It is difficult to reconcile Heron's considerable success in the role with numerous critiques of her performance of illness's prolonged force and disturbing coarseness. "[S]he made the physical sufferings of the heroine too pronounced, thus compelling the morbid to dominate the emotional," continued the *Philadelphia Inquirer*. Offered

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<sup>175</sup> "Miss Matilda Heron, The American Tragedienne, as 'Camille,'" *Balou's Pictorial Drawing-Room Companion*, April 4, 1857, 209.

<sup>176</sup> "The Ex-Editor in New York," *Philadelphia Inquirer*, review of *Camille*, December 1, 1895.

<sup>177</sup> *Ibid.*

the *Daily Ohio Statesman*, “We do not depreciate the marvelous power of Miss Heron over the feelings – her acting is great, wonderful! But the play is objectionable, in many respects. If any body takes delight in tracing the cruel and insidious advances of a deadly and inexorable malady, they can do it in this play; but who wants to go to see consumption?”<sup>178</sup> In 1859’s *The Vagabond*, Adam Badeau admitted to experiencing conflicted feelings as a witness to Heron’s performance, writing “[t]he vulgarity of the earlier scenes in *Camille* is fearful in its faithfulness, but effective as well; the repulsiveness of the sick-bed is painfully real.”<sup>179</sup> Perhaps Badeau’s perspective best reflects how Heron’s exceedingly popular tubercular performance fascinated audiences even as it nauseated them.

“We have had all kinds of *Camillas* ever since Matilda Heron set the phthisicky example,” teased *Spirit of the Times*; the one that most resembled Heron’s model in its feverish presentation was that of the “woman of sorrow” and “Queen of Spasms,” Clara Morris.<sup>180</sup> While the consumptive myth unmistakably influenced Morris’s conception of *Camille* as a paragon of innocence, the actress was determined to base her embodiment of *Camille*’s illness upon research and scientific observation. As she later told Alan Dale, by consulting her own physician on the physiological signs of tuberculosis: “I learned...that there are two coughs peculiar to lingering consumption. One of them is a little hacking cough that interferes with the speech, and injures the throat; the other is a paroxysm brought on by extra exertion. I chose the paroxysm, and introduced it in the first scene, after I have been dancing.”<sup>181</sup> Morris’s use of the term *lingering consumption* evinces her desire to enact the character’s illness as progressive, nagging, and

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<sup>178</sup> “Theater,” *Daily Ohio Statesman*, review of *Heartsease*, February 26, 1858.

<sup>179</sup> Badeau, *Vagabond*, 4.

<sup>180</sup> “Causerie,” *Spirit of the Times*, [undated] and Grossman, *Spectacle of Suffering*, 1-2.

<sup>181</sup> Morris, qtd. in Grossman, *Spectacle of Suffering*, 120.

irreversible. To indicate the disease's constant presence in Camille's body, Morris also took to "gasping in 'little, pitiful spasms.'" Described by critics in such medicalizing terms as "convulsive," "painful," and "spasmodic," Morris's enactment of tubercular suffering was more physically dynamic than even Heron's.<sup>182</sup> Moreover, according to commentator Archie Bell, who harshly labeled Morris's performance the "very apotheosis of mawkish sentimentality," the actress's torments seemed to be contagious: "her performance electrified audiences, throwing them into 'veritable paroxysms of sympathetic grief for poor, suffering and dying Marguerite.'"<sup>183</sup> Ultimately, Morris's unsparing embodiment of Camille's illness was a staggering sight to behold. Marveled *The Cleveland Leader*:

'Acting?' It is not acting. When sinews are strung to their utmost with intensity of feeling; when the body writhes with anguish that is unmistakably real; when the hands spasmodically clutching at bosom and throat betray actual physical pain; when a genuine paroxysm of emotion shakes the whole frame like an aspen, delineation passes beyond the pale of acting and becomes – the acme of genius.<sup>184</sup>

Though it is difficult to conceive of a performance that so brutally depicted Camille's tubercular condition, Grossman remarks that only seven years later Morris out-suffered her younger self. As the actress's own health precipitously declined and her morphine addiction escalated, she "took what the *Spirit of the Times* called 'the consumptive view of Camille,' emphasizing the character's illness and decline. She was in agony from the first, suffering physically and spiritually."<sup>185</sup>

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<sup>182</sup> Eckard, "Camille in America," 87 and 80.

<sup>183</sup> *Ibid.*, 96.

<sup>184</sup> *The Cleveland Leader*, qtd. in Grossman, *Spectacle of Suffering*, 136-37.

<sup>185</sup> Grossman, *Spectacle of Suffering*, 198.

Selected as the superior interpreter of Camille (over Bernhardt and Duse) by Beaumont Fletcher, Olga Nethersole also depicted the courtesan's health deteriorating slowly but painfully over the course of the play. In Fletcher's estimation:

Bernhardt shows the ravages of the disease a little more pronouncedly [than Duse], but only Nethersole depicts the real tragedy of the dread torment wringing the fair young body inevitably to its grave. She does not overdo the pathological side of it, as does Miss Clara Morris, whose almost too convincing Camille has been dubbed "bronchial." Nethersole's innate refinement and artistic delicacy save her from that extreme, but by occasional writhen struggles with pain, and by her great pallor in the fourth act, and her tottering weakness in the last, she adds a terrible pathos to the double martyrdom of the girl upon the alter of her love and the rack of her disease.<sup>186</sup>

Like Morris, Nethersole's penchant for physical abandon was at times characterized as messily chaotic or misguidedly self-indulgent. "One critic maintained [that] her portrayal...was too graphic in its development," notes Eckard. "Nethersole was often charged with overacting in the role of Camille because of her exaggerated physicalities. The *Chicago Tribune* reported that she was nervous, restless and in constant movement."<sup>187</sup> Others regarded Nethersole's execution of Camille's suffering as robotic and detached, a disparagement never hurled at Morris.

#### **2.2.4.5 Demythologizing Tubercular Deaths**

As we learned earlier from Clark Lawlor and William Sweetser, real deaths from tuberculosis only distantly resembled those tendered by the consumptive myth. While there were tubercular patients who died in relative comfort and peace, the majority of consumptives experienced frightening moments of suffocation, extreme colic and joint pain, diarrhea, and

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<sup>186</sup> Fletcher, "Three Ladies," 477.

<sup>187</sup> Eckard, "Camille in America," 153 and 154.

feverish sweating before succumbing to a large hemorrhage or the failure of the body's functioning, all the while retaining the sharpness of their mental faculties. Though simulating some of tuberculosis's more repellent by-products would be distasteful even to today's audiences, the actresses who medicalized Camille's illness nevertheless categorically refused to enact painless, over-spiritualized deaths. Eschewing the fluttering gestures and beatific simpers and sighs of the romanticized Camille, they instead chose to highlight the physical suffering of the dying tubercular. We should not misinterpret these death scenes as naturalistic, for they were just as theatrical as their tranquil(ized) counterparts; however, we can view them as demythologizing. Critical accounts suggest that Heron, Morris, and Nethersole presented similar versions of Camille's final moments. Though none of the three hastened around the stage with the speed and strength of the indefatigable Bernhardt, they all chose to keep Camille somewhat ambulatory. All selected moments for Camille to writhe in pain, cough, gasp, and struggle with speech, use Armand's body for physical support, and weakly collapse on the ground. Duse moved in a far different direction than that of her colleagues, constructing a muted performance of tubercular suffering that nevertheless powerfully negated the mythologized consumptive death.

Heron's final act, according to *Balou's Pictorial Drawing-Room Companion*, was a "phthisical scene with measureless desolations and short-lived ecstasies."<sup>188</sup> The material coarseness and raw emotionalism with which Heron performed Camille's worsening condition were employed with equal immoderation for the courtesan's death. "In the fifth act we saw the poor, sick, dying girl portrayed with a truthfulness to life that was indeed distressing," declared one reviewer writing under the *nom de plume* "Acorn." "[I]t seemed a reality rather than a

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<sup>188</sup> "Miss Matilda Heron," *Balou's*, April 4, 1857.

mimic scene, and it was a relief when the curtain shut from the view a portrait so fearfully truthful as to cause every heart to ache and nearly every eye to weep.” The incidental behaviors of Heron’s sickroom Camille struck Acorn as particularly authentic: “Miss Heron’s acting is remarkable for the nicety of its detail, and its perfect daguerreotype of nature; she appears to have studied closely and thoroughly everything that a sick and dying woman does, as well as the peculiar manner of doing it, even to the moving of the bed clothes or the changing of the pillow.”<sup>189</sup> Like Morris and Nethersole, Heron’s medicalized performance of illness did not preclude her from injecting considerable pathos into her interactions with Armand, but unlike the romanticizing actresses Heron differentiated between Camille’s emotional and physical suffering. “From the moment she steps on the stage...up to the last struggle when, called by her lover, she, with death at her heart, turns to his voice, and with drooping head over his shoulder, and eyes fixed in the last mortal agony with a look of love stronger than death, all is perfection,” pronounced the *Spirit of the Times*. This same critic was particularly astonished by Heron’s ability to reproduce the pallor of death: “...underneath the paint, you can see gradually, as her death approaches, that peculiar grayness of the flesh which always precludes death, and I know of no art which can still the beatings of heart, or drive the blood from the veins, at mere volition. If all this is but acting, without feeling, simulated by imitation, and ready at all times on demand, then Nature and Art, in this lady’s case, are merely synonymous terms.”<sup>190</sup>

After witnessing Clara Morris’s Camille expire in her lover’s arms, Sarah Bernhardt was reported to have said, “My God! this woman isn’t acting; she is suffering.”<sup>191</sup> Whether or not Bernhardt was praising or lampooning Morris’s artistry has been long debated by scholars and is

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<sup>189</sup> “Letter from ‘Acorn,’” *Spirit of the Times*, May 23, 1857.

<sup>190</sup> “Miss Heron as ‘Camille,’” *Spirit of the Times*, February 14, 1857.

<sup>191</sup> Bernhardt, qtd. in “Amusements for the Week,” *Tacoma Daily News*, December 27, 1890.

perhaps beside the point. What Bernhardt recognized in Morris's performance of illness was a body-and-soul commitment to endure Camille's tubercular demise. As with the courtesan's consumptive cough, Morris conferred with her physician in devising Camille's final moments, observing, "Camille says at one time that all pain is gone. My doctor told me that this was on account of entire loss of the lungs. He cautioned me against saying much after that, and told me that the tubes of the throat could be used for a few words. I studied Camille in this manner."<sup>192</sup> In addition to enacting the vocal incapacitation advised by her physician, Morris's movements indicated the presence of both localized joint pain and general physical enervation in Camille's body. According to the author of "A Bunch of Camellias":

Her staggering from her couch to the window to see if spring is come, her spasmodic clutching at the chairs for support as she passes them, and her moan of agony when she discovers in the mirror her loss of beauty, are all so graphic, that they raise the audience to a pitch of feverish and painful interest. Her death is the finishing touch to a powerfully conceived and marvelously executed picture of realism. Harrowing to some it may be, but no one can deny its power.<sup>193</sup>

The graphicness of Morris's enactment of Camille's tubercular death was deemed even more disturbing than Heron's death scene. For most critics, Morris's performance was teetering precariously on the line between admirable authenticity and harrowing nightmare. The *New York Daily Tribune* remarked that Morris's performance featured a wide array of "sick bed horrors and the physical accompaniments of death."<sup>194</sup> The *Spirit of the Times* concurred, stating that of "the most painful[ly] pulmonic" Camilles, Morris's rendition deserved top prize for explicitness: "There was a fascinating horror about the death of her Camille that drew us back again and again

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<sup>192</sup> Grossman, *Spectacle of Suffering*, 120.

<sup>193</sup> "A Bunch of Camellias," qtd. in Eckard, "Camille in America," 80-81.

<sup>194</sup> *New York Daily Tribune*, November 29, 1881, qtd. in Eckard, "Camille in America," 85.



to that sick chamber.”<sup>195</sup> According to Grossman, some regarded her performance as just too clinical to be theatrically diverting. “[William] Winter found her convincing, although he thought she carried the realism of the death scene so far it ‘smelled of the drug store and the sick room.’”<sup>196</sup> Still, as one reviewer (somewhat reluctantly) conceded, “...that she can enact the death scene, giving it the very atmosphere of an approaching dissolution, as no one else can, on the stage or in any language, is still true...”<sup>197</sup>

Reminiscent of Heron and Morris’s offerings, Nethersole’s death scene was also noted for its purportedly realistic rendering of tubercular suffering. As Eckard writes, “Like Clara Morris, Nethersole staged an elaborate ‘hospital death,’ apparently documented from realistic study. It is reported that Nethersole controlled herself more than Morris did emotionally, but added considerable physical detail.” By the time Nethersole began playing the courtesan in the 1890s, American audiences had grown accustomed to medicalized representations of Camille’s death and found nothing particularly shocking in Nethersole’s rendition. However, in her homeland of England, where the gentle spiritual deliverance of Modjeska’s Constance and the symbolist suffering of Bernhardt’s Marguerite still reigned supreme, Nethersole’s death scene was deemed repulsive by some. “The *London Daily Telegraph* found the multitude of graphic details carried too far; the critic complained that she died all over the stage, tottering first to the couch, then a chair, then a window, then a bureau. The death agony was drawn out and resulted in more fascination than tears from the audience.”<sup>198</sup> And yet, in 1900 *The Era* named Nethersole one of a handful of praiseworthy actors who designed exceptional death scenes using

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<sup>195</sup> “Causerie,” *Spirit of the Times*, [undated].

<sup>196</sup> Grossman, *Spectacle of Suffering*, 198.

<sup>197</sup> [Unidentified newspaper clipping], *Camille Clippings File*, HTC.

<sup>198</sup> Eckard, “Camille in America,” 156-57.

scientific observation and research. In “The Gentle Art of Dying” *The Era* declared, “Marguerite’s pathetic death in *Faust*, on her prison bed of straw; Marguerite Gautier’s haunting consumptive cough in the *Dame aux Camellias*; Svengali’s thrilling exit from the world...were all tributes to the genius of Miss Ellen Terry, Miss Olga Nethersole, and Mr. Beerbohm Tree.”<sup>199</sup>

In 1893’s “Disease and Death on the Stage” Dr. Cyrus Edson, New York City’s health commissioner, expressed vexation with actors who “have failed to learn what are the physical symptoms, the movements of the body or parts of it, that invariably follow certain causes of death.” Among the most egregious offenders, Edson stated, are the actresses who embody Camille:

Camille is supposed to die of consumption and the death comes from hemorrhage of the lungs. Now, in point of fact, the action of the body following hemorrhage of the lungs has nothing dramatic about it. If the blood vessel which breaks is very large there may be a semi-convulsion resulting from shock. Otherwise, the death comes from loss of blood that pours from the mouth or from strangulation; that is, the lungs fill with blood, so that the sufferer cannot breathe. But such a death as this would not satisfy the demands of the stage, or what are believed by many persons to be those demands, and we therefore see Camille in strong convulsions.

It is the old story of the galloping horse once more.

Because few actors conducted comparative research on different types of fatal illnesses, Edson argued, they instead relied upon violent symptoms of epilepsy to signify death in its many forms. “But exactly why the symptoms of epilepsy should have become the conventional symptoms of heart disease, of consumption, of poisoning, of death by violence – in short, of every death on

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<sup>199</sup> “The Gentle Art of Dying,” *The Era*, May 12, 1900, 19<sup>th</sup> Century British Library Newspapers (BB3202533584).

the stage – I do not quite understand.”<sup>200</sup> Though he certainly underestimates the convulsive appeal of epileptic fits for theatre artists and their audiences, Edson makes a fair point. With the adjectives like “spasmodic” being applied with frequency to actresses’ medicalized embodiments of Camille, it is conceivable that – despite claims to have studied up on real-life tubercular deaths – Heron, Morris, and Nethersole substituted violent epileptic seizures for the “semi-convulsions” Edson argues are the true signs of a pulmonary hemorrhage. Who, in Edson’s estimation, would have gotten Camille’s consumptive death right? Enter Eleonora Duse.

“Has Dr. Edson seen...Duse in this rôle?” asked *The Critic* in the newspaper’s response to the doctor’s article. “[She] dies so quietly that the audience would not know that she was dead if they did not see the curtain slowly descending on this impressive scene.”<sup>201</sup> Indeed, in his “Three Ladies of the Camellias,” Beaumont Fletcher pilloried Duse for what he regarded as her highly deficient performance of Marguerite’s disease. Bristling at the Italian actress’s “ridiculous appearance of entire good health” throughout the play, particularly her exclusion of the customary tubercular coughing, Fletcher implied that Duse’s rendition failed to reflect the contemporary audience’s advanced understanding of tuberculosis and its unpleasant manifestations.<sup>202</sup> However, after analyzing a variety of descriptions of Duse’s Marguerite, I propose that the actress was by no means neglecting the character’s illness; rather, her Marguerite’s “appearance of entire good health” was just that: an appearance, devised and performed for the benefit of the courtesan’s many devotees. Even Fletcher’s own description of the play’s party scene confirms such a claim: “In the first act in the episode, where [Marguerite]

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<sup>200</sup> Cyrus Edson, “Disease and Death on the Stage,” *North American Review* 157, no. 412 (August 1893), 160.

<sup>201</sup> “The Stage Idea of Disease and Death,” *The Critic*, August 12, 1893, American Periodicals Series Online (725577142).

<sup>202</sup> Fletcher, “Three Ladies,” 484.

is overcome with faintness during the dance, Duse indeed pauses before she begins to dance, falls back into Armand's arms, is led straight to the divan, buries her head in it for a moment, then rises with the cold grimness of an elderly woman."<sup>203</sup> Ultimately, Duse's portrayal invited audiences to witness Marguerite's deliberate suppression of tubercular suffering. When examined in this light, Duse's death scene, though certainly subtler than Morris's or even Heron's, cannot be categorized a romanticized portrait of consumption. Instead, Marguerite's final moments were those of bittersweet release, in which the character permitted herself to drop her façade of resiliency and acknowledge the disease's dominance within her body. Even the critical Fletcher concedes, "...at the very moment of death Duse's art eclipses the others. She is huddled limply in Armand's arms and keeps repeating his name more and more feebly until her voice dies quite away. But her hands still caress his hair weakly, with deathless love; then they pause, quiver in one last struggle with fate, and slip slowly away. Suddenly her arms drop into outstretched rigidity, her head rolls forward, and she is dead."<sup>204</sup> While the *New Haven Register* argued that "Duse has divorced the famous death scene from all that horrible realism which has made it a picture of terror to sensitive natures," I would argue that Duse's performance offered an *alternate* realism, one that was just as combative against the fallacies of the consumptive myth as other more graphic portrayals.<sup>205</sup>

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<sup>203</sup> Ibid.

<sup>204</sup> Ibid., 486.

<sup>205</sup> "Duse in a New Camille," *New Haven Register*, April 21, 1896.

### 2.2.5 Divine Sarah, Legendary Marguerite

There have been Camilles material to the last endurable degree of realism, laden with the pungent odors of dissolute joy, not redeemed by love, but seeming to drag to the depths of sin the love that hovered over them like a benediction. The character has, on the other hand, been poetized, made beautiful, and given an aspect not its own, a condition more harmful than the sensual; but it remained for Bernhardt to give it that spiritual ideality which proclaims the ascendance of soul despite the influence of physical environments.

*The Daily Inter Ocean*, April 28, 1887<sup>206</sup>

For many who witnessed it, Sarah Bernhardt's Marguerite Gautier was a theatrical revelation. By fusing the aesthetic principles of early nineteenth-century romanticism and *fin-de-siècle* symbolism together with the presentational precision of the classical French school of drama and the Delsarte method, Bernhardt succeeded where other Camille actresses had failed: she created a "soiled dove" that was simultaneously pure and impassioned. Not only did the role occupy the most esteemed position in Bernhardt's repertoire for over 40 years, but hers became the definitive interpretation against which all other Camilles were judged. Generations of theatre scholars have sought to historically deconstruct Bernhardt's performance in the hopes of ascertaining just how it captivated thousands of playgoers and inspired critics to label it as "the finest piece of acting of our time."<sup>207</sup> However, because Bernhardt's Marguerite (like many of the other acting efforts examined in this dissertation) is not often recognized as a performance of illness, many scholars fail to sufficiently dissect Bernhardt's method of staging consumption or acknowledge it as crucial to the actress's success in the role. It is my contention that Bernhardt's

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<sup>206</sup> "Amusements," *Inter Ocean*, review of *La Dame Aux Camélias*, April 28, 1887.

<sup>207</sup> P.C., "The Theatre," *Speaker*, review of *La Dame Aux Camélias*, July 6, 1901.

embodiment of Marguerite did not fully adhere to the aesthetic prescriptions implicated within the romanticized consumptive myth *or* its late-Victorian rival, the medicalized, epidemiologic view of tuberculosis. Instead, Bernhardt's primarily romanticized notion of Marguerite's condition bore subtle markings of clinical tuberculosis's escalating influence, particularly in her popular death scene. As is suggested by the *Daily Inter Ocean's* related remarks above, the actress eschewed both the explicitly graphic and cloyingly beatific approaches to Marguerite and her illness, and in their place presented a character whose oppressive earthly confines could not inhibit her fated spiritual transcendence, a performance in which the material and metaphysical intermixed. In this way Bernhardt's triumph as Marguerite can be regarded not just as the result of the actress's superior enactment of the courtesan's desire, heartbreak, and redemption, but of her awareness and (understated) incorporation of tuberculosis's shifting cultural meaning at the *fin de siècle*.

Before we reconstruct how the Divine Sarah embodied her most famous role, several facts should be established. First, Bernhardt only performed Marguerite in her native language, a circumstance that gave substantial focus to the actress's body and face, gestural and movement qualities, vocal melodies and diction when she performed in the United States and Britain; this is perhaps why reviewers dedicated far more type-space to describing Bernhardt's physical performance than for any other Camille actress. Equally foregrounded for audiences listening to Bernhardt's francophone performance was her nationality, which for many critics lent her embodiment of the Parisian courtesan singular legitimacy (though whether that was a compliment or disparagement of Bernhardt and her heritage depended upon the reviewer). Second, Bernhardt's 40-year tenure as Marguerite was the longest in the stage character's history. In reconstructing Bernhardt's embodiment of Marguerite's illness we must be especially

cognizant that live performance is never a static enterprise, even if the play and performer remain constant. Reviews of the actress's Marguerite span several decades and enable us to chart changes in Bernhardt's health, appearance, stamina, and commitment to the role, though these evolutions will not be explicated in any great detail. Third, Bernhardt's reputation as an international celebrity and artistic narcissist impacted her public reception as the Lady of the Camellias. The illegitimate daughter of a Parisian courtesan who briefly lead a courtesan's life of her own, and whose pursuit of unsanctioned relationships with lovers (most notably with a Belgian nobleman to whom she bore an illegitimate child) was the subject of much gossip and speculation, Bernhardt boasted real-life experiences that many assumed enabled her to empathize with Marguerite. "Her private life has certainly not been an exaltation of womanhood; it rather has been a degradation of the holiest sentiments and most sacred ideals of domestic and social virtue," noted one reviewer, "but it has been a frank, undisguised life, speaking its own warning to society and holding aloof from imposture."<sup>208</sup> Additionally, her notorious habit (whether authentic or feigned) of sleeping in a coffin in order to better understand her tragic roles as well as her own mortality boosted Bernhardt's macabre public persona, recommending her as the paramount interpreter of the terminally ill Marguerite.

Further blurring the distinctions between character and actor was Bernhardt's practice of molding each of her characters to accommodate her own personality. "She does not enter into the leading character," George Bernard Shaw once wrote scornfully of the actress; "she substitutes herself for it." The *Times*' J. Comyns Carr defended Bernhardt's individualized acting methodology more generously, remarking that "[i]n such passages of drama the personality of the actor does and must dominate every separate assumption; and it is the richness of that

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<sup>208</sup> [Unidentified newspaper clipping], *Camille Clippings File*, HTC.

personality vibrating in response to every deeper experience that gives its final stamp to the creation.” A New York reviewer was quoted in “A Vivisection of Sarah Bernhardt’s Art” as admitting: “The pleasure which we get from seeing her...as Marguerite Gautier is doubled by that other pleasure, never completely out of our minds, that she is also Sarah Bernhardt.”<sup>209</sup> Whether Bernhardt was particularly suited to the role of Marguerite by virtue of her strange and sordid past or whether the actress’s own magnetic personality overwhelmed the character is a moot point. For forty years these two mythic entities were intertwined to such a degree that in 1890 the *New Haven Evening Register* expressed outrage that Bernhardt was intending to embody the Virgin Mary in a French passion play: “*Camille* as the Virgin Mary! The woman who has never, up to within a few weeks, appeared in a play to which mothers could take their children, depicting the mother of the Christ....We hope that for once Paris will frown upon this adventurous *Camille*. Art has its limits and there are precincts too sacred to be invaded by the *Frou-Frous* of the stage.”<sup>210</sup> Bernhardt’s interest in the consumptive condition went far beyond character research. As a young girl she was convinced she would perish of the “romantic disease,” and by the time she occupied the role of Marguerite at age 36, Bernhardt had already publicly cultivated an appearance that conformed to the fashionable ideals of “consumptive beauty,” the specifics of which I will soon detail. Not only did Bernhardt appreciate the refined delicacy of the consumptive diathesis, she conceived of her own (at times exaggerated) tubercular-esque sufferings as confirmation of her creative genius and tireless dedication to her

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<sup>209</sup> Qtd. in Eckard, “*Camille* in America,” 123; J. Comyns Carr, “Mme. Sarah Bernhardt: A Personal Impression,” *The Times*, October 11, 1913, Times of London Digital Archive, 1785-1985 (CS186057035); and “A Vivisection of Sarah Bernhardt’s Art,” *Current Literature* (1888-1912) 53, no. 4 (October 1912), American Periodicals Series Online (230074481).

<sup>210</sup> “*Camille* as the Virgin Mary,” *New Haven Register*, February 19, 1890.



craft, a true testimony to her espousal of the consumptive myth. In a March 1873 letter to lover Jean Mounet-Sully, Bernhardt conveyed herself in a manner strikingly like her most famous character:

My beloved Jean: I collapsed at the rehearsal, overcome by fits of coughing and spitting blood, and had to be carried to my carriage by Messrs Petter and Feuillet. I am in bed. I beg you my adored one, come to see me. It would give me so much pleasure...Please forgive me for all the trouble I've caused you...You must overlook a great deal...<sup>211</sup>

Arthur Gold and Robert Fizdale note that that in her autobiography *My Double Life*, “Bernhardt speaks of herself as a consumptive who spat blood, fainted frequently, and suffered agonizing bouts of exhaustion.”<sup>212</sup>

It is best to begin, just as we have in our previous performance reconstructions, with an understanding of how the actress's outward appearance, gestures, and comportment bolstered or hindered her embodiment of the phthisical heroine. In Bernhardt's case, audiences relied heavily upon her physicality not only to communicate Marguerite's consumptive condition, but to “translate” what her foreign tongue left enigmatic or incomprehensible. Until her later years Bernhardt's tall stature, labeled “majestic and statuesque” by her admirers, was accentuated by a naturally thin frame. “[U]nfortunately, this slenderness verged on emaciation,” writes Robert Horville, “as is shown by the numerous more or less cruel anecdotes about her which were circulated.” Teased one *Puck* humorist in 1880, the same year Bernhardt premiered her portrayal of Marguerite, “Sarah Bernhardt successfully appeared last night in a new part at the Théâtre Français. It was as the broom-stick of one of the witches in *Macbeth*. She is physically admirably

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<sup>211</sup> Bernhardt, qtd. in Gold and Fizdale, *Divine Sarah*, 106.

<sup>212</sup> Gold and Fizdale, *Divine Sarah*, 120.

fitted for the role.”<sup>213</sup> As Bernhardt matured her frame became considerably less willowy, a transformation that several critics implied reduced her consumptive appearance (and appeal). “[S]he has begun to lose her abnormal thinness and with it some of that wonderful *chatterie* which was her characteristic,” lamented *The Times*, while *The Era* announced that “the ethereal figure of twenty years ago has expanded.”<sup>214</sup> In addition to the (younger) Bernhardt’s reed-like figure, the actress’s face boasted a harmonious blend of romantic, pre-Raphaelite features often associated with the consumptive diathesis. A large rosebud mouth, wide-set, shining, and feline-like eyes, and a long, “Hebraic” nose were set within a “hollow-cheeked and colorless” face, the pallor of which she “emphasized...with white powder.”<sup>215</sup> Bernhardt also cosmetically simulated the telltale hectic flush of the consumptive. According to Bernard Shaw, “Those charming roseate effects which French painters produce by giving flesh the pretty color of strawberries and cream...are cunningly reproduced by Madame Bernhardt...”<sup>216</sup> A head of red-blonde hair, “fuzzy and completely unruly,” framed Bernhardt’s face; she typically pinned her long mane into a “disordered twist,” or else permitted it to spill down her back (particularly when portraying

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<sup>213</sup> Robert Horville, “The Stage Techniques of Sarah Bernhardt,” in *Sarah Bernhardt and the Theatre of Her Time*, trans. and ed. by Eric Salmon (Westport, CT: Greenwood Press, 1984): 45, 46 and “Bogus!!! An Outraged Public Sarah Bernhardt’s Double Is There a Conspiracy to Defraud?...”, *Puck* (1877-1918), December 1, 1880, American Periodicals Series Online (1115987642).

<sup>214</sup> “Madame Sarah Bernhardt at Her Majesty’s,” *The Times*, April 30, 1886, Times of London Digital Archive, 1785-1985 (CS152357534) and “La Dame Aux Camelias,” *The Era*, June 25, 1892, 19<sup>th</sup> Century British Library Newspapers (BB3202503824). Even an anonymous American critic remarked “Mme. Bernhardt has grown stouter; or it would be better to say, perhaps, is not quite so slender as she was” (“Bernhardt in Camille,” [unidentified newspaper], *Camille Clippings File*, HTC).

<sup>215</sup> Eckard, “Camille in America,” 136.

<sup>216</sup> Bernhard Shaw, qtd. in Arthur Gold and Robert Fizdale, *The Divine Sarah: A Life of Sarah Bernhardt* (New York: Knopf, 1991): 257.

mentally distracted or morally dissolute characters).<sup>217</sup> In her memoirs, Ellen Terry fittingly used the terms “hollow-eyed, thin, almost consumptive-looking” to describe her French colleague.<sup>218</sup> Bernhardt also employed the use of clever costuming to reinforce Marguerite’s physical decline. As Marguerite, Bernhardt first wore the extravagant gowns befitting a high-class courtesan, but as the play progressed the actress donned more diaphanous ensembles that accentuated her svelte form and graceful carriage, including the delicate white bedroom sheath that clothed Marguerite during her final moments.

Edmund Rostand once christened Bernhardt “the princess of stage movement” and “queen of postures,” titles that, for most of *La Dame*’s critics, were capably upheld by her embodiment of Marguerite. A master technician who once lectured in Delsartean fashion that “gesture should always precede speech,” and who often blocked intricate choreography into her dialogue during rehearsals, Bernhardt was regarded by a minority of critics as an insincere manipulator of audience emotions.<sup>219</sup> Still, Bernhardt’s material aesthetics struck most witnesses as organic and unencumbered when contrasted with the restraint of Modjeska and the manic abandon of Morris and Heron. “She was trained to be a conscious artist,” offers Horville. “And the critics insist with enthusiasm on the control which accompanied the passionate outbursts,” generating an (oxymoronic) “coherent frenzy.”<sup>220</sup> “Her gestures were extravagant, although not busy,” Eckard states of Bernhardt’s courtesan, “and seemed to involve her entire body. Her movements were forever flowing and theatrical.” Contrasting Marguerite’s spindly, brittle body and hollowed visage with curved stage crosses and dramatic, fluid gestures, Bernhardt achieved

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<sup>217</sup> Eckard, “Camille in America,” 136.

<sup>218</sup> Ellen Terry, *Ellen Terry’s Memoirs* (New York: G. P. Putnam’s Sons, 1932): 168.

<sup>219</sup> Rostand and Bernhardt, qtd. in Horville, “Stage Techniques,” 47 and 51.

<sup>220</sup> Horville, “Stage Techniques,” 43.

what Cornelia Otis Skinner termed “an exquisite frailty.”<sup>221</sup> This physical juxtaposition of the grim with the graceful was fundamental to the mythologized consumptive’s comely delicacy. Critical responses indicate that Bernhardt committed her whole body to the purpose of conveying Marguerite’s innate sensuality as well as her declining physical condition. Particularly effective (and affective) were the actress’s undulating hand gestures, which simultaneously communicated her character’s physical fragility and unflagging inner fire. As Bernhardt’s choreography often united feminine elegance with animalistic strength, a striking number of critics described Bernhardt’s onstage actions and gestures as cat-like. “We wonder not at her fondness for feline parts,” remarked *The Bristol Mercury and Daily Post*, “for there is something feline in the grace and character of her movements.” An anonymous American critic proclaimed: “Elephantine power she has not, but she has the terrible force of the tigress as well as the insinuating grace of that royal mistress of the jungle.”<sup>222</sup> While some reviews chastised Bernhardt for her almost incessant movement as Marguerite, accounts of her acting suggest she was equally compelling in her rare moments of stillness. According to Bernhardt admirer Théodore de Banville, “she is so well-equipped to give expression to poetry that, even when she is immobile and silent, one feels that her movement, like her voice, obeys a lyrical rhythm.”<sup>223</sup> As John Stokes writes, Bernhardt’s *La Dame* was “the most phantasmal display of her physical presence.”<sup>224</sup>

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<sup>221</sup> Eckard, “Camille in America,” 138 and Skinner, qtd. in Eckard, “Camille in America,” 124.

<sup>222</sup> “Prince’s Theatre: Mme. Sarah Bernhardt,” *The Bristol Mercury and Daily Post*, June 27, 1895, 19<sup>th</sup> Century British Library Newspapers (BB3201248203) and [unidentified newspaper clipping], *Camille* Clippings File, HTC. Such characterizations of Bernhardt echoed George Henry Lewes’s description of the famed French actress Rachel as a “panther.”

<sup>223</sup> De Banville, qtd. in Horville, “Stage Techniques,” 45.

<sup>224</sup> John Stokes, “Sarah Bernhardt,” *Bernhardt, Terry, Duse: The Actress in Her Time* (Cambridge: Cambridge University Press, 1988): 53.

While critics committed far fewer words to describing Bernhardt's vocalicity than they did her physicality, secondary reports of Bernhardt's general vocal technique, as well as how she employed it within her vast repertoire, are abundant. Unlike many other Camille actresses, Bernhardt's celebrated voice was classically trained at the Conservatoire de Musique et Déclamation and later matured during her tenure at the Comédie Française. Called the *la voix d'or*, or "the golden voice," by Victor Hugo, Bernhardt's instrument was immensely expressive and versatile.<sup>225</sup> In comparing the Camilles of Olga Nethersole, Eleonora Duse and Bernhardt in "Three Ladies of the Camellias," Beaumont Fletcher gives his best vocal reviews to the Frenchwoman. "Bernhardt's voice is unsurpassed anywhere. Though she chants with it, it never grows elocutional or unnatural. And though it is like a strain of music, like music it has fearful guttural dissonances for its anger."<sup>226</sup> Like her physicality, the actress's voice was at once regarded as both highly natural and highly unreal; it is most likely that, having been trained in the classical French school of acting, Bernhardt was the master of a considerable array of vocal "tricks" that resembled natural speech patterns. Bernhardt employed several types of rhythmical deliveries, the first of which was the intoned chanting cited by Fletcher, which according to Eckard had "a singsong, doleful quality." This particular musical cadence would have been quite appropriate for her character's early scenes, when Marguerite's blithe and insouciant façade obscure the incurable malady festering within. Moreover, the "incomparable fluidity" of Bernhardt's voice often worked in concert with her expressive body to communicate her characters' (as well as her own) irrepressible sexuality. It is conceivable that Bernhardt's two other vocal crutches, a deliberate "hammering" staccato (her *voix de rage*) and a "rapid patter" in

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<sup>225</sup> Eckard, "Camille in America," 138.

<sup>226</sup> Fletcher, "Three Ladies," May 1, 1896.

which “words tumbled out” at a breathtaking pace, were enlisted in acts three and four, as Marguerite’s passions, torments, and illness threaten to disfigure her carefully constructed artifice.<sup>227</sup> Even Bernhardt’s most apparent vocal defect, a nasal thinness that at times failed to sustain the thunderous fury of roles like her acclaimed Phédre, was uniquely suited to her romanticized depiction of Marguerite’s physical decline. “The voice is languishing and tender, her delivery so true in rhythm and so clear in utterance that never a syllable is lost, even when the words float from her lips like a caress,” affirmed Francisque Sarcey.<sup>228</sup> If deliberately drawn on to suggest Marguerite’s enervated body and spirit, Bernhardt’s vocal thinness would certainly have been an asset, particularly if it was punctuated by the hoarse coughs so evocative of the courtesan’s failing health. And yet there is no indication that Bernhardt’s vocal work became inordinately hectic in Marguerite’s final moments, as did those of Camille performers entrenched in the medicalizing camp. Ultimately, as was the case with Modjeska’s crisp, sweet, and carefully modulated vocality, Bernhardt’s “golden voice” disassociated her sublime Marguerite from the unrefined Camilles of actresses less proficient in the art of elocution.

Thus far we have seen Bernhardt’s performance closely following the aesthetic ideals of the romantic myth of consumption: ethereal beauty, superior refinement, emotional and physical delicacy. The *Philadelphia Inquirer* noted of Bernhardt’s 1896 performance of the role, “The keynote of the great actress’ conception, whatever it may originally have been, was a refined and pathetic melancholy.” Like other romanticizing portrayals, Bernhardt’s succeeded in cleansing the play of much of its moral repulsion. “The piece is undoubtedly of a sickly and even morbid cast,” remarked one reviewer, “and the atmosphere in which the action passes, down to the latest

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<sup>227</sup> Eckard, “Camille in America,” 139-140.

<sup>228</sup> Sarcey, qtd. in Eckard, “Camille in America,” 138.

development of the disease of consumption, which carries off the heroine, would in commonplace hands be repulsive” but in Bernhardt’s was salvaged.<sup>229</sup> Moreover, Marguerite’s passionate intensity, the exceptional characteristic that rendered her most susceptible to the disease, was indubitably in Bernhardt’s wheelhouse. “The struggle going on in the woman’s heart was made apparent in every tone until she could resist no longer the promptings of her affection,” noted one critic.<sup>230</sup> It was in her enactment of Marguerite’s final scene, however, that Bernhardt unmistakably diverged from the performances of her romanticizing predecessors. Whereas Keene, Davenport, and Modjeska resolutely upheld the mythologized view of consumptive deaths as lachrymose but peaceful and (nearly) painless departures from the material world into the spiritual realm, Bernhardt’s heroine, whose imminent mortality was foregrounded from the act’s very curtain rise, experienced a less quixotic demise. As *The Era* observed, “All through this last act Madame Bernhardt suggests in some wonderful way – entirely without either ‘realism’ or unreality – the nearness of death. You feel, as in Maeterlink’s *L’Intruse*, that the strange visitor is at the door...”<sup>231</sup> However, Bernhardt’s inclusion of tubercular suffering did not dispose from her death scene several essential components of the consumptive myth, including the emotional and physical rollercoaster that was the *spes phthisica* phenomenon. Ultimately, Bernhardt’s dying Marguerite always had one foot firmly on the ground (or, perhaps more accurately, in the grave) even as she reached for the heavens. The actress’s hybridizing of the consumptive myth and clinical tuberculosis in the play’s conclusion

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<sup>229</sup> “Bernhardt as Camille; The Famous French Actress in a Powerful Presentation of Dumas’ Great Play,” *Philadelphia Inquirer*, March 4, 1896 and [unidentified newspaper clipping], *Camille* Clippings File, HTC.

<sup>230</sup> “Maddie Sarah Bernhardt in ‘La Dame Aux Camelias,’” [unidentified newspaper], *Camille* Clippings File, HTC.

<sup>231</sup> “La Dame Aux Camelias,” *The Era*, June 25, 1892.

acknowledged the expanded, *fin-de-siècle* understanding of the disease while still delivering an emotionally stirring and spiritually reaffirming portrayal.

In *Madame Sarah* (1945), Bernhardt biographer May Agate offers the following adulatory description of *La Dame*'s final scene:

...when the curtain rose on the darkened bedroom, with Marguerite lying ill, it was not a question for us of Madame Sarah having been called from her dressing-room, having popped into bed and composed herself for the scene in time for the curtain to be rung up, as you would have known was the case with any other actress. The atmosphere created by the previous four acts was so strong and the conviction that Marguerite was a real person so firm that, for us, she had been lying there for days, it was a sick-room, the patient was asleep and probably feverish. The only means she had of conveying all this during the opening of the scene was the extreme weakness with which she murmured her first line, spoken while she was still half asleep, "Nanine, donne-moi a boire, veux-tu?" and I suppose that completed the illusion, preceded as it might be by restless tossing and a moan or two if she felt like it...<sup>232</sup>

Agate's sense, that the thoroughness of Bernhardt's performance prepared the audience to accept the true depth of Marguerite's suffering (in spite of its sudden onset), was echoed in an 1897 *Pall Mall Gazette* review, which complimented Bernhardt on "her realistic but poetical death. All through the piece we see how the sad story must end; but the actress leads us to the finish by such exquisite exercise of her art, by such delicate gradations of suffering and passion, that we forget that it is all acting and make-believe until all is over..."<sup>233</sup> Following the penitent Armand's arrival, Bernhardt marked Marguerite's *spes phthisica* with an abrupt shift from inert invalidism to strenuous hyperactivity. The courtesan's hallucinatory resurgence of health

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<sup>232</sup> May Agate qtd. in Eckard, "Camille in America," 129.

<sup>233</sup> "The Theatre: 'La Dame Aux Camelias,' at the Adelphi," *Pall Mall Gazette*, June 26, 1897, 19<sup>th</sup> Century British Library Newspapers (Y3200475597).



registered a common outcome of *spes phthisica*; Virginia Poe, the teenaged bride of Edgar Allen Poe “attended her last dance the night when she suffered her last and fatal haemorrhage,” presumably under the delusional influence of *spes phthisica*.<sup>234</sup> Bernhardt then reinforced the play-text’s indications that Marguerite’s delirium had receded by renewing the character’s physical stillness and contemplative mood. This was accompanied by the rapid approach of the otherworldly mental clarity and spiritual euphoria believed to follow *spes phthisica*. *The Era* characterized it as “a *euthanasia*, a swansong, a perfect end...She lifts her arms, her face is upturned, she stands reaching upwards to heaven; she is transfigured, quite a divine light of love illuminates her, her beautiful eyes, her smile; then she droops her head, quietly – ineffable joy! – upon her lover’s breast. It is all over...” Agate’s chronicles Bernhardt’s final moments in *La Dame aux Camélias*:

For a period, she always stood up just before the final collapse which occurred in Armand’s arms, on an embrace. She had her right arm (the downstage one) round his neck, and in her hand she held a handkerchief – death as indicated by her hand opening and quivering convulsively – the handkerchief fluttering to the ground. The arm then slipped of its own weight from Armand’s neck, first slowly along his shoulder, then dropped suddenly over the edge to her side – and you knew she was gone. Armand, feeling her grow heavy and inert in his arms, moved away to peer into her face, keeping tight hold of her other hand, this jerked her backward, and the next moment she fell to the floor, where she lay still.<sup>235</sup>

If Agate’s account is to be believed, Bernhardt’s embodiment of Marguerite’s dying and death was just that: embodied. Every limb, muscle, and sinew was engaged in conveying the breakdown of Marguerite’s material vessel, and yet her physical performance never approached

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<sup>234</sup> Dormandy, *The White Death*, 71.

<sup>235</sup> “La Dame Aux Camelias,” *The Era*, June 25, 1892 and May Agate qtd. in Eckard, “Camille in America,” 129.

the boundary of gruesome crudity. Furthermore, the pregnant silence in which Bernhardt's intricately choreographed death occurred deepened the audience's reliance on the language of the actress's body; no coughs or gasps punctuated the hushed moment. Even the courtesan's waving and releasing of the (presumably white) handkerchief signaled her surrender to the disease. The physical "precision" with which Bernhardt reified Marguerite's odyssey for the audience thrilled the *Cincinnati Commercial* critic, who declared, "...it is sheer acting, it is all plastic, a modeling of emotion before your very eyes with every vein visible. She leaves nothing to the imagination, gives you every motion, all the physical signs of death, all the fierce abandon to every mood, to grief, to delight, to lassitude."<sup>236</sup> Not surprisingly, accounts such as Agate's and the *Cincinnati Commercial*'s suggest that the master technician was still hard at work, even as her character lost her tenuous grasp on life. An American newspaper published "Sarah Bernhardt's Study of Camille," allegedly having secured the actress's "study copy" of the play, complete with her manuscript "business" notes for the play's final scene. Though it is uncertain whether the article's claim was genuine or fraudulent (I lean toward the latter), it is nevertheless a telling depiction of Bernhardt's acting process, which is represented as all preparation, no inspiration. Nearly every line of dialogue is accompanied by a technical piece of business, whether it is a faint smile, an embrace, or an "outbreak of sobs." The notations also suggest that Bernhardt performed Marguerite's consumption more graphically than her fellow romanticists. For instance, the line "Closer, closer, Armand, and listen while I speak" is followed by the direction *[Gurgle, choke, grow husky]*.<sup>237</sup>

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<sup>236</sup> *Cincinnati Commercial*, March 5, 1911, qtd. in Eckard, "Camille in America," 126.

<sup>237</sup> [Unidentified newspaper clipping], *Camille* Clippings File, HTC. With actresses like Clara Morris startling audiences with (reputedly) spontaneous, unadulterated expressions of Camille's suffering, critics engaged in a Diderotian debate as to whether Bernhardt's electrifying death

Bernhardt's Marguerite adhered to the consumptive myth in significant ways, and yet the actress refused to enact transcendent virtue and painless suffering (a true oxymoron) without representing their counterpoints. Tempering the recipe of the romanticized consumptive with subtle doses of the medicalized tubercular, Bernhardt embodied a transitional figure that acknowledged both the myth's aesthetic superiority and the poignant authenticity of the reality.

## 2.3 CONCLUSION: CONTAGION INVASIONS: GERMS, NATIONALITY, AND CAMILLE

As the Count leaned over me and his hands touched me, I could not repress a shudder. It may have been that his breath was rank, but a horrible feeling of nausea came over me, which, do what I would, I could not conceal.

- Jonathan Harker, Bram Stoker's *Dracula* (1897)<sup>238</sup>

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scene emanated from the heart or the intellect. "One or two of the effects on which, quite needlessly, the actress insists smack of artifice, and may possibly be decried as tricks," conceded the *Pall Mall Gazette* in a mostly favorable review of Bernhardt's work. "Such is her last scene, in which after she is supposedly dead the heroine stands some moments leaning against the figure of her lover, and only falls when that support is withdrawn" ("Reappearance of Middle. Sarah Bernhardt," *Pall Mall Gazette*, June 13, 1881). Countering the *Pall Mall*'s argument is the *Bristol Mercury and Daily Post*, which claimed:

Of course, Marguerite was made up for the final scene, but no stage trick could contrive the transfiguration of her face, which recovered all its old beauty in the joy of Armand's return, and then had the gaunt pallor, the cavernous eyes of a dying woman. She was, of course, so real because she loses herself in the part, and unless we are greatly mistaken she was more than once like our own Ellen Terry wiping away real tears caused by the sorrow she was expressing (*Bristol Mercury and Daily Post*, June 27, 1895).

<sup>238</sup> Bram Stoker, *Dracula: A Mystery Story* (New York: W. R. Caldwell, 1897), 18, <http://books.google.com>.

As I proposed in this dissertation's Introduction, Western notions of contagion at the *fin de siècle* were intimately tied to the concepts of nationality, border crossings, and intercultural exchange. The reasons for these connections are easily discerned. In the late-Victorian period, Britain and the United States underwent monumental changes in their demographical make-ups, both through imperialistic ventures and immigration, and advancements in technology and transportation made the world a much smaller place. Xenophobic fears and ethnic prejudices were present among all classes, whether overtly declaimed or privately held. One such anxiety was that of the transmission of disease via a foreign body penetrating national borders; in this scenario, an outsider jeopardizes the superior public health and welfare of the body politic by disseminating an alien illness (like the Spanish Influenza, for example, or the "French disease" as syphilis was often labeled). There were less catastrophic trepidations as well, such as the subtle corruption or usurpation of native art and culture by foreign influences. In this way, transmissibility – as both an epidemiological certainty and a cultural phenomenon – was a double-edged sword; it extended civilization's reach and but could also damage the core strength and vitality of the nation state. Bram Stoker's *Dracula* (1897) demonstrates just how conflated ideas of biological, cultural, and racial contagion were at the *fin de siècle*.

Actresses from the United States, Canada, Britain, France, Italy, Poland, and Australia enacted Camille's tubercular death for Anglo-American audiences, which invites the question: did critical responses to foreign Camilles disclose the era's interlacing of nationality and contagion? The answer is a very qualified yes. When *La Dame aux Camélias* hit the shores of Britain and the United States, horrified respondents to the novel and its theatrical adaptations cited Dumas's French pedigree as the source of his loathsome deviancy as well as of Marguerite's disease. And as we have discovered, critical assessments of Camille's tubercular

condition regularly mentioned the artist's nationality. While British actress Margaret Fuller and other English Roses were regarded as too wholesome, plump, and healthy to generate an accurate portrait of the courtesan's consumptive suffering, Americans Heron and Morris were chastised for too graphically depicting the disease's corporeal markers. Interestingly, though several actresses of Anglo-American stock were counted among Camille's best embodyers, reviews of continental European performers subtly intimated that their foreignness lent especial legitimacy to their depictions of the consumptive courtesan. This was particularly true of Bernhardt, whose tantalizing and intimidating "Frenchness" (comprised of her Parisian upbringing, unconcealed sexuality, and macabre leanings) secured her status as the superlative Marguerite. The Polish accent of Modjeska and foreign tongues of Duse and Bernhardt naturalized the actresses within the role, as did their notably slender frames. However, critical responses never moved beyond this elemental exoticization to draw tangible links between the actress's *foreignness* and the character's *contagious disease*, though the period's scientific and literary discourses regularly conflated the two.

In an 1886 essay in *The Nineteenth Century*, Nestor Tirard remarked that Victorian scientific developments were robbing illnesses of their poetic sentimentalism:

Every disease when first discovered has its picturesque aspect, but the progress of science gradually robs it of this, and destroys its artistic value....We all know too much about them; they are deprived all romance....[This] is true of consumption; once a favourite, it is now being neglected. The glittering eye, the hectic flush, the uncertainty of its lingering course, have been depicted again and again; but...all

the symptoms are so well known at present that the subject is painful, if not actually of no value.<sup>239</sup>

Tirard's point is both accurate and misleading. Tuberculosis remained a compelling feature in early-twentieth-century plays by Eugene O'Neill, Sean O'Casey, and George Bernard Shaw, whose *The Doctor's Dilemma* (1906) derides the overblown theatrics of the previous century's stage consumptive.<sup>240</sup> Still, the disease had lost much of its romantic poignancy and dramatic treatments of the disease dwindled in number, perhaps a fitting denouement for a disease that had less impact on the population with each passing year.

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<sup>239</sup> Nestor Tirard, "Disease in Fiction," *The Nineteenth Century* 20, no. 116 (October 1888) 579-91, 578.

<sup>240</sup> See George Bernard Shaw's *The Doctor's Dilemma* (1906), Sean O'Casey's *The Plough and the Stars* (1926) and O'Neill's *The Straw* (1919) and *Long Day's Journey into Night* (1940).

### 3.0 PERFORMANCES OF ADDICTION

As the nineteenth century drew to a close, the roster of insidious threats to human health expanded to include the very substances physicians relied upon to alleviate suffering. Though a handful of scientists recognized and reported on the addictiveness of therapeutic opiates as early as the mid-1800s, the budding concept of drug dependency rapidly matured at the *fin de siècle*. Readily available at the corner chemist's (and sometimes without a prescription, depending on the apothecary's scruples), drugs like morphine, chloral hydrate, and cocaine effectively enslaved large sections of the Anglo-American populace, including an unprecedented number of pleasure-seeking habitués. The invention of the functional hypodermic needle between 1853-55 by Charles-Gabriel Pravaz of France and Alexander Wood of England transformed the way drugs were dispensed, and the widespread sale of hypodermic kits in the 1870s and 80s made self-administering through injections extremely easy and, particularly for middle and upper-class women, fashionable. As the Introduction stated, institutional medicine's grasp on late-Victorian drug usage grew tenuous at best during this period, and physicians attempted to maintain control by establishing the disease theory of addiction, a calculation that rendered the medical community indispensable in the treatment and curing of addicts. *Fin-de-siècle* drug addicts were stigmatized in many ways, including stereotyping by gender, class, and race, as demand mounted for legislation that would regulate the manufacturing, sale, and use of narcotics. The Harrison Narcotic Act of 1914, interpreted in 1919 by the Supreme Court as making the "maintenance" of

a drug habit illegal, answered such calls in America; however, the criminalization of drug addiction was a far more gradual process in Britain, with its Rolleston Committee “[endorsing] the medical model of treatment[,] which allowed an addict to be maintained on his drug if his physician deemed it appropriate” in 1926.<sup>241</sup> While the medicalization and politicization of drug addiction (through pioneering diagnoses and governmental sanctions, respectively) are fascinating histories indeed, this chapter is fundamentally concerned with scrutinizing the cultural expressions of drug addiction that ran parallel to these movements.

Because the addictiveness of drugs failed to garner significant attention until the final decades of the nineteenth century, theatrical performances of drug addicts were virtually non-existent during the early Victorian period. However, popular theatres throughout the nineteenth century offered a veritable panoply of performances of addiction in the form of stage alcoholics. As John Frick’s *Theatre, Culture, and Temperance Reform in Nineteenth-Century America* (2003) ably illustrates, the writing and performing of alcoholic characters equipped the temperance movement with an invaluable method of reaching a broader swath of the population than literary tracts or pulpit speeches.<sup>242</sup> Appearing in temperance melodramas that emphasized the immorality of falling victim to the “demon drink,” famous stage drunkards like Edward Middleton in *The Drunkard; or the Fallen Saved* (1844) and Joe Morgan in *Ten Nights in a Bar-room* (1858) required actors to bypass subtlety and stretch their histrionic muscles. The physically arduous enactments of *delirium tremens* that often marked the dramas’ climaxes proved immensely popular with audiences; part melodramatic spectacle, part graphic deterrent

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<sup>241</sup> Terry M. Parssinen, *Secret Passions, Secret Remedies: Narcotic Drugs in British Society, 1820-1930* (Philadelphia: Institute for the Study of Human Issues, 1983), 202.

<sup>242</sup> John Frick, *Theatre, Culture, and Temperance Reform in Nineteenth-Century America* (Cambridge: Cambridge University Press, 2003).



against intemperate imbibing, theatrical D.T.s at once signaled the character's perilous teetering on the edge of irrevocable destruction and the lingering potential of moral salvation. The performative tropes of the stage drunkard predicted some, but certainly not all, of the methods used by later actors in portraying drug addiction. While this chapter will briefly spotlight Charles Warner's late-Victorian depiction of the inebriate Coupeau in Charles Reade's *Drink* (1879), I have elected to focus on performances of drug addiction for reasons both historical and practical. First, despite their obvious similarities, alcoholism and drug dependency were conceived of quite disparately in the Victorian period. Doctors classified both addictions as diseases aggravated by moral deficiencies, but the perceived gateways into the illnesses were notably different. With some exceptions, alcoholics reputedly fostered their own dependencies through frequent tipping at public houses and barrooms, while the average Victorian drug addict presumably developed his or her habit unconsciously by way of a doctor's prescription or a chemist's recommendation. Narcotics were associated far more directly with legitimate medical practices and, before the 1920s construction of the "drug fiend" criminalized all habitual users, drug addicts were often represented as being less culpable for their dependency than inebriates. Similarly, in order to fully demonize alcohol, the temperance movement (rooted as it was in an ideological trinity of faith, morality, and abstinence) discredited liquor's therapeutic benefits, whereas few could deny the awesome power of a drug like morphine; as an analgesic, a sedative, and an anti-diarrheal medicine, it could made chronic pain bearable and cholera survivable. Even for Victorian scientists and physicians cognizant of the dangers of medical narcotics, a full rejection of these drugs would have been tantamount to scrapping the most effective weapons in their palliative arsenal. Second, because of the century-long popularity of the stage drunkard, recent criticism has already chronicled performances of alcoholism on both antebellum and Victorian stages.

There has yet to be a dedicated study of any length on nineteenth-century performances of drug addiction, no doubt due to the limited number of examples. However, I will contend that these portrayals are as crucial to the cultural history of *fin-de-siècle* addiction as the drug-centric literary and art works that currently receive such focused attention in Victorianist scholarship.

Two such oft-analyzed fictions, Robert Louis Stevenson's *The Strange Case of Dr. Jekyll and Mr. Hyde* (1886) and Sir Arthur Conan Doyle's *Sherlock Holmes* series (begun in 1887), were immensely popular with the Victorian reading public. Discounted by literary critics of the time as sensational "shilling thrillers," both works are now regarded as evocative (and, in the case of *Dr. Jekyll and Mr. Hyde*, allegorical) expressions of *fin-de-siècle* anxieties: the indomitable juggernauts of modernity and technology; the degeneration of humanity through crime and drugs, interracial mixing, vulgarity, and decadence; and the increasing impotence of Victorian masculinity, among others. Writers began adapting *Dr. Jekyll and Mr. Hyde* and *Sherlock Holmes* for the stage with characteristic immediacy, as Victorian playwrights often selected for their next projects adaptations of popular books and hastened to produce them, the better to capitalize on public interest. Richard Mansfield, an idiosyncratic and reputedly tyrannical American actor-manager, enjoined author Thomas Sullivan to pen a stage play of *Dr. Jekyll and Mr. Hyde* within a year of its first publication, intending the dual roles of Jekyll and Hyde for himself. After requesting and receiving Stevenson's blessing to adapt his most famous novel, Mansfield collaborated with Sullivan on introducing his own unique interpretations of the tale to the play-text. *Sherlock Holmes*' theatrical adaptation was longer in coming, though it still took only four years to develop and produce from the time of the first story's publication. Doyle attempted to refashion his famous detective for the stage himself before American producer Charles Frohman encouraged William Hooker Gillette, an actor-playwright with a history of

penning hits, to rewrite Doyle's draft. Mansfield's play premiered at the Boston Museum theatre in 1887, while Gillette's first appeared in New York in 1891.

Unlike the fictional works that served as their inspiration, the stage versions of *Dr. Jekyll and Mr. Hyde* and *Sherlock Holmes* have flown under the proverbial radar of late nineteenth-century theatre scholars. I contend that the historical significance of these two plays, both as box office behemoths and shapers of *fin-de-siècle* culture, has been largely underestimated. Moreover, Mansfield and Gillette's embodiments of Jekyll and Hyde and Sherlock Holmes have yet to be recognized as the first substantial portrayals of drug addicts on the Anglo-American stage. These notable habitués provide the central case studies for our investigation into performances of addiction. In this chapter, I will argue that Gillette's performance of Holmes's ostensibly controlled drug use and Mansfield's representation of unquenchable addiction in the fiendish form of Hyde perfectly articulated the contrasting versions of drug abuse at the *fin de siècle*. At the hands of Gillette and Mansfield, habitual drug use assumed two very different shapes. Holmes' scientifically measured, self-administered injections of cocaine enhanced his mental functioning and keen sense of intuition, while Jekyll's deviant, ever-escalating addiction devastated his intellectual potential (not to mention his love life) and fundamentally altered his identity. Despite the obvious contradictions in characterizations, I will consciously avoid labeling Gillette's as a pro-drug performance and Mansfield's an anti-drug performance. After all, the *fin-de-siècle* "drug problem," as it came to be branded, was rarely drawn in black and white. Rather both stage depictions essentially adhered to the strangely hybridized disease model of addiction; Holmes and Jekyll were each held morally accountable for their transgressions (by other characters as well as the audience), and yet their conditions were also pathologized and therefore medically treatable. I will further posit that the acting techniques employed by Gillette

and Mansfield reinforced the two distinct modes of drug addiction. Though both men touted their performance methods as “natural,” Gillette acted through precise, subtle details and dismissed as ludicrous the possibility of actors wholly disappearing into their characters, while Mansfield painted his roles in broad strokes (bordering on the histrionic) and aspired to total character immersion. With remarkable effectiveness, Gillette’s performance methods echoed Holmes’ controlled, purposeful dosing and Mansfield’s accentuated the pleasure-seeking abandon of his iconic drug fiend, Hyde.

This chapter will also explore the impact of socioeconomic class on addiction’s theatrical enactments. Both onstage and in the wider culture, the habitué’s class orientation was a vital component of his illness, securing his presumed position within a certain echelon of drug culture (with all of its accompanying stigmas). In Victorian Britain and the United States, drug use was not collectively demonized or glorified; instead, a drug’s category and origin, coupled with its perceived place in a class-based hierarchy of substances, determined whether its habitués were branded as fashionables or fiends. While both Dr. Jekyll and Holmes are of the professional class, Jekyll’s alter ego Hyde, particularly as drawn by Mansfield, is an unequivocal embodiment of lower-class degeneracy via unchecked drug addiction. Ultimately, this chapter will confirm through a thorough analysis of critical and audience responses that the addicts portrayed by Gillette and Mansfield were interpreted as presenting divergent, though not entirely opposing, drug-addiction paradigms. Gillette’s Holmes was heralded as a suave, intelligent, and self-contained detective and aesthete, with reviewers often referencing his overt, onstage cocaine use with dismissive, boys-will-be-boys rhetoric. In direct contrast, Mansfield’s performance of a duplicitous, enslaved and (most importantly) *diseased* addict was simultaneously electrifying and horrifying to critics and audiences alike. His startling physical transformations from Jekyll to

Hyde and back again preyed upon Victorian fears of man's duality and inherent susceptibility to vice. Indeed, the perceived ease with which Mansfield shifted between the identities of Jekyll and Hyde prompted one appalled audience member to officially name the actor as a suspect in London's 1888 Whitechapel murders.

In order to locate both actors' performances in the appropriate milieu, this chapter will first provide an introduction to the drug culture in Victorian Britain and the United States. I first will briefly detail the properties, effects, and reputations of three drugs with unmatched medicinal and metaphorical potency in the nineteenth century: the opiates (including opium's most legendary alkaloid, morphine), chloral hydrate (known as "knockout drops" in street parlance), and cocaine. These three substances were all initially praised for their analgesic powers and together enlisted innumerable Victorian devotees before each was condemned as a ruinous poison of civilized societies. We will then examine Victorian concepts of drug dependency both prior to and following the advent of the disease theory of addiction. Employing this introductory section as a historicizing apparatus, I will shift to a comparative analysis of Mansfield and Gillette's performances of addiction. Throughout these performance reconstructions I hope to demonstrate how the actors' enactments resonated not just with melodramatic potency, but also with medico-cultural consequence. The contesting embodiments of addiction presented by Gillette and Mansfield reinforced enduring theories about drug dependency while initiating innovatory methods of conceptualizing addiction and the identity of a drug addict.

### 3.1 VICTORIANS AND THEIR DRUGS

In our age of rigid anti-drug legislation and “just say no” rhetoric, it is perhaps difficult to imagine a world in which narcotics were not a priority for public health and law enforcement officials. Prior to the late-nineteenth century, the few drugs in use in Britain and the United States occupied peripheral spaces in both medicine and culture, and discussions of substance addiction focused almost exclusively on the evils of liquor, ale, and wine. Though *cannibis sativa* was cultivated in British colonial territories in the early seventeenth century, hashish had little impact on the mainland until several centuries later. Opium drugs were prescribed with increasing regularity and were easily acquired during the Enlightenment; however, opium smoking was conventionally regarded as benign a habit as smoking tobacco. As Peter Conrad and Joseph W. Schneider note: “Although there had been incidental reports of tolerance to [opium] since the Roman period and occasional reports of discomfort on cessation of habitual use that could be relieved by ingesting more opium, no concept of addiction was yet delineated.”<sup>243</sup> Then came the nineteenth century, ushering in monumental changes in the nascent field of pharmacology and in the distribution and consumption of drugs, which in turn inspired the formation of addiction theory and the prolific chronicling of drug culture by Victorian writers, reformers, and artists. A full catalogue of the myriad soporific breakthroughs and medical innovations lies outside the scope of this study; however, we will pause to detail several landmark discoveries that significantly impacted the escalation of Anglo-American drug addiction and, consequently, theatre performances of addiction at the *fin de siècle*.

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<sup>243</sup> Peter Conrad and Joseph W. Schneider, *Deviance and Medicalization: From Badness to Sickness*, 2<sup>nd</sup> ed. (Philadelphia: Temple University Press, 1992), 112.

### 3.1.1 The Drug Triumvirate: Opiates, Chloral Hydrate, and Cocaine

The largest class of drugs present in the nineteenth century was the opiates. Opium is harvested from the miniscule capsules of the poppy plant, known botanically as *papaver somniferum* (*papaver* being Greek for “poppy” and the Latin *somniferum* meaning “I bring sleep”).<sup>244</sup> In its raw form, the dark brown and gummy opium contains 25 alkaloids, poisonous and bitter-tasting chemicals that, if taken in very small doses, serve as extremely effective medicaments. The poppy plant’s Indian origins and popularity in China tethered Anglo-American opium supplies to the Orient both literally, via trade routes, and symbolically. Many opiate addicts were certainly part of “the higher and more cultivated classes of the community”; however jingoistic prejudices against the Chinese tainted the use of opium in western cultural imaginings.<sup>245</sup> Despite famed opium-eating intellectuals like Thomas de Quincey and Samuel Taylor Coleridge reporting transcendental flights of creative and spiritual rapture induced by their habits, raw opium’s reputation as a drug of the shiftless underclasses remained strong throughout the century, even as one of its alkaloids gained international prestige as the fashionable class’s preferred narcotic.<sup>246</sup>

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<sup>244</sup> Anil Aggrawal, <http://www.opioids.com/narcotic-drugs/chapter-2.html>, accessed December 6, 2009.

<sup>245</sup> H. Wayne Morgan, *Drugs in America: A Social History, 1800-1980* (New York: Syracuse University Press, 1981), 43. Chinese-operated opium dens in San Francisco and London were often portrayed in the late-nineteenth-century popular press as underground lairs of filth and vice, rendering their Anglo frequenters unseemly and disreputable by association.

<sup>246</sup> Of all the nineteenth-century narcotics, the use and abuse of opiates (particularly morphine) is most extensively documented. Famous and unknown addicts recorded their diverse experiences on parchment and canvases, in private diaries and letters. Thomas De Quincey’s early nineteenth-century work, *Confessions of an English Opium Eater* (1821), is simultaneously frank and romantic and promotes opium’s reputation as a facilitator of intellectual acuity and creative vision. Note De Quincey’s narrativizing of his addiction as commencing with pain-ridden, naïve desperation and peaking with a near-religious awakening:

I was necessarily ignorant of the whole art and mystery of opium taking; and what I took, I took under every disadvantage. But I took it; and in an hour, oh! heavens!

Bookending the nineteenth century, the discoveries of two of opium's most powerful alkaloids revolutionized the treatment of ailments ranging from chronic and acute pain to nervous and neurological conditions, from interminable coughing to gastrointestinal disorders. The first, morphine, was isolated from opium in the form of "white crystallized salt" in 1806 by Frederick W. A. Serturmer, the uneducated assistant of a German druggist.<sup>247</sup> This alkaloid, which Serturmer named after the Greek god of dreams, was ten times more potent than processed opium. Morphine quickly became indispensable to western European and American physicians, who used it (often quite liberally) in private practice, hospitals, birthing rooms, and battlefield infirmaries. By the 1870s, wealthy users could purchase home hypodermic kits (which ranged from utilitarian to ornate in design), fueling a dangerous but fashionable morphine craze in European (and to a lesser extent, American) society's upper echelons. The "compulsive, clandestine use of new hypodermic technology to inject morphine," sensationally dubbed "morphinomania" in Britain, was perceived as primarily a genteel lady's disease, though upper-class men could also become morphinomaniacs. As Susan Zieger notes in "How Far am I Responsible?": Women and Morphinomania in Late-Nineteenth-Century Britain," the shameful, secretive nature of drug addiction was partially eroded by morphine's *au courant* status. In 1887 issue of *Nineteenth Century*, commentator Seymour Starkey claimed:

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what an unheaving, from its lowest depths, of the inner spirit! what an apocalypse of the world within me! That my pain had vanished, was now a trifle in my eyes: this negative effect was swallowed up in the immensity of those positive effects which had opened before me – in the abyss of divine enjoyment thus suddenly revealed. (<http://www.lycaem.org/~sputnik/Ludlow/Texts/Opium/pleasure.html>, accessed January 12, 2010).

<sup>247</sup> Barbara Hodgson, *In the Arms of Morpheus: The Tragic History of Laudanum, Morphine, and Patent Medicines* (Buffalo, NY: Firefly, 2001), 2 and Conrad and Schneider, *Deviance and Medicalization*, 114. Other sources place Serturmer's discovery of morphine in 1803 and 1805, but his findings were published in 1806, the date cited here.



Ladies even, belonging to the most elegant classes of society, go so far as to show their good taste in the jewels which they order to conceal a little syringe and artistically made bottles, which are destined to hold the solution which enchants them! At the theatre, in society, they slip away for a moment, or even watch for a favourable opportunity of pretending to play with these trinkets, while giving themselves an injection of morphia in some part of the body which is exposed, or even hidden from view.<sup>248</sup>

A far different social group became associated with abuse of the alkaloid heroin, which was extracted in 1898 from raw opium and quickly (not to mention erroneously) heralded as the non-addictive super drug of the *fin de siècle*.<sup>249</sup> At the twentieth century's dawning, heroin was embraced as the drug of choice for restless urban youths; this subculture's brazen flaunting of drug abuse in public spaces triggered a pervasive anti-drug backlash and inspired the cultural icon of the criminalized drug fiend. In fact, as H. Wayne Morgan argues in *Yesterday's Addicts: American Society and Drug Abuse, 1865-1920*, "Heroin was the most influential single factor in hardening the public view of drug addiction."<sup>250</sup> Though the effects of the entire class of opiates fluctuate with dosage levels, body chemistries, and consumption methods, the drugs are widely prescribed as powerful sedatives, bringing about in most users a languid state of pain-free

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<sup>248</sup> Qtd. in Susan Zieger, "'How Far am I Responsible?': Women and Morphinomania in Late-Nineteenth-Century Britain," *Victorian Studies* 48, no. 1 (Autumn 2005), 65-66, <http://muse.jhu.edu/>.

<sup>249</sup> As Conrad and Schneider note, the alkaloid codeine was isolated in 1831 (*Deviance and Medicalization*, 114).

<sup>250</sup> H. Wayne Morgan, *Yesterday's Addicts: American Society and Drug Abuse, 1865-1920* (Norman, OK: University of Oklahoma Press, 1974), 28. Though few addicts concerned themselves with pharmacodynamics (simply put, the actions of drugs on the human body), Barbara Hodgson offers a clear description of how opiates work once introduced into the system: "[Opium] inhibits pain and produces calm by attaching itself to receptors on certain nerves cells in the brain. These receptors already produce similar but natural narcoticlike substances known as endorphins, sort of homemade pain relievers. So the body, accustomed to its own, albeit not as effective, form of painkiller, recognizes and welcomes the morphine molecules" (*Arms of Morpheus*, 2-3).

euphoria or some form of what Geoffrey Harding calls “mental clouding.”<sup>251</sup> Ironically, at their height of popularity during the Victorian period opiates were also credited with enlivening creativity and expanding intellectual faculties.<sup>252</sup>

At the mid-century, the related chemicals of chloroform, ether, and chloral hydrate joined opiates as popular, habit-forming drugs on both sides of the Atlantic. Inhalation anesthesia revolutionized surgical procedures in times of peace and at war, with sulfuric ether developed in 1846 and chloroform invented one year later. Prior to the introduction of these soporifics, surgeries were hastily performed so as to limit the suffering of the conscious patient who often received only swigs of whiskey to dull the pain. With the patient safely “under” the spell of anesthetic inhalants, surgeons were able to perform more complicated, lengthy, and delicate operations. Inhalants were also prescribed for home use to reduce minor to moderate pain accompanying such ailments as an abscessed tooth or migraine headache. Taken by pouring the liquid ether or chloroform onto gauze or a handkerchief and sniffing the emanating vapors or by utilizing the self-administering inhaler invented by British physician James Crombie, inhalants took immediate effect and, in the words of one chloroform addict, produced “the delightful

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<sup>251</sup> Geoffrey Harding, *Opiate Addiction, Morality and Medicine: From Moral Illness to Pathological Disease* (New York, St. Martin’s Press, 1988), 3.

<sup>252</sup> Opium could be smoked, eaten, or swallowed in a variety of over-the-counter elixirs, many formulas of which dated back to the seventeenth century. One of opium’s most popular forms was that of the tincture laudanum, consisting of wine, opium, and spices like saffron and cinnamon (Hodgson, *Arms of Morpheus*, 2). Though morphine could also be orally ingested, morphine addicts were nearly always envisioned as relying on subcutaneous injections for their fixes, often self-administered using personal hypodermic kits. Morphine was also present in lozenges and syrups marketed to mothers of sick or disquieted infants and children. These patent medicines, bearing such innocent names as Daffy’s Elixir and Mrs. Winslow’s Soothing Syrups, were favorites of working-class women who could not afford doctor’s exams for every childhood ailment. Heroin was popularly snorted (the method most identified with young male users) and injected hypodermically; of all the types of opiates, heroin was most quickly divorced from its medical origins by its standing as a just-for-pleasure street drug.

sensation of being wafted through an enchanted land into Nirvana.”<sup>253</sup> Both chloroform and ether are not addictive in the sense that the user suffers corporeal agonies of withdrawal; rather, as H. Wayne Morgan explains, “the sense of calm, ease, and freedom from anxiety they produced was attractive to many people and thus potentially habit-forming.”<sup>254</sup>

Though both chloroform and ether were abused with regularity, chloral hydrate reached far greater heights as a popular inhalant with abundant medical uses. While chemist Justus von Liebig first discovered chloral during his experiments with ether and alcohol, the chemical compound chloral hydrate was not widely administered until Berliner Oscar Liebreich pronounced it a valuable surgical anesthetic in 1869.<sup>255</sup> Prescribed frequently to insomniacs and those with the most ambiguous of Victorian ailments, neuralgia, chloral hydrate was thought to produce “healthier” sleep and pain management than opiates. “Before long,” Morgan notes, “chloral hydrate had the cachet of identification with ‘brain work’ as well as brain disorders.”<sup>256</sup> According to Richard Davenport-Hines’s *The Pursuit of Oblivion: A Global History of Narcotics*, “chloral was recommended as a tonic for melancholia and to treat general paralysis of insanity (tertiary syphilis).”<sup>257</sup> In perhaps its most egregious misapplication, chloral was given to alcoholics and morphine habitués to help disrupt their dependencies, only to create a legion of chloral addicts. In 1871 Sir Benjamin Ward Richardson first warned against habitual use of

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<sup>253</sup> Anonymous, “The Chloroform Habit as Described by One of Its Victims,” *Detroit Lancet*, 8 (1884-1885), 251, in *Yesterday’s Addicts*, 147.

<sup>254</sup> H. Wayne Morgan, *Drugs in America*, 13.

<sup>255</sup> Richard Davenport-Hines, *The Pursuit of Oblivion: A Global History of Narcotics* (New York: W.W. Norton & Co., 2002), 134. Chloral is obtained by the interaction of dry chlorine and ethylic alcohol, while chloral hydrate is produced when chloral is bonded to a single water molecule.

<sup>256</sup> Morgan, *Drugs in America*, 14. American asylum superintendents touted chloral hydrate as an invaluable tool in subduing those inmates suffering from mania and chronic insomnia.

<sup>257</sup> Davenport-Hines, *Pursuit of Oblivion*, 134.

chloral. Chloral was not a feminine or lower-class habit, he later offered in 1879; instead, it particularly enslaved those “among the men of the middle class, among the most active of these in all its divisions – commercial, literary, medical, philosophical, artistic, clerical.”<sup>258</sup> It was also thought that, while opium addicts could potentially use the drug for years without it impeding their everyday functioning, chloral rendered “its habitués dysfunctional at home and in workplaces.”<sup>259</sup> Unlike the smoking of opium or the snorting of heroin, which often took place in social spaces, the inhalation of chloroform, ether, or chloral hydrate was rarely anything but a solitary (and stigmatizing) venture. Because even moderate dosage amounts could be fatal, the highly poisonous chloral hydrate played an alarming recurrent role in suicides and accidental overdoses by the late-nineteenth century. Though some continued to argue that chloral hydrate was non-habit forming, memoirist and opium addict William Rosser Cobbe noted in 1895, “[...] there are some who still persist in the claim that one may take the drug indefinitely without harmful results; in the fact of indisputable testimony that the country is full of chloral habitués. There is not one town or city in the United States that is free from slaves of the somnific, ‘colorless, bitterish, caustic crystal’.”<sup>260</sup>

Like its aforementioned predecessors, cocaine was first heralded as a miracle drug possessing the highest level of medicinal benefits and no addictive qualities. The coca leaf, from which the cocaine alkaloid was extracted, was indigenous to South America where it was chewed to strengthen stamina and stave off hunger. As Joseph F. Spillane recounts in *Cocaine: From Medical Marvel to Modern Menace in the United States, 1884-1920*, for centuries intrepid Euro-American travelers returned to their homelands with tales of the South American coca, but

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<sup>258</sup> Ibid.

<sup>259</sup> Ibid., 135.

<sup>260</sup> Qtd. in Morgan, *Drugs in America*, 15.

the leaf gained little attention until several physicians experimented with the therapeutic benefits of coca following the American Civil War.<sup>261</sup> Even then, and despite the publication of the doctors' research, the coca leaf – as a discrete entity – played little part in Anglo-American medicine. Xenophobia undoubtedly played a part in western skepticism of coca, as many “physicians regarded observations of ‘native’ uses as a poor source of information for civilized medicine.”<sup>262</sup> Most physiological experiments conducted with the coca leaf by US scientists (including Edward R. Squibb, head of the giant pharmaceutical house) were inconclusive and disappointing; however, coca's poor reputation was revised by the work of Carl Koller and his friend and colleague Sigmund Freud. In 1884, Koller utilized a solution of cocaine to anesthetize the surface of an eye during a delicate surgery.<sup>263</sup> That same year, Freud's “Über Coca” was published, providing “the first major positive survey of the drug's therapeutic uses.”<sup>264</sup> Unlike the coca leaf, which in the western imagination was inextricably linked to the primitive customs of Latin American “savages,” cocaine was “embraced ... as a true product of modern research and scientific experimentation.”<sup>265</sup> Along with its effectiveness as a topical anesthetic, cocaine was employed as a stimulant, an analgesic, an anti-depressant, and a treatment for sinus

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<sup>261</sup> Joseph F. Spillane, *Cocaine: From Medical Marvel to Modern Menace in the United States, 1884-1920*, (Baltimore, Johns Hopkins University Press, 2000), 9.

<sup>262</sup> *Ibid.* By the 1860s and 70s, medicines were undergoing more stringent laboratory testing, due primarily to growing confidence in empirical research findings (a side effect of medicine's institutional expansion), but perhaps also because of the era's shameful array of prematurely declared “miracle drugs.” According to Spillane, new standards of laboratory testing also inspired a devotion to *physiological therapeutics*, or the precise “measuring [of] the effects of particular remedies on bodily functions,” including “directly observable changes as well as modifications in specific physiological processes such as pulse rate, temperature, and compositions of the urine” (*Cocaine*, 9).

<sup>263</sup> The actual isolation of cocaine from the coca leaf occurred in Germany and Peru 25 years before Koller's landmark experiments (Spillane, *Cocaine*, 8).

<sup>264</sup> Virginia Berridge and Griffith Edwards, *Opium and the People: Opiate Use in Nineteenth-Century England*, (New Haven, CT: Yale University Press, 1999), 219.

<sup>265</sup> Spillane, *Cocaine*, 12.

conditions. Like chloral, cocaine was believed to be non-addictive and therefore became a preferred method of breaking morphine addicts of their habits. Though it was not a curative, its palliative effects were impressive enough to render it indispensable to physicians and patients alike. A lifelong abuser of many drugs, James S. Lee describes the effects of cocaine in his travel memoir *The Underworld of the East* (1936):

One of the finest effects felt after a dose of cocaine, is a marvelous clearness of vision, and a feeling of perfect well being and happiness. Any tired feeling will be instantly banished and replaced by a feeling of great strength and power. The brain will become powerfully stimulated and clear in thought. Further doses will produce a peculiar kind of intoxication and extreme fertility of the imagination.<sup>266</sup>

Cocaine's ability to stimulate mental faculties (what Lee calls a "clearness of vision") while reducing fatigue endeared it to the professional, "thinking" class, including a startling number of medical men as well as its most famous nineteenth-century habitué, the fictional Sherlock Holmes. However, because the narcotic was relatively inexpensive to acquire, blue-collar workers and laborers (miners, railroad track layers, etc.) being paid hourly wages also used cocaine to combat physical fatigue. The latter group encompassed a growing contingency of black workers, especially in post-Reconstruction America, forging the reputed connection between cocaine use and poor African-Americans that endures today.

As it should now be apparent, the uses and reputations of these three drug types evolved similarly over the nineteenth century: from championed medicines of miraculous power to substances threatening the stability and productivity of western minds and bodies. What accompanied the conceptual evolution of narcotics, the birth of medical and cultural theories of addiction, will now occupy our attention.

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<sup>266</sup> Qtd. in *The Drug User: Documents 1840-1960*, ed. John Strausbaugh and Donald Blaise (New York: Blast Books, 1991), 9-10.

### 3.1.2 Victorian Theories of Addiction: Illnesses of Biology and Morality

In the introduction to their 2002 essay collection *High Anxieties: Cultural Studies in Addiction*, Janet Farrell Brodie and Marc Redfield forcefully present addiction as a twentieth-century, Anglo-American, and culturally situated concept. While I agree with the latter two determinants, my research into Victorian drug dependency places the genesis of addiction theorizing firmly in the nineteenth century. In locating addiction as a product of the twentieth century, Brodie and Redfield prioritize medico-legal responses to drug abuse (which were largely early twentieth-century) over the socio-cultural shifts in understanding which preceded them. As Virginia Berridge and Griffith Edwards have noted, a good deal of what was suggested about Victorian drug use was subject to exaggerations and inaccuracies.<sup>267</sup> Whether motivated by fear, misinformation, or an impulse to sensationalize, many contemporary pundits inflated the Anglo-American “drug problem” into epidemic proportions, overestimating the numbers of addicts, the popularity of self-administering injections at home, and the volume of imported opium being used for non-medical purposes. However, since I am ultimately concerned with exploring cultural constructions of addiction, the fictions that circulated between 1860 and the *fin de siècle* prove far more enlightening than the empirical facts. I hope to summarize major late nineteenth-century attempts to comprehend and combat drug addiction so that we may identify those that substantially contributed to or emanated from our chosen performances of addiction, Gillette’s Sherlock Holmes and Mansfield’s Jekyll/Hyde.

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<sup>267</sup> Berridge and Edwards, *Opium and the People*, 146-149.

As drug historian Virginia Berridge writes: “the nineteenth century was the crucible of addiction. It was then that addiction was either discovered or created.”<sup>268</sup> While chronic drug use was certainly ideated in previous centuries, there was far less impetus to define, conceptualize, and treat addiction before the late Victorian period. Drug use in the eighteenth and early-nineteenth centuries was perceived as a minor nuisance that exclusively affected the outer fringes of society: tramps, racialized others (especially the Chinese), prostitutes, artists, and intellectuals who were, as H. Wayne Morgan notes, “all easily quarantined from society.”<sup>269</sup> Such individuals, it was presumed, lacked the moral courage (or the pressures of social responsibility) to resist the pleasures of drug use. In this way, nascent theories of drug addiction echoed common mid-century stereotypes of alcoholism. By the mid-century, however, public attitudes toward drug addiction gradually transformed. If, as was earlier noted, the latter half of the nineteenth century experienced only a moderate increase in the drug addict population (as opposed to the monumental boom suggested by the period’s physicians, social reformers, and public health experts), what inspired the conceptual shift? I would argue that a culmination of factors prompted the reevaluation of drug addiction: the return of American Civil and Crimean War soldiers addicted to morphine, ether, and chloroform; the over-prescription of drugs by physicians, particularly in the treatment of middle-class neurasthenia cases; the surge in opiate-laced patent medicines; the invention of the hypodermic needle (and later home injection kits); and the first attempt to legislatively restrict non-medical opiate use (Britain’s 1868 Pharmacy Act). Perhaps most importantly, as studies by Berridge and Edwards and Lawrence Driscoll

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<sup>268</sup> Virginia Berridge, “Dependence: Historical Concepts and Constructs,” *The Nature of Drug Dependence*, eds. Griffith Edwards and Malcolm Lader (Oxford: Oxford University Press, 1990), 2.

<sup>269</sup> Morgan, *Yesterday’s Addicts*, 5.



report, these events all occurred during the post-Darwinian scientific revolution that gave unparalleled primacy to the “truths” resulting from empirical analysis. Revised scientific thinking “encouraged the re-classification of conditions with a large social or economic element in them on strictly biological lines.” Along with another highly stigmatized “condition” of homosexuality, addiction became a pathologized illness; however, the views that emerged from this reclassification “were never...scientifically autonomous, [as] their putative objectivity disguised class and moral concerns,” offer Berridge and Edwards. Driscoll concurs, arguing that while drug addiction’s medicalization was “meant to be above morality, sanctioned by science and medical fact, it [could not] avoid redeploying a whole host of values and morals.”<sup>270</sup>

Most of these values and morals lingered from earlier conceptions of drug addiction that placed little blame on the substances themselves.<sup>271</sup> Flowing from both medical and cultural

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<sup>270</sup> Berridge and Edwards, *Opium and the People*, 150 and Lawrence Driscoll, *Reconsidering Drugs: Mapping Victorian and Modern Drug Discourses* (New York: Palgrave, 2000), 12.

<sup>271</sup> Many medical men were hesitant to demonize the very drugs that revolutionized patient care, and therefore denied any existence of addictive properties in modern narcotics. Others acknowledged the possibility of substance-based addiction (particularly raw opium) but vouched for the safety of scientifically manufactured narcotics like morphine, chloral, and cocaine. Still others attempted to compartmentalize addiction by linking it with the user’s method of introducing drugs into his system. At the mid-century “many doctors had passed through medical training and into practice believing that narcotics administered *hypodermically* were not addictive” because injections bypassed the digestive system, where bodily cravings were believed to originate – hence the term “opium appetite” (Morgan, *Yesterday’s Addicts*, 7 and Hodgson, *Arms of Morpheus*, 82). Providing contrary viewpoints to mid-century physicians were the voices of the addicts themselves. Following the immense popularity of Thomas de Quincey’s *Confessions of an English Opium Eater* (1821), which remains the century’s definitive addiction narrative, notable and anonymous addicts alike divulged their habits to a public readership in books and magazine articles. While the term “addiction” was not regularly employed until the 1880s, these published testimonials chronicled Victorian drug habits in great detail, including withdrawal symptoms, behavioral changes, dosage levels, and the economic demands of maintaining a dependency. Many portrayed themselves as “victims of ignorance, innocent experimentation that went wrong, or bad associates,” offers H. Wayne Morgan. “The confessional literature sighed with the desire for social acceptance and understanding” (*Yesterday’s Addicts* 25). Often utilizing the metaphor of slavery to depict their conditions, the

channels to form interdependent currents of thought, the major theories on drug addiction prior to the disease model primarily located deficiencies in the addict's constitution that rendered them more susceptible to habituation. These purported deficiencies, often articulated as originating in a "weak will," could be found in an array of individuals and identity groups, depending on the theorist's hypothesis. Just like the pre-Koch notion of tuberculosis discussed in Chapter Three, a vulnerability to addiction was often attributed to a (class-based) hereditary trait.<sup>272</sup> As Conrad and Schneider report, many Victorians believed "that lower-class people were [more] susceptible to addiction," though it is important to note that drug use was not yet associated with criminal activity; narcotics were still legal and opium was relatively cheap and easy to acquire.<sup>273</sup> Augmenting the poor's hereditary proclivity toward addiction, it was surmised, was the impoverished and squalid lifestyle that drove them to seek escapist pleasures in the form of liquor, opium, and later heroin. However, the substantial number of Anglo-American addicts from society's middle and upper classes induced other theorists to claim that addiction targeted through genetics the fortunate, cultivated, ambitious, and intellectual. Because the higher born were imagined to be predisposed to nervous conditions, they were more likely to require the pacifying effects of sedatives. It was also believed that creativity and mental acuity, which some narcotics reputedly facilitated, were traits unique to the refined classes. Nineteenth-century addict William Rosser Cobbe asserted in his memoirs, "[Opium] has no part or lot with the ignorant and degraded. Its victims are those who build up thought, who advance material wealth,

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addicts attempted to share the blame with their "masters," the drugs. Not all addiction narratives condemned chronic drug use, however. Some addict-authors detailed their lives as functional, socially responsible habitués while others invited readers to vicariously experience the sensations of taking a particular substance through vivid drug-trip depictions.

<sup>272</sup> Recent studies have shown that there indeed can be a genetic predisposition to addiction, but it is chromosomally, not hereditarily determined.

<sup>273</sup> Conrad and Schneider, *Deviance and Medicalization*, 116.

and give polish to society. Hence the destruction it works is frightful.”<sup>274</sup> Other theorists located the weak will in the constitutions of the weaker sex to account for the era’s abundant female habitués. American sociologist George M. Beard wrote in 1871, ““The general law is that the more nervous the organization, the greater the susceptibility to stimulants and narcotics...Woman is more nervous, has a finer organization than man, [and] is accordingly more susceptible to most of the stimulants.””<sup>275</sup> In fact, as Mara L. Keire asserts in “Dope Fiends and Degenerates: The Gendering of Addiction in the Early Twentieth Century,” in all likelihood the feminizing of addiction in the late-nineteenth century forestalled stringent narcotics regulations until drug abuse was culturally re-masculinized by the urban “hustling junkie.”<sup>276</sup>

As could be garnered from Cobbe’s statement, the susceptibility of society’s “thinkers” to developing a drug habit was a recurrent trope in Victorian addiction theory, and one unequivocally reinforced by the characters of Sherlock Holmes and Dr. Henry Jekyll. As Thomas D. Crothers articulated in 1902, narcotics were used by ““active brain-workers, professionals, and businessmen, teachers, and persons having large cares and responsibilities”” to invigorate dormant faculties for greater productivity or to dull the effects of mental overstimulation and fatigue.<sup>277</sup> This phenomenon was of particular interest to American commentators, who viewed drug habituation as an unavoidable byproduct of a progressive,

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<sup>274</sup> Morgan, *Drugs in America*, 43.

<sup>275</sup> *Ibid.*, 39.

<sup>276</sup> Mara L. Keire, “Dope Fiends and Degenerates: The Gendering of Addiction in the Early Twentieth Century,” *Journal of Social History* 31, no. 4 (Summer 1998): 809, <http://jstor.org/stable/3789302>. Keire acknowledges the influence of David Courtwright’s *Dark Paradise: Opiate Addiction in America Before 1940* on her thesis.

<sup>277</sup> Morgan, *Drugs in America*, 43.

energetic, and ambitious nation of innovators.<sup>278</sup> Ironically many “brain-working” habitués were, in the words of physician J.B. Mattison, “recruited from the ranks of [the medical] profession”; for Victorian doctors intimately familiar with the medicinal advantages of narcotics, self-administering could ameliorate the effects of long hours and mental exhaustion.<sup>279</sup> Drug addiction was thusly conceived of as a necessary evil of modernity, one that individuals engaged in to cope with demanding careers, emotional trials, and a rapidly evolving cultural landscape. Not surprisingly, this rather conciliatory perspective was not widely held by the public, and soon a precursor of the criminalized drug fiend materialized on both sides of the Atlantic, the veritable embodiment of mounting public fears of drug addiction. Terry M. Parssinen sees the 1870 publication of Charles Dickens’ unfinished work *The Mystery of Edwin Drood* as symbolically ushering in a new, malign construction of the drug addict. In Dickens’ novel, “the filthy but harmless opium den described by Victorian reporters was superseded by the depiction of the opium den as a palace of evil. Gone was the image of the opium addict, set forth in De Quincey’s *Confessions* and accepted by his contemporaries, as noble self-experimenter. In late Victorian literature, the opium addict was portrayed as a secret degenerate.”<sup>280</sup> In an age when health was equated with prudent self-discipline and decadence with deviancy, this stereotyped addict posed a direct threat to the wellbeing of the body politic. Lazy and parasitic, he contributed nothing to

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<sup>278</sup> In Beard’s writings on American addicts, the proliferation of overtaxed minds and bodies requiring drugstore palliatives is reported on with a strange, reverent pride; this phenomenon, it was intimated, authenticated the country’s high degree of civility, individuality, and productivity. As one addict wrote in 1876, “This is an inquisitive, an experimenting, and a daring age, - an age that has a lively contempt for the constraints and timorous inactivity of ages past. Its quick-thinking and restless humanity are prying into everything. Opium will not pass by untampered with” (Morgan, *Drugs in America*, 45).

<sup>279</sup> J. B. Mattison, “Opium Addiction Among Medical Men,” in *Yesterday’s Addicts*, 63.

<sup>280</sup> Parssinen, *Secret Passions*, 61.

society, but instead delighted in self-serving overindulgences and diminished inhibitions (potentially leading to, it was feared, erotic and violent behavior).

In the early 1880s, drug addiction was reformulated as a medically classified and treatable condition, thanks in large part to the 1876 English publication of Edward Levinstein's seminal work *Morbid Craving for Morphia*. Advocates of disease theory asserted that drugs physiologically altered the user's body on a cellular level, rewriting the addict as a (willing or unwilling) participant in his affliction rather than its sole creator. Dr. Norman Kerr, a chief English proponent of the disease theory, posited in 1884, "The moral, social, political, economical and spiritual mischiefs arising from intemperance [are] the result of the operation of natural law, of the physiological and pathological action of an instant narcotic poison on the brain and nervous centres of human beings endowed with a constitutional susceptibility to the action of this class of poisonous agents."<sup>281</sup> As Kerr's contention indicates, disease theory incorporated some aspects of earlier theories of addiction and jettisoned others. Addicts could still possess "a constitutional susceptibility" to drug dependency, for example, and disease theory retained the moral component of mid-century theories, linking deficiencies frequently to the habitué's socioeconomic class. "[Addiction] was disease *and* vice," Berridge and Edwards attest, and this hybrid formulation prompted physicians like Oscar Jennings to combine medical therapeutics with the rehabilitation of the addict's weakened will in addiction treatments.<sup>282</sup> Nevertheless, addiction's position as a newly pathologized illness shielded addicts from absolute accountability and gave drugs heightened material and metaphorical potency. Not every drug was recognized as negatively impacting the body physiologically (the effects of cocaine were

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<sup>281</sup> Qtd. by Berridge, "Dependence," 5.

<sup>282</sup> Berridge and Edwards, *Opium and the People*, 155.

among the most hotly debated); however, the entire class of opiates was implicated. As one opium addict admitted in 1881, “I fear in my case, after so long a time, there must be structural disease in the brain, degeneration of tissue, &c., &c., which, even were the cause entirely removed, would still leave *incurable* damage.”<sup>283</sup> In acknowledging narcotics’ lasting physiological impact, some experts became concerned with differentiating true addiction from occasional experimentation and moderate use. The questions then became: could a person regularly ingest narcotics without building a biological tolerance that compelled him to use consecutively higher dosages? Should all drug users – even the fully functional habitués – undergo therapeutic treatments for their own sakes or the sake of society-at-large? Such questions lingered until the United States and Great Britain criminalized all users in the early-twentieth century. With the primary characteristics of pre-disease and disease addiction theories established, let us once again step behind the footlights to examine two more performances of illness, in this case William Gillette and Richard Mansfield’s divergent enactments of drug addiction.

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<sup>283</sup> Qtd. by Leslie Keeley, “Experiences of Recent Opium Eaters,” in *Yesterday’s Addicts*, 112.

## 3.2 (UN)-GENTLEMANLY HABITS: DRUG ADDICTION IN GILLETTE'S SHERLOCK HOLMES AND MANSFIELD'S JEKYLL/HYDE

### 3.2.1 Setting the Stage: The Dramaturgy of Addiction in *Sherlock Holmes and Jekyll and Hyde*

Before Sherlock Holmes and Dr. Jekyll stepped (or, in Mr. Hyde's case, skulked) onto the boards of the popular stage, their dramatic interpreters crucially refashioned their two-dimensional sources for the three-dimensional medium. For a number of Victorian dramatic critics and several current scholars, the original works' (and characters') nuanced complexities were lost in translation as the adapters shoehorned the tales into the formulaic molds of sensational melodrama.<sup>284</sup> While this argument carries undeniable weight, I propose that it is only part of the story. Indeed, the theatrical changes made to the characters, settings, and actions valuably communicate the artists' cognizance of predominant theories of addiction (which will be examined later in this chapter), as well as their attempts – whether consciously or unconsciously – to bring their plays into more direct conversation with contemporary addiction discourses, particularly the nascent disease theory. Because both Richard Mansfield and William Gillette were closely involved in the adaptation process (the former by advising on and editing T. R. Sullivan's text and the latter by serving as the sole playwright), our first clues to their embodiments of illness reside in the scripts.

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<sup>284</sup> Brian A. Rose, *"Jekyll and Hyde" Adapted: Dramatizations of Cultural Anxiety* (Westport, CT: Greenwood Press: 1996): 37-77.

Gillette loosely based his adaptation, simply titled *Sherlock Holmes*, on three Holmes stories: “A Scandal in Bohemia,” “The Final Problem,” and “A Study in Scarlet.”<sup>285</sup> To helm the plot’s criminal conspiracies, Holmes’s nemesis Professor Moriarty made the jump from page to stage, as did Holmes’s cautious companion, Dr. Watson.<sup>286</sup> In the play, Holmes must disrupt a blackmailing scheme that threatens to jeopardize a European royal’s reputation, not to mention the lives of an innocent mother and daughter. Suspense builds through several mini-crescendos (often executed with advanced theatrical effects) before the fourth act’s action-packed climax, in which Holmes evades death, captures the criminals, and gets the girl at the atmospheric Stepney Gas Chamber. The characteristics of Britain’s beloved sleuth remain much the same in the play. He is an isolated and eccentric (though not unhappy) gentleman, witty and egotistical but possessing a strong ethical compass. Within him resides an incongruous but appealing mix of scientific intellectualism and aesthetic bohemianism; “Sherlock Holmes,” notes Michael Saler, “utilized reason in a manner magical and adventurous, rather than in the purely instrumental fashion,” a form of rationalism best described as “animistic reason.”<sup>287</sup> Though he could not be called an athlete, he is agile in mind and body and frequently utilizes both in order to escape perilous situations. Collectively these traits make Holmes a dynamic stage persona, but for Gillette something important was still missing. In the most significant departure from the source material, Gillette incorporated a love interest for Doyle’s legendary bachelor. “With a fine

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<sup>285</sup> Rosemary Cullen and Don B. Wilmeth, introduction to *Plays by William Hooker Gillette*, (Cambridge: Cambridge University Press, 1983), 12.

<sup>286</sup> While *Sherlock Holmes* possesses many melodramatic traits, the intelligent Professor Moriarty, whose schemes are more opportunistic than truly evil, resists classification as the stereotypical villain. Such deviations from the melodramatic genre have led scholars to characterize the play as originating a new type of play, the detective drama.

<sup>287</sup> Michael Saler, “Clap If You Believe in Sherlock Holmes’: Mass Culture and the Re-Enchantment of Modernity, c. 1890- c. 1940,” *The Historical Journal* 46, no. 3 (Sept. 2003): 604, <http://www.jstor.org/stable/3133564>.



disregard for the sensibilities of Holmes purists,” write Rosemary Cullen and Don B. Wilmeth, “Gillette cabled to Doyle, ‘May I marry Holmes?’ Doyle replied that ‘you may marry or murder or do what you like with him’.”<sup>288</sup> While Holmes’s romance with Alice Faulkner certainly rendered the play more palatable to late-nineteenth-century audiences accustomed to cheering onstage lovers (as Cullen, Wilmeth, and Brian A. Rose all assert about the *Sherlock Holmes* love plot), I suspect Gillette was up to more than merely satisfying theatrical conventions, a hunch to which I will return in due course. Most germane to our study, of course, is the detective’s onstage injection of cocaine occurring in act two, scene two in his rooms at 221B Baker Street. A comparison of this scene with its literary counterpart highlights how Gillette dramaturgically shaped Holmes’s drug use, thereby affording us a useful ingress into reconstructing his performance.

Though in possession of a sharp, scientific mind and unswerving focus during investigations, Arthur Conan Doyle’s Sherlock Holmes enjoys decidedly catholic extracurricular activities. In Holmes’s debut story, *A Study in Scarlet* (1887), the detective’s new flatmate notes that his habits are “regular”; Holmes spends much of his time in the laboratory, in the dissecting-rooms, and on long walks that often take him through London’s less coveted addresses. Writes Watson, “Nothing could exceed his energy when the working fit was upon him; but now and again a reaction would seize him,” and Holmes would lounge in a near catatonic state for days at a time. “On these occasions I have noticed such a dreamy, vacant expression in his eyes,” offers Watson, “that I might have suspected him of being addicted to the use of some narcotic, had not

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<sup>288</sup> Cullen and Wilmeth, introduction in *Plays*, 12.

the temperance and cleanliness of his whole life forbidden such a notion.”<sup>289</sup> If Holmes is a born detective, Watson appears to be a psychic. As the doctor comes to discover, the violin, the chemistry set, the tobacco pipe, and the hypodermic syringe serve as the detective’s preferred instruments of mental distraction. In the opening paragraph of *The Sign of Four* (1890), Dr. Watson recounts the ritual he has witnessed “three times a day for many months”:

Sherlock Holmes took his bottle from the corner of the mantel-piece, and his hypodermic syringes from its neat morocco case. With his long, white, nervous fingers he adjusted the delicate needle and rolled back his left shirtcuff. For some little time his eyes rested thoughtfully upon the sinewy forearm and wrist, all dotted and scarred with innumerable puncture-marks. Finally, he thrust the sharp point home, pressed down the tiny piston, and sank back into the velvet-lined armchair with a long sigh of satisfaction.<sup>290</sup>

As Joseph McLaughlin argues in *Writing the Urban Jungle: Reading Empire in London from Doyle to Eliot*, despite professing in the very next paragraph to being “irritable at the sight” of Holmes’s drug-taking and feeling his conscience rebel at allowing his friend’s habit to persist, Watson’s conspicuously erotic description suggests a second response to the spectacle: fascination.<sup>291</sup> The doctor’s conflicting feelings of revulsion and intrigue at Holmes’s injection are a fitting reflection of Victorian’s society’s incongruous attitudes toward habitual drug use. Gillette’s version of Holmes’s ritual follows the original quite closely, and yet Watson’s interest in Holmes’s injection is strictly condemnatory. “As *WATSON* sees *HOLMES* open [the morocco] case,” the stage directions read, “*he rises and goes right restlessly and apparently annoyed at what HOLMES is about to do, throwing cigarette on table and sitting again soon.*” Watson

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<sup>289</sup> Arthur Conan Doyle, *A Study in Scarlet*, in *The Complete Sherlock Holmes*, vol. 1 (New York, Barnes and Noble Classics, 2003): 13.

<sup>290</sup> Holmes, *The Sign of Four*, in *The Complete Sherlock Holmes*, 99.

<sup>291</sup> Joseph McLaughlin, *Writing the Urban Jungle: Reading Empire in London from Doyle to Eliot* (Charlottesville, VA: University Press of Virginia, 2000), 53-55.

watches again as Holmes inserts his needle and presses the piston home, “*an expression of deep anxiety but with effort to restrain himself from speaking.*”<sup>292</sup> While this minor restyling of Watson’s reaction could be a consequence of generic conventions (the stage Watson does not share his private opinions via narration as he does in the book), his subsequent interrogation of Holmes evidences more revisions.

Both the literary and dramatic renderings of this exchange commence with Watson’s question: “Which is it today? Morphine or cocaine?” Intriguingly, the list of possible substances remains unfinished in Gillette’s play as Watson asks “Cocaine or morphine, or – ” before being interrupted, implying Holmes’s drug experimentations have broadened beyond his two preferred narcotics.<sup>293</sup> “A seven-percent solution” of cocaine is Holmes’s answer in both cases, as the detective politely tenders the syringe and phial to Watson. The doctor immediately declines Holmes’s offer, though the stage Watson’s “Certainly *not!*” (to be spoken “*emphatically*” while rising) is less reflective than the response of Doyle’s Watson, whose “brusque” refusal is contextualized: “My constitution has not got over the Afghan campaign yet,” he states; “I cannot afford to throw any extra strain upon it.” The scenes then diverge substantially with the development of Watson’s line of reasoning and Holmes’s defense. In the novella, their argument proceeds thusly:

He smiled at my vehemence. “Perhaps you are right, Watson,” he said. “I suppose that its influence is physically a bad one. I find it, however, so transcendently stimulating and clarifying to the mind that its secondary action is a matter of small amount.”

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<sup>292</sup> William Hooker Gillette, *Sherlock Holmes, The Plays of William Hooker Gillette*, eds. Rosemary Cullen and Don B. Wilmeth (Cambridge: Cambridge University Press, 1983): 226.

<sup>293</sup> All quotations from this exchange appear on pages 99-100 (Doyle, *The Sign of Four*) and 226-227 (Gillette, *Sherlock Holmes*).

“But consider!” I said earnestly. “Count the cost! Your brain may, as you say, be roused and excited, but it is a pathological and morbid process which involves increased tissue-change and may at least leave a permanent weakness. You know, too, what a black reaction comes upon you. Surely the game is hardly worth the candle. Why should you, for a mere passing pleasure, risk the loss of those great powers with which you have been endowed? Remember that I speak not only as one comrade to another but as a medical man to one for whose constitution he is to some extent answerable.”

He did not seem offended. On the contrary, he put his fingertips together, and leaned his elbows on the arms of his chair, like one who has a relish for conversation.

“My mind,” he said, “rebels at stagnation. Give me problems, give me work, give me the most abstruse cryptogram, or the most intricate analysis, and I am in my own proper atmosphere. I can dispense then with artificial stimulants. But I abhor the dull routine of existence. I crave for mental exaltation. That is why I have chosen my own particular profession, or rather, created it, for I am the only one in the world.”

Gillette’s version takes another tack:

HOLMES: *(as if surprised)* Oh! I’m sorry! *(Draws hypo and phial back and replaces them on mantel.)*

WATSON: *I have no wish to break my system down before its time!*

HOLMES: Quite right, my dear Watson – quite right – But you see, my time has come! *(Throws himself languidly into sofa, leaning back in luxurious enjoyment of the drug.)*

WATSON: *(Goes to table, resting hand on upper corner looking at HOLMES seriously.)* Holmes, for months I have seen you using these deadly drugs – in ever increasing doses. When they once lay hold of you, there is no end! It must go on, and on, and on – until the finish!

HOLMES: *(lying back, dreamily)* So must you go on and on eating your breakfast – until the finish.

WATSON: (*approaching HOLMES*) Breakfast is food! These drugs are poisons – slow but certain. They involve tissue changes of a most serious character.

HOLMES: Just what I want! I'm bored to death with my present tissues and am out after a brand new lot!

WATSON: (*going near HOLMES*) Ah, Holmes – I'm trying to save you! (*Puts hand on HOLMES' shoulder.*)

HOLMES: (*Earnest an instant; places right hand on WATSON's arm.*) You can't do it, old fellow – so don't waste your time.

Later in the scene, Gillette's Holmes echoes Doyle's in professing no need of cocaine if his mind is properly occupied. Delighting in the surfacing of a new investigation, Holmes claims: "It saves me any number of doses of those deadly drugs upon which you occasionally favor me with your medical views! My whole life is spent in a series of frantic endeavors to escape from the dreary commonplaces of existence! For a brief period I escape! Congratulate me!"

Even allowing for the enlivened pacing and the reduction of erudite passages as necessary modifications for the popular stage, the theatrical scene is markedly different than its literary source. Under Doyle's authorship, Holmes attentively listens to Watson's scientific objections and acknowledges the habitué's risk for permanent physiological damage. Moreover, his justification for injecting drugs – namely that he is victim to intermittent (and unbearable) mental torpor for which cocaine is the only curative – is as thoughtfully articulated as Watson's protestations. With a confidence in his analytical superiority that borders on clinical narcissism, Holmes's suitably Victorian "brainworker" defense suggests, argues Timothy R. Prchal, that narcotics are his means not of "escaping but *transcending* the secular realm."<sup>294</sup> Indeed, as

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<sup>294</sup> Timothy R. Prchal, "Secular Guardians of Scared Justice: Fictional Detectives and Asceticism," in *Sherlock Holmes: Victorian Sleuth to Modern Hero*, ed. Charles R. Putney, et al. (Lanham, MD: Scarecrow, 1996): 162.

Martin Booth contends, Doyle “made Sherlock Holmes an addict...because he wanted his readers to view Holmes as an aesthete. Drug addiction had a romantic, artistic ring to it. Poets and writers, artists and musicians were, as the parlance had it, *habitués*, their habits a sign of their uniqueness and intellectual or even spiritual superiority.”<sup>295</sup> As we can also garner from Doyle’s passage, Watson hopes to appeal to Holmes’s intellectual arrogance by foregrounding the scientific, pathological repercussions of drug addiction in his arguments. In contrast to the careful deliberations of Doyle’s characters, Gillette’s scene operates as a somewhat comical *contretemps* on drug dependency, with the addict himself delivering the increasingly outlandish punch lines. As rewritten by Gillette, Holmes is gleefully recalcitrant, destabilizing each of Watson’s arguments while reposing languidly on his sofa and savoring his injection’s effects. Because Holmes resists earnestly engaging in a scientific discussion of drug use, the frustrated Watson grows sanctimonious and moralizing in his volleys, thereby prioritizing the secondary prerequisite of addiction *qua* disease: the addict’s moral failing. With these revisions, Gillette subtly but perceptibly shifts the contested site of Holmes’s disease from his remarkable grey matter (as in Doyle’s rendering) to his compromised soul, a far more effective choice for Victorian audiences as well as a more ethically ambiguous foundation upon which to build his performance of illness. Additionally, closer scrutiny of the detective’s behavior in these two scenes uncovers an intriguing paradox. Whereas Doyle’s Holmes is content to engage in Watson’s scientific contemplation of addiction because he views himself as a moderate, in-control user with a genuine need for “artificial stimulants,” it is precisely the theatrical Holmes’s jocular rejection of Watson’s concerns (ostensibly a product of his confidence as a moderate

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<sup>295</sup> Martin Booth, *The Doctor and the Detective: A Biography of Sir Arthur Conan Doyle* (New York: Thomas Dunne, 2000), 149.

habitué) that belies a latent awareness of his condition's severity. Such a reading is confirmed in how the drug discussion is concluded in both versions. In Doyle's text, Holmes redirects Watson's attention by seamlessly transitioning the conversation onto his position as the world's "only unofficial consulting detective," a carrot Watson eagerly bites. Gillette's Holmes, however, explicitly terminates the exchange by professing (cordially but unbendingly) the futility of any attempts of Watson's to save his life. While the former knowingly postpones Watson's pleas for a future date, the latter attempts to resign Watson to his drug use in order to forever silence the doctor on the subject. Ultimately, though Gillette's script is perhaps less nuanced and eloquent than its source material, the dramaturgical changes enacted by the actor-playwright succeed in deepening and complicating Holmes's drug problem. And yet Holmes (of page or stage) seems positively ascetic when compared with Dr. Henry Jekyll.

With a cyclical storytelling structure, three different narrators, and human transfiguration as a major plot point, Stevenson's *The Strange Case of Dr. Jekyll and Mr. Hyde* resists easy theatrical adaptation. T. R. Sullivan and Richard Mansfield's 1887 play, the only authorized adaptation of Stevenson's work, was the first of many adaptations to impose a linear plot structure on the tale, eliminate its narrative complexities, and reduce the allegorical elements; it remains, however, the most successful in preserving Stevenson's plot and its considerable gothic charm. For our purposes only the dramaturgical changes that impacted the portrayal or perception of the story's addict(s), Dr. Jekyll and Mr. Hyde (hereafter identified collectively as Jekyll/Hyde), are important. As I hope to prove, Sullivan and Mansfield ratcheted up the horror of Jekyll's ungovernable addiction for middle-class audiences by gentrifying the doctor and hyper-demonizing his alter ego.

In Stevenson's text, Dr. Henry Jekyll satisfies several late-nineteenth-century addiction stereotypes.<sup>296</sup> First, he is a physician-addict, a simultaneously piteous and contemptible figure in the collective Victorian imagination. Far from simply complying with the existing cultural role, however, the brilliant but tormented Jekyll contributed much to the sensational icon of the mad doctor, which emerged in the 1880s "from pre-existing anxieties relating to the conduct of medicine in general and journalistic anxieties about middle-class men in particular," as the Whitechapel murders situated the medical man in "a sinister light."<sup>297</sup> Second, like Holmes, Stevenson's Jekyll is a reclusive scientific intellectual – one of the addict types easily "quarantined" from polite society according to pre-disease theories of addiction – whose small coterie of male confidants are similarly asocial, unmarried "brainworkers" of the professional class.<sup>298</sup> Jekyll and his friends eschew London society fêtes and romantic courtships in favor of

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<sup>296</sup> According to Thomas L. Reed, Jr., twentieth-century scholarship on Stevenson's *Jekyll and Hyde* largely discards Jekyll's illness of addiction, opting instead to emphasize the book's allegorical and metaphorical themes, particularly the threats of degeneration, homosexuality, and technology to Victorian bourgeois masculinity. At the commencement of his study on *Jekyll and Hyde* and alcoholism, Reed states: "We'll do well to begin by establishing the clear but under-appreciated fact that Henry Jekyll is an addict" (9). However, at the turn of the millennium a renewed interest in Jekyll's addiction is registered in a spate of studies: Reed's *The Transforming Draught: "Jekyll and Hyde," Robert Louis Stevenson and the Victorian Alcohol Debate* (Jefferson, NC: McFarland, 2006); Andrew Smith's *Victorian Demons: Medicine, Masculinity and the Gothic at the fin-de-siècle* (Manchester: Manchester University Press, 2004); Susan Zieger's *Inventing the Addict: Drugs, Race, and Sexuality in Nineteenth-Century British and American Literature* (Amherst, MA: University of Massachusetts Press, 2008); Daniel L. Wright's "'The Prisonhouse of My Disposition': A Study of the Psychology of Addiction in Dr. Jekyll and Mr. Hyde," *Studies in the Novel* 26 (1994); and Lisa Butler's "'That damned old business of the war in the members': The Discourse of (In)Temperance in Robert Louis Stevenson's *The Strange Case of Dr. Jekyll and Mr. Hyde*," *Romanticism on the Net* 44 (November 2006), <http://id.erudit.org/iderudit/014000ar>.

<sup>297</sup> Smith, *Victorian Demons*, 7.

<sup>298</sup> My contentions regarding Jekyll's reclusiveness and his asocial circle of friends conform to the scholarly consensus reached during the last two decades. Though earlier scholars including Irving Saposnik pointed to Utterson's ethical benevolence and Enfield and Utterson's weekly



private dinner parties at their own residences (in effect quarantining themselves). Couple this with Jekyll's compulsion to unleash his dormant wretchedness in the form of Hyde, and "Stevenson represents the bourgeois male in a state of terminal decline," posits Andrew Smith in *Victorian Demons: Medicine, Masculinity and the Gothic at the fin-de-siècle*.<sup>299</sup> This "terminal decline" is manifest not only in Jekyll's drug addiction and his circle's antisocial conduct, but also in Darwinian descriptions of Hyde's simian features and atavistic movement. However, as Smith cogently argues, "...[T]he true horror [of Stevenson's novella] is not reflected in Hyde but through the fragile, because empty, world inhabited by the bourgeois professional. In this way the normative becomes demonized, while in the figure of Hyde, who at some level represents a distorted model of the 'gentleman,' the deviant becomes normalized."<sup>300</sup> As we will presently discover, however, Sullivan and Mansfield's script capsizes Stevenson's world of middle-class degeneration by isolating the deviancy within Jekyll/Hyde alone. Third, Jekyll's irreversible parturition of Edward Hyde via drug experimentation signifies narcotics' permanent biological impact on its users, thus reaffirming the disease theory's cornerstone principle and rendering Jekyll's addiction a pathological illness. Indeed, the turning point in Jekyll's illness, in which Hyde takes over their shared body without the potion's inducement, symbolically authenticates the *fin de siècle* fear that the drugs, and not the addicts, possess ultimate control and mastery. "In the historical moment of *The Strange Case*," writes Susan Zieger, "the medical discourse of habituation was combining with the older temperance model to produce a proliferation of terms – Stevenson uses 'malady,' 'madness,' 'cerebral disease,' 'disgrace,' and 'evil' – and a failure to

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walks together as proof that theirs was a compassionate and socially visible group, most now agree that the novella's featured men were socially exclusive and largely self-involved.

<sup>299</sup> Ibid., 37.

<sup>300</sup> Ibid., 7.

specify Jekyll's 'nameless situation,' situated somewhere between vice and disease."<sup>301</sup> And yet, Jekyll's initial cocksure attitude toward his drug dependency reflects his devaluing of the drug's physical authority. As Daniel L. Wright contends:

Jekyll's reaction to Hyde, the emblem of his addiction, is typical; as he proclaims to Utterson, "to put your good heart at rest, I will tell you one thing: the moment I choose, I can be rid of Mr. Hyde" (p. 40). The addict untutored in the pathology of addiction will always so mistakenly suppose that he can regulate the use and effects of his intoxicant. Of course, he cannot – no more than a similar exertion of will can spontaneously heal a compound fracture, reverse the aging process, or eradicate genetic deformity.<sup>302</sup>

In translating *Jekyll and Hyde* to the stage Sullivan diverged little from Stevenson's plot; however, the modifications of Jekyll's social milieu as well as his self-perceptions as an addict preyed upon *fin-de-siècle* fears (already sensationalized in the popular press) of a middle-class, Anglo-American epidemic of addiction.

The first act of *Jekyll and Hyde* is worth detailing, as the adaptation's significant dramaturgical changes are all introduced within its pages.<sup>303</sup> Sullivan opens the play in the tearoom of Sir Danvers Carew's house, the quintessential site of cultured British socialization, where Sir Danvers (the man Hyde murders), his daughter Agnes, Mr. Utterson and Dr. Lanyon (Jekyll's closest friends), and Mrs. Lanyon discuss Henry Jekyll, the "dearest and best man in London," and his unexpected absence at dinner.<sup>304</sup> Together they rationalize Jekyll's

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<sup>301</sup> Zieger, *Inventing the Addict*, 186-87.

<sup>302</sup> Wright, "Psychology of Addiction," 255.

<sup>303</sup> This first act, unbroken by scene changes, is tellingly titled "Slave and Master" by the playwright. Of the four acts' names, "Slave and Master," "Hide and Seek," "Two of the Same," and "The Last Night," only the final act's name is taken from Stevenson's chapter titles. The rest were of Sullivan's invention.

<sup>304</sup> T. R. Sullivan, *Dr. Jekyll and Mr. Hyde* (1887), in "*Jekyll and Hyde*" *Dramatized*, ed. Martin A. Danahay and Alex Chisholm (Jefferson, NC: McFarland, 2005): 47-79, 48.

uncharacteristic breach of etiquette and recent pale countenance as consequences of the doctor's excessive work schedule. Jekyll's altered condition is of particular interest to Agnes, his young fiancée, who is "sure that Harry has something on his mind."<sup>305</sup> When Jekyll finally enters the scene through the gardens, his first lines (an aside to the audience) confirm Agnes's supposition: "It must not be. I can never marry her, with this hideous secret, this new danger threatening me at every step. My duty is clear. I must see her no more."<sup>306</sup> Jekyll's subsequent debate with his lawyer Utterson over his naming Edward Hyde as his primary benefactor is peppered with revealing stage directions ("*Jekyll looks about anxiously*" and "*With false gaiety*") that undermine his performed sanguinity. It is only with Agnes that Jekyll lowers his guard and articulates what torments him:

AGNES: (*Following him*) Are you not Henry Jekyll?

JEKYLL: The philanthropist, the man of science, the distinguished surgeon – before the world – yes. How if it were all a lie? If I were like one possessed of a fiend – wearing at times another shape, vile, monstrous, hideous beyond belief?

AGNES: (*Hiding her face in hands.*) Oh, be silent.

JEKYLL: Yes, a fiend, without a conscience, and without remorse – inventing crimes and longing only to commit them.

AGNES: This is horrible. Who accuses you? You are ill and tired. You are not yourself.

JEKYLL: That is true. I am but half myself – the other half is –

AGNES: Mine. You have no right to accuse it, falsely.

JEKYLL: You will not believe – if I dared to tell you –

AGNES: You shall tell me nothing.<sup>307</sup>

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<sup>305</sup> Ibid., 48.

<sup>306</sup> Ibid., 51.

<sup>307</sup> Ibid., 53. It is important to note the repetition of the label "fiend" in this exchange, as the feared early-twentieth-century drug addict was regularly referred to as the "drug fiend."

After reaffirming their love the couple exits through the garden for some impromptu stargazing; Agnes soon returns to the tearoom sans Jekyll, as he was called away on an “important case.” The next figure to appear in the garden window is the creeping Edward Hyde, who lasciviously demands of Sir Danvers, “Call [your daughter] back, I say. I saw her face through the window, and I *like* it.” The older gentleman refuses and commands Hyde to leave his house. “Go?” laughs Hyde. “I. Why, I will make the house mine, the girl mine if I please.” Sir Danvers attempts to physically throw Hyde out, a struggle ensues, and Hyde “*throttles him*” as Agnes rushes in and the curtain drops.<sup>308</sup>

If, as Smith suggests, Stevenson’s novella normalizes deviancy and incurably degrades the middle-class male professional who inhabits a “fragile, because empty, world,” Sullivan’s play restores the bourgeoisie to their place of sociocultural dominance, as its first act patently indicates. Utterson and Dr. Lanyon, once antisocial bachelors, are rewritten as respected, benign, and – in Lanyon’s case – married members of London society. The playwright has also purged Jekyll of his social reclusiveness, doubtless satisfying theatrical conventions of the melodramatic protagonist as well as Mansfield’s wishes. Jekyll is instead a popular, philanthropic doctor engaged to the daughter of a military-ranked aristocrat.<sup>309</sup> Writes Brian A. Rose in “*Jekyll and Hyde*” *Adapted: Dramatizations of Cultural Anxiety*: “[Sullivan’s adaptation] rehabilitates through displaying Jekyll not as an isolated neurotic (Stevenson) but a revered if complicated member of a bourgeois society expected to participate in its usual patterns of quotidian

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<sup>308</sup> *Ibid.*, 57.

<sup>309</sup> In Sullivan’s play Carew is addressed as “General Sir,” a title that is absent in Stevenson’s work. Its addition suggests Sullivan was elevating Carew’s status in order to heighten Jekyll’s by association, as well as make Carew’s murder by Hyde an even more heinous offense.

action.”<sup>310</sup> As several dramatic critics lamented at the play’s premiere performances, many of Jekyll’s ambiguities were also lost in the shift from gothic allegory to stage melodrama. In the novella, the young, pre-addiction Jekyll (in the doctor’s own words) masked “a certain impatient gaiety of disposition” beneath a “commonly grave countenance,” resulting in a “profound duplicity of life...I was no more myself when I laid aside restraint and plunged in shame, than when I labored, in the eye of day, at the furtherance of knowledge or the relief of sorrow and suffering.”<sup>311</sup> Jekyll’s struggle against wicked impulses was the explicit motivation for his scientific experimentations, his increasing bravado during the addiction’s early months bespeaking an initial gratification with – and *through* – Edward Hyde. In contrast, the Jekyll of Mansfield’s imagination and Sullivan’s writing is virtually bereft of evil or arrogant tendencies, and at the play’s opening already condemns Hyde as his “hideous secret.” Mansfield’s admiration for his character is palpable in an interview with the *New York Sun* in early 1888: “*Jekyll* is a dreamer and a visionary. While his every inclination is toward the good, while he himself is inclined toward all that is honorable, pure, and noble, he still recognizes in himself the germs of sin and evil, the desire to satisfy, to let loose a passion, no matter what it may be, and that it is only the restricting force of good, the power of the discriminating conscience, which deters him from indulgence.”<sup>312</sup> According to Rose, in Mansfield and Sullivan’s text “the largely selfish neuroticism of Stevenson’s Jekyll becomes the adapted Jekyll’s heroic and self-sacrificial search for salvation for mankind from evil”:

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<sup>310</sup> Brian A. Rose, “*Jekyll and Hyde*” *Adapted: Dramatizations of Cultural Anxiety* (Westport, CT: Greenwood Press, 1996), 56.

<sup>311</sup> Stevenson, *Jekyll and Hyde*, 103-04.

<sup>312</sup> “Mansfield vs. Stevenson: New and Interesting Conceptions of Dr. Jekyll and Mr. Hyde,” *New York Sun*, January 1, 1888, *Jekyll and Hyde* Clippings File, BRTC.

Jekyll's 'goodness,' so integral to our use of the story as an illustration of the diametricality of good and evil, is entirely the invention of adaptation. In Stevenson's novel, Jekyll is far more problematic than popular adaptations portray. References are made to the illicit pleasures of youth that caused a hardening of Jekyll's character into duplicity, and Jekyll's 'goodness' is portrayed as a repressive activity.<sup>313</sup>

And yet, while Mansfield's Jekyll is a melodramatic hero, his goodness is not as oversimplifying as Rose submits. If we reclassify the play as a *play about addiction* – and about *fin-de-siècle* notions of addiction in particular – then Jekyll's "goodness" (as a philanthropist, fiancé, friend, and middle-class male professional) renders his victimization all the more tragically profound. Furthermore, because Jekyll is a fully entrenched member of the bourgeoisie instead of Stevenson's proverbial black sheep, he brings the threat of a drug addiction epidemic far closer to the nucleus of proper society than the novella permits. Such a shift makes explicit that which Stevenson only implies: Jekyll/Hyde's irremediable addiction places in jeopardy innocent women (Agnes), children (the young girl Hyde tramples in the street as well as Agnes and Henry's potential offspring), and the upper echelons of the body politic.

One question still lingers regarding the dramaturgical foundations of Gillette and Mansfield's performances of addiction: what should we make of the inclusion of love interests for Holmes and Jekyll? One *Jekyll and Hyde* critic maintained in 1887: "Of course a play without a woman in it could have no love, and without love – well, there would be little hope of success on the stage."<sup>314</sup> And yet, as I earlier intimated, I suspect Agnes and Alice serve more meaningful functions than merely satisfying theatrical expectations. In *Inventing the Addict*:

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<sup>313</sup> Rose, "*Jekyll and Hyde*" *Adapted*, 40, 23.

<sup>314</sup> "The Passing Show," *New York Dramatic Mirror*, May 7, 1887, *Jekyll and Hyde* Clippings File, HTC.

*Drugs, Race, and Sexuality in Nineteenth-Century British and American Literature*, Susan Zieger reports that homosexuality and addiction were considered sister deviances in the Victorian age, when it was presumed that “the state of craving itself [was] unnatural to a well-regulated nineteenth-century body” and that one craving (un)naturally begot another. These prevailing notions resulted in a “curious conflation of...addiction and homosexuality” far into the twentieth century.<sup>315</sup> If Holmes and Jekyll’s drug dependencies are inextricably linked to their analogous rejections of heteronormativity, as is often posited, it is conceivable that the detective (whose lasting romance, many have argued, is with Dr. Watson) and the doctor (whose alter ego can be recast as the embodiment of Jekyll’s closeted impulses) are homosexual. I propose that by transforming Holmes and Jekyll from resolute bachelors to devoted beaux for the popular stage, Sullivan and Gillette fundamentally stem the homosexual undercurrents flowing within the original novels, thereby safeguarding their masculinity and diagnosing Holmes and Jekyll’s drug addictions as solitary vices.

For Holmes, Alice Faulkner provides a potential incentive for relinquishing his bohemian lifestyle, including his hypodermic needle and seven-percent solution that, according to James W. Maertens, have been a “sort of technological fix for [a] loss of connection to the body and the feelings,” enabling him “to withdraw...into his narcissistic shell.”<sup>316</sup> He first bristles at Watson’s suggestion that a mutual affinity has blossomed between him and Alice: “You mustn’t – tempt me – with such a thought! That girl! Youth – exquisite – just beginning her sweet life! – I – seared, drugged, poisoned – almost at the end! No! No! I must cure her!”<sup>317</sup> In the play’s final

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<sup>315</sup> Zieger, *Inventing the Addict*, 170 and 155.

<sup>316</sup> James W. Maertens, “Masculine Power and the Ideal Reasoner: Sherlock Holmes, Technician-Hero,” in *Sherlock Holmes: Victorian Sleuth to Modern Hero*, 331 and 319.

<sup>317</sup> Gillette, *Sherlock Holmes*, 265.

moments Holmes justifies to Alice his fear of overtaking her purity with his toxicity, but such objections are negated by a long embrace that symbolically ushers in a new era for Sherlock Holmes, an era in which he is prepared to assume a more productive societal role. For Jekyll, who merited the love and respect of Agnes Carew before becoming a habitué, his addiction is a corrosive, malignant force that derails his (and every other Victorian male's) domestic agenda. "Then and now," Zieger advances, "narratives about addicts characteristically show them demurring, faking, destroying, or otherwise sabotaging possibilities for heteronormative romantic love and kinship and the bourgeois striving that underwrites them. In conventional wisdom, addiction destroys families."<sup>318</sup> In the stage adaptation Jekyll's guilt over dissembling with Agnes generates much of his inner torment, his romanticized suicide marking the character's final attempt to save his woman from his addiction. Agnes's presence also aids in the hyper-demonizing of Hyde as the grotesque avatar of drug addiction. As Rose offers, evil in Sullivan's play is defined as "those forces that act toward the dissolution of the familial bonds, the disintegration of social discourse and the abnegation of recognized means of controlling disruptions to established codes of social behavior. As such, evil's primary expressions are violence against domestic foci and unlicensed sexual activity."<sup>319</sup> Like the glorifying of Jekyll's goodness, Hyde's evilness is rendered even more despicable in Sullivan's play because of its undisguised carnality and unprompted aggressiveness. Victorians were quite apprehensive that drug users were prone to violent or lewd behavior, as narcotics reputedly lowered inhibitions and liberated the addicts' "lower natures." Hyde's appearance in act one, in which the fiend's spontaneous murder of Sir Danvers Carew interrupts what clearly was the intended rape of

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<sup>318</sup> Zieger, *Inventing the Addict*, 162.

<sup>319</sup> Rose, "*Jekyll and Hyde*" *Adapted*, 70.



Agnes, dramatically corroborates Victorian fears of addict-menaces. For Mansfield, Hyde was a “creature thus created [as] the embodiment of evil, and, being possessed of no restraining force whatever, is irresponsible...the pure and holy love he entertains as Jekyll for Agnes becomes in Hyde a simple lustful desire; an old man (the father of the girl) standing between him and the object of his passion is instantly murdered.”<sup>320</sup> The Hyde of Sullivan and Mansfield, attests Irving S. Saposnik in “The Anatomy of *Dr. Jekyll and Mr. Hyde*,” was “a manifestation of Jekyll’s lust, a creature of infinite sexual drive who ‘unable by reason of his hideous shape to indulge the dreams of his hideous imagination,’ proceeds to satisfy his cravings in violence.”<sup>321</sup> Stevenson himself wrote after hearing of Mansfield’s portrayal that Hyde was no “mere voluptuary...no more sexual than another...”<sup>322</sup>

Of course, the written adaptations only hold part of the clues we need to reconstruct these performances of illness. The others lie in the actors’ embodiments of addiction and, as becomes abundantly clear through an examination of reviews, photographs, and personal accounts, Gillette and Holmes created two very different habitués for the *fin de siècle* stage.

### **3.2.2 Icons of Addiction: Gillette’s Sherlock Holmes and Mansfield’s Jekyll/Hyde**

#### **3.2.2.1 William Gillette as Sherlock Holmes**

In 1929, William O. Trapp had this to report of William Gillette’s *Sherlock Holmes* as the centerpiece of the actor’s farewell tour: “The cigar glowed brightly in the Stepney gas chamber.

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<sup>320</sup> “Mansfield vs. Stevenson,” *New York Sun*, January 1, 1888.

<sup>321</sup> Irving S. Saposnik, “The Anatomy of *Dr. Jekyll and Mr. Hyde*,” *Studies in English Literature, 1500-1900* 11.4 (Autumn 1971): 715n1, [www.jstor.org/stable/449833](http://www.jstor.org/stable/449833). Saposnik is quoting Mansfield’s notes that are housed at the Huntington Library.

<sup>322</sup> “Mansfield vs. Stevenson,” *New York Sun*, January 1, 1888.

Watson once more was thrilled at the deductions of the great sleuth. Prof. Moriarty was led away in shackles. Sherlock Holmes again pierced his forearm with the cocaine needle.”<sup>323</sup> Twenty-five years earlier in “The Adventure of the Missing Three-Quarter” (1904), Arthur Conan Doyle had put a final end to Holmes’s drug habit. “‘For years,’ Watson declared in the story, ‘I gradually weaned him from that drug mania which had threatened once to check his remarkable career. Now I knew that under ordinary conditions he no longer craved for this artificial stimulus; but I was well aware that the fiend was not dead, but sleeping.’” This gradual weaning of Holmes’s addiction had begun in the 1890s when, as the dangers of regular cocaine consumption became increasingly known, Doyle started downplaying Holmes’s drug usage and heightening Watson’s disapprobation of it. Watson’s declaration that the “fiend was not dead, but sleeping” proves that, as Martin Booth writes, “Conan Doyle was ahead of his time, aware that drug addiction was rarely overcome and could only be suppressed, not extinguished.”<sup>324</sup> The Holmes of popular press may have relinquished his hypodermic needle and seven-percent-solution, but throughout William Gillette’s thirty-year tenure as the authoritative Sherlock Holmes, the actor’s detective retained his most exceptional flaw, drug addiction, to the apparent pleasure and gratification of Anglo-American audiences.

In a publicity still for the premiere 1899 production of *Sherlock Holmes*, Gillette’s detective stands behind a short table, his weight shifted slightly onto his right leg. Wearing a silk smoking gown, white dress shirt with cufflinks, black pants and a cravat, Holmes holds a hypodermic needle to his left wrist with his right hand, his index finger applying pressure to the syringe’s plunger. His thin lips are aligned in a solemn expression and his eyes gaze vaguely into

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<sup>323</sup> William O. Trapp, “William Gillette in ‘Sherlock Holmes,’” *Evening World*, November 26, 1929, William Gillette Clippings File, BRTC.

<sup>324</sup> Booth, *The Doctor and the Detective*, 151.

the distance. In the photograph's left side sits Dr. Watson in an upholstered armchair, leaning bodily away from his friend but nonetheless watching the proceedings. As he observes Holmes's routine Watson's entire composition communicates unconcealed revulsion.<sup>325</sup> It is telling that Gillette deemed this particular moment pivotal or riveting enough to warrant to its reproduction as one of only five *Sherlock Holmes* publicity stills for the original production. Though Holmes's onstage injection of cocaine and resulting debate with Watson occupies no more than two minutes of the play's running time, it is important to note that the detective is, in effect, high for the entirety of act two. Lest the audience forgets Holmes's impaired state, his inability to read a letter later in the act restores it to the forefront of the action: "Read it, Watson, there's a good fellow – my eyes – (*with a motion across eyes; half smile*) You know – cocaine."<sup>326</sup> But is "impaired" even an appropriate descriptor? As both the play-script and contemporary reviews of the production suggest, Gillette signified Holmes's doped condition only through a temporary physical languidness directly after the injection and lingering but painless blurred vision; in all other observable ways the detective's physical and mental faculties, including his keen cognitive powers of deduction, remained unhampered by the drug. "When Holmes carefully measures his 7 percent solution," Joseph McLaughlin maintains, "he subordinates the substance to his will and pleasure."<sup>327</sup> Indeed, Gillette's elegant, restrained performance of cocaine dependency, coupled with the deftness of his character's investigative speculations in act two, positioned Holmes as a hyper-functional addict whose controlled habit served to augment his many aptitudes. As Alan

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<sup>325</sup> This stage picture was lampooned in a theatrical burlesque of *Sherlock Holmes* entitled *Sheerluck Holmes*. In an illustration of the skit featuring actors Montgomery and Stone as Holmes and Watson ("Quick, Watson, The Needle!"), Holmes, with eyes bulging beneath his deerskin hat, wields a gigantic hypodermic needle of at least a foot's length. [Unidentified newspaper clipping], HTC.

<sup>326</sup> Gillette, *Sherlock Holmes*, 230.

<sup>327</sup> McLaughlin, *Writing the Urban Jungle*, 59.

Dale of the *New York Journal and Advertiser* wrote of Gillette's performance: "[Sherlock Holmes] was not only keen-witted, but he was amazingly nonchalant, apparently lethargic, able to see through at least half a dozen stone walls, and a better mind reader than anybody not addicted to the secret sciences. Perhaps he was quite too wonderful for implicit admiration."<sup>328</sup>

The actor's performance of addiction commenced with Holmes's first appearance at the top of act two (though it is conceivable that Holmes indulged in his drug before his arrival at the Larrabee's house in act one). Lounging on floor cushions with his violin laying nearby, smoking his pipe, and lost in "*deep thought*," Gillette staged the signature stultifying inertia Holmes would soon ameliorate through his onstage cocaine injection; "the ennui and distaste for life Mr. Gillette gave perfectly," commended one reviewer.<sup>329</sup> His portrayal of the frustrated late-Victorian brainworker both confirmed the period's stereotype of the quintessential cocaine habitué and provided a foundational behavioral pattern to be modified by Holmes's drug use. *Chicago Tribune* critic Charles Collins described Gillette's first enervated moments: "A stranger to Mr. Gillette's treatment of Sherlock Holmes might say upon his entrance, dress-suited and looking like a somewhat tired saint, that he is a decidedly languid detective, much in need of a rest cure. But that has always been Mr. Gillette's approach to the character. It suited his temperament to introduce Sherlock in one of his 'intervals of torpor' upon which Doyle's early stories insist." Though Gillette's initial bodily response to the hypodermic dose of the seven-percent solution was a deepening lethargy, the drug's stimulating ingredients soon took over and observably vitalized his addict's conduct and bearing. By the end of the act, Holmes's tense interaction with (and masterful outwitting of) Moriarty served to reinforce the detective's

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<sup>328</sup> Alan Dale, *New York Journal and Advertiser*, November 7, 1899, *Sherlock Holmes Clippings* File, BRTC.

<sup>329</sup> [Unidentified newspaper clipping], *Sherlock Holmes Clippings* File, BRTC.

cocaine-enhanced lucidity and equanimity. In Collins's estimation, Holmes's change from sober stagnation to fueled animation was thus marked: "From lassitude and light irony to vibrant nerves and an alert pistol was the direction in which [Gillette] chose to lead his action."<sup>330</sup> However, despite the artificial reinvigoration of Holmes's "vibrant nerves," Gillette never portrayed Holmes as an agitated or choleric addict. Instead, his performance was typified by a controlled intensity (or what *The Illustrated London News* called a "calm self-command [with] lightning alertness") that enabled Holmes to navigate treacherous situations with relative ease.<sup>331</sup> One New York critic detailed the character's advantageous attributes: "[Gillette's] acting of Holmes is excellent and exceedingly effective. He presents a man of fine and dominant intellect, intense feeling, perfectly controlled, vigilant sagacity, implacable purpose, cold, imperturbable demeanor, muscular physique, and polished, elegant manner."<sup>332</sup> With such a litany of sterling qualities, it is no wonder Gillette's Holmes possessed (or at least *believed* he possessed) absolute control over his drug habit.<sup>333</sup>

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<sup>330</sup> Charles Collins, "The Stage: Sherlock Holmes," *Chicago Tribune*, February 26, 1930, "The Players' Collection" portfolio, William Gillette, BRTC.

<sup>331</sup> Qtd. by Horst Frenz and Louis Wylie Campbell, *William Gillette on the London Stage*, offprint from *Queen's Quarterly*, 52:4 (1945), BRTC.

<sup>332</sup> [Unidentified newspaper clipping], *Sherlock Holmes Clippings File*, BRTC.

<sup>333</sup> In a 1937 retrospective on Gillette's Holmes, John Mason Brown likened Holmes's drug habit as the hero-detective's Achilles heel:

One feels, from the moment when he first courts danger in the drawing-room of the Larrabees, that this lean man – with his dry, casual voice, his fine, clean-cut head, and his authoritative calm – is somehow beyond the reach of evil. These people with whom he is contending may be wicked. They may be ingenious [sic]. They may be even the most talented of crooks. But they can never hope to be the equals of the great Sherlock Holmes, who is on their trail. After all, they are mere mortals. And he...well, he is different. He is a superman, joined to the lesser race of men only by the slim ties of his one weakness, his call to Watson for the needle. ("Sherlock Holmes as Played by William Gillette: A. Conan Doyle's Master Sleuth as Mr. Gillette Acted the Character and Made It His," *New York Post*, May 1, 1937, William Gillette Clippings File, BRTC).

Holmes's addiction, at the hands of Gillette, became more unmistakably tied to his bohemian aestheticism than in Doyle's writings. Though all of the building blocks of Holmes's bohemianism were present at some point in the serialized stories (pipe-smoking in elegant lounging robes, meditating on floor cushions, violin-playing, and of course drug-taking), Gillette compressed all of these acts into the space of one theatrical scene, creating an explicit portrait of *fin-de-siècle* aestheticism. In *Diagnosis and Detection: The Medical Iconography of Sherlock Holmes*, Pasquale Accardo writes, "[W]ith William Gillette's stage performances an exaggerated Bohemianism became the rule for later representations of Holmes in the media...His almost ridiculous attire accented certain Byronic strains in Holmes's character and served to link the antisocial scientific detective to the antisocial artist and aesthete – the dandy."<sup>334</sup> But, warns James W. Maertens, "[Holmes's] bohemianism signals not so much that he is a poet but that he is not a conformist or a company man. He defies officialdom in all its guises...If there is something Byronic in Holmes, it is his tendency to melancholia, which he treats with cocaine."<sup>335</sup> Gillette's critics also identified this formidable strain of aestheticism running under his Holmes's façade of rational objectivity. Amy Leslie labeled Gillette "so exotic and elegant that his detective is the very orchid of his kind," while another responder offered this succinct description: "Gillette, kindly of face, lazy of figure, soft of speech, fatalist and dreamer."<sup>336</sup>

Holmes's drug addiction was naturalized in and through Gillette's "natural" acting. Gillette was a talented and consummate professional actor, successful at portraying a limited line

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<sup>334</sup> Pasquale Accardo, *Diagnosis and Detection: The Medical Iconography of Sherlock Holmes* (Rutherford: Fairleigh Dickinson University Press, 1987), 88.

<sup>335</sup> Maertens, "Masculine Power and the Ideal Reasoner," 308.

<sup>336</sup> Amy Leslie, "Gillette is a Sleuth: Brilliant Builder of Comedies Invents Exciting Melodrama for Sherlock Holmes," [unidentified newspaper] December 5, 1900, *Sherlock Holmes Clippings* File, HTC; and "Packed House Greets Gillette in Revival of 'Sherlock Holmes,'" [Unidentified newspaper], William Gillette Farewell Tour Scrapbook, BRTC.

of character-types but lacking the versatility of some of his colleagues. To such an appraisal Gillette himself would have agreed; indeed, in *The Illusion of the First Time in Acting*, a lengthy speech given to the American Academy of Arts and Letters in Chicago and later published, the actor argued that “[Personality] is the most singularly important factor for infusing the Life-Illusion into modern stage creations that is known to man.”<sup>337</sup> Hartford Connecticut’s *Courant* critic mused in 1900: “Many proclaim him as the most finished and polished actor of the day, the acme of realism; others say he simply acts William Gillette in any part he may have to play. Perhaps the mean of these two extremes is nearest the truth. In many things very finished, in coolness and quickness; in many things very Gillette in manner in speech...”<sup>338</sup> In characters for which he was most admired (Holmes, *Secret Service*’s Dumont/Thorne) Gillette cultivated an effortless, underplayed fluidity that helped render the plays’ spectacular circumstances more believable. Turn-of-the-century playwright Edwin Milton Royle hailed Gillette as an undervalued pioneer in the “‘natural’ method of acting”:

He was natural in the finest sense, the truest sense – with the monotonous, inaudible, colorless naturalism of some of our contemporary performers, but with all the vivid, colorful variety and zest of the life we actually live, the life around us and within us...Other actors, other playwrights, followed in his footsteps, until nowadays the ‘natural’ method which he introduced is almost the only one with which the newest generation is familiar. We have progressed a long way since William Gillette first became famous as the only actor who could smoke a cigar naturally on the stage.<sup>339</sup>

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<sup>337</sup> William Gillette, *The Illusion of the First Time in Acting*, intro. by George Arliss (New York: Dramatic Museum of Columbia University, 1915), 45.

<sup>338</sup> Qtd. by Doris E. Cook, *Sherlock Holmes and Much More; or some of the facts about William Gillette*, (Hartford, CT: The Connecticut Historical Society, 1970), 55, BRTC.

<sup>339</sup> Qtd. in “Gillette was Pioneer in ‘Natural,’” *New York Times*, December 17, 1929, William Gillette Farewell Tour Scrapbook, BRTC.

In *Actors and American Culture: 1880-1920*, Benjamin McArthur names Gillette one of a group of transitional actors who rejected earlier acting observances like theatrical grandiloquence and melodramatic posturing for more understated means of dramatic expression. “Rather than ‘taking the stage,’ in the tradition of the great tragedians,” McArthur notes, “[Gillette] came onstage almost stealthily. His stage movements were deliberate, with economy of gesture.” The most distinctive feature of Gillette’s acting was his unique juxtaposition of *restraint* and *intensity* “conveyed...through nervous mannerism, twitching his fingers and hardening the muscles in his face,” McArthur contends. “Phrases such as ‘calm intensity,’ ‘nervous quietude,’ and ‘the perfect example of excitement under a cloak’ were used to describe him. ‘He seems to be doing nothing, but he is doing many things,’ said Norman Hapgood, ‘making a hundred subdued movements of his frame or head or face to reflect every change in the situation.’”<sup>340</sup> Montrose J. Moses’s 1930 piece on Gillette’s career authenticates McArthur’s summary of the actor’s gifts: “His acting is indeed a paradox, for it is the acme of nervous ease...Mr. Gillette’s nervousness intensifies the dramatic character of his acting. It conveys what dialogue cannot do. It is a visual addition to his plays, which are predominantly visual in interest, predominantly dynamic in outward fashion...”<sup>341</sup> As can be surmised from the above statements, Gillette relied heavily upon minute physiological responses to enliven characters with what he called the “Breath of life.”<sup>342</sup> The actor’s handsome face and lithe figure, so strikingly similar to Doyle’s descriptions of Holmes’s, were crucial to Gillette’s performance of Holmes (and of his addiction). This was especially true

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<sup>340</sup> Benjamin McArthur, *Actors and American Culture: 1880-1920* (Iowa City: University of Iowa Press, 2000): 174.

<sup>341</sup> Montrose J. Moses, “William Gillette Says Farewell: A Veteran of Three Generations of the American Theatre, reprinted from *Theatre Guild Magazine*, (Jan. 1930), 6, William Gillette Clippings File, BRTC.

<sup>342</sup> Gillette, *Illusion of the First Time*, 38.



of his hands (which languorously gestured in the moments prior to and following Holmes's cocaine injection but acquired a subtle, tremulous quality in the play's later acts) and his eyes, which were "half-lidded, almost sleepy eyes intelligently observant; watchful, at times wavering eyes with little variety of expression..."<sup>343</sup> Gillette's paradoxical uniting of phlegmatic temperament and anxious intellect was particularly effective in the role of Sherlock Holmes, as many reviewers were quick to note. Contextualized by Gillette's patented "calm intensity," Holmes's addiction was rarely comprehended by theatergoers as the injurious disease against which Watson inveighed; rather, most respondents alluded to Holmes's onstage drug use with distinct flippancy.

If Gillette's debonair detective-aesthete enjoyed thrice-daily injections with no more ill effects than blurred vision and momentary torpor, Richard Mansfield's Jekyll destroyed his career, love life, and selfhood with his first swallow of red liquid and white powder. His performance of Jekyll/Hyde's immoderate addiction, then, was one of immoderate mimesis.

### **3.2.2.2 Richard Mansfield as Dr. Henry Jekyll and Mr. Edward Hyde**

The reputations of Mansfield and Gillette, as actors and as public figures, were quite different from one another. While both men are credited as participating in (or originating) transitional acting forms that bridged mid-century melodramatic technique with psychological realism, Gillette's aforementioned skills lay in intensely detailed, technical realism, while Mansfield's acting was, by most accounts, an agreeable and (principally) effective combination of crowd-pleasing histrionics and modern dramatic realism.<sup>344</sup> Unlike Gillette's reputation for

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<sup>343</sup> [Unidentified newspaper clipping], BRTC.

<sup>344</sup> When he first assumed the dual roles of Dr. Henry Jekyll and Mr. Edward Hyde, Richard Mansfield was a 30-year-old American actor best known for his work in the musical comedies

dignified professionalism both on and offstage, Mansfield was perceived as a temperamental and egotistical autocrat. And if Gillette's acting methods *naturalized* drug addiction, Mansfield's performance style *pathologized* it.

Ironically, Richard Mansfield's most reliable characteristic (as an artist and as a public personality) was his tendency to court disputatious and inconsistent assessments. Mansfield's hybridizing acting style, in which he coupled aspects of the earlier heroic and emotional schools of acting with more understated techniques of modern realism, often rendered him ill-equipped to fully conquer dramatic pieces on the extreme ends of the aesthetic divide. With a sonorous, powerful voice, tremendous control over his facial and body movements, and a host of proven mannerisms stored in muscle memory, Mansfield was acknowledged even by his detractors as a "magnetic" actor who, as David Holcomb Burr notes, could "project a dynamic personal presence, to give electrifying, breathtaking portrayals, and to move his audiences greatly, holding them spellbound."<sup>345</sup> However, as Garff B. Wilson writes, "In the projection of emotion Mansfield had certain strengths and definite weaknesses...he could grasp and project the simple, violent, baser emotions which are characteristic of melodrama...[but] discriminating viewers felt that, with few exceptions, he could not touch either the depths or the heights of great tragic emotion and though he often simulated these emotions there was no 'informing soul' behind the simulation."<sup>346</sup> While it is true that Mansfield could not boast a chameleon-esque versatility, his portrayals nevertheless benefitted from the "extraordinary protean nature of his face and body.

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of Gilbert and Sullivan. *Jekyll and Hyde* immediately became an integral part of his repertoire, and despite Mansfield's growing resentment of his most notorious and lucrative creation he was unable to shake the specter of Jekyll/Hyde for the remainder of his career.

<sup>345</sup> David Holcomb Burr, "Richard Mansfield: A Re-evaluation of His Career," (Ph.D. diss., University of Michigan, 1972), ProQuest (AAT 7324729), 80.

<sup>346</sup> Garff B. Wilson, "Richard Mansfield: Actor of the Transition," *Educational Theatre Journal*, 14, no. 1 (March 1962): 40-41, <http://www.jstor.org/stable/3204711>.

They could assume, with apparent ease, any shape or appearance or expression he wished to impose upon them. His face in particular was marvelously plastic...”<sup>347</sup> Though he certainly enjoyed more theatrical successes than failures, Mansfield was a highly polarizing figure throughout his tenure as a leading actor-manager. A 1907 article in *Outlook* best summarized Mansfield’s controversial status:

One group of admirers, strongly impressed by his versatility, his personal charm, his intellectual power, and his great ability of interpretation, can see nothing else; for them no fault exists. Another group, repelled by his mannerisms, his peculiarities of elocution, his personal aggressiveness, and his inability wholly to hide the actor in the character, deny him unusual ability.<sup>348</sup>

As can perhaps already be garnered, what is truly fascinating about Mansfield’s public image is its startling resemblance to his celebrated dual role of addiction. Just like the famous double-exposure photograph of Mansfield as both Jekyll and Hyde, grossly divergent assessments by Victorian critics of even a single performance of the actor’s generated two distinct Mansfields: sensitive genius and sensational hack. Compounding Mansfield’s dual identity was his penchant for abrupt onstage transformations; as Burr explains, “Mansfield was known for the way in which he would burst from a subdued nervous quality into a flamboyant climactic scene.”<sup>349</sup> Throughout his career the actor’s offstage reputation was similarly bifurcated. Known for possessing an inflated ego and vitriolic personality, Mansfield

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<sup>347</sup> *Ibid.*, 40.

<sup>348</sup> Burr, “Richard Mansfield,” 46. For biographical information, acting descriptions, and personality sketches of Mansfield, see Burr, Clayton Hamilton, “Richard Mansfield: The Man,” *The North American Review*, 187, no. 626 (January 1908): 60-69; Edward Wagenknecht, “Richard Mansfield: Portrait of an Actor,” *The Sewanee Review*, 38, no. 2 (1930): 150-160; Wilson, “Actor of the Transition”; Paul Wilstach, *Richard Mansfield, the Man and the Actor* (London: Chapman & Hall, 1908); and William Winter, *Life and Art of Richard Mansfield*, vols. 1 and 2 (New York: Yard and Co., 1910).

<sup>349</sup> Burr, “Richard Mansfield,” 84.

sporadically appeared in the popular press for spontaneous (and explosive) fits of anger in public places that reputedly resulted in damaged property and, on occasion, injured waiters or hotel housekeepers. Reporting on one such outburst in “Mr. Mansfield in a Rage: Great Actor Got Real Mad While in Sioux City,” the anonymous author divulged, “The Mansfieldian temper was tried to the uttermost, the excoriating eloquence of the Mansfieldian tongue was hardly equal to the test, and the Mansfieldian irascibility was given a refreshing exhibition...”<sup>350</sup> Mansfield biographer Edward Wagenknecht later offered a measured (and probably more accurate) account of the actor’s troubled reputation: “Naturally his temperament invaded his social life. Combined with his self-confidence, it created the numerous squalls which, magnified by the newspapers, created the popular impression of him as a roaring lion of the theatre, going about seeking whom he might devour.”<sup>351</sup> Nevertheless, many friends and critics of the actor testified to Mansfield’s gentle nature, and Mansfield himself often attempted to revise his poor public image with a steady stream of publicity interviews in which a soft-spoken, jovial, and exceedingly polite Mansfield ruminated on his career while engaging in tranquil activities like sailing. “Mansfield’s attitude was both modest and amiable...the whole time I was with him there was not a moment when he ceased to be the courteous, well-bred man of the world...” alleged the author of an 1897 interview in *Leslie’s Weekly* entitled “Richard Mansfield as He Is.”<sup>352</sup> As Mansfield’s good

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<sup>350</sup>“Mr. Mansfield in a Rage: Great Actor Got Real Mad While in Sioux City,” [unidentified newspaper], [n.d.] Richard Mansfield Clippings File, BRTC.

<sup>351</sup> Wagenknecht, “Portrait of an Actor,” 152.

<sup>352</sup> A.H., “Richard Mansfield as He Is,” *Leslie’s Weekly*, January 21, 1896, Richard Mansfield Clippings File, BRTC. In oft-employed strategy for diminishing Mansfield’s bad reputation, James O’Donnell Bennett of *Munsey’s Magazine* transformed Mansfield’s faults into positive attributes for a professional actor: “If we look intimately at Mansfield we shall find a nature passionate, whimsical, impatient yet dogged; a mind capacious, highly cultivated, and independent; affections warm and steadfast, and easily wounded. To the casual observer the whimsical audacity of the man will first disclose itself, and if that observer does not tarry long

friend and biographer William Winter wrote, collaborators regarded Mansfield "...sometimes as affable and kind, sometimes as unreasonable, tyrannical, and offensive. That testimony, both ways, is authentic."<sup>353</sup> Mansfield, it would seem, had much in common with Jekyll and Hyde: a veneer of affability, restraint and charm masked the fiery dictator within, an ambition for personal aggrandizement "tempered by a sense of conscientious duty to his public."<sup>354</sup> Indeed, both admirers and detractors of Mansfield admitted he was the best actor for the job of bringing Jekyll/Hyde to the stage, citing his total immersion into the dual roles as proof of his suitability. "He is said to have lived so deeply the part of Mr. Hyde," wrote *The Post*, "that he attacked with such fury the actor who first played Carew, that, in the murder scene, he almost strangled him and did actually leave him in a swoon on the stage. At another time, dashing out of his dressing room, he bumped into George Ackerson, one of his scene painters, knocking him down and trampling on him in his headlong, Hyde-like rush for the stage."<sup>355</sup> Mansfield's acting methods, binary personality, and seemingly ruthless commitment to portraying Jekyll/Hyde both in and outside of the confines of the stage served to reinforce his performance of ungovernable, grasping addiction.

In responding to Mansfield's Jekyll/Hyde, critics generally addressed each side of the character individually as well as the two moments of onstage transformation in which the two entities fleetingly blended. With a few isolated exceptions, critics celebrated Mansfield's

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the impression thus made will be the dominant one. It is this same personal attribute, sobered and made operative, that in the artist expresses itself as courageous originality" (James O'Donnell Bennett, "Richard Mansfield," *Munsey's Magazine* (March 1907): 773, Richard Mansfield Clippings File, BRTC).

<sup>353</sup> Winter, *Life and Art*, vol. 1, 331-32.

<sup>354</sup> Wagenknecht, "Portrait of an Actor," 152.

<sup>355</sup> "The Biggest Hits of the Old Days: The Most Popular Plays and Musical Comedies of the American Stage, No. 86 – Richard Mansfield as Dr. Jekyll and Mr. Hyde," *The Post*, December 20, 1933, *Jekyll and Hyde* Clippings File, HTC.

embodiment of the fiendish form of Hyde and inveighed against the actor's softened, guilt-ridden Dr. Jekyll as an ineffective deviation from Stevenson's work. Mansfield's transformation scenes received nearly unanimous commendation, though they did trigger a battle between reviewers as to whether special makeup, wigs, prosthetics, and/or mechanical apparatuses were utilized by Mansfield in executing the nightly metamorphoses. The evocative language employed by critics (both American and British) to describe *Jekyll and Hyde* betrayed a collective awareness of the play's status not just as an allegory of good and evil, but also as a pilot exploration of drug addiction in the popular theatre. London's *Daily Telegraph* carped of Sullivan's play, "The modern stage does not require a dose of hideous stories nor does it demand the dramatization of dreams caused by painful indigestion or a course of opiates."<sup>356</sup> Announcing the Boston arrival of Daniel Bandmann's *Jekyll and Hyde*, Mansfield's main competition for the title of definitive adaptation, one reviewer quipped, "Another dose of 'The Drama of the Drug' was in order at the Boston last week." Twenty-three years after Mansfield's premiere, a review of H. B. Irving's new adaptation distances *Jekyll and Hyde* from other, more sentimental plays featuring drug use (becoming popular in the twentieth century's first decades):

After all, it is an innocent, if unscientific, pleasure to watch the villain of the play after a dose of morphia expire with all the symptoms of poisoning by strychnine. But Robert Louis Stevenson's imaginary pharmacology was much more plausible than that. We all know that alcohol will turn a man into a beast. How easy, then, to believe in the blend of red liquid and white powder which changed Dr. Jekyll into Mr. Hyde!<sup>357</sup>

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<sup>356</sup> "Lyceum Theatre," *The Daily Telegraph*, August 6, 1888, in "*Jekyll and Hyde*" *Dramatized*, 124.

<sup>357</sup> [Unidentified newspaper clipping], *Jekyll and Hyde* Clippings File, HTC; "The Theatre," [unidentified newspaper], April 15, 1888, *Jekyll and Hyde* Clippings File, HTC; and "Dr. Jekyll and Mr. Hyde," [unidentified newspaper], *Jekyll and Hyde* Clippings File, HTC. If such

Mansfield's redrafting of Jekyll's foundational characteristics resulted in a more sympathetic, ennobled scientist than Stevenson's creation. In comparing the many contemporary reviews of *Jekyll and Hyde* as well as biographies of and interviews with Mansfield, it is apparent that the actor's performance of Dr. Jekyll built upon the adaptation's construction of addiction in several important ways. Mansfield subtly lessened Jekyll's moral culpability in his own habituation by replacing the original character's egocentrism and intellectual opportunism with misapplied altruistic inquisitiveness. Unlike Gillette's Holmes, whose addiction is willfully perpetuated without measurable contrition, the addiction of Mansfield's Jekyll is innocently but abruptly born from curious "experimentation" and wraps the reluctant habitué in a mantle of shame, echoing many of the period's addiction narratives. Mansfield demonstrated the addict's remorse for his transgressions through Jekyll's psychological self-flagellation (commencing immediately with the character's first appearance and intensifying over the course of the play), the theatrical realization of a self-reproaching process commonly engaged in by Victorian addicts. By gradually chipping away at the character's meaningful relationships and his immaculate bourgeois façade until they were no longer recognizable, Mansfield also heightened the individual and communal stakes of Jekyll's addiction. Finally, the actor exposed the disease's mental and physiological impact through his material embodiment of an enfeebled, disconsolate Jekyll.

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responses were not proof enough, on September 3, 1888 *The Real Case of Hide and Seekyll* opened at London's Royalty Theatre. George Grossmith's musical farce was summarized by the *Pall Mall Budget*: "Mr. Hide, unfortunately, is addicted to drink, and the consequence is that Seekyll, though a strictly temperate man, awakens every morning with a racking headache" ("Two New Pieces: 'Hide and Seekyll,' at the Royalty," *Pall Mall Budget*, September 6, 1888, *Jekyll and Hyde* Clippings File, BRTC). Though the skit utilized alcohol as Hide's substance of choice, he is nevertheless an acknowledged addict. The farce was produced only one month after both Mansfield and Daniel Bandmann's *Jekyll and Hyde* adaptations premiered in London.

These changes to Jekyll's character and the trajectory of his narrative arch, which signal to us Mansfield's conceptualization of his character's illness-process, gratified some observers and perturbed others. The *Illustrated Sporting and Dramatic News* seemed to wholly grasp Mansfield's alterations to Stevenson's character, particularly the actor's more tragic construction of Jekyll's illness. Protesting the book's depiction of a cheerful Jekyll who "holds out to his friends the hand that has killed their friends," the critic claimed, "Mansfield...evolves a nobler, subtler, and more logical conception....[Jekyll] could not be jolly – he is crushed by remorse for the crimes he has committed as Hyde; he is in despair at the inexorable fate that binds him to his baser part and renders his resistance to the noxious drug weaker and weaker."<sup>358</sup> The *Times* applauded Mansfield's "humanizing Jekyll, making him hate Hyde, and suffer mentally from his knowledge of Hyde's villainies," even going so far as to say "Mr. Stevenson ought to be much obliged to Mr. Mansfield for not only making his story profitable on the stage, but for giving to the character of Jekyll something like consistency."<sup>359</sup> The adulatory William Winter avowed, "Mr. Mansfield rises to a nobler height than [the acting of Hyde] – for he is able[,] in concurrent and associate impersonation of Dr. Jekyll, to interblend the angel with the demon, and thus to command a lasting victory, such as his baleful image of the hellish Hyde could never, separately, achieve....[He presents] the image of a man who is convulsed, lacerated, and ultimately destroyed by a terrific and fatal struggle within the theatre of his own soul and body..."<sup>360</sup> And according to James O'Donnell Bennett of the *Chicago Record-Herald*, "Genius would not be

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<sup>358</sup> *Illustrated Sporting and Dramatic News*, July 28, 1888, *Jekyll and Hyde* Clippings File, BRTC.

<sup>359</sup> *Boston Home Journal*, reprint of *Times*, August [?], 1888, *Jekyll and Hyde* Clippings File, HTC.

<sup>360</sup> William Winter, "Richard Mansfield as Dr. Jekyll and Mr. Hyde," *New York Tribune*, September 13, 1887, *Jekyll and Hyde* Clippings File, HTC.



required to make Hyde a creepy figure; but to give him larger significance by enforcing the woe of Jekyll and by keeping poignantly before the spectator the sense of Jekyll's consciousness of his doom – this does require feeling and prowess of the first order.”<sup>361</sup> These few reviews, however, represent the minority of positive critiques of Mansfield's Jekyll. Much of the criticism was leveled at Jekyll's (perceived) anemic or melancholic flatness, particularly in comparison with the grotesque forcefulness of Mansfield's Hyde. The *Boston Post* proclaimed the character “too lackadaisical,” the *Boston Evening Transcript* “too inveterately gloomy.”<sup>362</sup> Across the pond, the *London Letter* claimed that English audiences and reviewers “unanimously voted [it] a jerky, spiritless, and utterly commonplace impersonation...His Jekyll is absurd and magnifies all his old faults.”<sup>363</sup> Mansfield's Jekyll “too palpably carried about with him” the horrible knowledge of his alter ego's wrongdoings, lamented *The Boston Post*.<sup>364</sup> “There is too much of the melancholy and virtuous martyr,” complained another London rag, while the *Pall Mall Budget* reasoned, “We believe that Mr. Mansfield claims to have improved the original character of Jekyll by making him grieve for the hideous sins of his evil half, but it is difficult to understand how an actor who is possessed of such abilities as Mr. Mansfield should show us a Jekyll who is a mixture of a smug young shop-walker and an aesthetic curate, who wishes to be

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<sup>361</sup> James O'Donnell Bennett, “Music and the Drama,” *Chicago Record-Herald*, November 29, 1903, Fred G. Ross Scrapbooks, vol. 1, BRTC.

<sup>362</sup> “Mansfield and Bandmann,” *Boston Post*, reprint of *Athenaeum*, August 22, 1888, *Jekyll and Hyde* Clippings File, HTC and “Dr. Jekyll and Mr. Hyde,” *Boston Evening Transcript*, May 10, 1887, *Jekyll and Hyde* Clippings File, HTC.

<sup>363</sup> *New York Mirror*, review of *Jekyll and Hyde*, August 25, 1888, reprint of *London Letter*, August 9, 1888, *Jekyll and Hyde* Clippings File, HTC.

<sup>364</sup> *The Boston Post*, review of *Jekyll and Hyde*, May 10, 1887.

well with the ladies.”<sup>365</sup> Reviewers also disagreed as to whether Mansfield’s Jekyll warranted the audience’s compassionate concern. While one London critic claimed, “...we all sympathise with poor Jekyll as Mansfield impersonates him; we pity him,” the Captious Critic mused, “I do not know to this moment whether it is the Dr. Jekyll or the Mr. Hyde of the play for whom my tears should fall...As it is, when the doctor as Jekyll suffers from the iniquities of Jekyll as Hyde, we know that he himself by his own volition is answerable for the transformation which has caused the mischief; when he sighs in his remorse, in which the fear of consequences has so great a share, the only feeling possible is one of serve him right.” Such discussions unequivocally echoed *fin-de-siècle* debates over how much sympathy (or stigma) should be extended to the “victims” of addiction. The *Boston Evening Transcript* ably illustrates this important congruity:

We, the audience, cannot fully sympathize with Jekyll, because we know all the while that, beside being Jekyll, he is also Hyde; for the same reason we are unable perfectly to hate Hyde, because we know that he may turn back into Jekyll again at any moment. Hyde is Jekyll’s malady, and our abhorrence of the disease is lessened by our pity for the sufferer, for, in this case, disease and sufferer are one. Then, too, as the disease is essentially shameful, and, to a certain extent, voluntarily incurred, our sympathy with and pity for Jekyll is not quite free from a dash of contempt. We feel toward this double incarnation of the virtues and vices much as we do toward a periodical drunkard. You may tell us that his failing is a disease and convince our understanding that it is so; but in our heart of heart we do not quite respect him, even in his sober days.<sup>366</sup>

In 1888, Mansfield gave several interviews in which he justified his controversial interpretations (no doubt in response to unfavorable reviews of his portrayal of Jekyll). To the

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<sup>365</sup> [Unidentified newspaper clipping], *Jekyll and Hyde* Clippings File, HTC and “The Nightmare at the Lyceum,” *Pall Mall Budget*, review of *Jekyll and Hyde*, August 9, 1888, *Jekyll and Hyde* Clippings File, BRTC.

<sup>366</sup> “Dr. Jekyll and Mr. Hyde,” *Boston Evening Transcript*, May 10, 1887, *Jekyll and Hyde* Clippings File, HTC.

*New York Sun* the actor insisted Jekyll's righteousness was vital to the theatrical dynamism and duality of Jekyll/Hyde: "The bad in *Jekyll*, having unlimited indulgence, is exhausted for the time, and leaves the good in him almost as pure as the bad was in *Hyde*. *Jekyll* is now an unhappy and a most wretched man; the very fact of his goodness makes the knowledge of his badness the more overwhelming."<sup>367</sup> To the *Pall Mall Gazette*, Mansfield criticized Stevenson's "jovial...dinner party giving" Jekyll: "Now, on Stevenson's assumption that Hyde was the impersonation of all that was *bad* in his character, how could Dr. Jekyll (who was the *good*) be otherwise shocked at the enormities he committed when his other self? How could he be otherwise than remorseful and moody, in spite of all his goodness and loving kindness?"<sup>368</sup> And with London's *The Star*, Mansfield attempted to elevate his Jekyll's critical status through a guarantee of originality. Actors of competing *Jekyll and Hyde* dramatizations, he proclaimed, "can all find Hyde in Mr. Stevenson's book, but my Jekyll they cannot find, for he is not there."<sup>369</sup> In answering critics who disapproved of the gentler, more vulnerable Jekyll of Mansfield's imagination, the actor explained: "Now, rightly or wrongly, I have a theory that all that is good in a man's character – his affection for others, his love of truth and mercy, his self-sacrifice, patience, and other virtues – all come to him from his mother; and so I make Jekyll somewhat effeminate, that is to say, gentle in his manner and passionate and self-sacrificing in his love."<sup>370</sup> While his Hyde's hedonistic urges validated late-Victorian fears of the libidinous and violent addict-menace, the effeminate comportment of Mansfield's Jekyll confirmed a

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<sup>367</sup> "Mansfield vs. Stevenson," *New York Sun*, January 1, 1888.

<sup>368</sup> "The Real Dr. Jekyll and Mr. Hyde, An Interview with Mr. Richard Mansfield," *Pall Mall Gazette*, July 24, 1888, in "*Jekyll and Hyde*" *Dramatized*, 103.

<sup>369</sup> "A Chat with Richard Mansfield," *The Star*, July 27, 1888, in "*Jekyll and Hyde*" *Dramatized*, 105.

<sup>370</sup> "The Real Dr. Jekyll and Mr. Hyde," *Pall Mall Gazette*, July 24, 1888.

parallel construction of male drug addicts as overly sensitive aesthetes. As Mara L. Keire succinctly states, “addiction made men less manly.”<sup>371</sup>

If we took our evaluative cues from the theatre reviews of *Jekyll and Hyde*, our examination of Mansfield’s performative lexicon of addiction might have begun and ended with Jekyll/Hyde’s physicality. Though it was Mansfield’s bodily representations of addiction that electrified audiences (and prompted several critics to cry “claptrap”), the actor professed on countless occasions that his approach to the role(s) was first and foremost a study in psychology. The discrepancy between Mansfield’s reputedly lofty aims in embodying Jekyll/Hyde and the performance’s popular reception vexed the actor greatly. According to Franklyn Fyles, “...for Jekyll and Hyde [Mansfield] had an intense aversion, arising from what the public never suspected, --his feeling that he had failed in what he set out to do”:

He read Stevenson’s tale with keen appreciation of its astonishing psychology... Here was a creation which, as Mansfield fondly believed, might be depicted in dramatic art. He longed for a purely intellectual exploit; to distinguish himself by exposing what took place inside of the amiable Dr. Jekyll in his shifts of soul to the cruel Mr. Hyde and back again; and he did that explicitly enough to be seen clearly by all who looked for it; but far more impressive to the multitude than the mental transitions was the transformation of palpable matter.<sup>372</sup>

Despite investing much of his efforts into the physical manifestations of Jekyll/Hyde’s internal struggle, Mansfield nevertheless took umbrage with a faction of fans and detractors that judged his performance as a material simulation of the tortured scientist’s degeneration and not a penetrating psychological inquiry. It is with this disconnect between intention and reception in mind that I proceed to reconstruct the physicalization of Mansfield’s Jekyll/Hyde.

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<sup>371</sup> Keire, “Dope Fiends and Degenerates,” 812.

<sup>372</sup> Franklyn Fyles, “What Was Mansfield’s Influence on the American Drama?,” *American Review of Reviews* (October 1907), 430, Bibbee Scrapbook, BRTC.

From the many descriptions offered by witnesses of Mansfield's Boston, New York, and London engagements, a sufficiently clear portrait of Jekyll can be assembled. The doctor was sallow-skinned, rheumy-eyed, upright but slightly sway-backed in posture, and – until the play's final act – somewhat conservative in movement. His longer black hair, of which several critics commented on as inappropriate for the character's profession, was parted on the side and curled; this hairstyle (probably a wig) permitted Mansfield to shift from the polished Jekyll to the untamed Hyde by way of a rapid tousle. Whether Mansfield achieved the true carriage of a Victorian medical professional was up for debate, as was the dramatic efficacy of his arm gestures, which grew more nervously twitchy and/or histrionic (depending on the viewer's judgment) as the play progressed. The *Illustrated Sporting and Dramatic News* observed, "his wavy gestures indicative of mental anguish belong rather to old-world poetic tragedy than to modern psychological melodrama."<sup>373</sup> However, biographer Paul Wilstach defended Mansfield's physical choices for Jekyll, stating, "He had to indicate yet restrain the cracking secret of his soul, the ceaseless terror of the uncontrollable change which might come at any moment – in the street, in the house of his friends, in his sweetheart's presence."<sup>374</sup> As the many caricatures of Mansfield's dual role printed in *The Illustrated Sporting and Dramatic News*, *Pall Mall Gazette*, and *The Penny Illustrated Paper* as well as the famous Van der Weyde double-exposure photograph of Mansfield as Jekyll and Hyde illustrate, Mansfield's Jekyll was, at least from the neck down, the archetypal Victorian protagonist. Elegantly dressed in a double-breasted frock coat with erect posture, stylishly coiffed hair, and an open compartment (legs shoulder-width apart, chest expanded, arms uncrossed), Jekyll's body language in these visual representations is

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<sup>373</sup> Our Captious Critic [pseud.], "Our Captious Critic, Mansfield, Jekyll, and Hyde," *Illustrated Sporting and Dramatic News*, August 18, 1888, *Jekyll and Hyde* Clippings File, BRTC.

<sup>374</sup> Wilstach, *Richard Mansfield*, 147.

not only that of privileged bourgeois masculinity, but of honesty and forthrightness. However, the face of Jekyll contradicts his body's studied ease. In all but one of the illustrations, Mansfield's Jekyll wears the furrowed brow and anxious eyes of a man tormented by a suppressed, internalized struggle. The Van der Weyde photograph (in which Hyde crouches villainously behind Jekyll) shows Jekyll's eyes and right arm both raised to the heavens, a composition interpreted by Irving Saposnik as a signifier of Jekyll's inherent moral virtue. I interpret the facial expression and gesture as communicating a different emotion: one of guilt, impotence, and spiritual supplication.<sup>375</sup> In one interview Mansfield accounted for the manifest duplicity of Jekyll's poised body and tortured visage:

The terrific strain upon a once powerful system begins to tell, and he finds himself generally less and less able to withstand, both physically and mentally, the encroachment of evil. He is bowed down with remorse at the thought of the monster he has conjured up betwixt himself and the beautiful woman to whom he is engaged; he cannot but feel himself responsible for the crimes which he has committed in his other self; he finds too late that the good in him must now suffer for the indulgence of evil in him. Worse is added to worse.<sup>376</sup>

Mansfield exhibited this "terrific strain" in ways that substantiate our labeling his Jekyll a performance of addiction. In his seminal work *Morbid Craving for Morphia* (originally published in 1878), Eduard Levinstein enumerates the drug addict's characteristic "symptomatology," many aspects of which were adopted by Mansfield for Jekyll. Among them, "the skin often loses its turgor, its previous colour, and its natural elasticity...the face mostly becomes pale and ash-coloured...the eyes are often devoid of luster, the patient's glance is weak, miserable, and shy...[a] trembling of the hands, and increased reflex action [are also common]."

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<sup>375</sup> Saposnik, "Anatomy of *Jekyll and Hyde*," 715.

<sup>376</sup> "Mansfield vs. Stevenson," *New York Sun*, January 1, 1888.

Of those addicts suffering from “abstinence from morphia” Levinstein has this to report: “They are overcome by a feeling of uneasiness and restlessness; the feeling of self-consciousness and self-possession is gone, and is replaced by extreme despondency...Some of the patients will be found walking about in deep despair, hoping to find an opportunity of freeing themselves for ever from their wretched condition.”<sup>377</sup> Compare Levinstein’s record of acute drug withdrawal with the *Pall Mall Budget*’s description of Mansfield’s final scene as Jekyll: “Imagine him locked up in his laboratory...pacing to and fro in mortal agony. The drug, which was once so potent in effecting convenient transformations, cannot be procured in its native purity, and with its purity its potentiality has gone...So great is Jekyll’s agony that he writhes in unutterable torments...”<sup>378</sup> Similarly, Mansfield’s onstage transformation from Hyde to Jekyll lends itself wholly to our analysis of Jekyll/Hyde as a performance of illness via addiction. *The Daily Telegraph*’s narration of the transformation suggests just how analogous it is with a drug addict’s passage from withdrawal to satiation:

The fiend grovels and begs for the priceless drug; the man of the world, somewhat of a skeptic, for a time refuses. At last Lanyon yields, and the deformed, shapeless, withered Hyde sinks in a heap on the floor, feverishly mixing the drug by the light of the winter fire, the red glow falling upon his tawny hair and revolting features. There is a pause but of an instant, when to the surprise and admiration of everybody, there arises, without screens, or gauzes, or traps, or anything, from the groveling, ill-dressed jabbering mass on the ground, the well-knit frame, the well-dressed body, and the pale, calm, clear-eyed face of the renewed Jekyll.<sup>379</sup>

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<sup>377</sup> Eduard Levinstein, *Morbid Craving for Morphia*. (London: Smith, Elder: 1878), 11-14, 16.

<sup>378</sup> “The Nightmare at the Lyceum,” *Pall Mall Budget*, Aug. 9, 1888.

<sup>379</sup> “Lyceum Theatre,” *The Daily Telegraph*, August 6, 1888.

Given the striking, character-defining physicality and vocality of Mansfield's Hyde, it behooves us to remain trained upon Mansfield's performative body as we investigate the actor's infamous drug fiend. Reportedly (or perhaps mythically) the cause of fainting female spectators and vivid post-theatre nightmares for both sexes, Mansfield's Hyde nevertheless became a must-see attraction for thrill-seeking theatergoers. Mansfield himself argued for the necessity of heightened physical abnormalities in translating Hyde from page to stage: "The form shrinks to fit the spirit, which remains," he states of his conception, "and the form and features accommodate themselves to the likeness of the being within."<sup>380</sup> Additionally, as drug dependency became increasingly stigmatized, much was made in the medical and popular presses of the disfiguring scars of addiction: emaciated frame, infected puncture wounds, glassy eyes, and a host of others; in this light Mansfield's Hyde represented the grotesque extreme of the addict's physical self-mutilation. Not surprisingly, many lines of typeface were dedicated to Hyde's unique corporeality in *Jekyll and Hyde* reviews; among the most conspicuous characteristics of these passages was the near absolute refusal to label Mansfield's creation "human." No doubt Hyde's stooped posture (achieved through a rounded back and deeply bended knees) and bizarre vocal expressions prompted some to utilize subhuman or magical designations such as "gnome," "dwarf," "bogy," "demon," "monster," or "imp," as in the case of the *Pall Mall Gazette*'s dramatic critic, who invited readers to "[i]magine a crouching imp of stunted stature, misshapen and crook-backed, halting in his gait, a mass of towzled black locks covering his forehead, his eyes glowing like coals, without teeth, and varying his raucous bass tones with hisses and gasps..."<sup>381</sup> Others interpreted Hyde's erratic movements and

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<sup>380</sup> "Mansfield vs. Stevenson," *New York Sun*, January 1, 1888.

<sup>381</sup> "The Nightmare at the Lyceum," *Pall Mall Gazette*, August 7, 1888.



idiosyncratic speech patterns as simulating the behaviors of an inmate in “a padded cell in Bedlam.”<sup>382</sup> For the majority of reviewers Hyde, “with his leaps and bounds and growls and snarls,” was most aptly described in animalistic terms.<sup>383</sup> As has already been remarked, Mansfield’s primitive posture and broken gait were, in the post-Darwinian world of 1887, weighty signifiers of atavistic savagery and retrograding degeneration, the perfect compliments to a performance of addiction. According to the *Athenaeum*, “Man when seeking to depict diabolical traits has been obliged to have recourse to animals; and it is edifying to study the caprice that has been shown in the selection of attributes. The ape has always been a familiar of Satan, as the cat has been of the witch his minister. Mr. Mansfield gives the ape-like agility, and mows and mops and squeals like a member of the simian tribe.”<sup>384</sup> Others saw in Hyde’s spontaneous ferocity and straining, agitated hands the makings of a bird of prey. Indeed, Hyde’s talon-like fingers are, other than his severely stooped posture, the most repeated features in artistic reproductions of Mansfield’s embodiment. “Nothing more ghastly has been seen than Mansfield flying like a hellish hawk attemptihg [sic] to catch the throat of a fat old officer...,” the *London Letter* recounted.<sup>385</sup> The character’s feral crouch, from which he abruptly sprang to strangle Sir Danvers, was deemed catlike. As the *Boston Evening Transcript* proclaimed, “But his Hyde – ah, there is a triumph! The feline attitude, the cruel, protruding chin, the sharp eyes, the rasping voice, and, above all, the mouth, with its leering bestiality, all contribute to form a

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<sup>382</sup> “Lyceum Theatre,” *The Daily Telegraph*, August 6, 1888.

<sup>383</sup> “Mansfield and Bandmann: Condemning the Rival Version of Dr. Jekyll and Mr. Hyde,” *Kansas City Star*, reprint of Lobouchere’s *London Letter*, August 13, 1888, *Jekyll and Hyde Clippings File*, HTC.

<sup>384</sup> “Mansfield and Bandmann,” *Boston Post*, August 22, 1888.

<sup>385</sup> “Mansfield and Bandmann,” *Kansas City Star*, August 13, 1888.

picture irresistibly forceful and vital. All the evil passions are here portrayed with the sure hand of a master; it was superb.”<sup>386</sup>

While Mansfield’s Jekyll elicited mostly poor appraisals, his Hyde shocked and exhilarated audiences and critics. A handful of critics reprimanded Mansfield for what they deemed to be self-indulgent overacting as Hyde and lamented the actor’s inclusion of visible deformities for the character when Stevenson’s Mr. Utterson describes Hyde as giving “the impression of deformity without any nameable malformation.”<sup>387</sup> The majority, however, hailed his creature as a theatrical triumph. Whereas many critics claimed Mansfield’s talents were squandered or misdirected in his portrayal of Jekyll, the actor’s particular brand of hyper-dramatic volatility (a forceful blend of intellectual and physical muscularity) was used to sublime effect in the monstrous Hyde. “Mr. Mansfield’s reserves of nervous force and of vocal volume and intensity (to say nothing of his knowledge of the lust, hatred, and fury that the human heart can generate), are wonderfully shown in this performance,” proclaimed a New York reviewer; the *London Letter* concurred, maintaining Mansfield’s Hyde “is full of weird power and ferocity, and proves that Mansfield has (as I have often said in the past) great capabilities for character acting. His Hyde is simply a revelation...”<sup>388</sup> The countless colorful descriptions of Hyde in the popular press would require pages to fully catalogue; I have opted, therefore, to quote two of the more scintillating portraits in order to illustrate the character’s profound cultural impact as an unadulterated narcotic nightmare. Declared William Winter, who became one of Mansfield’s first biographers, “Mr. Mansfield depicts, with horrible animal vigor and with intense heat and

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<sup>386</sup> “Dr. Jekyll and Mr. Hyde,” *Boston Evening Transcript*, May 10, 1887.

<sup>387</sup> Stevenson, *Jekyll and Hyde*, 52.

<sup>388</sup> “Mansfield as Jekyll and Hyde, New Amsterdam Theatre,” [unidentified newspaper], March 22, 1906, *Jekyll and Hyde* Clippings File, HTC; and *New York Mirror*, August 25, 1888.

reckless force of infernal malignity, the exultant wickedness of the bestial and frenzied Hyde – displaying herein a carnal monster of unqualified evil. It is an assumption remarkable for startling intensity and tremendous power.”<sup>389</sup> A Boston critic’s commentary is similarly valuable to our understanding of Mansfield’s performance:

[Hyde] was a creation wonderfully suggestive of the book from which Mr. Mansfield seemed to have taken an infinite number of points, as cleverly as he has skipped an equally large number. Its slouching gait and mean carriage suggested the repulsiveness of Hyde, which, however, in the book is described as purely a revulsion of spirit. His bodily bearing had that imprint of “deformity and decay” that Jekyll saw stamped upon Hyde when he first looked upon his image in the mirror, and if Mr. Mansfield gives a grotesque version of it, he nevertheless manages to make it terrible, and in spite of a crouching gait suggestive of physical weakness, the spirit of sin was stamped so mightily upon him that he suggested brute strength that could well conquer whatever it attacked.<sup>390</sup>

Though Mansfield’s performance was often categorized as groundbreaking and distinctive, it was not without any indebtedness to previous theatrical embodiments. The persistent juxtaposition of Mansfield’s performance and that of Charles Warner’s Coupeau by members of the popular press affords a clear endorsement of my position that audiences and critics interpreted Mansfield’s Jekyll/Hyde as a performance of addiction. In order to adequately describe for their readers the bizarre character and physicality of Mansfield’s Mr. Hyde, English and American critics tapped a wide array of notable literary and theatrical figures. In a rash of contemporary reviews, the actor’s Hyde was pronounced “an intensified murderous Quilp” with “a Uriah Heep bearing,” “a monster more mis-shapen than Caliban; more demonical than

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<sup>389</sup> Winter, “Richard Mansfield as Dr. Jekyll and Mr. Hyde,” *New York Tribune*, September 13, 1887.

<sup>390</sup> [Unidentified newspaper clipping], *Jekyll and Hyde Clippings File*, HTC.

Quasimodo; more ghastly than Hugo's 'homme qui rit,'" "[akin to] the Frankensteins and Vampires and all their uncanny brood," "the compound of Quilp and Caliban," "as ghastly a mixture of Quilp, Quasimodo, and the 'Man Cat' of the old Victorian Theatre as can be imagined," "a sickening compound of greedy Ghoul, of hideous Leprechaun, and dream-haunted Jabberwock," and perhaps my favorite, "[possessing] the manners of Quilp and the methods of the demon lobster."<sup>391</sup> Such clearly exaggerated references encourage readers to imagine Mansfield's creation as a demon of the highest caliber: monstrous, deformed, paranormal, and profoundly malevolent. The most insightful allusion, however, is dispensed within a written burlesque of the play entitled "At the Play, 'Dr. Jekyll and Mr. Hyde,' at the Lyceum; or, Scenery and Psychology, A Drama of Modern Thought" and published in the *Boston Home Journal*. In its satirical take on the Carew murder scene, the following exchange precipitates Hyde's violent attack:

HYDE: Have a care – have a care! Stay, what do you think of me?

SIR DANVERS: I think that you look like a cross between Quilp and Coupeau in the last act of "Drink." You slither and hop in a fashion that suggests

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<sup>391</sup> [Unidentified newspaper clipping], March 22, 1906; [unidentified newspaper clipping], May 14, 1887; *Piccadilly*, Aug. 9, 1888, p. 120, BRTC; "Lyceum Theatre," *The Daily Telegraph*, August 6, 1888; "The Nightmare at the Lyceum," *Pall Mall Budget*, August 9, 1888; "Dr. Jekyll and Mr. Hyde," [unidentified newspaper], September 22, 1888; "Lyceum Theatre," *The Daily Telegraph*, August 6, 1888; and *The Illustrated Sporting and Dramatic News*, August 18, 1888. Daniel Quilp is the villain of Charles Dickens's *Old Curiosity Shop* (1841), while Uriah Heep is the red-haired, pale, lashless, and dystonic character in the author's later work *David Copperfield* (1850). In Shakespeare's *The Tempest* (1610-11), Caliban is the enslaved creature on Prospero's island, described variously as a monster and fish but never as a full man. Victor Hugo's Quasimodo is the famed *Hunchback of Notre Dame* (1831), and his *homme qui rit*, or *The Man Who Laughs* (1869), is Gwynplaine, the abandoned boy whose face was mutilated into wearing a perpetual grin. Mary Shelley's *Frankenstein* (1818) and a wide range of gothic novels and plays about vampires were popular throughout the nineteenth century, and the Jabberwock is the monstrous creature beheaded in the poem "Jabberwocky," featured in Lewis Carroll's *Through the Looking-Glass, and What Alice Found There* (1872).

sometimes a marionette and sometimes an ape; you splutter, spit and gurgle like an epileptic hen. You are a disgusting nightmare. Get out.<sup>392</sup>

Charles Warner's career-making portrayal of Jean Coupeau in Charles Reade's *Drink* (1879) is no longer widely known even to theatre historians, but at the time of Mansfield's *Jekyll and Hyde* it was the most notorious and acclaimed performance of addiction on both sides of the Atlantic. *Drink*, a dramatization of Emile Zola's 1877 novel *L'Assommoir*, follows the descent of Coupeau, a once amiable mechanic and devoted family man, into the lowest depths of alcoholism. Though he is "cured" of his cravings by a stint in a hospital ward and earnestly pledges sobriety for the sake of his wife Gervaise and daughter Nana, his illness enslaves him once again after the play's villainess swaps the claret he is ordered to drink with brandy. At once Coupeau realizes the perilous substitution and strains to resist his old temptation before draining the entire bottle. He is immediately overtaken by a final and brutal assault of *delirium tremens*, replete with hallucinations, ravings, and paroxysmal seizures, before succumbing to his disease. Like Mansfield's dominance in *Jekyll and Hyde*, *Drink* profited almost solely from Warner's *tour de force*, its supporting players receiving little more than a perfunctory mention in a handful of reviews.

The satirist(s) responsible for the above parody were not the only persons to perceive similarities between Warner's Coupeau and Mansfield's Jekyll/Hyde. In fact, Mansfield's performance was repeatedly cited in reviews of *Drink* (sometimes disparagingly, sometimes approvingly), particularly with regard to Warner's enactment of *delirium tremens* in the play's last act. For one *New York Times* critic, "A more awful piece of realism than Mr. Warner's acting

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<sup>392</sup> "At the Play, 'Dr. Jekyll and Mr. Hyde,' at the Lyceum; or, Scenery and Psychology, A Drama of Modern Thought," *Boston Home Journal*, September 15, 1888, *Jekyll and Hyde Clippings File*, HTC.

of this scene cannot be imagined. It is as ghastly as Richard Mansfield's Hyde, Jacob Adler's Idiot, and John Blair's Oswald in *Ghosts* rolled into one." Another review reported, "[H]is impersonation of a man crazed with drink and in the throes of delirium tremens can only be compared with Mansfield's impersonation of Mr. Hyde." Still another submits that Warner's "is a more minute, graphic, and terrible study of character than any which Sir Henry Irving ever gave; it makes Richard Mansfield's dual creation of Dr. Jekyll and Mr. Hyde seem like a babe in arms," while a Boston reviewer proclaimed, "[in] the fearful realism of death by delirium tremens, as depicted by Mr. Warner, memories of the horror inspired by 'Dr. Jekyll and Mr. Hyde' pale into insignificance."<sup>393</sup> If theatrical embodiments of drunkards were prosaic in the nineteenth century, why did reviewers neglect to compare Warner's Coupeau with melodramatic chestnuts like W. H. Smith's Edward Middleton (in *The Drunkard*), and instead link together Mansfield's and Warner's most famous roles?<sup>394</sup> In my estimation, the majority of critics recognized both performances as *transitional* representations of addiction only partially indebted to mid-century methods of enacting alcoholism. Influenced by the burgeoning impulses of psychological realism in the theatre as well as the era's scientific and ideological shift to the addiction-as-disease paradigm, Mansfield and Warner did not regard their performances as melodramatic claptraps. Indeed, most reviewers of *Drink* agreed that Warner reconstituted the performance of inebriety by infusing it with unmatched realism (or what one reviewer labeled

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<sup>393</sup> "Academy – Drink," *New York Times*; "Zola Parodied," [unidentified newspaper], *Drink Clippings File*, BRTC; [unidentified newspaper clipping], *Drink Clippings File*, BRTC; "Boston Theatre: 'Drink,'" [unidentified newspaper], *Drink Clippings File*, BRTC.

<sup>394</sup> Only one of the nearly 20 reviews I gathered on Warner's Coupeau mentioned the role's evolutionary connection to mid-century stage drunkards. "The tradition of Moorhouse in 'The Drunkard' and of John B. Gough on the platform," it reads, "is completely eclipsed by this performance" ("Mr. Charles Warner in 'Drink', The Academy," [unidentified newspaper], *Drink Clippings File*, BRTC).

“photographic acting”), while Mansfield reported in several interviews his total immersion in the incompatible yet interdependent psychologies of Jekyll and Hyde was unwavering.<sup>395</sup>

According to *Drink*’s reviewers, the dramatic efficacy of Warner’s Coupeau relied upon two main elements: the gradual transformation of Coupeau from teetotaler to addict (including his relapse into alcoholism after treatment) and his enactment of a fatal bout with *delirium tremens*, a battle which, according to “Our Captious Critic” at *The Illustrated Sporting and Dramatic News*, lasted nearly 20 minutes each night.<sup>396</sup> Over seven acts (or, as the same Captious Critic tellingly labels them, “seven *phials* of dramatic horrors” [emphasis mine]), Warner’s Coupeau descended down the ladder of alcohol addiction, stopping briefly but discernibly on each individual rung. In an illuminating publicity piece in Pulitzer’s newspaper *The World* entitled “The Seven Stages of Drunkenness – Portrayed and Analyzed by Charles Warner the Great ‘Drink’ Actor,” Warner described in great detail seven declining stages of drunkenness: contemplation, satisfaction, suspicion, antagonism, defiance, brutality, and – as three possible manifestations of the seventh stage – fear, insanity, and stupidity. Accompanying the article are seven photographs of Warner’s face demonstrating the physiognomic changes of each stage. “When I first undertook to play the role of Coupeau I was urged to visit various hospital wards in London where cases of delirium tremens were to be observed,” Warner wrote. “After giving the matter considerable thought I decided to analyze the causes that led up to the horrors rather than to study the final manifestation.” He therefore took to observing the patrons of London public houses to identify the “various conditions” of “the victim of intemperance.”<sup>397</sup>

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<sup>395</sup> “Mr. Charles Warner in ‘Drink,’ The Academy,” [unidentified newspaper].

<sup>396</sup> “Our Captious Critic,” *The Illustrated Sporting and Dramatic News*, June 7, 1879.

<sup>397</sup> “The Seven Stages of Drunkenness – Portrayed and Analyzed by Charles Warner the Great ‘Drink’ Actor,” *The New York World*, September 27, 1903, *Drink Clippings File*, BRTC.

The striking similarities between a Boston review of *Drink* (predating the *World* article) and the actor's graduated stages of drunkenness suggest that Warner's addiction research was acutely effectual. Of Coupeau's developing disease the critic particularized:

Down the via dolorosa he goes, indexing each stage: the stimulation, exhilaration [sic] such as neurotic Hedda pictures in her vision of vine leaves in her hair, the sensation of impending danger, repentance [sic], remorse, the conquest of conscience by unutterable pangs of thirst, naked drunkenness and physical decay, horrible convulsions of alcoholic insanity, death. He lives every point in a sordid tragedy.<sup>398</sup>

Unlike Coupeau's progressive decline into alcoholism (furnished by Warner's seven-staged illness-process), Mansfield's portrayal of addiction profited from abrupt conversions and reversals between slave and master, sobriety and sybaritism, remorseful addict and fiend; these depictions echoed public suppositions about the differences between alcohol and drug addiction: while liquor engenders addicts through a slow, agonizing initiation, drugs swiftly abduct and enslave their victims with little warning. As Leslie Keeley wrote in 1881's *The Morphine Eater; or From Bondage to Freedom*, "The curse of *alcohol* is mostly intermittent, allowing its victims some intervals of rationality, and frequently long intervals; but that of *opium* is perpetual. The victim never *can* stop – he *must* go on, or suffer the torments of the damned until death releases him."<sup>399</sup> The face of withdrawal was also similarly illustrated in both performances: Mansfield's Dr. Jekyll was pallid, distracted, and drawn, alternating between agitation and melancholic fatigue ("a sort of Hamlet in a frock coat" pronounced John Ranken Towse), while Warner's post-hospital Coupeau was described in the *New York Times* as "prematurely old, broken,

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<sup>398</sup> "'Drink' A Powerful Melodrama at the Boston," [unidentified newspaper], *Drink Clippings* File, BRTC.

<sup>399</sup> Leslie Keeley, *The Morphine Eater; or From Bondage to Freedom* (Dwight, IL: C.L. Palmer, 1881).



bloated, with nervous, twitching hands and dulled mind.”<sup>400</sup> Both Warner and Mansfield’s performances of addiction climaxed with a startling onstage transformation, the mimetic components of which were catalogued, deconstructed, and analyzed by critics much as physicians would dissect a corpse or diagnose a pathology. Note the relevant classification of Coupeau’s alcoholism as “disease” and the medical terminology utilized in this description of Warner’s *delirium tremens* scene:

...in his portrayal of the ravages of this disease, Mr. Warner becomes a terrible object, inspiring fear and diffusing a thrill of horror, by showing the bodily agonies and hideous collapse of a raving maniac. The acting is ‘natural’; that is to say, it involves physical contortions, convulsive twitches, distended eyeballs, puttylike, cadaverous complexion, frothing mouth, hoarse gurgles, frantic yells, emaciated frame, and altogether, a monstrous exhibition of animal suffering – all these elements of terror being subordinated to a clearly defined purpose, and coordinated with expert skill.<sup>401</sup>

As we have already seen, critics placed Mansfield’s act-three change from Hyde to Jekyll under a comparably powerful microscope, and under such a meticulous examination the similarities between Mansfield’s transformation and Warner’s performance of addiction become clear. In a *Pall Mall Gazette* piece entitled “The Transformation in ‘Dr. Jekyll and Mr. Hyde,’ How it is Done by One Who Knows,” the author described Hyde as “a mixture...of cold shiver, nightmare, and *delirium tremens*, which may well account for the fainting of a lady last Tuesday night...” while the critic of London’s *Daily Telegraph* assured readers that Mansfield’s performance satisfied “everyone’s mind...of the power to change shapes conveyed by a potent drug; of the

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<sup>400</sup> John Ranken Towse, “‘Dr. Jekyll and Mr. Hyde,’” *The Evening Post*, September 13 1887, Bibbee Scrapbook, BRTC and “Academy – Drink,” *New York Times*, September 26, 1903.

<sup>401</sup> “Mr. Charles Warner in ‘Drink,’” [unidentified newspaper clipping].

soul-torturing of Jekyll when he finds that the evil instincts raging within him have instituted a morbid craving more potent than those caused by alcohol and lust.”<sup>402</sup>

If, as I claim, the audiences of *Jekyll and Hyde* and *Sherlock Holmes* recognized Mansfield and Gillette’s embodiments as pilot performances of drug addiction, then it is reasonable to assume theatergoers (whether consciously or not) judged the accuracy and effectiveness of the actors’ endeavors using widespread, pre-existing criteria furnished by concurrent theories of addiction. But did Mansfield’s Jekyll/Hyde and Gillette’s Holmes actually initiate alternative hypotheses about the motives, behaviors, and appearances of the *fin-de-siècle* drug addict? The remainder of this chapter will synopsise the ways these performances conformed to and departed from Victorian disease theories of addiction and contemplate strategies to conceive of the addict-identities presented by these two actors.

### 3.3 CONCLUSION: THE ANATOMY OF A *FIN-DE-SIECLE* ADDICT

As I have attempted to prove in this chapter, pre- and post-disease theories of addiction directly influenced the literary and dramatic depictions of Sherlock Holmes and Jekyll and Hyde. In the hands of William Gillette, Holmes was the quintessential bourgeois “brainworker” who injected cocaine to stave off mental stagnation, melancholy, and fatigue. However, Gillette’s creation diverged from Doyle’s in several significant ways. By coupling Holmes’s scientific intellectualism with a heightened Bohemian aestheticism, Gillette enhanced both the character’s

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<sup>402</sup> “The Transformation in ‘Dr. Jekyll and Mr. Hyde,’ How it is Done by One Who Knows,” *Pall Mall Gazette*, September 1, 1888, in “*Jekyll and Hyde*” *Dramatized*, 128 and “Lyceum Theatre,” *The Daily Telegraph*, August 6, 1888.

adherence to prevailing addict stereotypes and his matinee appeal. By deepening the moral complexities of drug habituation (which were largely absent in Doyle's text) in the play-script and downplaying its biological and psychological side effects in performance, Gillette located Holmes's "moderate" drug use in an ambiguous terrain. And by marrying Holmes off into heteronormativity and (implied) sobriety, the actor divorced the detective's drug use from suggestions of homosexuality. While Gillette's performance of illness certainly referenced the new primacy of the disease theory, his elegant embodiment of a hyper-functional addict conformed to earlier Victorian concepts of drug addiction that acknowledged a habitué's ability to use drugs without developing a dependency. In direct contrast, the disease theory dominated Mansfield's performance of illness. Jekyll was hooked on drugs from his first voyage into Hyde's world. That the phials of liquid and powder possessed addictive properties was irrefutable in Mansfield's adaptation; otherwise, the actor's righteous, upper-class physician would have destroyed the remaining stores of the drug, and Hyde with them. Unlike the novella's Jekyll, whose egocentric ambition and reclusiveness partially insulated society against the horrors of Hyde, Mansfield's reincorporation of Jekyll into polite society elevated the stakes of drug addiction to the level of a public threat, a change that substantiated *fin-de-siècle* fears of a societal drug epidemic. With Agnes at his side, Mansfield's Jekyll was also explicitly heterosexual; however, the actor's effeminate embodiment of addiction partially undercut this revision by supporting the reputed link between drug use and femininity/homosexuality. The Edward Hyde of Mansfield's creation was even more diabolical and diseased than Stevenson's, offering audiences a grotesque representation of what can become of a gentleman once drugs enter his bloodstream. Indeed, in the most evident example of Mansfield's performance fostering nascent methods of conceiving of addiction, his lower-class, lustful, and raging Hyde was

instrumental in formalizing the icon of the criminalized drug fiend at the turn-of-the-century. The timely appearance of Mansfield's Hyde on the Anglo-American popular stage supplied anti-narcotic journalists, activists, and politicians with the face of drug addiction.

Before we leave these performances of illness, it is important to acknowledge the one challenge shared by all nineteenth-century addiction theorists: how to judge the intangible effects of addiction on an individual's selfhood as well as her public identity. The physical signs of addiction (puncture wounds, chapped lips) were only the most visible markers of the disease; the internal consequences were extremely varied and difficult to articulate or decipher, particularly given the relative newness of drug addiction discourse. Contemplating the links between addiction and identity, Brodie and Redfield offer:

In [the works of twentieth-century novelist and opium addict William] Burroughs, addiction destroys identity not by attacking it from the outside, but by usurping the origin or identity of identity itself. This is the predicament Ronell calls 'Being-on-drugs.' There is no natural identity. Yet there is also no god to set its guarantee on an originary moment of artifice, a 'constructedness' that could guarantee the identity of identity.<sup>403</sup>

While I disagree that addicts are not in possession of a "natural identity," the concept of identity usurpation is quite instructive. As Victorian addiction narratives attest, many addicts struggled with how to define themselves as drug users publicly or privately, trying on various roles (victim, slave, villain, demon, thrill-seeker, experimenter, innocent) until one or several fit, effectively bisecting their lifelines into *B.D.* and *A.D.* (Before Drugs and After Drugs). The words of the above-quoted opium addict reflect such a dividedness: "Once, I was a prosperous, respected man; now I have lost property, health, character, money, *everything*. I expect to die a

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<sup>403</sup> Brodie and Redfield, "Introduction," *High Anxieties*, 9.

pauper and in debt, and leave to my family nothing but the heavy cloud that hangs over my name.”<sup>404</sup> Much of what separates the addictions of Sherlock Holmes and Henry Jekyll is dependent upon their ability to integrate their illnesses into pre-habitué identities. While Holmes’s dependency seems an organic and indivisible part of his identity (to the extent that his pre-addiction identity is both unimaginable and unimportant), Jekyll’s very core rebels as incorporating addiction into the “good doctor’s” identity, thereby spawning a separate identity whose dominant trait *is* addiction, Hyde. And yet as a “Being-on-drugs” Jekyll persists as an unstable entity, his selfhood constantly under threat of usurpation.

As a hyper-functional addict and (ostensibly) controlled consumer of drugs, Gillette’s Holmes represented a considerable faction of habitués who reported leading conventional lives despite using drugs for decades, seamlessly incorporating their habits into their existences and identities. Gillette strengthened Holmes’s position as the performative surrogate for society’s durable addicts by closely integrating the detective’s public pursuits and private pleasures. Though Holmes (of both page and stage) professes to have no need of cocaine’s stimulating effects while investigating a case, only Doyle’s Holmes actually succeeds in compartmentalizing his extracurricular activities and his career. In contrast, Gillette’s Holmes injects cocaine directly before discussing with Watson his ongoing, *fourteen-month* pursuit of Professor Moriarty, a case “which is now rapidly approaching a singularly diverting climax,” Holmes pronounces.<sup>405</sup> As performed by Gillette, Holmes’s stability and productiveness as a systematic drug user (particularly in balancing his habituation with the intellectual and physical demands of his perilous career) further heightened the character’s eccentricity. Reviewing the 1899 production

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<sup>404</sup> Qtd. by Keeley, “Experiences,” *Yesterday’s Addicts*, 112.

<sup>405</sup> Gillette, *Sherlock Holmes*, 227 (act 2, scene 2).

of *Sherlock Holmes* at New York's Garrick Theatre, J. I. C. Clarke wryly juxtaposed the imminent dangers posed by Holmes's enemies with the detective's parallel execution of more "pedestrian" activities: "The house is surrounded by Moriarty's spies. They tear the clothes off the back of Sherlock Holmes' servant, but Holmes goes on living, taking hypodermics of cocaine, smoking his briarwood pipe, and serenely divining the purposes of his enemies as if they had all been told him in advance."<sup>406</sup> Similarly, critic Amy Leslie's 1900 review persistently interlaced Holmes's drug use with his detective work, stating that the play was "resurrected from the chronicles of [Doyle's] fascinating *dopey sleuth*, a hitherto unveiled episode in that irresistible gentleman's *pipe-and-needle career* of noticing things."<sup>407</sup> Because Holmes's addiction is already present at both his literary and theatrical introductions, it is a fully constitutive and fluid component of his selfhood posing no mutating or destabilizing threat to a pre-addiction identity. As is made apparent by contemporary reviews, Gillette's "adventurous cocaine victim" wore his addiction with the same nonchalant ease that he did his deerskin hat.<sup>408</sup> Raved one commentator, "[Gillette] was Sherlock Holmes to the very life; not merely the Sherlock Holmes of the pictures in the magazines, but the Sherlock Holmes as we read him and understand him in nature, in character, in temperament and in heart. He was the cool, decisive Sherlock Holmes; the calm, imperturbable student of character; he was the dreamy, disappointed, logical pseudo philosopher, with his nervous force occasionally deadened with cocaine, tired out with brain work, soothed with drugs."<sup>409</sup>

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<sup>406</sup> J. I. C. Clarke, *The Criterion*, 21, *Sherlock Holmes Clippings File*, BRTC.

<sup>407</sup> Amy Leslie, "Gillette is a Sleuth," December 5, 1900.

<sup>408</sup> [Unidentified newspaper clipping], *Sherlock Holmes Clippings File*, BRTC.

<sup>409</sup> [Unidentified newspaper clipping], *Sherlock Holmes Clippings File*, BRTC.

Because Sullivan and Mansfield's adaptation of *Jekyll and Hyde* "begins the story at a point where Jekyll has already realized he no longer controls the situation," as John Ranken Towse notes, Jekyll's pre-addiction persona never approached the footlights.<sup>410</sup> Unlike Holmes's identity, which was also never shown pre-addiction but nevertheless effortlessly *subsumed* his habituation, Jekyll's identity was forcefully destabilized and *consumed* by addiction. And yet, through Jekyll's sympathetic asides and discussions of the "good doctor" by other characters, the specter of Jekyll's pre-addiction identity lingered over the drama's action as if wanting to be reunited with its master, further cementing the deviant nature of his identity as an addict. But if Mansfield's Jekyll epitomized the diseased addict of the late-Victorian imagination, what do we make of his Hyde? He was, above all else, the result of a degenerative fracturing of Jekyll's pre-addiction identity by the systemic introduction of drugs. As such, Hyde is defined by his corruption and destruction of Jekyll's prized normativity. For Thomas Reed, Hyde can also be understood as "the altered state of being in which Jekyll feels comfortable indulging his morally troublesome appetites," an assertion surely applicable to Mansfield's portrayal.<sup>411</sup> Brian Rose conceives of Mansfield's Hyde as a monstrous receptacle for Victorian society's most stigmatized, socially corrosive behaviors: Hyde drinks, murders, leers at women, and haunts disreputable neighborhoods under the glow of gaslight.<sup>412</sup> Both Reed and Rose's constructions of Hyde appropriately stress the character's affiliation with the lower class. Despite Edward Hyde's legitimate status as a gentleman (which is, of course, reliant upon Jekyll's professional ranking), in both Stevenson and Mansfield's renderings he possesses no sense of bourgeois propriety unless prompted by other similarly classed men with superior ethics. In Mansfield's

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<sup>410</sup> Towse, "'Dr. Jekyll and Mr. Hyde,'" *The Evening Post*, September 13 1887.

<sup>411</sup> Reed, *The Transforming Draught*, 9.

<sup>412</sup> Rose, "*Jekyll and Hyde*" *Adapted*, 39.

performance, Hyde's instinctual behavior and comportment align him with the stereotypical lower-class man of Victorian myth, particularly his ill-fitting clothing (in contrast to the perfect cut of Jekyll's frock coat), affinity for drink, stooped posture, habitual incivility, and blatant disrespect for women. Even his private lodgings, which stage renderings show as appointed with the chic furnishings and decorative trappings of a prosperous bachelor, are located in Soho, known in the Victorian period as the entertainment district of theatres, music halls, brothels, and gambling dens, not of desirable middle-class residences.<sup>413</sup> Whereas Mansfield presented Jekyll's diseased condition as an unfortunate result of audacious scientific experimentation, Hyde's behavior flows conversely; as a spontaneous "being-on-drugs" (for there is no Hyde before the red liquid and white powder are ingested), Mansfield's monster is a frightening representation of the dangers posed to genteel society by the deviant drug use of a corruptible lower class.

Yet while both Reed and Rose's hypotheses are adequately sustained by primary accounts of Mansfield's performance, I propose that the actor's Hyde can also be appreciated as a personification: *Hyde-as-addiction*. In this interpretive strategy, Hyde's malignity corresponds to both the deleterious qualities of post-disease-theory narcotics and the disease that results from their consumption. According to Stacey Margolis's "Addiction and the Ends of Desire," the *fin-de-siècle* term "addiction" encompassed two forms of desire: the desire ascribed to the victim and the desire ascribed to the drug itself. Because the disease theory of addiction endowed drugs with the potential to permanently modify the habitué's psychological and biochemical health, many late-nineteenth-century writers warned that the repentant addict's desire for sobriety was

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<sup>413</sup> Reprints of the production's stage renderings can be found in C. Alex Pinkston, Jr.'s "The Stage Premiere of *Dr. Jekyll and Mr. Hyde*," *Nineteenth-Century Theatre and Film*, 14, no. 1-2 (1986): 30.



often no match for a more powerful competing force: the desire of the narcotic itself to consume and enslave its human host. As Margolis argues, this proposition bore hallmarks of the characteristic personification of alcohol (the “demon” drink) by temperance reformers:

Indeed, according to a common description of inebriety, alcohol, once ingested, does not evoke a monstrous desire in the drinker so much as replace the individual agent with its own monstrous agency...From this perspective, the problem with the addict is not that he desires too much or too freely, but that he stops desiring altogether. Since the user is actually replaced by the drug, addiction here is constituted not by the self that wants the drug, but the drug that wants itself.<sup>414</sup>

Just as liquor retained the dehumanizing pronoun *it* even in its personified form, several critics referred to Mansfield’s character as an *it*, a creature bereft of humanizing masculinity. By act four, when “Hyde has become the master of Jekyll,” the desires of the drug/addiction (Hyde) are no longer containable by the hostile addict (Jekyll).<sup>415</sup> Such an interpretation helps to justify Mansfield’s predominantly physical portrayal of Hyde, for Hyde-as-addiction’s “evil” must be materially determined, not mentally or emotionally. In this way, Mansfield’s ape-like Hyde is the proverbial monkey on Jekyll’s back.

Traditionally dismissed as crowd-pleasing, superficial fare, Mansfield’s Jekyll/Hyde and Gillette’s Sherlock Holmes warrant increased critical attention as the first theatrical performances of drug addiction on the Anglo-American popular stage. The anatomy of the onstage addict was erected upon a pair of integrated intentions: to create a dramatically effective portrayal of addiction that also resonated with cultural significance and, to a lesser extent, medical accuracy. As we have discovered, the hyper-functional habitué and diseased, deviant addict, embodied by Gillette and Mansfield respectively, fascinated and entertained popular

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<sup>414</sup> Stacey Margolis, “Addiction and the Ends of Desire,” *High Anxieties*: 21-22.

<sup>415</sup> “The Nightmare at the Lyceum,” *Pall Mall Budget*, August 9, 1888.

audiences while reinforcing both enduring and innovative ways of theorizing addiction at the *fin de siècle*.

#### 4.0 PERFORMANCES OF MENTAL ILLNESS

More than any other illness, the distracted or disabled mind has been an indisputable staple of Western theatrical performance. From Aeschylus's Orestes in *The Eumenides* (458 B.C.) to King Lear in Shakespeare's eponymous work (c. 1605), from C. H. Hazlewood's *Lady Audley's Secret* (1863) to Joe Penhall's *blue/orange* (2000), the mentally ill have appeared onstage in all dramatic genres and time periods. Of course, as is the case with many aesthetic and thematic motifs embraced and popularized by the theatre, staging mental illness seems to have been more compelling to particular generations of artists (and audiences) than to others. This was certainly the case with the English Renaissance and the late-Victorian period, historical moments in which a proliferation of theatrical performances of madness coincided with fundamental shifts in how mental illness was conceptualized scientifically, culturally, and politically. However, I propose that the late Victorian period boasted a greater variety of mental illnesses performed in the theatre than any previous age, for not only did contemporary playwrights include disorders ranging from hysteria to senility in their works, but regular revivals of classical plays in England and America guaranteed that the mental torments of Ophelia and Medea were witnessed by Victorian audiences. When regarded as both reflections of and stimuli for the period's radical fluctuations in the imagining, diagnosing, and treating of society's "unhinged" minds, theatrical embodiments of such disorders become indispensable pieces of a larger puzzle illustrating Victorian socio-cultural perceptions of mental illness.

As I have already asserted, those alive during the nineteenth century witnessed tuberculosis's metamorphosis (in etiology, pathology, and metaphor) from a romantic malady to a clinical disease, as well as drug addiction's reclassification as a body-altering and thus treatable illness under the distinct purview of institutionalized medicine. However, it would seem the nineteenth-century category of mental illness, encompassing (purportedly) functional disorders like hysteria, hypochondriasis, and neurasthenia, and more permanent afflictions like insanity and senile dementia, underwent revolutionary shifts in both its scientific and cultural meanings as well as in its position as a collection of perplexing infirmities requiring the diagnostic gifts and therapeutic expertise of modern medical professionals. Though these transitions will be addressed more fully as we delve into how the pathologies of specific disorders evolved over the century, a general arch can be traced for the entire category of "mental illness." Prior to the mid-eighteenth century lunatics were normally committed (either by a family member or, in the case of pauper lunatics, a court official) to private madhouses run by lay custodians, not physicians; their deviances were analogously regarded primarily as social conditions, not physiological or psychological afflictions. Whereas the insane of previous centuries were accepted (if not problematic) members of their communities, eighteenth and nineteenth century lunatics were not so ambivalently tolerated by the populace. Perhaps not surprisingly, madhouses were historically less dedicated to rehabilitating inmates than they were to containing their aberrant behaviors. Often such establishments were the terminal residences of the most "incurable" cases of insanity, for citizens suffering from hysteria and hypochondriasis (particularly persons of bourgeois or upper-class pedigree) were likely nursed through their emotional troubles at home. Indeed, as we have already seen, the Enlightenment-era glorification of nervous conditions as consequences of refined sensibilities elevated this latter group of "patients" above their socially inferior madhouse

counterparts. At the dawn of the nineteenth century, madness and nervous disorders (for the term “mental illness” is a more modern one) began to be more fully subsumed under the umbrella of medically treatable conditions. The state-funded asylum slowly supplanted the privately run madhouse, while more aggressive therapeutics gave way to a gentler, though perhaps inherently more manipulative, moral treatment of mental patients pioneered at William Tuke’s Retreat in York, England.

In a pattern familiar to us from our investigation of drug addiction’s medicalization, in order to bring madness and other mind disorders under the purview of the medical profession, doctors attempted to identify physiological causes and cures for such conditions. Though many dismissed Galenic humoral explanations for insanity and nervous maladies, the majority of physicians professed the validity of other persistent somatic theories.<sup>416</sup> Among such hypotheses were the ancient interpretation of female hysteria as a uterine disease and the eighteenth-century assertion that many ailments were the result of neurological deficits (an oversensitive nervous system or the injurious depletion of a body’s vital force, to name two types). Autopsies of patients who died within the walls of an asylum or madhouse were often conducted with the

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<sup>416</sup> For cultural histories of mental illness in the nineteenth century see Lisa Appignanesi, *Mad, Bad and Sad: Women and the Mind Doctors* (New York: W.W. Norton, 2008), 53-180; Marlene A. Arieno, *Victorian Lunatics: A Social Epidemiology of Mental Illness in Mid-Nineteenth-Century England*, (Selinsgrove: Susquehanna University Press, 1989); Peter Conrad and Joseph W. Schneider, *Deviance and Medicalization: From Badness to Sickness* (Philadelphia: Temple University Press, 1992), 48-54; Joseph Melling and Bill Forsythe, eds., *Insanity, Institutions and Society, 1800-1914: A Social History of Madness in Comparative Perspective* (London: Routledge, 1999); Janet Oppenheim, *‘Shattered Nerves’: Doctors, Patients, and Depression in Victorian England* (New York: Oxford University Press, 1991); Roy Porter, *A Social History of Madness: Stories of the Insane* (London: Weidenfeld and Nicolson, 1987); Andrew Scull, *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900* (New Haven: Yale University Press, 1993); Andrew Scull, ed., *Madhouses, Mad-Doctors, and Madmen: The Social History of Psychiatry in the Victorian Era* (Philadelphia: University of Pennsylvania Press, 1981); and Vieda Skultans, *Madness and Morals: Ideas on Insanity in the Nineteenth Century* (London: Routledge and Kegan Paul, 1975).

explicit goal of finding physical markers that would substantiate these theories: an abnormally located or tumorous uterus, perhaps, or an insufficiency of cerebrospinal fluid. In the 1870s and 1880s, French neurologist Jean-Martin Charcot's work at Paris's Salpêtrière hospital, in which he used hypnosis as a means of both inducing and relieving hysterical symptoms, bolstered a hitherto tenuous link between mind and body in Western understandings of mental illness. However, even in Charcot's estimation, disorders like hysteria were fundamentally somatically rooted neuroses for which physical treatments should be administered. With the pioneering work of Sigmund Freud and Josef Breuer many neuroses were re-categorized as psychoses, and the newly identified unconscious mind became a secret-containing fortress to be unlocked by the vigilant psychiatrist. Clearly, the late-nineteenth century was a modern crucible for conceptualizing mental illness (and conversely, mental health) in scientific and cultural venues, and during which time classical explanations for disorders intermingled with controversial, emergent theories.

As Andrew Scull has noted in *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900*, twentieth-century studies on mental illness in the previous century have often misleadingly presented its Western history in one of two dichotomous ways. Authors like David Roberts, J.K. Wing, and Martin Roth have offered Whiggish metanarratives of medicine's progress toward benevolent care for the insane. In their estimations, the mentally ill were rescued from painful and shaming archaic techniques employed in decades past to curtail objectionable behaviors (including iron restraints, water cures, isolation, and brute force) by sympathetic Enlightenment and Victorian physicians who espoused the newly invented "moral management"

of such patients.<sup>417</sup> These chronicles normally climax at the introduction of Freud's psychoanalysis, which rapidly de-popularized the use of physical therapies in cases of mental illness and instead advocated the "talking cure" as a means of identifying the catalytic past traumas of a psychotic sufferer. Such metanarratives are obviously problematic as they naturally generate an uncomplicated, "Great Man" history of events that disregards conflicting patient experiences as well as any negative social, political, and scientific fallout from the psychiatric revolution. The counterarguments advanced by such esteemed critics as Michel Foucault and Thomas Szasz, in which the moralistic, Evangelical-based lunacy reform of the nineteenth century and the expanding asylum system that accompanied it are condemned as even more abasing and repressive to the mentally ill than ostensibly crueler strategies, are similarly fraught. Certainly Foucault and Szasz are right for challenging overly commendatory depictions of lunacy reform and simplified histories of modern psychiatry, and the Foucauldian concept of the *medical gaze* succinctly articulates how the patient's subjective appreciation of his illness was irreparably displaced by the supposedly objective (but more accurately objectifying) evaluations conducted by medical professionals. However, it is hard to ignore that nineteenth-century advances did improve the general welfare of institutionalized mental patients. For both Scull and historian Janet Oppenheim, the considerable changes to the categorization, diagnosis, and treatment of mental illness in the nineteenth century cannot be reduced as either "humane" or "inhumane"; indeed, in Scull's words, this evolution was "fundamentally ambiguous." While much recommended the mid-century moral treatment as gentler in design and execution than the "more directly brutal coercion, fear, and constraint that marked the methods of [its]

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<sup>417</sup> For a brief analysis of Roberts, Wing, and Roth's positions, see Andrew Scull, *Most Solitary of Afflictions*, 2-3.

predecessors,” it was also “a mechanism for inducing conformity” operating on the “tactful manipulation” of patient by doctor.<sup>418</sup>

Though it is perhaps dangerous to conduct an investigation of late nineteenth-century performances of mental illness without giving significant attention to the works of Henrik Ibsen, Emile Zola, August Strindberg, and other titans of theatrical realism who devoted considerable energy to staging disorders of the mind in the 1880s and 1890s, these canonical plays were patently absent from the popular theatre repertoire. Instead, I would like to take a different tack in analyzing performances of mental illness by focusing our inquiry on the productions of one popular London theatre company. The professional milieus of the Victorian “mind doctor” (the clinical laboratory, the examination room, the asylum) certainly seem worlds away from the lively and labyrinthine streets of London’s Strand district, chockablock as it was with gaslights, omnibuses, shops, restaurants, and theatres. The most popular theatre in The Strand throughout the 1880s was undoubtedly the Lyceum at 21 Wellington Street, leased by actor Henry Irving. Between 1878 and 1899, Irving and his starring actress, Ellen Terry, created some of late-Victorian Britain’s most talked about theatrical productions. From sumptuously mounted revivals of Shakespearean classics to intensely acted melodramas full of romance, murder, and intrigue, Irving’s Lyceum appealed to middle-class patrons of diverse tastes but comparable pocketbooks. Despite its popularity the Lyceum by no means escaped criticism. Both William Archer and George Bernard Shaw took Irving to task for the company’s pedestrian repertoire

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<sup>418</sup> Scull, *Most Solitary of Afflictions*, 8. See also Oppenheim, *Shattered Nerves*. Foucault’s arguments are found in his *Madness and Civilization: A History of Insanity in the Age of Reason* (New York: Vintage, 1988); Szasz’s are in *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper, 1984) and *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement* (Syracuse: Syracuse University Press, 1997).



(egregiously sustained, they argued, by Irving's rejection of modernist dramas), its dazzlingly extravagant but ultimately nugatory *mise en scènes*, and the lead actor's flamboyant style of acting and directing. But even as the *fin-de-siècle* influx of realistic and naturalistic plays from the continent and beyond threatened to outdate the Lyceum's routine offerings, Irving and his players remained cultural treasures of the British realm. Eventually, however, the clouding of Irving's artistic vision and his unwillingness to change with the marked shifts in artistic and aesthetic tastes brought Lyceum's reign to a natural end.

Though histories of the Lyceum and biographies of Irving, Terry, and business manager Bram Stoker are plentiful, few have recognized and none have adequately addressed the theatre's penchant for staging physical and psychological sufferings. While portrayals of the mentally ill were certainly not exclusive to the Lyceum, during Irving's tenure the theatre did present an asylum's worth of characters enduring some form of psychological turmoil. Indeed, I contend that Irving's apparent fascination with the inner workings of the unhinged mind transformed the Lyceum (when money and time permitted, of course) into a sort of laboratory in which old and new appreciations of mental illness were tested through performance. This chapter will compare and contrast representative Lyceum performances of mental illness embodied by Irving and Terry with late-Victorian understandings of such conditions. Irving fancied his theatre not only a champion of Britain's talented contemporary dramatists, but a devoted preserver of the canon of Her most famous son, William Shakespeare; therefore the portrayals we will examine are drawn from both the Lyceum's Shakespearean and contemporary repertoires. While I will cite reviews written of the Lyceum's American tour, I am primarily concerned with the performances' execution and reception in London. Subsequently, the historical research I have conducted regarding Victorian cultural perspectives on mental illness was culled predominantly from

studies on British medicine and psychiatry, though a modest number of sources I cite do focus on American processes of medicalizing mental illness.

In this chapter I will attempt to reconstruct and then categorize a selection of Irving and Terry's performances of mental illness into pathologies familiar to Victorians. However, it was (and continues to be) common for medical professionals and laymen alike to conflate, confuse, or misdiagnose a variety of pathologies; symptoms of hysteria were nearly identical to those of neurasthenia, for example, and many Victorian physicians had difficulty identifying when dementia spiraled into insanity, while others hypothesized that the former was but one vintage of the latter. Similarly, Irving and Terry often blended symptoms from multiple discrete pathologies, employed the most dramatically impactful manifestations of disorders, and misrepresented an illness's paradigmatic trajectory. Our labeling of their performances as enactments of specific disorders, therefore, will be more conjectural than concrete, a reflection of their earnest but nonetheless inexact portrayals of mental illness. Moreover, the analyses of Terry and Irving's performances will also assess the significance of the actors' gender to the embodiment and reception of each illness role. Just as the post-germ theory notion of contagion carried with it stigmatizing assumptions regarding nationality and transmittable diseases, and class hierarchies often helped sort nineteenth-century drug addicts into acceptable and unacceptable users, concepts of mental illness were similarly affixed to an identity formation: gender. As historians of medicine Elaine Showalter, Andrew Scull, and Mark Micale have noted, certain mental disorders were considered either masculine or feminine afflictions. By the mid-nineteenth century, Jane E. Kromm argues in "The Feminization of Madness in Visual Representation," as mental illness was increasingly stigmatized and delegitimized, the public face of insanity morphed from the rageful male to the emotionally vulnerable but sexually

aggressive female.<sup>419</sup> A patient's prognosis for recovery and medical treatments were regularly impacted by his or her sex, and the relationship between the (masculine) physician and the (female) patient became an iconic emblem of late-nineteenth-century medicine. Though the gendering of madness predated the Victorian period by many centuries, it grew even more important as psychiatry became a legitimate branch of institutionalized medicine. As I will propose, Irving's embodiments represented masculine madness as an aberrant, anomalous state, while Terry's characters were seen as all the more genuine and womanly for having gone mad, thereby naturalizing feminine madness in the presence of late-Victorian audiences. Indeed, while trodding the Lyceum's boards Irving's spindly form, nervous gestures, excitable temperament, and facial physiognomy (delicate eyes and mouth, raised cheekbones) further linked his ill characters with an uneasy, impotent effeminacy.

Because of the ingrained medico-cultural contention that females were inherently vulnerable to mental instability and illness, the performance of feminine mind disorders was particularly popular during the nineteenth century. Our investigation will therefore begin with Ellen Terry's enactments of feminine mind disorders, performances that elicited in the Lyceum's audiences and critics conflicting emotions of pity and pleasure, disgust and desire.

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<sup>419</sup> Jane E. Kromm, "The Feminization of Madness in Visual Representation," *Feminist Studies*, 20, no. 3 (Autumn 1994): 507-535, <http://www.jstor.org/stable/3178184>.

## 4.1 PERFORMANCES OF MENTAL ILLNESS AT IRVING'S LYCEUM: GENDERING THE UNSTABLE MIND

### 4.1.1 Normalizing the Abnormal: Female Mental Illness in Victorian England

In September of 1895, London's *The Era* published a short piece entitled "The Rose Norreys Fund."<sup>420</sup> "Miss Rose Norreys, early on Tuesday morning, Aug. 20<sup>th</sup>, was found in Upper George-street, Marylebone, quite delirious" the item begins rather sensationally. Miss Norreys, the reader soon discovers, was taken first to a workhouse and then "removed" six days later to Colney Hatch, a prominent London psychiatric hospital (or, to use Victorian parlance, lunatic asylum). As for the reason for Miss Norreys' extended detainment, *The Era* reports that "she suffers chiefly from the delusion that she is persecuted." While Rose Norreys' name is now quite unknown to us, in the late 1880s and early 1890s she was hailed by critics and audiences as a rising star of the London stage, a true proficient in classical works and comedies but perhaps best-suited to the period's modern social dramas and melodramas. As the title of the piece indicates, *The Era* has reputedly altruistic purposes in divulging Norreys' troubles: the actress will soon be released from Colney Hatch because of her improved mental state, and, as the newspaper declares, "a long period of rest and seclusion in the country is urgently needed; but this will, of course cost money." The paper announces the creation of a subscription fund to help support Norreys during her recovery, printing the names of subscribers as well as their pledged donations. Another, more extensive article on Norreys' condition appearing in the same issue of *The Era* speculates on the toll the acting profession takes on its most gifted delegates, arguing

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<sup>420</sup> "The Rose Norreys Fund," *The Era*, Sept. 14, 1895, 19<sup>th</sup> Century British Library Newspapers (BB320251517).

that “the born actor or actress is, like all artists, keenly impressionable. Hard and severe nervous strain, acting on an organization of this kind, is often too great for the brain to bear.”<sup>421</sup> The article then goes on to differentiate between the responses of actors and actresses to this mental and physical overtaxation: “the man seeks solace where it may easiest be found,” it pronounces, “while the woman’s mind, ‘like sweet bells jangled out of tune and harsh,’ yields to the strain, and weakens under it.” Ultimately, *The Era* proclaims of Norreys, “We cannot restore to the unhappy lady the plentitude of her reason. That is too much to hope for. But we can give the wavering intellect a chance of recovering its balance; we can, at least, spare the poor weak mind the additional visitation of actual distress.”

Rose Norreys’ unfortunate tale sits at the junction of several topics crucial to our reconstructions of Ellen Terry’s performances: the keen Victorian fascination with mental illness, its sufferers, and their behaviors; the supposedly inescapable weakness of the female sex; femininity as a prerequisite for developing a mental illness; and the mental and physical strain the acting profession exacts on its creative (and emotionally vulnerable) workforce. This latter subject, particularly as it pertains to the medicalization of the Victorian actress by her simultaneously adoring and critical public, lies outside our current investigation; Kerry Powell’s 1997 study *Women and Victorian Theatre* ably covers the topic.<sup>422</sup> However, it is interesting to note that Terry’s mental health was often the subject of targeted scrutiny, and that she herself admitted to several bouts of nervous exhaustion provoked by her professional pursuits. We will now venture into an examination of late-nineteenth-century conceptions of female madness,

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<sup>421</sup> “Miss Rose Norreys,” *The Era*, Sept. 14, 1895, 19<sup>th</sup> Century British Library Newspapers (BB3202515190).

<sup>422</sup> Kerry Powell, *Women and Victorian Theatre* (Cambridge: Cambridge University Press, 1997).

paying special attention to the period's most common diagnosis for the delirious state of Norreys and her fellow Victorian sufferers, that elusive illness called hysteria. As I will suggest, Terry's performances of Ophelia, Lady Macbeth, and Lucy Ashton's fractured minds dovetail compellingly with the notion that women naturally teetered on the edge of mental illness's precipice, thereby normalizing the abnormal states of mind suffered by the period's female invalids.

In embarking on an investigation of female insanity as it relates to the varied creations of one actress's imagination, I am aware of the dangers of boiling down all mental illnesses experienced by women to the single pathology of hysteria, fraught as it is with perilous semantic, historiographical, and theoretical landmines. However, the illnesses believed in the nineteenth century to primarily strike women, namely anorexia nervosa and nymphomania, were either conflated with or acknowledged to be components or symptoms of a hysterical condition, and hysteria was often regarded as a chilling harbinger of full-blown insanity. I will admit to using the terms "madwoman," "sufferer," and "hysteric" interchangeably, but I do it mindfully as a reflection of the Victorian period's (perhaps less conscious) entwining of all the various branches of female mental disorders into one hysterical gnarl. The following is not a comprehensive history of hysteria's two-thousand-year existence, nor will I weigh in on whether hysteria is an actual illness, a mythic disease, a bogus condition created and performed by the oppressed, restless, or histrionic, a conflation of many different disorders, or something else entirely; Mark S. Micale's *Approaching Hysteria: Disease and Its Interpretations* (1995) covers this ongoing debate. Micale also asserts in *Hysterical Men: The Hidden History of Male Nervous Illness* (2008) that hysteria's erroneous reputation as a disorder exclusive to women warrants re-

examination, a contention he corroborates with ample historical evidence.<sup>423</sup> In particular, Micale relies upon Jean-Martin Charcot's work with male hysterics of all classes, temperaments, and occupations in the 1870s and 1880s; the documentation of his 15-year study of masculine hysteria was well circulated in Anglophonic medical journals, carrying with it the "full weight of his professional authority."<sup>424</sup> However, Charcot's own photographic evidence of hysterical attacks in the 1870s overwhelmingly featured female patients in highly sexualized attitudes (what Micale concedes was "some of the most gender-stereotyped images in nineteenth-century science").<sup>425</sup> Similarly, despite his efforts to convince the scientific community of the abundance of male hysterics in modern France, he endorsed Pierre Briquet's estimated ratio of male hysteric to female as 1 to 20.<sup>426</sup> Charcot's wider cultural legacy outside of neurological circles, then, remained yoked to his medicalization of the female hysteric. Ultimately, for the vast majority of Victorian Britons, hysteria was in fact a real disease, capable of derailing a woman's life with characteristic alacrity and theatricality. We therefore will treat hysteria as a female affliction of genuine force.

In the preface to her work *The Knotted Subject: Hysteria and Its Discontents* (1998), Elisabeth Bronfen labels hysteria "that infamously resilient somatic illness without organic lesions."<sup>427</sup> Much of hysteria's resiliency comes from its exceptional adaptability. Over its

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<sup>423</sup> Mark S. Micale, *Approaching Hysteria: Disease and Its Interpretations* (Princeton: Princeton University Press, 1995) and *Hysterical Men: The Hidden History of Male Nervous Illness* (Cambridge, MA: Harvard University Press, 2008).

<sup>424</sup> Micale, *Hysterical Men*. 159.

<sup>425</sup> *Ibid.*, 160.

<sup>426</sup> *Ibid.*, 129.

<sup>427</sup> Elisabeth Bronfen, *The Knotted Subject: Hysteria and Its Discontents* (Princeton: Princeton University Press, 1998), xi. For other (often contradictory) inquiries into the historical subject of hysteria and its elusive but crucial role in nineteenth-century culture, see Laura Briggs, "The Race of Hysteria: 'Overcivilization' and the 'Savage' Woman in Late Nineteenth-Century

lengthy history, hysteria's etiology has been theorized as a wandering womb or uterine suffocation; erotic urges, masturbation or an excessively passionate soul; sexual abstinence; a humoral imbalance; illnesses such as scarlet fever, the flu, and rheumatism; witchcraft; demonic or animal spirit possessions; any and all aspects of a woman's lifecycle (puberty, menses, pregnancy, postpartum, lactation, and menopause); sundry venereal diseases; reproductive barrenness, miscarriages, or stillbirths; a cerebral affliction; melancholy; exorbitant bodily processes (including fasting, bleeding, purging, and evacuations); overindulgence of foods rich in animal fat; a nervous disorder; extreme sensibility; the repression of emotional or sexual desires; and sudden shocks.<sup>428</sup> In any given decade several proposed etiologies waned in influence as new notions waxed. Over the roughly six decades of Queen Victoria's reign, alienists and physicians scrutinized the panoply of symptoms exhibited by the hysteric and hazarded (often contradictory) guesses as to their somatic origins. As we shall soon discover,

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Obstetrics and Gynecology," *American Quarterly* 52, no. 2 (2000): 246-273, doi:10.1353/aq.2000-0013; Elin Diamond, *Unmaking Mimesis: Essays on Feminism and Theater* (London: Routledge, 1997); Elizabeth J. Donaldson, "The Corpus of the Madwoman: Toward a Feminist Disability Studies Theory of Embodiment and Mental Illness," *Feminist Formations* 14, no. 3 (Fall 2002): 99-119, <http://muse.jhu.edu/>; Sander Gilman, et al, *Hysteria Beyond Freud* (Berkeley: University of California Press, 1993); Diane Price Herndl, *Invalid Women: Figuring Feminine Illness in American Fiction and Culture, 1840-1940* (Chapel Hill, NC: University of North Carolina Press, 1993); R. A. Houston, "Madness and Gender in the Long Eighteenth Century," *Social History*, 23, no. 3 (2002): 309-326, <http://www.jstor.org/stable/4286909>; Micale, *Approaching Hysteria and Hysterical Men*; Andrew Scull, *Hysteria: The Biography* (Oxford: Oxford University Press, 2009); Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830-1980* (New York: Pantheon, 1985); Showalter, *Hystories: Hysterical Epidemics and Modern Media* (New York: Columbia University Press), 1997); Joanna Townsend, "Elizabeth Robins: hysteria, politics and performance," in *Women, Theatre, and Performance: New Histories, New Historiographies*, Maggie B. Gale and Viv Gardner, eds., (Manchester: Manchester University Press, 2000): 102-120; Ilza Veith, *Hysteria: The History of a Disease* (Chicago: University of Chicago Press, 1965).

<sup>428</sup> Though nearly all scholarly treatments of hysteria provide an account of the various etiological theories, Veith's coverage in *Hysteria: The History of a Disease* (1965) is the most comprehensive.



Ellen Terry's performances of mental illness reinforced the Victorian discourse surrounding hysteria and the broader category of female madness.

French physician Auguste Fabré claimed in 1883 that “every woman carries the seeds of hysteria...”<sup>429</sup> Though Fabré's assertion was accepted by many Victorians, just where these seeds of hysteria resided in women was a hotly debated point. Hysteria, in the earliest etymological understanding of the disorder, was the product of a womb that wandered away from its anatomical home because of a prolonged state of reproductive idleness; simply put, it was a uterus lacking purpose. Though the notion of the nomadic womb was widely ridiculed by the nineteenth century, hysteria's association with the female reproductive system was reasserted time and again. The early-Victorian resurgence of this etiological understanding was due in large part to the burgeoning medical specialty of gynecology, the emergence of which Foucault contends “forged a new hysterization of women's bodies.”<sup>430</sup> The thorny issue of female sexuality, in which procreation was celebrated as the ultimate endowment of womanhood but sexual arousal was feared, scorned, and misunderstood, inspired the medical community to paradoxically pathologize both women's erotic urges *and* their deliberate suppression of such desires. Mid-century gynecologists warned patients that madness could be triggered by even the most natural of events, as puerperal insanity and climacteric insanity were caused by childbirth and menopause, respectively; and yet, Victorian women were also told that producing offspring was the single most important mission of their sex. “In short,” writes Roy Porter, “the female reproductive system was so precariously poised that almost any irregularity, whether excitation

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<sup>429</sup> Qtd. in Barbara Wallace Grossman, *A Spectacle of Suffering: Clara Morris on the American Stage*, (Carbondale, Southern Illinois University Press, 2009), 92.

<sup>430</sup> Roy Porter, “The Body and the Mind, the Doctor and the Patient: Negotiating Hysteria,” in *Hysteria Beyond Freud*, 250.

or repression, was sure to provoke hysteriform disorders...This prognosis (uterine disturbances lead to hysterical conditions that precipitate insanity proper) became standard to nineteenth-century medicine.”<sup>431</sup> The uterine theory of hysteria was bolstered by Victorian psychiatry, which argued that fluctuations in the overall health of the reproductive system impacted the patient’s “cerebral fibers.” Gynecology and psychiatry, the “twin pillars supporting the rehabilitation of uterine theories of hysteria,” also amplified the occurrence of hysterectomies and, less prominently, clitoridectomies in Victorian England.<sup>432</sup> Furthermore, as Elaine Showalter explains, the uterine theory of female madness was so firmly entrenched that physicians often disregarded the importance of their patients’ lived experiences: “Expressions of unhappiness, low self-esteem, helplessness, anxiety, and fear were not connected to the realities of women’s lives, while expressions of sexual desire, anger, and aggression were taken as morbid deviations from the normal female personality.”<sup>433</sup>

While the Victorian age played host to a revised uterine theories of hysteria, it also accommodated the hypothesis that the disease was rooted in the nervous system. The theory originated in the Enlightenment notion that those with delicate, nervous sensibilities were particularly vulnerable to illness via excessive mental and physical strain. Through the early-nineteenth century nervous temperaments were often interpreted as markers of superior sensibility or creative genius, and not every neurotic disorder condemned its sufferer to life as an invalid. According to Janet Oppenheim, contemporary logic claimed that “[t]he individual who accepted his or her hereditary endowments, for better or worse, could wisely work to maximize

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<sup>431</sup> Ibid., 251 and 253.

<sup>432</sup> Ibid., 254.

<sup>433</sup> Elaine Showalter, “Victorian Women and Insanity,” in *Madhouses, Mad-Doctors, and Madmen*, 332.

strength and minimize weakness; the person who ignored an inherited predisposition to nervous illness, however, and who violated the dictates of caution under the circumstances, could eventually count on succumbing to some form of nervous or mental affliction, ending, perhaps, in madness.”<sup>434</sup> For early Victorians, a “certain nervousness” was valued in both sexes, as long as it “signified a quickness of response to outside impressions and, therefore, an ability to share what others suffered, a delicacy in one’s personal relations. They saluted the empathetic man who felt life’s buffetings and was matured, but never toughened, by them.”<sup>435</sup> In the 1850s the concept of muscular Christianity, a fusion of physical robustness and righteous morality, had done much to curb the cultural appeal of the emotional male prized by the Romantics. By the latter half of the nineteenth century “the equation of nervous sensibility with effeminacy automatically carried with it the hint of disablement,” and men suffering from nervous breakdowns were believed to be shamefully deficient in “purpose, initiative, energy, and will.”<sup>436</sup> As Roy Porter succinctly explains, “Want of *nerve* betrayed effeminacy; want of *nerves*, by contrast, exposed plebian dullness; yet volatile excitability could be too much of a good thing, a lapse of tact, culminating in hysterical crises.”<sup>437</sup> Newly conceived by mid-Victorian alienists and scientists, human beings were equipped with a limited supply of nerve force, and each gender preserved or depleted its stores differently. Whereas men were “architects of their own suffering,” either through overwork (a common justification for masculine anxiety in modern civilized populations) or the abovementioned causes, according to Victorian medicine “the very nature of female physiology, dominated as it was by the reproductive organs, made the

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<sup>434</sup> Oppenheim, *Shattered Nerves*, 90.

<sup>435</sup> *Ibid.*, 147.

<sup>436</sup> *Ibid.*, 151.

<sup>437</sup> Porter, “Body and the Mind,” 243.

exhaustion of nerve force a constant likelihood in women, who could exercise little control over the disaster.”<sup>438</sup> Fragile nerves, neurotic disorders like hysteria, and the ultimate consequence of untreated nerves or a depleted nerve force, insanity, were therefore stigmatized in the stronger sex and naturalized in the weaker.

Could the seeds of hysteria and (by extension) female madness be located in *both* the reproductive organs and the nerves? Revolutionary science in the mid-nineteenth century would attempt to hybridize the pair of theories. In 1871’s *The Descent of Man*, Charles Darwin argued that men and women possessed opposing traits because “a complex interaction of natural and sexual selection had worked to that end.” Man was given physical strength and mental aptitude so as to survive, defend his mate, and produce offspring; because she would be taken care of by man, woman was endowed with an entirely different set of characteristics, save her capacity for procreation. Among woman’s innate faculties, according to Victorian physician T. S. Clouston, “were the cheerfulness, vivacity, and powers of endurance that made women capable ‘not only of bearing her own share of ills, but helping to bear those of others.’”<sup>439</sup> Herbert Spencer’s *Study of Sociology* (1872-73) posited that “for women, both individually and generically speaking, reproductive responsibilities were paramount, and mental growth assumed a merely secondary significance; nature *intended* the female mind to cease developing at an earlier stage than the male, in order that a woman’s reproductive organs might be fully and robustly developed.”<sup>440</sup>

This component of evolutionary thought carried with it significant implications for women of the late-Victorian period, when fears of social degeneration, race suicide, and the New Woman had reached a fever pitch. Indeed, it is not surprising that “during the decades from 1870

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<sup>438</sup> Oppenheim, *Shattered Nerves*, 152.

<sup>439</sup> Showalter, *Female Malady*, 123.

<sup>440</sup> *Ibid.*, 184.

to 1910, middle-class women were beginning to organize in behalf of higher education, entrance to the professions, and political rights. Simultaneously, the female nervous disorders of anorexia nervosa, hysteria, and neurasthenia became epidemic; and the Darwinian ‘nerve specialist’ arose to dictate proper feminine behavior outside the asylum as well as in....”<sup>441</sup> Darwin, Spencer, and their Victorian followers urged that women maintain and protect the delicate biological balance designed for them by nature, for if a female should overtax her inferior intellect by entering into the public sphere or pursuing higher education, her nerve force would be severely exhausted and her reproductive organs impaired, leading inevitably to hysteria or insanity.<sup>442</sup> According to Showalter, “the medical belief that the instability of the female nervous and reproductive systems made women more vulnerable to derangement than men had extensive consequences for social policy. It was used as a reason to keep women out of the professions, to deny them political rights, and to keep them under male control in the family and the state.”<sup>443</sup> Indeed, as *Mad, Bad and Sad: Women and the Mind Doctors* author Lisa Appignanesi offers, paraphrasing Victorian alienist and Darwinist Henry Maudsley, “Woman’s nerve centres, already unstable because of the energy needs of bodily change at puberty [and other stages of the female lifecycle], would become deranged with the double effort of mental work and the kind of competition on which young men thrived.”<sup>444</sup> Not surprisingly, S. Weir Mitchell’s infamous rest cure for the female neurotic confined the patient entirely to her bed, prescribed frequent, fatty meals, and prohibited any and all intellectual stimulation in the hopes of restoring her biological balance and (perhaps even more importantly) re-containing her within the domestic sphere. To add insult to serious

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<sup>441</sup> Ibid., 18.

<sup>442</sup> Herndl, *Invalid Women*, 21.

<sup>443</sup> Showalter, *Female Malady*, 73.

<sup>444</sup> Appignanesi, *Mad, Bad and Sad*, 109.

injury, Darwinian psychiatrists agreed that once a mind disorder materialized, it could be passed from mothers to their future daughters, effectively yielding entire generations of mentally ill women. Thus genetics joined physiology as a widely acknowledged root cause of the female maladies. By the First World War, there was still “no generalized change in the way in which the causes of mental illness [were] categorized.” Asylums often only differentiated between illnesses precipitated by moral (meaning psychological) causes and those prompted by physical causes. According to Appignanesi, moral causes included: “anxiety, trouble, disappointment in love, fright, jealousy, pecuniary difficulties, religion, novel-reading and spiritualism. Life, it seems, causes madness.”<sup>445</sup>

Crucial to the Victorians’ cultural fascination with mental disorders were the dramatic physical symptoms that accompanied and often defined them. From Charles Bell’s painting “Madness” (1806) to the twenty-four illustrations of asylum inmates commissioned for Etienne Esquirol’s *Des Maladies mentales* (1838), from Caius Cibber’s statues of Raving and Melancholy that flanked the gateposts of Bedlam until 1815 to Jean-Martin Charcot’s multivolume collection of photographs *Iconographie photographique de la Salpêtrière* (1876-1880), images of the mentally ill (“authentic” and imagined) were superabundant in the nineteenth century. Hysterics and madwomen were the iconographic idols of mental instability, no doubt because they afforded artists a potent visual elixir of unsettling thematic content, arresting drama, and sensual bodies. To the offerings of the era’s visual artists must be added those of actors, whose embodiments of insane, hysterical, and nervous characters both reinforced the iconography of madness and forged new physical expressions of mental illness in the Victorian period.

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<sup>445</sup> Appignanesi, *Mad, Bad and Sad*, 48.

Female hysteria was known for its extreme somatic manifestations that, due to their sheer variety (not to mention fluctuating levels of severity and frequency), prompted many physicians to over-diagnose the condition and others to doubt its very existence. Moreover, the inventory of potential symptoms continued to expand throughout the century, peaking in number and diversity at the *fin de siècle*. The following list, compiled by Roy Porter, demonstrates the perplexing nature of hysteria's markers:

The symptoms were heterogeneous, bizarre, and unpredictable: pains in the genitals and abdomen, shooting top to toe, or rising into the thorax and producing constrictions around the throat (*globus hystericus*); breathing irregularities; twitchings, tics and spasms; mounting anxiety and emotional outbursts, breathlessness and floods of tears; more acute seizures, paralyses, convulsions, hemiplagias, or catalepsy – any or all of which might ring the changes in dizzying succession and often with no obvious organic source. Faced with such symptoms, what was to be done? The mystery condition (spake the cynics) was wrapped up as “hysteria.”

With “mounting anxiety” and “emotional outbursts” included in the list of symptoms alongside seizures, spasms, and paralyses, it is small wonder many Victorians prone to even mild forms of depression, anxiety, and paranoia were mistakenly diagnosed as hysterics. To Porter's list we can add blindness, perceived numb spots, migraines, a nervous cough, suicidal thoughts, *taedium vitae* and spontaneous laughter. Hysterics' apparent tendencies toward duplicitous, seductive, materialistic, and mischievous behavior, much of which was interpreted by doctors as deliberate, attention-grabbing theatrics, rendered them one of the least sympathetic patient groups by the late-nineteenth century.<sup>446</sup> The hysteric was, to many Victorians, a cunning dissembler and

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<sup>446</sup> Roy Porter, *Social History of Madness*, 113 and Diane Hunter, *The Makings of Dr. Charcot's Hysteria Shows: Research Through Performance*, (Lewiston, NY: Edwin Mellen Press, 1998): xii.

attention-starved exhibitionist who shared much in common with the professional actor. Writes Elin Diamond, “Indeed the nineteenth-century melodramatic actor and the hysteric shared a similar repertory of signs; the facial grimace, eye-rolling, teeth-gnashing, heavy sighs, fainting, shrieking, shivering, choking. ‘*Hysterical laughter*’ is a frequent stage direction, usually an indication of despair and abandonment, also a symptom of guilt.”<sup>447</sup> As the century progressed, the notion of the tertiary hysterical attack surfaced. According to Victorian nerve specialist Brudenell Carter, tertiary attacks were triggered by the patient reliving the emotional trauma that prompted the original hysterical attacks.<sup>448</sup> While Carter and other nineteenth-century scientists and nosologists attempted to make sense of and catalogue this inventory of hysterical symptoms, the labors of one neurologist solidified the illness’s reputation as a cultural phenomenon, for better or worse.

Before Sigmund Freud’s talk sessions with Anna O. and Dora convinced him that sexual events occurring during infancy or childhood (and not genetic or physiological predispositions) triggered hysteria, Jean-Martin Charcot studied the disorder’s symptoms and identified within their seemingly disparate qualities a discernable pattern of behavior.<sup>449</sup> “His ambition [as a neurologist], initially at least,” writes Porter, “was to pin down nervous phenomena to organic lesions...[and] in championing physiological methods to plot hysteria onto the body, Charcot was planting patho-anatomy’s flag on a condition contested by alienists and clinicians, gynecologists and obstetricians.”<sup>450</sup> Charcot’s work on hysteria (which began in 1870) relied heavily upon his use of hypnosis. Through his hypnotic experiments Charcot developed a

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<sup>447</sup> Diamond, *Unmaking Mimesis*, 10.

<sup>448</sup> Scull, *Hysteria*, 68.

<sup>449</sup> Freud’s *Studies of Hysteria* (1895) was published after our performances of illness at the Lyceum; I therefore will not be covering Freudian theories of the disorder.

<sup>450</sup> Porter, “Body and the Mind,” 257 and 259.



hypothesis that “hysterics suffered from a hereditary taint that weakened their nervous system,” or a *tare nerveuse*, which had “an organic reality in the form of spinal lesion, chemical imbalance, or intracranial tumor” (an assertion that, to Charcot’s consternation, was never proven despite numerous postmortem autopsies). This hereditary proclivity to hysteria was forced out of dormancy by a secondary causation, often a traumatic, “great psychical shaking up” (*le grand ébranlement psychique*).<sup>451</sup> While hypnotized, Charcot’s hysterical patients (both female *and* male) could produce and discontinue various symptoms like paralysis, a phenomenon he argued proved that such symptoms were genuine (as they were induced without the patient’s conscious consent).<sup>452</sup> However, even with these discoveries Charcot left his patients’ unconscious relatively undisturbed and instead focused on the disease’s physiological effects.<sup>453</sup> His observations of one of his most famous patients, Augustine, led him to identify four distinct stages in a hysterical attack. “Among patients with an inherited hysterical diathesis,” writes Andrew Scull, “it took only a precipitating event to bring about a full-blown hysterical attack,” including traumatic physical incidents like railway and industrial accidents; alcohol was thought to be a prevalent trigger among lower-class hysterics.<sup>454</sup> Such attacks commenced, he professed, with the “epileptoid phase or ‘tonic rigidity’.” This was followed by the *grands mouvements* or clonic spasms in which the hysteric’s body performed “circus-like acrobatics” (*le clownisme*). In the third phase, the hysteric would rapidly cycle through the *attitudes passionnelles*, or physical representations of love, fear, loathing, and other emotional states. For Augustine, these *attitudes*

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<sup>451</sup> Micale, *Hysterical Men*, 141.

<sup>452</sup> Showalter, *Female Malady*, 147.

<sup>453</sup> Charcot’s prescribed treatments for hysteria were also firmly rooted in the body: inhalants including ether and chloral, baths, electricity, the application of magnets and metals, and even “ovarian compressors” were among the neurologists’ “research tools.” (Appignanesi, *Mad, Bad and Sad*, 136.)

<sup>454</sup> Scull, *Hysteria*, 127.

included “seduction, supplication, erotic pleasure, ecstasy and mockery,” often accompanied by vivid visual and aural hallucinations. The final stage was categorized by “tears and laughter, both of which Charcot saw as a release before the patient comes back to herself.”<sup>455</sup> As Rachel Fensham, Andrew Scull, Elaine Showalter, and other historians of medicine and performance have routinely noted, Charcot’s four-part hysterical attack was highly performative, seemingly collaborative exhibition of illness forged by director and actress. With a climactic structure simultaneously theatrical and orgasmic, the attack’s rapid emotional reversals, overt eroticism, and reliance on somatic expressiveness intimately tied it to femininity.<sup>456</sup> Despite regularly treating male hysterics at the Salpêtrière, Charcot’s study of hysteria further fortified the disorder’s association with the female gender.

Many of the physical and vocal expressions of hysteria were also believed to accompany female madness, including moments of catatonia, hallucinations, spontaneous laughter, eroticism (in words and gesture), and various spasms. However, the iconography of female insanity also featured its own select postures, movements, and articulations. As Kromm affirms, in nineteenth-century artistic renderings of madness “there are gestures of hair-pulling, and hair dressed with straw *à la folle*, which have long been associated with the female stereotype of madness. Traits form traditional male stereotypes newly gendered female include the fists clenched with straw, upraised arms of distress or exaltation, and haranguelike gesticulations.”<sup>457</sup> Rhythmical rocking or swaying, incomprehensible mutterings, and executing repetitive tasks (like shredding cloth or

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<sup>455</sup> Appignanesi, *Mad, Bad and Sad*, 137-38.

<sup>456</sup> See Rachel Fensham, “On Not Performing Madness,” *Theatre Topics* 8, no. 2 (1998): 149-171, <http://muse.jhu.edu/>; Scull, *Hysteria*, 68-69; Showalter, “Hysteria, Feminism, and Gender,” in *Hysteria Beyond Freud*, 286-344. As described in Hunter’s *The Making of Dr. Charcot’s Hysteria Shows*, a Hartford, Connecticut company created a play that would metatheatrically explore the performative bodies of Charcot’s clinic.

<sup>457</sup> Kromm, “Feminization of Madness,” 515.

picking hairs) were all confirmations of a truly irrecoverable mind. Apparent in this catalogue of madness's manifestations is a juxtaposition of actions that are contained, isolated, or introspective with those that are exhibitionist and histrionic.

The interpretations of female insanity's symptoms have effectively split scientists, historians, and theorists into two basic analytical camps: those who interpret these signs as socially subversive weapons of resistance and those who view them as the physical extensions of hysteria's debilitating power. For Phyllis Chesler, "women have already been bitterly and totally repressed sexually; many may be reacting to or trying to escape from just such repression, and the powerlessness it signifies, by 'going mad.'"<sup>458</sup> Roy Porter provides the opposing view, stating, "Being a hysterical woman...meant exhibiting a battery of incapacitating symptoms emblematic of helplessness, enfeeblement, and (with lower limb paralyses) immobilization, acting out thereby, through sickness pantomime, the sufferer's actual social condition."<sup>459</sup> Warning that this binary traps the female patient in a "double-bind of victim or rebel" within a dictatorial, misogynistic institution of Victorian medicine, Jane Wood importantly reminds us that there were patients in real distress or pain who actively participated in their recoveries, and compassionate doctors "concerned first and foremost with understanding disease and healing their patients."<sup>460</sup> Ultimately, female madness as a construction of the collective Victorian imagination was a true paradox; while madness was considered deviant and abnormal, it was also seen as a natural state for women to assume. "[W]omen, within our dualistic systems of language and representation," proclaims Showalter, "are typically situated on the side of

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<sup>458</sup> Chesler, *Women and Madness*, 37.

<sup>459</sup> Porter, "Body and the Mind," 229.

<sup>460</sup> Jane Wood, *Passion and Pathology in Victorian Fiction* (Oxford: Oxford University Press, 2001): 6-7.

irrationality, silence, nature, and body, while men are situated on the side of reason, discourse, culture, and mind.”<sup>461</sup> Conceived of as irrational beings in possession of ever-changing bodies, women were organically and biologically unstable and therefore more apt to plunge into the deep chasm of mental illness. Moreover, as many of the period’s medical tracts, novels, paintings, and plays indicate, because female madness was considered a natural state, it was far more likely to be permanent than male madness. While a hysteric had the potential for partial or complete rehabilitation, a madwoman was often the recipient of basic maintenance. Once a madwoman, always a madwoman, it would seem.

The discursive bodies inscribed by science and literature, the aesthetic bodies created by art and fashion, and the performative bodies gazed upon in the theatre all advanced these narratives of female madness during the Victorian period. As I hope to prove, the performances of mental illness developed by Ellen Terry participated profoundly in this cultural transmission.

#### **4.1.1.1 Ellen Terry and the Feminine Mind: Delicate Madness**

“I have engaged Ellen Terry – not a bad start – eh?” Henry Irving wrote to a friend after the actor visited Terry’s lodgings at Longridge Road, London. At this meeting, during which “formalities disintegrated” after Irving’s beloved dog defecated on Terry’s rug, the actress agreed to serve as the Lyceum’s leading lady at “40 guineas a week and half the takings from a benefit performance.”<sup>462</sup> By the time she became a contractual player at the Lyceum Terry was

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<sup>461</sup> Showalter, *Female Malady*, 3-4.

<sup>462</sup> Michael Holroyd, *A Strange Eventful History: The Dramatic Lives of Ellen Terry, Henry Irving, and Their Remarkable Families* (New York: Farrar, Straus and Giroux, 2009), 115. This biographical sketch of Terry was composed from Holroyd’s history as well as the following sources: Nina Auerbach, *Ellen Terry: Player in Her Time* (New York: W.W. Norton, 1987); Michael R. Booth, “Ellen Terry,” in *Bernhardt, Terry, Duse: The Actress in Her Time* (Cambridge: Cambridge University Press, 1988): 65-118; Roger Manvell, *Ellen Terry* (New

already an actress of some acclaim, but her extended partnership with Irving catapulted her into the stratosphere of national celebrity, where she remained until her death as Dame Ellen Terry, Order of the British Empire, in 1928. Terry was born in 1847 to parents Ben and Sarah, the fifth of eleven children (several of whom died in infancy). Her sisters Kate, Florence, and Marion and brother Fred also enjoyed successful careers on the stage. The Terry siblings received their initial actor training from their parents, who were provincial traveling players. Terry's first performance was at age nine at Charles Kean's Princess Theatre, where she played Mamillius in *The Winter's Tale*; Kean's exacting standards and rigorous rehearsals further schooled the young performer in the demands of professional acting. The adolescent Terry performed in Bristol and at London's Royalty and Haymarket theatres until one week before her seventeenth birthday, when she married the much older artist George Frederic Watts. Their marriage lasted less than one year, after which she returned to the stage until another high-profile relationship, this time an illegitimate affair with famed architect E. W. Godwin that resulted in two children, suspended her career from 1867 to 1874. Her divorce from Watts was finalized just as Terry's relationship with Godwin ended; her marriage to "beefy" actor Charles Kelly (real name Wardell) followed immediately. "He seems to have appealed to her as the opposite of the ethereal Godwin," suggests Russ McDonald, "offering financial stability, a livelihood that she understood and shared, and, above all, a 'name' for her children."<sup>463</sup> They too separated by 1881. A third marriage to American actor James Carew in 1907 was similarly brief, as they parted three years later. Terry performed with the Lyceum company from 1878 to 1902, the longest and most

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York: G.P. Putnam, 1968); Russ McDonald, *Look to the Lady: Sarah Siddons, Ellen Terry, and Judi Dench on the Shakespearean Stage* (Athens, GA: University of Georgia Press, 2005); Joy Melville, *Ellen Terry* (London: Haus Books, 2006); and Ellen Terry, *The Story of My Life* (London: Hutchinson, 1908), <http://books.google.com>.

<sup>463</sup> McDonald, *Look to the Lady*, 65.

successful professional engagement in her 69-year acting career, with several international tours expanding her circle of admirers to include American audiences. A speculated romance between the king and queen of the Lyceum stage was confirmed much later by Terry; Irving denied all rumors.

Both before and during Terry's time at the Lyceum, the actress excelled in portraying comic and romantic ingénues, particularly those in the Shakespearean repertoire. In such roles Terry's youthfulness, warmth, feminine tenderness, and mirthful spirit, qualities Michael Booth labels as ideals of Victorian womanhood, were generously showcased. Whether meant derogatorily or adoringly, the word "charm" was used to describe the actress more than any other; Terry herself often regarded the description an insulting, diminutive term.<sup>464</sup> Because of her widely acknowledged onstage magnetism, critics often overlooked both Terry's sharp intelligence and the weaknesses in her acting, primarily a deficiency of tragic power and sustained passions and a propensity for forgetting lines and debilitating opening-night nervousness. Indeed, in 1898 Charles Hiatt wrote, "Ellen Terry's buoyancy, her all-pervading gracefulness, the charm of her singular voice, in which laughter and tears seem to be in everlasting chase, the innate femininity of all she attempts, do in fact to some extent disarm cold and searching criticism." The actress's engaging personality, Hiatt claimed, "compels sympathy in spite of oneself and makes one almost insensitive to small shortcomings."<sup>465</sup> Apropos to our investigation, the *New York Herald* offered this analysis of Terry upon her arrival in New York for one of the Lyceum's American tours: "The actress is evidently a woman of extreme nervous sensibility, with an organization so highly strung that in the words of a friend yesterday, 'she

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<sup>464</sup> Ibid., 69.

<sup>465</sup> Qtd. in Booth, "Ellen Terry," 70.

always has her heart in her mouth.’ The muscles of her face respond to the slightest excitement, and her emotions are clearly reflected on it.”<sup>466</sup> Though Terry lacked the strength and command possessed by the best tragic actresses of her generation, she was supremely adept at expressing the “weaker” emotion of pathos, a gift that served her well in the Lyceum’s melodrama-heavy repertoire. Terry’s physical presence has undergone careful physiognomic analysis by critics of her day as well as historians of ours. McDonald proposes that while the lower half of Terry’s face “suggest[ed] John Bull: the chin is broad, the jawline strong and prominent, the mouth similarly large,” the upper half “evoke[d] an English rose” with its pale gray eyes, prominent eyebrows, and broad but upturned nose conveying vulnerability, sensitivity, and sympathy.<sup>467</sup> Ultimately Terry’s was a pre-Raphaelite appearance, with her abundant golden hair, wide and expressive mouth, piercing eyes framed with heavy brows, graceful carriage, and thin figure, both endearing her to audiences and rendering her an icon of late nineteenth-century Aestheticism; indeed she was among the most heavily sketched and photographed actresses of the period. This pictorial pre-Raphaelitism was boldly realized in Terry’s rendition of the illness role of Lady Macbeth, her most criticized performance of madness; its appeal was first tested, however, when Terry made her Lyceum debut as the archetypal female lunatic, Ophelia.

### *Ophelia, 1878*

From the commencement of rehearsals for *Hamlet* Terry struggled to find her place within Irving’s firmly entrenched system of producing theatre. At the first company reading of the script Irving performed all of the parts except Terry’s (which he skipped entirely), indicating

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<sup>466</sup>“Landing and Reception at New York,” *New York Herald*, in *Mr. Henry Irving and Miss Ellen Terry in America: Opinions of the Press* (Chicago: John Morris, 1884), V&A.

<sup>467</sup> McDonald, *Look to the Lady*, 57.

to his players through his mimetic *tour-de-force* how he conceived of each of the roles. Lyceum actors were trained to pay careful attention to Irving's characterizations, as he expected the cast to closely imitate his portrayals. During *Hamlet's* rehearsal process Irving never ran his scenes with Terry, opting instead to dedicate the play's preparation time to staging crowd scenes, supervising orchestra practices, and checking gas lighting effects. Terry's apprehension mounted until, ten days before the play premiered, she finally asked Irving if they might rehearse together. "We shall be all right!" he responded, "but we are not going to run the risk of being bottled up by a gas man or fiddler."<sup>468</sup> Irving's *Hamlet* did obliquely influence Terry's Ophelia once the characters interacted onstage (as is the case with the majority of theatrical creations), but the protracted indifference of Irving to his co-star's artistic needs prompted Terry to research and prepare for her embodiment of the mad heroine quite independently.

To begin shaping her portrayal the actress visited a madhouse to observe "authentic" feminine madness in all its contradictory glory. "Like all Ophelias before (and after) me, I went to the madhouse to study wits astray," Terry related in her memoir *Story of My Life* (1908). In claiming that an actress's typical Ophelia preparation included a pilgrimage to an insane asylum, Terry was certainly not exaggerating. As Kimberly Rhodes attests, literary and artistic tributes to Ophelia virtually saturated Victorian culture, producing audiences with far more than a passing familiarity with the role. In order to perform Ophelia's madness in a way that satisfied demanding audiences, actresses attempted to embody her insanity by coupling dramatic efficacy with medical accuracy. Witnessing firsthand the physical manifestations of a disordered mind, most actresses presumed, would offer the correct mimetic tools for plausibly portraying the

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<sup>468</sup> Terry, *Story of My Life*, 164.



heroine. Hanwell Asylum superintendent John Conolly offered his institution to actresses preparing for mad roles. “It seems to be supposed,” he stated:

That it is an easy task to play the part of a crazy girl, and that it is chiefly composed of singing and prettiness. The habitual courtesy, the partial rudeness of mental disorder, are things to be witnessed...An actress, ambitious of something beyond cold imitation, might find the contemplation of such cases a not unprofitable study.<sup>469</sup>

In describing her own fieldwork, Terry admitted to being less than satisfied with the majority of the madhouse’s specimens:

I was disheartened at first. There was no beauty, no nature, no pity in most of the lunatics. Strange as it may sound, they were too *theatrical* to teach me anything. Then, just as I was going away, I noticed a young girl gazing at the wall. I went between her and the wall to see her face. It was quite vacant, but the body expressed that she was waiting, waiting. Suddenly she threw up her hands and sped across the room like a swallow. I never forget it. She was very thin, very pathetic, very young, and the movement was as poignant as it was beautiful.<sup>470</sup>

The actress’s profession that institutionalized lunatics were too theatrical is a fascinating one, as is her claim that the inmates lacked beauty, nature, and pity. Though she was convinced by her experience “that the actor must imagine first and observe afterwards,” the little swallow’s pathetic beauty and rapid, seemingly unmotivated flight across the asylum floor partly influenced Terry’s embodiment of Ophelia. Despite the fact that the earnest (if not objectifying) practice of observing madhouse residents had, by Terry’s 1878 venture, dissolved into a kind of publicity stunt used to illustrate the performer’s commitment to realism while distancing him or her from

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<sup>469</sup> Qtd. in Showalter, *Female Malady*, 92.

<sup>470</sup> Terry, *Story of My Life*, 166.

suspicions of mental instability, it remained an important ritual that linked expressions of mental illness within two disparate milieus: the asylum and the stage.

As Terry's biographers have noted, costuming and hairdressing were extremely vital to the actress's creation of characters as well as the overall pictorial effect of her performances. In some ways Terry's visual composition of Ophelia conformed to the traditional aesthetics of feminine madness. Like the majority of previous Ophelias, Terry's physical attractiveness was emphasized throughout the play, its display exquisitely waning from the precisely constructed, modest winsomeness of the devoted daughter to the wild, romantic beauty of a despondent and disturbed (but equally alluring) madwoman. This transformation included the loosing of Ophelia's hair from an orderly, pinned-up coiffure to an unruly nest of tangled waves; *cartes-de-visite* of Terry's Ophelia suggest that she never released her hair entirely from its pins, as was customary for actresses performing madness (and, equally importantly, female sexuality). However, Terry's original vision of Ophelia diverged from the paradigmatic iconography of "wits astray" employed in previous productions of *Hamlet*. According to Nina Auerbach, she shocked Irving and his production advisor, Walter Lacy, with "her audacious refusal to wear white in the mad scene."<sup>471</sup> As Terry recounted it, "[Irving] had heard that I intended to wear black in the mad scene, and he intended me to wear white. When he first mentioned the subject, I had no idea that there would be any opposition." After confirming that Terry had had a diaphanous black dress made for the mad scene:

Henry did not wag an eyelid.

"I see. In mourning for her father."

"No, not exactly that. I think *red* was the mourning color of the period.

But black seems to me *right* – like the character, like the situation."

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<sup>471</sup> Auerbach, *Ellen Terry*, 179.

At that moment Lacy appeared, and Irving requested that Terry repeat her costume choices to his advisor:

Rather surprised, but still unsuspecting, I told Lacy all over again. Pink in the first scene, yellow in the second, black –

You should have seen Lacy’s face at the word “black.” He was going to burst out, but Henry stopped him. He was more diplomatic than that!

“They generally wear *white*, don’t they?”

“I believe so,” I answered, “but black is more interesting.”[...]

And then they dropped the subject for the day. It was clever of him!

The next day Lacy came up to me:

“You didn’t really mean that you are going to wear black in the mad scene?”

“Yes I did. Why not?”

“*Why not!* My God! Madam, there must be only one black figure in this play, and that’s Hamlet!”

I did feel a fool. What a blundering donkey I had been not to see it before!<sup>472</sup>

Though she was unable to adequately justify for Irving and Lacy why Ophelia should be costumed in black for her most pivotal scene (she later reflected “I could have gone mad much more comfortably in black”), Terry’s creative inclination suggests a desire to abandon the character’s quintessential iconography as well as exploit costuming as a powerful and immediate signifier of Ophelia’s mental state.<sup>473</sup> For Terry, the color of black, which seemed “*right* – like the character, like the situation,” could have represented Ophelia’s internalized darkness and desolation post-breakdown, or a psychogenic void generated through the rapid onset of insanity. Instead of evidencing the mad Ophelia’s purity through a virginal white gown, perhaps Terry

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<sup>472</sup> Terry, *Story of My Life*, 167-68.

<sup>473</sup> Holroyd, *Strange and Eventful History*, 117.

aspired to signify with the sable hue an innocence lost or tarnished.<sup>474</sup> Interestingly, Terry was not the first to incorporate black fabric into Ophelia's ensemble. While performing to great acclaim with Charles Kemble at Paris's Odéon in 1827, Harriet Smithson (later known as Harriet Smithson Berlioz) used a black veil or cloth as Ophelia's prop during the mad scene. Kimberly Rhodes writes, "Smithson employed this prop as a symbol of the character's grief over her father's death and to suggest her fall from innocence and death by drowning."<sup>475</sup> Smithson's scene with the cloth was immortalized in two drawings by French artists: Louis Boulanger and Achille Jacques Jean-Marie Devéria (*Hamlet, Acte IV, scene 5*, 1827) and Eugène Delacroix (*Le Chant d'Ophèlie (Act IV. Sc. 5)*, 1834). According to Rhodes, "Delacroix emphasizes gesture rather than countenance by capturing Ophelia's movement as she bends down to place the black mourning cloth on the floor, its sinuous drapery echoing the waves of her hair and folds of her dress." In Devéria's lithograph of Boulanger's drawing Ophelia dances distractedly as four male figures (including Claudius and Laertes) look on with concern, the black cloth lying inert on the floor before her. She gazes down at it, knee-length dark hair spilling over her shoulder and arm and clinging empire-waisted dress in standard white emphasizing her curvaceous proportions. "Smithson relied on her gestural and miming powers to create a more persuasive and affecting mad Ophelia. By doing so, she located Ophelia's madness in her actions and visage rather than in her voice and words..."<sup>476</sup> Both prints were widely distributed in both France and England, writes Rhodes, "so even though Smithson never performed the role of Ophelia in London, the

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<sup>474</sup> Like many eighteenth and nineteenth-century productions of *Hamlet*, Ophelia's overtly sexual lines within the mad scene were removed by Irving in order to preserve the character's innocence. In general, the Hamlets and Ophelias of the period were not lovers in the carnal sense.

<sup>475</sup> Kimberly Rhodes, *Ophelia and Victorian Visual Culture: Representing Body Politics in the Nineteenth Century* (Aldershot, Hampshire: Ashgate, 2008), 51.

<sup>476</sup> *Ibid.*, 51.

essential elements of her performance would have been known, as would the artistic interpretations of these traits.”<sup>477</sup> While it is impossible to know whether Terry came across these sketches while researching her role, it is probable she knew of Smithson’s physical performance and her incorporation of black cloth as the material emblem of Ophelia’s mental suffering.

In her *Four Lectures on Shakespeare* (1932), Terry disclosed her displeasure of the role that made her an overnight sensation at the Lyceum. As Auerbach notes, she did not like Ophelia and she did not like herself as Ophelia: “Her *Four Lectures* brim with generous affection even for pathetic heroines, but she denies her embrace to this insufferably ‘timid’ girl: ‘Her brain, her soul and her body are all pathetically weak.’ Only ‘incipient insanity,’ suggesting that ‘from the first there is something queer about her,’ makes Ophelia interesting...”<sup>478</sup> Terry’s lack of deference to a character so beloved by audiences is clear in her account of a *Hamlet* performance in Chicago, a city whose citizens she had heard were “a rough, murderous, sand-bagging crew”: “I ran on to the stage in the mad scene, and never have I felt such sympathy! This frail wraith, this poor demented thing, could hold them in the hollow of her hand...It was splendid! ‘How long can I hold them?’ I thought: ‘For ever!’ Then I laughed. That was the best Ophelia laugh of my life...”<sup>479</sup> Terry’s view that Ophelia’s “incipient insanity” was the character’s saving grace was reflected in the actress’s pathetic portrayal of the girl, in which Terry intimately linked Ophelia’s gentle nature and inborn willingness to be subordinated with her psyche’s equally organic propensity for disintegration. While Terry’s embodiment of Ophelia could be interpreted as reifying the dominant Victorian conviction that feminine minds were inherently weaker than

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<sup>477</sup> Ibid., 52-3.

<sup>478</sup> Auerbach, *Ellen Terry*, 237.

<sup>479</sup> Terry, *Story of My Life*, 287.

masculine minds and therefore ill-equipped to cope with life's challenges, a second, contradictory explanation is also viable. Though Terry herself regarded Ophelia as possessing a "pathetically weak" brain, soul and body, her performance also conceded the possibility that the character's enfeebled mental state, already present at the play's opening, was the result of years of vigilant, male-dictated conformity and radical self-denial. In this interpretation, then, Ophelia's madness – however pathetic, aesthetic, and pitied by the tragedy's male witnesses (as well as the audience) – was an unconventional expression of insurrectionist female autonomy. This theory of female madness-as-rebellion, first identified by Phyllis Chesler in *Women and Madness* (1972) and Sandra Gilbert and Susan Gubar in *The Madwoman in the Attic* (1978), has since been attacked as illusory and injurious to feminism in more recent scholarship by Elizabeth J. Donaldson, Marta Caminero-Santangelo (in her wonderfully titled *The Madwoman Can't Speak: Or, Why Insanity is Not Subversive*), and Shoshana Felman.<sup>480</sup> However, as we will later find, theories of female psychology in *fin-de-siècle* Britain left ample room for both interpretations of Terry's Ophelia.

As I have already suggested, reviews indicate Terry permitted glimpses of Ophelia's mental weakness even before her psychological deterioration was officially exposed in the mad scene. In Terry's hands, Ophelia's madness was inextricably intertwined with her femininity and,

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<sup>480</sup>Phyllis Chesler, *Women and Madness* (Garden City, NJ: Doubleday, 1972); Sandra M. Gilbert and Susan Gubar, *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination* (New Haven, CT: Yale University Press, 1978); Elizabeth J. Donaldson, "The Corpus of the Madwoman: Toward a Feminist Disability Studies Theory of Embodiment and Mental Illness," *Feminist Formations* 14, no. 3 (Fall 2002): 99-119, <http://muse.jhu.edu/>; Marta Caminero-Santangelo, *The Madwoman Can't Speak: Or, Why Insanity is Not Subversive* (Ithaca, NY: Cornell University Press, 1998); and Shoshana Felman, "Women and Madness: The Critical Phallacy," in *Feminisms: An Anthology of Literary Theory and Criticism*, eds. Robyn R. Warhol and Diane Price Herndl (New Brunswick, NJ: Rutgers University Press, 1997), 7-20.

by extension, her appeal. “Miss Terry’s Ophelia was a delicious and exquisite creation,” the *Baltimore Day* reported during the Lyceum’s American tour. “Her grief and madness have idealized her, and Miss Terry imbues the character with so much spirituality that we forget all else....The conflict of emotions which swept over her heart was reflected in every lineament of her face, and in her tear-stained eyes, and the mad scene, with its snatches of plaintive song, its fitful gleams of reason and protracted outbursts of grief, was marked by great power and originally [sic].”<sup>481</sup> It was Ophelia’s “conflict of emotions,” telegraphed as they were in the earlier acts by Terry’s expressive face, that foretold of the character’s impending mental collapse. Unlike other performers who portrayed Ophelia as naturally comfortable in her subservient role, Terry’s Ophelia was visibly uneasy in her tenuous sanity; madness was her natural, unencumbered state. “And if...her ‘sweet bells were jangled out of tune,’ they were never harsh, and their muffled music but gave, perhaps, the more appropriate voice to her piteous sorrow, and more piteous mirth,” wrote the reviewer at *Punch*. “Mr. Irving’s Hamlet...we knew already. Ellen Terry’s Ophelia we did not know. *That* is the revelation for which we have to thank the new management of the Lyceum.”<sup>482</sup> *The Standard* concurred with *Punch*’s commendatory review, applauding “the pure pathos of Miss Ellen Terry’s Ophelia, the wonderful reality of her madness...”<sup>483</sup> Though many papers hailed the “realism” of Ophelia’s madness, it is far more likely that Terry’s pre-Raphaelite maiden was “picturesquely pathetic rather than horrifyingly real,” as Alan Hughes posits. “A sordidly realistic portrayal of Ophelia mad, if well played, can temporarily turn an audience against Hamlet. Terry depicted a mind ‘so

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<sup>481</sup> *Baltimore Day*, in “Mr. Henry Irving in America,” *Hamlet* Production File, V&A.

<sup>482</sup> “Hamlet at the Lyceum,” *Punch*, January 11, 1879, Henry Irving Scrapbook – Peters, V&A.

<sup>483</sup> “Lyceum Theatre,” *Standard*, July 11, 1883, Henry Irving Scrapbook – Freeman, Henry Irving Biographical File, personal box 51, V&A.

shattered as to be beyond hope or help,' but she took care to exclude the squalid and painful."<sup>484</sup> Perhaps to heighten the pathos of her portrayal, Terry interwove flashes of reason and lucidity into the fabric of Ophelia's madness. The *Boston Traveller* reveled in Terry's swift transitions of action and tone, quite possibly an effect derived from the actress's observations during her madhouse visit. "The triumph of [Terry's] impersonation was in the mad scene," claimed the newspaper, "in which her sudden changes of mood, from the pathetic to the hilarious, when the notes of her sad songs, were drowned in a moment in shouts of hysterical laughter, were admirably accomplished. Her scenes of insanity are wonderful in their variety, their unconventionality, their fine commentary on the text, their thrilling pathos."<sup>485</sup> "No one now is recalled," agreed the *Chicago Times*, "who thoroughly portrayed the unsound mental condition in facial expression, the erratic body movement, and in the subtle delineation of aimless changes of mood."<sup>486</sup> The December 1879 issue of *Dramatic Notes* stated:

Her rendering of the part in no degree disappointed the high expectations formed of her ability to give new charm and expression to the distinctive attributes of that character. In the mad scene, which occupies the greater portion of the fourth act as the play is arranged at the Lyceum, the genius of the actress shone most brilliantly. The semblance of insanity was marvelously shown, and would have been, even, painful, but that the purity, charm, and grace of Miss Terry's Ophelia merge ever other sentiment in those of admiration and praise.<sup>487</sup>

Taken collectively, critical responses suggested Terry's Ophelia was most beautiful, winning, organic, and secure when she was unshackled by her madness.

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<sup>484</sup> Alan Hughes, *Henry Irving, Shakespearean* (Cambridge: Cambridge University Press, 1981).

<sup>485</sup> *Boston Traveller*, review of *Hamlet*, in [unidentified newspaper], October 21, 1884, *Hamlet* Production File, V&A.

<sup>486</sup> *Chicago Times*, in "Mr Irving and Miss Terry in America," [unidentified newspaper], Henry Irving Scrapbook – Freeman, Henry Irving Biographical File, personal box 51, V&A.

<sup>487</sup> "Lyceum Theatre," *Dramatic Notes*, December 1879, Henry Irving Scrapbook – Peters, V&A.



But what did Ophelia's madness sound and look like? The lady's voice, as articulated by Terry, was recorded for posterity in 1911 in America, along with the actress's renderings of four other Shakespearean heroines. "In the Ophelia scene," notes Booth, "the madness and the singing seem too refined and prettified to be dramatically convincing to the modern ear, but it is interesting to note the prolongation of the sounds of pain and grief...a mournful wail pregnant with sorrow."<sup>488</sup> Three Window & Grove photographic portraits of Terry as Ophelia (c. 1878), despite being posed compositions intended for sale as celebrity *cartes-de-visite* and not as performance artifacts, serve as our most reliable evidence of Terry's iconography of madness. The first shows Terry's Ophelia in a dress with a clinging bodice and embellished sleeves and neckline (a hybrid of medieval and Aesthetic-movement fashion), a set of letters held aloft in her left hand, indicating the nunnery scene. Though her mouth and jaw are relaxed, Terry's eyebrows are furrowed with concern and bewilderment, her eyes directed straight at the camera. Of Terry's three-quarter length pose Rhodes writes: "Her body tilts to the left [of the frame], leaving the viewer with an unsteady feeling analogous to 'Ophelia's' state of mind."<sup>489</sup> Rhodes's observation helps validate our hypothesis that Terry's Ophelia subtly exhibited the seeds of mental instability before they fully bloomed in the mad scene. In another photograph, Terry stands in an ermine-lined white gown, hair slightly disheveled, and clutches a bouquet of flowers and herbs, the "remembrances" Ophelia distributes to her brother. Despite the camera's tighter frame her gaze is conspicuously distant, perhaps even vacant, and directed slightly off to her left. The final of the three photographs is a close-up portrait of the insane Ophelia. The image is a study in feminine madness's physiognomy: parted mouth, severely knitted brow, wide eyes

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<sup>488</sup> Booth, "Ellen Terry," 100.

<sup>489</sup> Rhodes, *Ophelia and Victorian Visual Culture*, 146.

staring with an agonized expression at the viewer, her hands fussing at the ends of her hair. In this portrait Terry's Ophelia appears as an exotic wounded animal peering fearfully at her human captor, her beauty both distorted and enhanced by her manifest suffering. "Taken together," argues Rhodes, "the three of the Window & Grove images form a triptych of madness that moves the viewer from consideration of body to mind and forges links between the two."<sup>490</sup> As many theatre critics alluded to in their reviews of Lyceum's *Hamlet*, while in the full throes of her illness Terry's Ophelia appears most alive and natural. "Miss Terry's Ophelia is an exquisite piece of acting, marked by the highest beauty of form, and touched by grace so pathetically suggestive that even before the sadness of its tragedy arrives it moves the spirit of the spectator to tears. Its girlish grace is most winning."<sup>491</sup>

### ***Lady Macbeth, 1888***

The quintessential expression of Ellen Terry's pictorial aestheticism can be found hanging in the Tate Gallery, London. John Singer Sargent's "Ellen Terry as Lady Macbeth" (1889) is a stunning, full-length portrait of the actress in the character's famous green iridescent beetle-wing gown, magenta hair in two enormous plaits that reach her knees, holding a golden crown over her head. Unlike the series of Ophelia photographs, Sargent's depiction does not – by most accounts – accurately capture Terry's performance; instead, it seems the artist merged the physical likeness of Terry with the spirit of the histrionic Lady Macbeth so familiar to nineteenth-century audiences. Terry's Lady Macbeth was no unmerciful, Machiavellian assassin like Sarah Siddons's or, to a lesser extent, Hannah Pritchard's. Indeed, her performance was noteworthy in its wholesale rejection of traditional methods of embodying the Scottish queen. In

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<sup>490</sup> Ibid.

<sup>491</sup> *Boston Globe*, review of *Hamlet*, October 21, 1884, *Hamlet* Production File, V&A.

Terry's hands, a resolutely feminine Lady Macbeth was driven mad not by her symbolic masculinization and murderous deeds, but by her obsessive dedication to satisfying her vacillating husband's greatest ambitions. And while the madness of Terry's Ophelia could be potentially interpreted as the ultimate display of feminine autonomy, her Lady Macbeth wholly reinforced Victorian notions of female insanity as a natural byproduct of women becoming overwhelmed by the burdens and responsibilities best left to men.

As her biographers have noted, Terry's conception of Lady Macbeth paralleled that of Sarah Siddons, the most popular Lady Macbeth of the previous century. In an 1843 essay in the *Westminster Review*, Siddons was quoted as describing Lady Macbeth as "'fair, feminine, nay, perhaps, even fragile' woman, 'captivating in feminine loveliness,' whose power sprang from 'a charm of such potency as to fascinate the mind of a hero so dauntless, a character so amiable, so honourable as Macbeth.'"<sup>492</sup> However, perhaps due to Siddons's dramatic robustness and lack of feminine delicacy, her ruthless Lady Macbeth barely resembled the weak woman of her imagination. While Ellen Terry was without the tragic power of Siddons, she had feminine grace in spades. It was Terry, therefore, who in one of her most polarizing performances brought a womanly Lady Macbeth to life for audiences. In a letter to William Winter the actress wrote: "Everyone seems to think Mrs. McB is a Monstrousness & I can only see that she's a woman – a mistaken woman - & weak – not a Dove – of course not – but first of all a wife..."<sup>493</sup> Terry's own writings on Lady Macbeth unquestionably portray her as a female hysteric. She is "'a woman of the highest nervous organization, with a passionate intensity of purpose.'...[She] was no monster, but a 'womanly woman' who is 'a woman in everything...her strength is all nervous

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<sup>492</sup> Qtd in Holroyd, *A Strange Eventful History*, 194.

<sup>493</sup> Qtd in Auerbach, *Ellen Terry*, 259. I have retained Terry's punctuation but have removed her copious underlines.

force; her ambition is all for her husband' ..."<sup>494</sup> Lady Macbeth's fainting (a key manifestation of hysteria, according to the period's experts) was "*Just* like a woman," Terry wrote in the margins of her script. "Despite her collusion in the series of cruel murders that were designed to clear the Thane of Cawdor's way to the throne," Terry once maintained, "she was always feminine." As Booth asserts, "Because [Lady Macbeth] was so feminine her nature was frail, and it collapsed under the weight of guilt, remorse, and Macbeth's estrangement."<sup>495</sup>

Unlike Terry's Ophelia, her Lady Macbeth was not mentally unstable at the start of the play. Rather, by Terry's explicit design her character's madness had its origins in the banquet scene. During that "damned party," Terry argued, "her [un?]mistakable softening of the brain occurs – she turns quite gentle – and so we are prepared for the last scene[‘s] madness and death."<sup>496</sup> "Is the ominous gentleness a harbinger of the soft, mad, and womanly end she feared for herself?" Nina Auerbach asks in response to Terry's declaration. "As [Terry] sees Macbeth, regicide is a mere background distraction from the essential female tragedy of misplaced belief in a man society makes up as a hero. For this proper wife, 'Macbeth preyed on her mind more than the deed' (quoted in Manvell, 362) for she is neither violent nor a virago..."<sup>497</sup> Though Terry claimed to be thoroughly unimpressed by Henry Ibsen's heroines, the distorted womanliness of her Lady Macbeth had more than a passing resemblance to one of the 1880s' most notorious stage hysterics: "Ellen Terry found Ibsen's Hedda Gabler petty and drab, but her

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<sup>494</sup> Qtd in Melville, *Ellen Terry*, 144.

<sup>495</sup> Booth, "Ellen Terry," 107.

<sup>496</sup> Qtd. in Auerbach, *Ellen Terry*, 256.

<sup>497</sup> *Ibid.*

Lady Macbeth places the bourgeois wife in the same sinister perspective the malevolent Hedda does.”<sup>498</sup>

Though Lady Macbeth’s madness was not perceptible from the beginning, her innate vulnerability to hysteria most certainly was. The audience’s first indication of this was Lady Macbeth’s fainting, which could be played as an improvised strategy to deflect attention from Macbeth or an authentic exhibition of post-traumatic stress following Duncan’s murder. Performed by Terry, Lady Macbeth’s fainting “is unquestionably genuine.” Argues McDonald:

[It is] very much a physical collapse foreshadowing the internal pressures of the sleepwalking scene. And Terry finds a plausible psychological motive for the action, as her marginal notes reveal: “Strung up, past pitch, she gives in at the end of his speech when she finds he is safely through his story, and *then she faints, really.*” No feigned collapse here.<sup>499</sup>

As Terry envisioned her, Lady Macbeth’s gentle beauty, neurotic tendencies, and sexualized behavior closely resemble the reputed prerequisites for acquiring the female malady. Labeled “nervous,” “finely strung,” and “sensitive” by the *Pall Mall Gazette*, Terry’s Lady Macbeth was sweetly feminine and potently sexual, much like *les femmes hystériques* on display in Charcot’s clinic. A select number of critics heralded the decidedly un-fiendish “New Lady Macbeth” as a revelation; others commended Terry for her gutsy departure from dramatic protocol but still voiced their preference for the actress’s formidable predecessors.<sup>500</sup> After all, as *The People’s* critic noted, because audiences were accustomed to (and seemingly preferred) a forceful, overbearing Lady Macbeth, in the Lyceum’s *Macbeth* “it was impossible not to recognize that, alike in mental will and its physical expression, the woman, despite her dominating words, was

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<sup>498</sup> Auerbach, *Ellen Terry*, 255.

<sup>499</sup> McDonald, *Look to the Lady*, 97.

<sup>500</sup> *Pall Mall Gazette*, December 31, 1888, in *The Era*, January 26, 1889, *Macbeth* 1888 Production File, V&A.

the weaker vessel.”<sup>501</sup> *The World's* January 2, 1889 review claimed that though Terry's performance was not of Shakespeare's Lady Macbeth, the Bard would have written the character just as Terry envisioned her had he been acquainted with the actress.<sup>502</sup>

*Macbeth* was a controversial but commercial win for the Lyceum. Terry wrote to her daughter “I am a success, which amazes me,” though she did acknowledge “some people hate me in it...”<sup>503</sup> In reality, a good many critics took umbrage at Terry's delicate femininity and pervading sensuality in the role. *Truth* magazine's Henry Labouchere teased that Terry offered “an aesthetic Burne Jonesy, Grosvenor Gallery version of Lady Macbeth, who roars as gently as any sucking dove.”<sup>504</sup> Many critics (perhaps accurately) read Terry's softer interpretation as the only one she could have constructed, given her limitations as a tragic actress. The *Graphic* stated, “As to Miss Terry's gentle, clinging, affectionate spouse, it is obviously not Lady Macbeth – though it is probably the only sort of Lady Macbeth whom this sweetly tender and poetical actress is capable of presenting us with.”<sup>505</sup> Terry's character was *not* Lady Macbeth, *Graphic's* critic continued, precisely because she flaunted her womanliness even while committing terrible acts: “Incitements to treason and barbarous murder sit ill upon a woman who is all love and caresses, and whose voice, do what she will, is wholly wanting in the tragic note. It is as if some one should attempt to play Jekyll and Hyde without the alternate transformations.”<sup>506</sup> *Sporting and Dramatic News* also found Terry's unconventional

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<sup>501</sup> *The People*, December 30, 1888, in *The Era*, January 26, 1888, *Macbeth* 1888 Production File, V&A.

<sup>502</sup> *The World*, January 2 1889, in *The Era*, January 26, 1889, *Macbeth* 1888 Production File, V&A.

<sup>503</sup> Qtd. in Holroyd, *Strange Eventful History*, 198.

<sup>504</sup> Qtd. in Melville, *Ellen Terry*, 145.

<sup>505</sup> *The Graphic*, review of *Macbeth*, January 5, 1889, Lyceum 1888, box 1436, V&A.

<sup>506</sup> *Ibid.*

performance lacking, asking, “Must she not be something more and deeper and worse than the too affectionate wife who loses her sense of morality in her eagerness to serve her husband’s ambition, who hysterically becomes his accessory after he has murdered his royal guest, and who later on shows a touching distress under the dismal memories which haunt her in her dreams?”<sup>507</sup> This woman of “love and caresses” was all too passionate for those accustomed to Lady Macbeths of the ice queen or masculine virago variety. The critic from the *Star* reported, “The great fact about Miss Terry’s Lady Macbeth is its sex...It is redolent, pungent with the *odeur de femme*. Look how she rushes into her husband’s arms, clinging, kissing, coaxing, and even her taunts, when his resolution begins to wane, are sugared with a loving smile.”<sup>508</sup> But while the majority of reviewers lamented Terry’s choices, her performance contextualized (perhaps intentionally, perhaps inadvertently) Lady Macbeth’s deplorable ending within the period’s gendered understandings of hysteria and insanity. Indeed, as the December 31 *Times* review noted, Terry’s gentleness and sensuality as Lady Macbeth were played with “an energy of character that [is] more hysterical than real...”<sup>509</sup>

Just as Ophelia has her mad scenes, Lady Macbeth has her sleepwalking scene. While the simple act of sleepwalking is not, in reality, symptomatic of madness, it is clear that the (as Terry labeled it) “softened brain” of Lady Macbeth was ill-equipped for peaceful slumber. “Sleep is a passive, feminine state,” reminds Appignanesi. “But increasingly it is clear that activity takes place within it. That activity...is distinctly other, altered, and seems to share not a little with the

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<sup>507</sup> *Sporting and Dramatic News*, review of *Macbeth*, January 5, 1889, Lyceum 1888, box 1436, V&A.

<sup>508</sup> *The Star*, December 31, 1888, in *The Era*, January 26, 1889, *Macbeth* 1888 Production File, V&A.

<sup>509</sup> *The Times*, December 31, 1888, in *The Era*, January 26, 1889, *Macbeth* 1888 Production File, V&A.

hallucinatory, non-rational spheres of madness.”<sup>510</sup> In her article “Lady Macbeth and the Daemonologie of Hysteria,” Joanna Levin pronounces, “The play never mentions *hysterica passio*, but somnambulism was in fact one of the symptoms of the ‘Suffocation of the Mother’.”<sup>511</sup> Even more than her predecessors, Terry’s sleepwalking scene was the defining moment of the performance. Not only did Irving resist cutting lines within the scene, giving it particular prominence in a heavily edited rendition of the play, but late-Victorian audiences were in all likelihood familiar with Charcot’s newly articulated assertion that the hysterical condition was partly identified by the sufferer’s susceptibility to hypnosis. And so it was into this anachronistic historical moment that Terry’s Lady Macbeth glided, wearing a dressing gown and clutching a lamp. Critics were nearly unanimous in praising the aesthetic, poeticized beauty of Terry’s distressed somnambulist. It was not by mistake that the actress’s Lady Macbeth was visually arresting; indeed, in rehearsal Irving expressed concern that the image of Terry convey Lady Macbeth’s fractured mental state. “...Lady M should certainly have the appearance of having got out of bed,” Irving wrote, “to which she is returning when she goes off. The hair to my mind should be wild and disturbed, and the whole appearance as distraught as possible and disordered.”<sup>512</sup> In an illustration printed in January 12’s *Graphic*, it would seem that – at least externally – Terry satisfied Irving’s vision of the “disordered” queen. In dressing gowns that vaguely traced the actress’s shape like a Grecian statue, curled hair artistically disheveled, Terry is pictured stepping down the palace steps from her bedchamber holding her left hand aloft, a gesture we have already identified as a feature of the Victorian madwoman’s iconography that

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<sup>510</sup> Appignanesi, *Mad, Bad and Sad*, 148. According to Micale, Charcot published a case history of “hysterical sleepwalking” in January 1893 (Micale, *Hysterical Men*, 121.)

<sup>511</sup> Joanna Levin, “Lady Macbeth and the Daemonologie of Hysteria,” *ELH* 69, no. 1 (Spring 2002): 43, doi: 10.1353/elh.2002.0009.

<sup>512</sup> Qtd in Melville, *Ellen Terry*, 144.



paradoxically connoted both exultation and anguish, depending on the context. “Here’s the smell of the blood still. All the perfumes of Arabia will not sweeten this little hand. Oh! oh! oh!” reads the accompanying quotation. The actress’s furrowed eyebrows, unfocused eyes, and downturned, open mouth mark the queen’s psychological distress.<sup>513</sup> According to the *Globe*, “Not more easily will pass from the memory the vision of the pallid figure...with the worn, spiritualised features, the abiding ache, and the senses locked, which glides like a vision, and wrings the long, pale hands in a vain attempt to wash out the imaginary stain.”<sup>514</sup>

Opinions were mixed on Terry’s voicing of the mad mutterings of Lady Macbeth. The *Daily News* was impressed by the control Terry possessed over her speeches, observing that “a pretty trait was the delivery of the words ‘One, two,’ with a pause between, in a bell-like tone; again, the occasional lapses into a more dreamy vein as if sleep were hovering near, ready to reassert its power over her weary brain.”<sup>515</sup> According to *The Graphic*, “In the sleep-walking scene she looked charming – some may say too charming for a woman on the brink of death – but she also, with her broken, impassioned utterances, conveyed a vivid sense of the mental terrors (and possibly remorse also) by which she was tortured.”<sup>516</sup> However, her voice struck some critics’ ears as monotone, and *The People* remarked, “Her tones in the delivery of the enthralling anguish expressed by the dream speech were impressive through sententiousness rather than the hushed passion of a conscience fired by sin, caused her acting to fall short of the

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<sup>513</sup> *The Graphic*, review of *Macbeth*, January 12 1889, Lyceum 1888, box 1436, V&A.

<sup>514</sup> *The Globe*, December 31, 1888, in *The Era*, January 26, 1889, *Macbeth* 1888 Production File, V&A.

<sup>515</sup> *Daily News*, December 31, 1888, in *The Era*, January 26, 1889, *Macbeth* 1888 Production File, V&A.

<sup>516</sup> “‘Macbeth’ at the Lyceum Theatre,” *The Graphic*, [n.d.], personal box 54, Henry Irving and Ellen Terry, Theatre Museum Biographical File, V&A.

tragic tone.”<sup>517</sup> In order to appreciate Terry’s sleepwalking scene, Michael Holroyd argues for a shift in generic expectations. It was, he characterizes, “not tragic acting but a masterpiece of pathos.”<sup>518</sup> The *London Figaro* perhaps best summarized the performance’s effect:

As to Miss Terry’s reading of Lady Macbeth, it differs utterly from that of any of her predecessors except Lady Martin, and it would be indeed difficult for a husband to have reused anything to a wife with such a winsome manner. But whether this woman of warm sympathies, of a loving, clinging nature, of tender and winning voice is the real Lady Macbeth is an entirely different matter. There is something almost painful in hearing the murderous sentences fall from such gentle lips; in seeing the hands meant only for caresses snatching the bloody daggers from her husband’s feeble grasp; in her almost childish impatience when she finds he fails in ‘screwing his courage to the sticking place,’ and one wonders how she can have harboured the sinister intentions which it is proved by her reception of her husband’s letter she must have done, and yet have retained so innocent a face...[Later] Lady Macbeth’s worn and haggard face, her vacant yet sorrowful eyes, her quiet unconscious way of walking, the continued swaying of her body, together with the moaning cadence of her voice, all speak of the broken, remorse-stricken woman, as no actress has ever spoken before.<sup>519</sup>

### ***Lucy Ashton, 1890***

Of course, Ellen Terry’s performances of mental illness were not restricted to Shakespeare’s canon; they also appeared in contemporary works by Victorian playwrights. One of her lesser-known roles, Lucy Ashton in *Ravenswood* (1890) was – in the eyes of critics as well as the actress herself – a character of limited dramatic potential. However, Lucy serves as important example of how female madness could be reduced (both onstage and within the

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<sup>517</sup> *The People*, December 30, 1888, in *The Era*, January 26, 1889.

<sup>518</sup> Holroyd, *Strange Eventful History*, 197-98.

<sup>519</sup> “Before and Behind the Curtain,” *London Figaro*, January 5, 1889, Lyceum 1888, box 1436, V&A.

Victorian zeitgeist) to a single source: an essential, inexorable weakness of the sex. In *Ravenswood*, a retelling of Sir Walter Scott's *The Bride of Lammermoor* (1819), Lucy's love and fidelity to the play's hero, the Master of Ravenswood (Edgar), are no match for her domineering mother, a grasping schemer bent on uniting her daughter with the rich Lord of Bucklaw. Believing her mother's lie that Edgar abandoned her and renounced their love, a heartbroken Lucy agrees to marry Bucklaw, but when Edgar returns to confront his onetime paramour on her wedding day, Lucy's fragile mind snaps from the sudden revelation of her betrayal. With a blast of hysterical laughter (of which critics made much ado) and a cry for Edgar, Lucy dies.<sup>520</sup>

The character of Lucy Ashton demanded that Terry be beautiful, virtuous, gullible, and – most fundamental to her performance of illness – physically and mentally inferior to every other character within the play. In a theatre review in *Murray's Magazine* (1890), J. Murray wrote, “Lucy Ashton, in the ‘Bride of Lammermoor,’ can hardly be described as an interesting character...she belongs to the weak and yielding order of heroines, who accept their fate with due submissiveness, and do not attempt to mould it with their own hands.” Even the story's most unquestioning readers, Murray claimed:

[would] find it difficult to understand how so pliable a nature could, even when distraught with terror and madness, have tried to murder Hayston of Bucklaw her ‘bonny bridegroom.’ It is true that it is pathologically the case that when a person loses his senses, he or oftener she, becomes the direct antithesis of the former self; and thus a pure-minded Ophelia is made in her madness to use language of

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<sup>520</sup> Elaine Showalter relates the physical manifestations of Lucy's violent madness in Scott's *The Bride of Lammermoor*: “But on her wedding night, the guests hear shrieks coming from the bridal chamber. Rushing to the room, they discover the bridegroom stabbed on the threshold and Lucy huddled in a corner, ‘her head-gear disheveled; her night-clothes torn and dabbled with blood, - her eyes glazed, and her features convulsed into a wild paroxysm of insanity. When she saw herself discovered, she gibbered, made mouths, and pointed at them with her bloody fingers, with the frantic gestures of an exulting demoniac...’” (Showalter, *Female Malady*, 14).

astounding coarseness. Yet from the point of view of art and not from medical science, it is not unnatural to wish that Lucy Ashton had been made of sterner stuff.<sup>521</sup>

Murray's belief that those who lose their senses are more often women than men was one pronounced commonly in Victorian England, both in intellectual and scientific circles and in the wider public sphere. Perhaps to further accentuate Lucy's delicacy of both mind and body, *Ravenwood's* adaptor, Herman Merivale, removed the demented Lucy's assault on Bucklaw with her brother's dagger. One critic lamented this reworking, stating, "Hysterical frenzy of this sort is exactly what Miss Ellen Terry most excels in, and she might have made a great and tragic effect with the words, 'Take up your bonny bridegroom,' uttered with a maniac laugh, over the body of Bucklaw."<sup>522</sup>

Of the abrupt onset of Lucy's insanity in the fourth act several reviewers remarked that, while not objectionably unrealistic (for women's minds were more liable to snap without warning), it prohibited Terry from doing – for any length of time, anyway – what she did best: embody a madwoman.<sup>523</sup> "Whether it would have been judicious to introduce a scene illustrative of Lucy's madness is a point upon which opinions may differ," wrote one critic. "Remembering Miss Terry's Ophelia, many will be inclined to regret the omission."<sup>524</sup> The single signifier of Lucy's precipitous derangement, her maniacal laugh, was reported by the newspapers as being compelling and frighteningly naturalistic. "Ah! That awful laugh –" proclaimed *Punch*, "far

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<sup>521</sup> J. Murray, *Murray's Magazine*, 8 (1890), <https://books.google.com>.

<sup>522</sup> "The Theatre," [unidentified newspaper], Henry Irving and Ellen Terry Theatre Museum Biographical File, personal box 54, V&A.

<sup>523</sup> Of the many reviews I consulted, the critic at *Punch* was the only reviewer that thought Terry's Lucy "already show[ed] signs of incipient insanity" before the telltale snap of raving laughter. ("Scott-Free, or Ravenswood-Notes Wild," *Punch*, October 4, 1890, *Ravenwood* Production File, V&A).

<sup>524</sup> [Unidentified newspaper clipping], Henry Irving and Ellen Terry Theatre Museum Biographical File, personal box 54, V&A.

more tragic than the one secured by *Bucklaw!* It is *Lucy* going mad!”<sup>525</sup> The maiden’s pathos-inducing demise quickly followed. “[I]f we were not permitted to see Lucy’s mad scene,” noted one newspaper, “we saw her touching and poetic death.”<sup>526</sup> According to Murray, Terry’s physical acting in the fourth act was exceptional: “[A]ll her movements throughout the betrothal, the stupor of her resignation, the pleading to her mother, the wild and hysterical burst of laughter, the utter speechlessness before her lover, and the final collapse with a flickering return to reason before she dies, all arrest and deserve closest attention.”<sup>527</sup> Concurring a newspaper critic:

In the scene of Lucy’s distraction later on, Miss Terry compelled the warmest sympathy. Who, indeed, could gaze unpitying upon this picture of Lucy Ashton – dazed by her sorrows, mute, submissive, pale, motionless as a statue? And when the catastrophe came, and Lucy fell dead at the feet of those who had played traitors to her love, there were tear-laden eyes to tell how splendidly the actress had succeeded.

Though Terry was charged with playing a “lifeless heroine,” something she often bemoaned about in her memoirs, Holroyd claims that as Lucy Ashton Terry “found some relief [from more taxing roles] in going insane like Ophelia and dying before a Turneresque landscape.”<sup>528</sup>

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<sup>525</sup> “Scott-Free, or Ravenswood-Notes Wild,” *Punch*, October 4, 1890. Terry later revealed just how predictable her seemingly impulsive laugh was, according to biographer Joy Melville. “Ellen [came] off stage one night, after a scene with Irving in which she had to burst into hysterical laughter, to find Irving waiting for her, much put out, to ask why she had finished laughing early. She said she had laughed as usual. ‘No you didn’t,’ said Irving. ‘You always say Ha-ha 17 times. You only said it 14 times tonight.’” (Melville, *Ellen Terry*, 147-48).

<sup>526</sup> [Unidentified newspaper clipping], Henry Irving and Ellen Terry Theatre Museum Biographical File, personal box 54, V&A.

<sup>527</sup> Murray, *Murray’s Magazine*.

<sup>528</sup> Holroyd, *Strange and Eventful History*, 223.

#### 4.1.1.2 Over the Precipice

A comparative analysis of Terry's performances of illness yields several crucial findings. First, the actress's collective embodiments of mental instability normalized the abnormal state of female madness. Though they were by no means tranquil or euphoric in their distracted states, Terry's characters were increasingly beautiful, natural, and pathetic (not *tragic*) after madness commandeered their corporealities – minds, nerves, and/or reproductive organs. Each embodiment also corroborated Victorian assumptions about female madness's myriad causes. Lady Macbeth's fatal choice to breach the masculine sphere's barriers was rendered exceedingly topical by Terry's portrayal. Her ceremonious (but half-hearted) unsexing was abortive; she remained resolutely feminine throughout her participation in Duncan's murder and the ensuing public duplicity, as well as her private coddling of her husband-milquetoast. Because these deeds were not executed from a position of appropriated masculinity, the gentlewoman's mental health and (by extension) reproductive health were immutably ruined, echoing the threats of Darwinian psychiatrists lobbed at the ambitious New Woman. Unanticipated emotional traumas (Charcot's *le grand ébranlement psychique*) fractured the fragile minds of both Ophelia and Lucy. As performed by Terry, Ophelia's vulnerability to hysterical attacks and insanity was linked to male subjugation and the repression of sexual desires, while Lucy's appears to be embedded in her genetic makeup, thanks to her unbalanced mother. All three characters exhibited classic indicators of hysteria and madness and all were presented as wretchedly weak in both mind and body. Finally, Terry's performances of illness confirmed the morbid Victorian illation, no doubt influenced by pervasive cultural representations of incurable madwomen, that female insanity was far more intractable than that of men. Ophelia, Lady Macbeth, and Lucy Ashton pay the ultimate price for slipping off the precipice of mental health: premature death.

#### **4.1.2 The Tragedy Waged Within: Masculine States of Mental Illness**

As the pages above have no doubt implied, masculine mental illness was an even thornier issue in Victorian England than its female equivalent. Complicated by contradictory definitions and opprobrious stigma, male neuroses and psychoses were viewed in the late-nineteenth century as aberrant states of mind requiring intense observation and swift treatment. Whereas female hysterics and madwomen were conceived of as organic creatures that had surrendered to their gender's foundational instability and were therefore far less apt to rebound from mental illness, males suffering from mind disorders were perversions of nature. According to nineteenth-century ideology, men were the divinely (not to mention evolutionarily) chosen vessels of reason, moderation, resourcefulness, and enterprise as well as physical muscularity; consequently, madmen were tragic figures in society, their native potential squandered and thwarted by diseased minds. Furthermore, while previous centuries represented the masculine sufferer of mental illness as a raging, aggressive, hyper-masculine beast, the Victorian madman was emasculated and enfeebled by his disorder, thereby accommodating him within the period's feminized construction of madness, as well as burgeoning theories of social and biological degeneration. Unlike madwomen, who Victorian medical discourse implied were more at home in their psychogenic cages, mentally ill men were imprisoned awkwardly and unnaturally and therefore could be more easily restored to sanity and balance. Perhaps because of this, Victorian medicine was less inclined to lump all masculine mental ailments into one general diagnosis (as was often the function of female hysteria). Attempts to clarify the origins and symptomatic borders of masculine mental illnesses, or divide them into "partial" and "general" (full) insanities

or functional disorders, were largely superficial and failed to advance medical knowledge or improve treatment. Nevertheless, as Henry Irving's varied performances of mental illness seem to endorse, the gendered disorders of men – despite their nosological and theoretical slipperiness – were more deliberately delineated and rigorously combated than women's changeable mental conditions. To best illuminate Irving's embodiments, it is necessary to briefly particularize several disorders considered to strike men with more regularity than women: neurasthenia, melancholia, monomania, and senility or dementia.

The term *neurasthenia* is largely credited to American neurologist George Miller Beard, who first published an article on the subject in 1869.<sup>529</sup> Of course, as we have already noted and Mathew Thomson writes, “[a] language of ‘nerves,’ a popular bodily economy of nervous energy, an expanding medical culture of nerve management, and a belief that civilisation produced nervousness were all in place in Britain long before Beard coined of [*sic*] the term ‘neurasthenia.’”<sup>530</sup> Beard introduced neurasthenia as the medical appellation for “American nervousness,” a functional disorder with purported somatic causes but no “discernable anatomical pathology” that affected the most harried, energy-depleted citizens of modern

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<sup>529</sup> Oppenheim notes, however, that Beard's introductory article was published the same year that E. H. Van Deusen applied the term “neurasthenia” on “diverse manifestations of nervous collapse” (Oppenheim, *Shattered Nerves*, 92). Michael Schwartz's study *Broadway and Corporate Capitalism: The Rise of the Professional-Managerial Class, 1900-1920* investigates the American professional-managerial class's supposed susceptibility to “strained nerves” as well as discusses William Gillette's Sherlock Holmes as a stage neurasthenic (New York: Palgrave Macmillan, 2009).

<sup>530</sup> Mathew Thomson, “Neurasthenia in Britain: An Overview,” in *Cultures of Neurasthenia From Beard to the First World War*, eds. Marijke Gijswijt-Hofstra and Roy Porter (New York: Rodopi, 2001): 77. For other histories of neurasthenia in nineteenth-century Britain see Oppenheim's *Shattered Nerves* and Chandak Sengoopta, “‘A Mob of Incoherent Symptoms’? Neurasthenia in British Medical Discourse, 1860-1920,” in *Cultures of Neurasthenia*, 97-116.



societies in general (and the United States in particular).<sup>531</sup> As Oppenheim states, Beard “had no doubt that only the nineteenth century could give rise to neurasthenia, for contemporary civilization alone had produced the peculiar combination of causative agents so deleterious to nerve force: rapid transportation and communication, great advance in scientific learning, and the widespread education of women.”<sup>532</sup> While Beard’s version of the disorder targeted mostly middle-class male professionals, other nerve specialists expanded neurasthenia’s reach to include women and members of the working class. A true spirit-of-the-age diagnosis, neurasthenia’s list of symptoms seemed random and limitless: prolonged exhaustion, insomnia, headaches, dyspepsia, tooth decay, and blushing, among many others.<sup>533</sup> Its intangible side-effects, including languor, irritability, anxiousness, and a general malaise, were shared with an older functional nervous disorder only suffered by men, hypochondriasis; in fact, the voguish neurasthenia supplanted hypochondriasis as the “paramount” nervous disorder in the latter half of the century until modern psychology announced that all “nerve” illnesses were essentially misnomers.<sup>534</sup>

For Victorian physicians and their patients, the diagnosis of neurasthenia was appealing on several levels. First, as Mathew Thomson notes, “it offered a somatic location – the nerves – for a vast range of conditions which had no other obvious organic origin,”<sup>535</sup> thereby legitimating the patients’ complaints, no matter how vague, diverse, or peculiar. Furthermore, as the diagnosis grew in popularity, “the concept became fuzzier and fuzzier, eventually

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<sup>531</sup> Sengoopta, “Incoherent Symptoms,” 97.

<sup>532</sup> Oppenheim, *Shattered Nerves*, 93.

<sup>533</sup> Sengoopta, “Incoherent Symptoms,” 97.

<sup>534</sup> Oppenheim, *Shattered Nerves*, 142. The bulk of hypochondriasis’s symptoms were subsumed under the late-nineteenth century’s definition of melancholy; the separate disorder of *hypochondria* emerged simultaneously.

<sup>535</sup> Thomson, “Neurasthenia in Britain,” 79.

incorporating at least four different identities: hysteria, the so-called ‘fatigue neurosis,’ depression and an early stage of insanity.”<sup>536</sup> Many doctors used the diagnosis of neurasthenia to avoid handing down far more defamatory medical verdicts. In particular, neurasthenia permitted men from all corners of society to suffer from a nervous disorder without being branded a degenerate weakling, and it allowed both women and men to escape the dreaded moniker of “hysterical.” Charcot and others employed neurasthenia as a synonym for male hysteria, and for famed nerve-doctor Sir George Henry Savage, the man who diagnosed Virginia Woolf as a neurasthenic, “neurasthenia was no more than a convenient euphemism [for insanity,] to soothe – and retain – the patients in his lucrative private practice.”<sup>537</sup> Not all physicians were accepting of neurasthenia as a new category of nerve disorder. According to Sengoopta, British specialist Sir Andrew Clarke discredited the condition as “unscientific, inaccurate, and misleading”; for Clarke, “the symptoms of nervous debility were real enough but the category of neurasthenia failed to satisfy the criteria for a coherent disease-concept.”<sup>538</sup> Neurasthenia’s diathesis was as imprecisely defined as its pathology. However, nervous conditions were generally thought to produce gaunt and angular bodies, sallow complexions, and a vocabulary of movements that featured both unnerving jitteriness and weary listlessness.

*Melancholia*’s history as a recognized illness dates back to the time of Hippocrates, when it typically described a state of protracted depression or worry.<sup>539</sup> Through the course of its two-thousand-year existence, melancholia and its many cognates not only indicated an illness but, as

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<sup>536</sup> Sengoopta, “Incoherent Symptoms,” 98.

<sup>537</sup> Sengoopta, “Incoherent Symptoms,” 108.

<sup>538</sup> *Ibid.*, 103.

<sup>539</sup> Stanley W. Jackson, *Melancholia and Depression: From Hippocratic Times to Modern Times* (New Haven, CT: Yale University Press, 1986), 4. I am indebted to Jackson’s comprehensive study, from which my summary of melancholia in the nineteenth century is drawn.

Stanley W. Jackson writes, “almost any state of sorrow, dejection, or despair, not to mention respected somberness and fashionable sadness.”<sup>540</sup> The most familiar etiological explanation for the disorder was biliousness. In Galenic terms, melancholics possessed an overabundance of black bile that overwhelmed their humoral systems, leading to a temperament of habitual low spirits and crippling anxiety. By the eighteenth century melancholia, like hysteria, was soon listed among the myriad disorders of the nervous system, its symptoms of sadness and anxiety the purported products of a depleted nerve force or compressed nerves and blood vessels. In the Victorian age, the terms *depression* and *melancholia* were used interchangeably to describe the same general pathology, though the latter still predominated in medical discourse. During that same century the presumed causes of melancholia temporarily shifted away from the concretely physiological and toward mental and affective explanations (a transition shared by nearly all types of what we now term mental illnesses). Because melancholia was associated with brooding intellectuals, it was also widely considered to be a masculine illness.

Prominent nineteenth-century theories of melancholia converged on some points and diverged on others. On the whole, the century’s physicians and alienists were in agreement that, along with the affective symptoms of melancholia (sadness, irritability, anxiety), each sufferer was driven by an *idée fixe*, an obsessive preoccupation that was the source of their delusional state. Wilhelm Griesinger, Jean-Etienne Dominique Esquirol, and Henry Maudsley make a point of explaining that the melancholic, though delusional, was nevertheless deeply aware of his changed condition. Chief among the theorists’ concerns was whether or not the melancholic was, by definition, insane. The vast majority believed melancholics to be at least partially mad, but they disagreed on the degree of insanity. As Esquirol defined it, melancholia was ““a cerebral

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<sup>540</sup> Ibid., 5.

malady, characterized by partial, chronic delirium, without fever, and sustained by a passion of a sad, debilitating or oppressive character.”<sup>541</sup> Melancholics were insane in Esquirol’s view, but only within the perimeters of their specific delusions (i.e. partial insanity); they “are never unreasonable, not even in that sphere of thought which characterizes their delirium. They proceed upon a false idea, as well as wrong principles, but all their reasonings and deductions are conformable to the severest logic.”<sup>542</sup> Maudsley also viewed melancholia as a type of partial insanity (along with monomania), while Richard von Krafft-Ebing conceived of a spectrum of melancholic conditions ranging from the mildest (*melancholia without delusion*) to the most extreme and disruptive (*melancholia with delusions and errors of the senses, religious melancholia, and hypochondriac melancholia*). Krafft-Ebing also warned of confusing true melancholic conditions with a temporary “melancholic state” that often manifested at the beginning of other neurological diseases.<sup>543</sup> The men also differed on the melancholic’s behavioral response to his condition. Esquirol’s melancholic “dread[ed] obscurity, solitude, insomnia, the terrors of sleep, etc.” and was therefore compelled to be more social, while Johann Christian Heinroth’s “gradually [became] quiet, withdrawn, secretive...shy and fearful or suspicious, [and] withdr[awn] from the company of his friends and acquaintances...”<sup>544</sup> The melancholic diathesis was, according to Esquirol’s description, quite similar to that of a neurasthenic:

In person, the [melancholic] is lean and slender, his hair is black, and the hue of his countenance pale and sallow....The physiognomy is fixed and changeless; but the muscles of the face are in a state of convulsive tension, and express sadness,

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<sup>541</sup> Qtd. in Jackson, *Melancholia and Depression*, 152.

<sup>542</sup> *Ibid.*, 153.

<sup>543</sup> *Ibid.*, 178.

<sup>544</sup> *Ibid.*, 152 and 156.

fear or terror; the eyes are motionless, and directed either towards the art or to some distant point, and the look is askance, uneasy and suspicious...”<sup>545</sup>

As we now recognize about clinical depression, melancholia was seen as a condition to which some people, through heredity or temperament, were more vulnerable, but it was often a temporary state from which the sufferer could, with time and energy, struggle free.

In Esquirol’s nosology, between melancholia and mania resided the newly identified illness of *monomania*. According to Jackson, Esquirol’s introduction of the term was inspired by his disapproval of the common conflation of all “manialike” illnesses; he intended monomania to represent ““that form of insanity, in which the delirium is partial, permanent, gay or sad.””<sup>546</sup> Like the melancholic, the monomaniac was singularly obsessed by an idea or a closely related constellation of ideas, but unlike the melancholic (and like the maniac), the partial madness of the monomaniac was expressed through hyperactive, excessive, and at times cheerful fervency, not to mention exaggerated “moral and physical agitation.” As Lisa Appignanesi relates, “In advanced societies, [Esquirol] noted, monomania was caused and characterized by pride, by an abnegation of all belief, by ambition, despair and suicide.”<sup>547</sup> Monomaniacs’ physiognomy differed markedly from those of neurasthenics and melancholics: they were ““animated, expansive, hypermobile; the eyes are lively, sometimes shining and look ‘injected’, their walk has an energetic gait. They’re noisy, garrulous, petulant, brave, [and] overcome all obstacles.””<sup>548</sup> Monomaniacs were typically driven by money and delusions of grandeur and were frequently “impatient and irascible, suspicious of near ones, prone to hallucinations which topple them into delirium, sometimes suicidal.” Esquirol also described a variety of monomania,

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<sup>545</sup> Ibid., 152.

<sup>546</sup> Ibid., 152.

<sup>547</sup> Appignanesi, *Mad, Bad and Sad*, 65.

<sup>548</sup> Qtd. in Appignanesi, *Mad, Bad and Sad*, 66.

*ambitious monomania*, in which the diagnosed falsely believes he is in a position of great authority, such as a king. The ambitious monomaniac, the French alienist claimed, was most likely a man who, because of the post-Revolutionary destabilizing of conventional hierarchies and chains of command, fancied himself more socially and politically mobile than he was in reality. According to Appignanesi, it was often difficult to differentiate the delusional monomaniac from the tenacious-but-sane overachiever; indeed, “[o]nly when the subject of the monomaniac’s delirium comes into focus does the mania grip him and become visible,” thereby exposing the person’s illness. Once mania takes over, the “partiality of the monomania – when the sufferer is able to reason well across a range of thought unrelated to the driving *idée fixe* – disappears.”<sup>549</sup>

While the disorders of neurasthenia, melancholia, and monomania were considered both functional (meaning they did not fundamentally alter the anatomical structures of the brain or body) and potentially curable, by the *fin de siècle* our final masculinized illness was thought to be neither physiologically benign nor reversible. The pathology of dementia was known by other terms throughout its extensive, serpentine history, including “amentia, imbecility, morosis, fatuitas, foolishness, stupidity, anoea, simplicity...[and] idiocy,” to give only a partial list of words denoting a decaying of behavioral and mental facility.<sup>550</sup> Though in both scientific and vernacular usage “dementia” was applied to “any state of psychological dilapidation associated with chronic brain disease,” echoing Philippe Pinel’s use of the word to mean all “psychosocial incompetence,” nineteenth-century alienists hailing from France, Germany, and Britain

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<sup>549</sup> Ibid., 66.

<sup>550</sup> G. E. Berrios and H. L. Freeman, “Dementia Before the Twentieth Century,” in *Alzheimer and the Dementias*, eds. Berrios and Freeman (London: Royal Society of Medicine Services Ltd., 1991), 9.

endeavored to determine more precisely the illness's various compositions.<sup>551</sup> Set apart from the acute and chronic dementias and their dizzying array of etiologies was a long-suspected but never formally pathologized dementia with one single cause: aging. The concept that human bodies experienced "wear and tear" due to aging was ubiquitous in centuries past, but as G. E. Berrios writes, "[w]hilst it was a palpable fact that the human frame decayed, not everyone accepted that this necessarily affected the soul or mind."<sup>552</sup> By the nineteenth century, however, the psychopathological shifts endured by the aging mind were beyond question, and alienists joined physicians in the quest for a more concrete understanding of senility. *Senile dementia* was thought at first to be caused by what French physician Bénédict Morel labeled "the law of decline of faculties," prompted by a decrease in the brain's competence and energy over time.<sup>553</sup> In short, when the human brain lost vitality, it subsequently forfeited its ability to maintain the body's advanced functionings. Later in the century Morel's concept of brain vitality was supplanted by a degenerist theory of tissue decay and deterioration at the cellular level. In 1896 Ralph Lyman Parsons argued that along with the physical impairments brought on by advanced age (loss of muscle tone, hearing, manual dexterity, and eyesight and the "diminished tone and resiliency of the vascular system"), there were significant mental changes with the potential to erase a person's established temperament and behavioral patterns, including "irritability, imperiousness, excitability or diminution of normal emotional responses, loss of memory, diminished attention-span, diminished power of abstract thought, and fickleness or perversity of

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<sup>551</sup> Ibid., 2 and 12.

<sup>552</sup> Berrios, *The History of Mental Symptoms: Descriptive Psychopathology Since the Nineteenth Century* (Cambridge: Cambridge University Press, 1996), 191.

<sup>553</sup> Ibid., 16.

disposition.”<sup>554</sup> For British neurologist John Hughlings Jackson, who claimed dementia was “the only form of insanity without positive symptoms,” a “healthy senescence” was the closest nature came to reversing evolution.<sup>555</sup>

Just as it is with Alzheimer’s today, the unmistakable signs of senile dementia were memory impairment and interpersonal difficulties, or what neurologists like Charcot referred to as “brain softening.” Wilhelm Griesinger, a German neurologist who in 1861 identified five illnesses that depleted cognitive processes (“chronic mania, dementia, apathetic dementia, idiocy, and cretinism”), stated that dementia revealed itself in the “...increasing incapacity for any profound emotion, loss of memory, and (reduced) power of reproduction of ideas...more recent events...are almost immediately forgotten, while not infrequently former ideas connected with events which happened long ago are more easily produced...”<sup>556</sup> Compromised judgment, such as the inability to assess dangerous situations, a lack of extemporaneous actions and decision-making, and a debilitating impassiveness were also considered hallmarks of the disease. Most physicians agreed that the weakening of mental faculties accompanying aging could range from the most mild of inconveniences to what amounted to late-onset insanity. In 1876 Krafft-Ebing called for a differentiation to be made between senile dementia, which attacked the elderly *because* of their advanced age, and other forms of insanity acquirable by all segments of the population that *could* affect the elderly. He observed that senile dementia was quite uncommon in persons younger than 65, though an exact age cut-off was impossible to determine.

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<sup>554</sup> Jesse F. Ballenger, *Self, Senility, and Alzheimer’s Disease in Modern America* (Baltimore: Johns Hopkins University Press, 2006) 17.

<sup>555</sup> Berrios and Freeman, *Alzheimer and the Dementias*, 23.

<sup>556</sup> Qtd. in Berrios and Freeman, *Alzheimer and the Dementias*, 18-19.



For both doctors and patients, it was clear that the dementias were accelerating and cumulative illnesses. “As the dementia progressed,” wrote Krafft-Ebing, “patients might show states of mania or melancholia, punctuated by hallucinations, paranoid delusions, fear of being robbed, etc.”<sup>557</sup> However, despite their certainty that demented conditions escalated in severity, scientists were unsure of the permanence of any of the dementias until the 1840s, when *vesanic dementia*, or the cognitive impairments lingering after a bout with insanity, was cited as rarely reversible.<sup>558</sup> While the diagnosis of vesanic dementia eventually lost support in the medical community, its irremediable nature was observed in several other forms of insanity or pre-insanity, including senile dementia.

Senile dementia’s ties with the masculine gender have a great deal to do with late-nineteenth-century social dynamics. Like neurasthenia, melancholia, and monomania, men were diagnosed with senile dementia slightly more than women, but the disease’s tenuous link with men was established not by statistics, but by stereotypes. The purported naturalness of female insanity furnished the quaint image of what Jesse F. Ballenger calls the “Picturesque Grandma,” whose dedication to domesticity and her role as nurturer was paradoxically enhanced by her simple-mindedness. Warm and snug by the hearth with her knitting needles, the Picturesque Grandma was a welcomed and respected Victorian figure. By contrast, the senile old man was – particularly within the culture of degeneration – an undesirable drain on community resources and a menace to social Darwinism. With diminished intellectual faculties and an enfeebled body,

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<sup>557</sup> Berrios and Freeman, *Alzheimer and the Dementias*, 19.

<sup>558</sup> G.E. Berrios provides a summary of the different theoretical viewpoints on the vesanic dementias: “According to the unitary insanity view, vesanic dementia was a terminal stage (the end point in the sequence mania– melancholia–); according to degeneration theory, it was the final expression of a corrupted pedigree; and according to post-1880s nosology, it was a final common pathway to all the insanities” (Berrios, *The History of Mental Symptoms*, 190).

he could no longer contribute productively to the patriarchal society-at-large. For George Miller Beard, the neurologist who equated “American nervousness” with modern productivity, “senile mental deterioration could hold no consolation – it signified only the start of the gradual, vegetative process of death...failing to fulfill the complex intellectual and moral tasks required of the individual in modern society, such people were ultimately an obstruction of progress.”<sup>559</sup> Reports that reckless hard living could act as a catalyst for senile dementia further solidified the disease’s connection to masculinity. Though most physicians claimed that the natural aging process was enough to bring about senile dementia, others believed the condition was not inevitable for all elderly individuals, only for those who “squandered the fund of vitality” through “the habits of dissipation – excessive drink and sexual activity, an immoderate diet, [and] chronic over- or underwork.”<sup>560</sup> Notes Ballenger, this mid-century moralization was coupled with a late-nineteenth-century “intensification of anxiety about the aging process and hostility toward the aged” to create the stereotype of the *non compos mentis* geriatric who is perhaps now reaping what he imprudently sowed in his youth. Even Ignatz Leo Nascher, the founder of geriatrics, “frequently represented the senile old man as garrulously self-centered and simpering”:

When the mind becomes impaired he neglects his person in every direction until he becomes obnoxious to those around him...He demands constant attention and complains of the slightest neglect. The firm insistence upon hygienic measures for his benefit and welfare, which necessarily impose some exertion on this part, is resented as a hardship and creates a dislike of those who are most interested in his welfare.<sup>561</sup>

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<sup>559</sup> Ballenger, *Self, Senility, and Alzheimer’s Disease*, 21.

<sup>560</sup> *Ibid.*, 17.

<sup>561</sup> Qtd. in Ballenger, *Self, Senility, and Alzheimer’s Disease*, 23.

More unpleasant than the old man's clinginess and contrariness, Nascher insinuated, was his sexual perversion, a product of "weakened mentality, diminished control over the emotions and some circumstances producing intense emotional excitement."<sup>562</sup> This objectionable patient with senile dementia joined the male neurasthenic, monomaniac, and melancholic as medicocultural symbols of failed masculinity through illness.

#### 4.1.2.1 States Unnatural: Henry Irving's Madmen

On the sixth of February, 1838, John Henry Brodribb was born to Samuel and Mary Brodribb of Somerset, England.<sup>563</sup> The Brodribbs became destitute not long after John's birth and so his early years were spent in Cornwall being looked after by his aunt Sarah (and her violent tempered husband) and, in his happiest times, playing pretend with his Cornish chums. By age eleven John was back with his parents, this time in London. Young Brodribb had a significant speech impediment, developed during his time in Cornwall, that prevented him from entering into the ministry as his mother wished. He instead was educated until age thirteen at City Commercial School, where he strove to conquer his stammer in elocution class and at end-of-term recitations christened Speech Days. Upon seeing his first play, *Hamlet*, at Samuel Phelps' Sadler's Wells, John resolved to become an actor. Michael Holroyd imagines the emotions of the aspirant: "To be part of this passionate world where his pent-up feelings might

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<sup>562</sup> Ibid., 24.

<sup>563</sup> Irving's brief biography was compiled from the following sources: Madeleine Bingham, *Henry Irving: The Greatest Victorian Actor* (New York: Stein and Day, 1978); Edward Gordon Craig, *Henry Irving* (New York: Benjamin Blom, 1969); Holroyd, *Strange Eventful History*; Jeffrey Richards, *Sir Henry Irving: A Victorian Actor and His World* (London: Hambledon and London, 2005); and *We Saw Him Act: A Symposium on the Art of Sir Henry Irving*, 1939, eds. H. A. Saintsbury and Cecil Palmer (New York: Benjamin Blom, 1969).

be eloquently released, his roughness of speech absorbed within rhythms of words he could not find himself, became a necessity.”<sup>564</sup> As an adolescent he worked clerical jobs in order to fund his entrance into the craft of acting: fencing lessons, elocution classes, a fitness regimen that included daily swims in the Thames, and eventually private tutorials in comedy and pantomime. His hard work paid off when he secured a position in a provincial theatre under his new stage name, Henry Irving.

As Irving cut his teeth playing a motley crew of characters from farcical to tragic, provincial audiences were quick to point out his shortcomings. “[They] mocked the peculiar rhythm of jerky vowels and elongated syllables in his rural accent, mocked his disfiguring mannerisms, his short-sightedness, and the dragging gait on bent knees with which he unevenly perambulated the stage.”<sup>565</sup> To add insult to injury and despite Irving’s best efforts, his suppressed stutter returned in times of nervousness. And yet, as his many biographers have noted, even in his early years there was something decidedly captivating about Irving onstage. He was an intense, intellectual, and well-studied performer, but he was also surprisingly adaptable, showing great promise in both lightly comedic and darkly villainous roles. He was dynamic without resorting to the artificial theatrics of the old school of acting and uncommonly adept at physically manifesting his characters’ psychological turmoils. Through years of exhausting touring, Irving’s acting began to garner increasingly positive reviews; to provincial audiences “he became recognized both as a grimly humorous comedian and as a character actor of wit and imagination.”<sup>566</sup> Irving married Florence O’Callaghan in 1869 and was shortly after hired by Hezekiah Bateman to be the leading actor opposite his daughter Isabel at London’s

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<sup>564</sup> Holroyd, *Strange Eventful History*, 94.

<sup>565</sup> *Ibid.*, 98.

<sup>566</sup> *Ibid.*

Lyceum Theatre. The Irvings had two sons but lived apart completely from 1871 on when, after his thunderously applauded premiere in *The Bells*, a pregnant Florence asked him “Are you going on making a fool of yourself like this all your life?” Irving immediately exited the brougham carrying them home from the theatre and never spoke to his wife again, save the occasional letter.<sup>567</sup> Over the next seven years Irving became the preeminent London actor, and in 1878 he took over the Lyceum from the Bateman family, where his prodigious self-discipline expanded outward to encompass all of his duties as theatre manager and visionary. Serious to a fault about his profession, Irving’s seldom-witnessed softer side almost always accompanied his affectionate interactions with Ellen Terry’s children. His own boys were well cared for financially but received only a tolerable level of attention from their father until they reached adulthood. Elder son Harry became an actor; Laurence was a dramatist and novelist.

Despite his probable belief to the contrary, Irving was not an immersive actor. Though he seemed to feel the emotions of his characters keenly, he nevertheless remained Irvingesque in all roles he embodied. As *Times* critic A. B. Walkley noted, “It was evident from the first that he had not the fluid or ductile temperament which makes your all-round actor, your Betterton, your Garrick...Mr. Irving’s individuality is too strongly marked...”<sup>568</sup> The actor’s “profound intellectuality” was part of this fierce individuality, Eden Phillpotts wrote when recalling Irving’s Hamlet: “Irving was an embodied brain of the most subtle and radical clarity.”<sup>569</sup> And yet, perhaps paradoxically, his was a flamboyant, excited, romantic style of acting that for some critics was too animated and heavily mannered for modern British audiences. In particular, his belabored speech, strange pronunciations, and ungainly walk vexed those with more traditional

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<sup>567</sup> Richards, *Sir Henry Irving*, 152.

<sup>568</sup> Qtd. in Richards, *Sir Henry Irving*, 115.

<sup>569</sup> Eden Phillpotts, “Irving as Hamlet,” in *We Saw Him Act*, 84.

tastes. In 1875 *The Athenaeum* warned: “Mr. Irving must learn that his mannerisms have developed into evils so formidable that they will, if not checked, end by ruining his career.”<sup>570</sup> Even more censorious was 1877’s *Fashionable Tragedian*, an anonymous pamphlet that chastised audiences for applauding “every jerk, every spasm, every hysteric scream – we had almost said every convulsion – in which [Irving] chose to indulge.”<sup>571</sup>

And yet critics often crowned him with the wreath of realism, though they also qualified this coronation: “In saying that Irving is realistic, that word is not used in its grosser sense,” marked the *Chicago Tribune*. “Realism should be the union of the ideal and the true.”<sup>572</sup> Besides his crowd-pleasing comedic turns (that dwindled in number as he aged), Irving was best known for portraying men suffering from a guilty conscience, an overwhelming emotional trauma, or some other sorrow that – to the detriment of the characters’ physical and mental health – must be kept secret. Irving’s features were not classically handsome, but they matured together into a distinguished countenance. Apropos of our study, an inventory of his overall appearance bears considerable resemblance to our earlier descriptions of neurasthenics and melancholics: thin figure, pale skin, jet-black hair, piercing eyes, a forehead that sloped into a considerable brow bone and heavy eyebrows, and high cheekbones, narrow nose, and delicate mouth (which together made the lower half of his face a touch feminine). His hands were long and thin-fingered, his shoulders were tapered and could be curled forward into a slouch or pressed back into a sharply erect posture depending on the role, and softened knees that made the actor appear

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<sup>570</sup> *Athenaeum*, October 2, 1875, in John Davis Batchelder, *Henry Irving: A Short Account of His Public Life* (New York: William S. Gottsberger, 1883), 158, <http://books.google.com>.

<sup>571</sup> Anonymous, *The Fashionable Tragedian: A Criticism* (Edinburgh and Glasgow: Thomas Gray & Co., 1877).

<sup>572</sup> “Henry Irving,” *Chicago Tribune*, [n.d.], in *Mr. Henry Irving and Miss Ellen Terry in America: Opinions of the Press* (Chicago: John Morris, 1884), V&A.

to be in a sustained plié onstage. Irving's facial muscles were blessed with exceptional flexibility, as the era's many photographs, illustrations, and caricatures of him evidence, but his expressive countenance was perhaps the most polarizing element of his acting (followed by his unique vocal patterns and articulation), for it was variously interpreted as the actor's crowning achievement and his most crippling overindulgence. While his style was powerful and vigorous, it was not hyper-masculine like the Keans or Macreadys of decades prior. Indeed, Irving's more sensitive mode of acting was often described – as was Terry's – as nervous, a pronouncement befitting the age of neuroses. Historian George Taylor contends that “Irving's movement seemed to bear out [George Henry] Lewes's assertion that it was the body rather than the mind that feels emotion, the vibrations of the nervous system were made tangible in his angular, fervid squirming, and in the intensely personal vocal style.”<sup>573</sup>

Throughout Irving's career critics labeled him a “psychological” actor, one who eagerly entered into the disturbed mental states of his characters and rendered them perceptible through physical embodiments. We will judge the accuracy of this designation presently in our reconstructions of Irving's Mathias, Hamlet, and King Lear.

### ***Mathias, 1871***

The famous howl “The bells! The bells!” is known to many, but most mistakenly attribute it to Charles Laughton's cinematic Quasimodo in *The Hunchback of Notre Dame* (1939). In fact, the cry was uttered nearly seventy years before by Mathias, the haunted burgomaster in Leopold Lewis's 1871 psychological melodrama *The Bells*. While still a hired player at the Lyceum, Henry Irving heavily lobbied Hezekiah Bateman to produce Lewis's

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<sup>573</sup> George Taylor, *Players and Performances in the Victorian Theatre* (Manchester: Manchester University Press, 1989), 156.

translation of the French play *Le Juif Polonais*, or *The Polish Jew*, which had premiered in 1869 at the Théâtre Cluny.<sup>574</sup> The play tells the story of Mathias, who, as an impecunious young husband and father of an infant daughter, murdered a stranger for money. The crime was one of desperation and opportunity, the victim a Polish Jew who sought shelter in Mathias's hut from a Christmas Eve snowstorm. Mathias incinerated the body in a nearby lime kiln and grew prosperous from the gold in the Jew's money belt, eventually becoming the town's burgomaster. However, from that faithful night on his guilt-stricken conscience tormented him relentlessly. During the course of the play's action, which begins on the fifteen-year anniversary of the murder, Mathias's inner turmoil reaches a fever pitch as his future son-in-law draws closer to discovering the horrifying truth. The bells of the Jew's sleigh ring unabatedly in his ears, graphic visions of the murder flash before his eyes, and, in the play's final act, he "dreams that he is being tried before a high court and there, under the hypnotic power of the court-appointed mesmerist, [is] compelled to re-enact the murder..."<sup>575</sup> The imagined court sentences Mathias to death by hanging. He awakens as full-blown mania overwhelms him and dies in anguish, imagining the hangman's noose tightening around his neck. Though Bateman was not entirely convinced of the play's virtues, he acquiesced to Irving's request. From his first performance as Mathias on November 25, 1871 to his last on the day before his death in October 1905, Irving played the role over 800 times, 151 of those in its opening season alone.<sup>576</sup>

Both textually and in performance, the Lyceum's version of *The Bells* departed from *Le Juif Polonais* in ways that deepened Mathias's psychological condition. In *Le Juif Polonais*,

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<sup>574</sup> The French original was penned by Emile Erckmann and Pierre Alexandre Chatrian; the score was composed by Etienne Singla. The Erckmann-Chatrian play was itself an adaptation of an opera by Camille Erlanger.

<sup>575</sup> Mayer, "Introduction," *Henry Irving and The Bells*, 4.

<sup>576</sup> Richards, *Sir Henry Irving*, 402.



Mathias's guilt is revealed slowly throughout the play until his confession in the third act provides conclusive evidence of his criminality. In Lewis's adaptation, Mathias's guilt is unambiguous by the end of act one, thereby inviting the audience to scrutinize the character's mental deterioration with the full knowledge of his crime. *The Bells* is consequently less suspenseful but more moralistic than its source material. Furthermore, the French and English performers diverged in their representations of the burgomaster's remorsefulness. According to Eric Jones-Evans, in *Le Juif Polonais* "[t]he great French actor [Talieu] played the Burgomaster as a stout, coarse, prosperous, somewhat easy-going Alsatian innkeeper whose only fear was lest his crime should be discovered. Apart from that he showed no sign of guilty conscience or remorse."<sup>577</sup> Similarly, *The Daily Telegraph* characterized M. Coquelin's Mathias as a "cheery little old gentleman [who] chuckles to himself that he has hoodwinked his neighbours and cheated the law." In direct contrast to the French portrayals, Irving's Mathias was conscience-stricken from the play's earliest moments, rendering him a more sympathetic character than his ghastly act would suggest possible. Unlike Coquelin's Mathias, wrote the *Telegraph*, Irving's was "a man whose nerves were unhinged by the action of awakened conscience."<sup>578</sup> In George Taylor's assessment, "Coquelin studied the external appearance of the character, Irving revealed his inner turmoil. Coquelin's approach was sociological, Irving's psychological."<sup>579</sup> Together

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<sup>577</sup> Eric Jones-Evans, "The Centenary of 'The Bells,'" printed in "The Bells' Centenary Exhibition," Bournemouth Museums Bulletin, Russell-Cotes Art Gallery and Museum and the Rothesay Museum, Bournemouth, 38, no. 3 (November 1971), *The Bells* Production File, V&A.

<sup>578</sup> *The Daily Telegraph*, November 8, 1887, in *Henry Irving and The Bells*, 106. Amusingly, in a letter to the editor of the *Times*, Margot Oxford described taking her friend Coquelin to see Irving's interpretation of the role. When she asked him what he saw as the difference between their two performances, "He replied that there was all the difference in the world as the stupidest detective would have arrested Irving at once, whereas he (Coquelin) would never have been caught" (*The Bells* Production File, V&A).

<sup>579</sup> Taylor, *Players and Performances*, 154.

these two changes reclassified Mathias's mental deterioration and demise from a conventional punishment for melodramatic villainy to the final stage of a prolonged psychological illness borne of devastating remorse. Victorian theatergoer Percy White's thoughts on the play's dueling adaptations, which he conveyed to the reading public in a letter to the *Times* editor, substantiate this claim. In Irving's hands the play "reached psychological levels which the realism of the French actors of the part neither admitted nor attempted...The French rendering, completely realistic, brought out and stressed the peasant cunning of the innkeeper driven to dread discovery as much by the abuse of his own *vin blanc* as by any pangs of remorse; while in Irving's rendering we were conscious of the psychic terrors of a tortured conscience that were beyond the mental ambit of such emotions as the authors had grafted on their joint creation."<sup>580</sup> With its even larger emphasis on the mesmeric arts and the inclusion of a spectacular vision scene in which Mathias (and the audience) is forced to witness his younger self stalking the Jew's horse-drawn sleigh with a hatchet, *The Bells* blurred the realms of the psychosomatic and the supernatural far more than *Le Juif Polonais*. Contemporary accounts of Irving's thirty-four years as Mathias are so numerous and wonderfully descriptive that I will depend heavily upon them to reconstruct the actor's performance of illness. I will then hazard a guess as to the psychopathological disorder(s) haunting Irving's doomed burgomaster.

Though Irving offered clues to Mathias's troubled mind throughout the play's opening act, it was with the first ringing of sleigh bells (audible only to Mathias and the audience) that his condition plainly materialized. Edward Gordon Craig's detailed description of Irving's acting following the "regular throbbing sound of sledge-bells" demands an extensive citation:

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<sup>580</sup> Percy White, "Irving in 'The Bells,'" *The Times*, Oct 6, [?] *The Bells* Production File, V&A.

He moves his head slowly from us – the eyes still somehow with us – and moves it to the right – taking as long as a long journey to discover a truth takes. He looks to the faces on the right – nothing. Slowly the head revolves back again, down, and along the tunnels of thought and sorrow, and at the end the face and eyes are bent upon those to the left of him...utter stillness---nothing there either – every one is concerned with his or her little doings – smoking or knitting or unraveling wool or scraping a plate slowly and silently. A long pause, endless, breaking our hearts, comes down over everything, and on and on go these bells. Puzzled, motionless...he glides up to a standing position: never has any one seen another rising figure which slid slowly up like that. With one arm slightly raised, with sensitive hand speaking of far-off apprehended sounds, he asks, in the voice of some woman who is frightened yet does not wish to frighten those with her: “Don’t you...don’t you hear the sound of sledge-bells on the road?”

After his companions answer in the negative, “suddenly he staggers, and shivers from his toes to his neck; his jaws begin to chatter; the hair on his forehead, falling over a little, writhes as though it were a nest of little snakes...”<sup>581</sup> Deducing from Mathias’s alarming state that he is ill, his companions bid him adieu and his wife and daughter exit into the kitchen to fetch warm wine. The bells continue to ring as he staggers once again and collapses into a chair. “I feel a darkness coming over me. A sensation of giddiness seizes me. Shall I call for help?” he asks. “No, no, courage, Mathias, courage. The Jew is dead – dead – ha ha ha – dead!” The vision of the murder is slowly revealed upstage of Mathias; he turns and spies the appalling scene, cries out, and falls to the floor as the curtain is lowered.

The skillful, understated methods by which Irving manifested Mathias’s mental torment in the first act – telling glances, lengthy pauses in speech, and moments of excruciating stillness juxtaposed with minute, nervous tremblings – received considerable attention in contemporary

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<sup>581</sup> Craig, *Henry Irving*, 60-61.

reviews. “In such a conception [as Mathias],” argued the critic of *Chicago Inter-ocean*, “there is the demand for the most subtle analysis of emotion and the most exquisite reflection in facial expression of the progress of the mental action toward the collapse of reason and the destruction of vitality.” In this difficult quest, the author pronounced, Irving was successful.<sup>582</sup> “He looks into distance,” reported another review, “and the story of his mental agitation is conveyed in his eyes, that seem to grow bloodshot as the face becomes haggard.”<sup>583</sup> The *Brooklyn Union* declared, “His mind is laid bare in the workings of his face, the twitching of his hands, the tones of his voice...”<sup>584</sup> And amateur critic Winifred Callwall observed in her scrapbook, “He tried to cover his agitation by fixing his mind on small details, the removing of a bit of cork from the wine in his glass with his finger for example, was a natural and telling piece of ‘business’...”<sup>585</sup> In the second act Irving amplified the symptoms of Mathias’s illness. What was once a nervous affliction largely contained by the sufferer except for short delusional bursts of paranoia was now a barely suppressed mania that polluted even the most joyous occasion of his daughter’s marriage. It was in this act, asserted Callwall, that “the fact that the man was a brutal murderer faded from the mind, it was pity that was felt for his haunted condition of mind.”<sup>586</sup> Most critics made a point of complementing Irving’s surprising restraint in embodying his character’s decline

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<sup>582</sup> *Chicago Inter-ocean*, [n.d.], in *Mr. Henry Irving and Miss Ellen Terry in America: Opinions of the Press* (Chicago: John Morris, 1884), V&A.

<sup>583</sup> [Unidentified newspaper], July 4, 1881, Henry Irving Scrapbook – Freeman, Henry Irving Biographical File, personal box 51, V&A.

<sup>584</sup> *Brooklyn Union*, [n.d.], in *Mr. Henry Irving and Miss Ellen Terry in America*.

<sup>585</sup> Winifred Callwall, “Descriptions of Performances by Henry Irving,” Scrapbook 1904-05, V&A.

<sup>586</sup> Winifred Callwall Scrapbook.

into madness, with Clement Scott stating the actor was “never less mannered.”<sup>587</sup> The majority also highlighted the richness of his depiction in the second act. “The acting in Act II was a masterful exposition of the complexity of Mathias’s character,” applauded Callwall. “His physical collapse, and pathetic attitude when seeking sympathy from his unsuspecting daughter, his avarice over the gold, his conscious-stricken fear of Christian, his cunning of self protection and momentary loss of control, his unnatural behaviour with the wedding guests – all these different moods were knit together with consummate dexterity by the actor.”<sup>588</sup> Across the pond William Winter saluted the actor’s artistic diligence in representing Mathias’s complex paranoid state: “The feverish alertness engendered by the strife of a strong will against a sickening apprehension, the desperate sense, now defiant and now abject, of impending doom, the slow paralysis of the feelings, under the action of remorse – these, indeed, were given with appalling truth.”<sup>589</sup>

“Appalling” was an adjective used by Irving’s reviewers to class the play’s dream sequence and the burgomaster’s subsequent death throes, as were “spell-binding,” “magnetic,” “thrilling,” “horrifying,” and sundry other sensational descriptors. Mathias’s third-act confession, extracted through the powers of a mesmerist in the presence of an imagined jury, was a piece of “weird realism” and “mysterious fascination,” according to the *Philadelphia Ledger*. John Martin-Harvey, who acted alongside Irving in *The Bells* as an Alsatian peasant and juryman, sat on the dim stage observing Irving “go through the agony of his dream”:

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<sup>587</sup> Clement Scott, *The Observer*, November 26, 1871, in Clement Scott and Sir Henry Irving, *From ‘The Bells’ to ‘King Arthur’: A Critical Record of the First-Night Productions at the Lyceum from 1871 to 1895* (London: Macqueen, 1896), <http://books.google.com>.

<sup>588</sup> Winifred Callwall Scrapbook.

<sup>589</sup> William Winter, *New York Tribune*, October 31, 1883, *The Bells* Production File, V&A.

It was a marvelous opportunity for studying his every movement and noting every cadence of his voice. I see the alabaster-like outline of his face cutting clear across the gloom of the Hall; I see his frantic efforts to resist the skill of the mesmerist. When at last Mathias succumbs, and the day of the murder is “suggested” to him, I hear the long-drawn somnambulistic sigh as he answers – “Yes?”

The rest of Mathias’s lengthy monologue was punctuated with quick shifts in pacing, vocal patterns, and emotions – from desperation to euphoric relief to abject horror – all communicating the deepening of his psychological distress.<sup>590</sup> For the *New York Tribune*, the courtroom of Mathias’s psyche resembled a laboratory of cruelty, with Irving as the living specimen: “No display of morbid spiritual vivisection has been seen upon the stage that approaches, or even resembles, the dream of Mathias as acted by Henry Irving.”<sup>591</sup>

Critics regarded Mathias’s death at the play’s conclusion as a masterpiece of graphic realism. “[T]he death of Mathias was almost painfully realistic,” declared Winifred Callwell, “the terrible end of a man whose physical frame had broken under the strain of a tormented mind.”<sup>592</sup> The published version of Irving’s personal script chronicles the actor’s entrance (accompanied by the ubiquitous bells) following the dream sequence:

(MATHIAS *rushes on dressed as he was at the time he retired behind the curtains. His eyes are fixed, and his appearance deathly and haggard. He clutches the drapery convulsively, and staggers with a yell to CATHERINE, is caught in the arms of CHRISTIAN, who places him in chair brought forward to CATHERINE hastily by HANS. MATHIAS sinks in chair, holds one hand to ANNETTE L. then to CHRISTIAN R.*)

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<sup>590</sup> John Martin-Harvey, *The Autobiography of Sir John Martin-Harvey* (London: Sampson, Low, Marston, & Co., 1932), 74-75, <http://books.google.com>.

<sup>591</sup> *Philadelphia Ledger* [n.d.], and *New York Tribune*, [n.d.], in *Mr. Henry Irving and Miss Ellen Terry in America*.

<sup>592</sup> Callwall, “Descriptions of Performances by Henry Irving.”

MATH. Take the rope from my neck – take – the –rope – neck – (*Struggles and dies.*)<sup>593</sup>

For famed *Times* critic John Oxenford, the scene translated into an external language of suffering the battle being waged within Mathias's mind: "[His] own conscience torments him in form so palpable that it almost becomes a bodily persecution, and he finally dies under its pressure."<sup>594</sup>

The *Chicago Tribune* offered its readers a poetic summary of Mathias's final moments: "The shadows deepen about the doomed man; the mind lapses toward madness; sleep becomes more terrible than waking; and at last the night closes in blackness and the Nemesis of conscience leaves her victim dead."<sup>595</sup> Though Irving executed Mathias's death scene with unparalleled bodily control, Ellen Terry expressed concerns that the part was too emotionally and physically taxing for the aging actor to undertake frequently. Convulsing, gasping, and growing pale, Irving engaged his entire corporeality (and undoubtedly at least part of his gray matter) in the enactment of Mathias's hallucinated asphyxiation. When Irving's personal physician advised him to remove Mathias from his repertoire or face the medical consequences, the actress admitted being relieved:

It was clever of the doctor to see what a terrible emotional strain "The Bells" put upon Henry – how he never could play the part of Mathias with ease...Every time he heard the sound of the bells, the throbbing of his heart must have nearly killed him. He used always to turn quite white – there was no trick about it. It was imagination acting physically on the body. His death as Mathias – the death of a strong, robust man – was different from all his other stage deaths. He did really

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<sup>593</sup> Lewis, *The Bells*, in *Henry Irving and "The Bells,"* 76.

<sup>594</sup> Oxenford, *Times*, November 28, 1871, in Calvert, "Souvenir of Sir Henry Irving" (London: Henry J. Drane, Chant & Co., [n.d.]), 6, V&A.

<sup>595</sup> *Chicago Tribune*, [n.d.], in *Mr. Henry Irving and Miss Ellen Terry in America.*

almost die – he imagined death with such horrible intensity. His eyes would disappear upward, his face grow gray, his limbs cold.<sup>596</sup>

The *New York Times*' critic, who judged the first two acts of *The Bells* to be "intolerably tedious," nevertheless marveled at Irving's *tour de force* in the final act: "'No violence of realism was wanting to the scene. There is no measure, no restraint. All is rant and paroxysm. He shouts, screams, hisses, moans; he staggers, contorts himself, flings his arms wildly, grovels on his face in a manner the description of which would be most absurd, although in action nothing could be more keenly thrilling.'"<sup>597</sup>

If a Victorian alienist abreast of the latest mental disorders and their symptoms evaluated Irving's tormented burgomaster, what would be his diagnosis? Though a postmortem examination would most certainly result in a verdict of madness, the precipitating illness is more difficult to identify. Accounts of the performance are littered with contradictory hypotheses: the burgomaster's laughter was "hysterical" (Eric Jones-Evans, *Chicago Tribune*, and Callwall); he exhibited signs of "delirium" in act one (Clement Scott) and "mania" in act two (*Times*'s Oxenford); an excessively tortured conscience unhinged Mathias's highly strung "nerves" (*Boston Daily Advertiser* and *The Daily Telegraph*) or agitated his "nervous system" (*Times*'s Walkley and Walter Herries Pollock); and his behavior during his daughter's nuptials as well as his overall countenance were "melancholic" (Callwall).<sup>598</sup> In addition to this impressive

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<sup>596</sup> Terry, *Story of My Life*, 338.

<sup>597</sup> "Mr. Irving's Debut in New York," *The Standard*, October 30, 1883.

<sup>598</sup> Eric Jones-Evans, "Notes," in *Henry Irving and "The Bells,"* 88n14; *Chicago Tribune*, [n.d.] in *Mr. Henry Irving and Miss Ellen Terry in America*; Callwall, "Descriptions of Performances by Henry Irving," V&A; Scott, *The Observer*, November 26, 1871, in *From 'The Bells' to 'King Arthur,'* 5; Oxenford, *The Times*, November 28, 1871 in Calvert, "Souvenir of Sir Henry Irving"; *Boston Daily Advertiser*, [n.d.], in *Mr. Henry Irving and Miss Ellen Terry in America*; *The Daily Telegraph*, November 8, 1887; A. B. Walkley, *The Times*, qtd. in Richards, *Sir Henry Irving*, 115; and Walter Herries Pollock, *Impressions of Henry Irving: Gathered in Public and*



inventory of potential illnesses, Mathias's visual and aural hallucinations would suggest he suffered from a form of guilt-induced dementia. But the script and Irving's performance controvert many of these speculations, the most plausible of which – melancholia and dementia – bear mentioning. Callwell was certainly right in drawing connections between the archetypal melancholic physiognomy and Irving's Mathias. Recall that Esquirol described the melancholic as "lean and slender, his hair is black, and the hue of his countenance pale and sallow....The physiognomy is fixed and changeless; but the muscles of the face are in a state of convulsive tension, and express sadness, fear or terror; the eyes are motionless, and directed either towards the art or to some distant point, and the look is askance, uneasy and suspicious..." However, the sufferer of melancholia was unable to wrest himself from sadness's painful grasp, while Irving's Mathias transitioned rapidly between contrasting emotional states: boastfulness to defeatism, elation to despair. Dementia's nineteenth-century reputation as a progressive and irreversible form of madness recommends it as Mathias's psychopathological disorder, as does Krafft-Ebing's assertion that "patients [with dementia] might show states of mania or melancholia, punctuated by hallucinations, paranoid delusions, fear of being robbed, etc." And yet, the Mathias of Lewis and Irving's conception experienced no impairments of memory or reasoning, the two hallmark symptoms of dementia; indeed, the sharpness of these two faculties contributed to the mental torment Mathias endured, for he could not forget the minute details of his crime nor logically exonerate himself.

Our reconstruction of Irving's performance of illness suggests an entirely different diagnosis. If the actor were to play Mathias today, the character would more than likely be

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*Private During a Friendship of Many Years* (London: Longmans, Green and Co., 1908), <http://books.google.com>.

labeled bipolar; however, in the Victorian period Mathias's symptoms would point to monomania. Like the monomaniac, Mathias's feverish and excessive behavior was induced by an *idée fixe*, that of the Polish Jew's fatal visit on Christmas Eve. The monomaniac's ambitiousness, desire for money, delusions of grandeur, and fallacious sense of invincibility were all qualities Lewis and Irving injected into the doomed burgomaster's backstory and present plot. A hybrid disorder uniting the pathologies of mania and melancholia, monomania was a "form of insanity" characterized by "partial, permanent, gay or sad" delirium, an apt description of Mathias's condition as performed by Irving. Various disconsolate and (deliriously) euphoric, enfeebled and imperious, Irving's Mathias leapt erratically between emotional states as would a textbook maniac, and yet he seemed neurologically hard-wired for melancholia. Note again the character's successive antithetical statements in act one: "I feel a darkness coming over me. A sensation of giddiness seizes me." The rapid collapse of Mathias's mental faculties in act three is also readily explained by the progressive pathology of monomania. As Appignanesi reminds us, the "partiality of the monomania – when the sufferer is able to reason well across a range of thought unrelated to the driving *idée fixe* – disappears" as his mania becomes unmanageable. Apparent in Irving's performance were the moral and physical agitations of the monomaniac, as was the irreparable nature of his madness once mania commandeered Mathias's mind. *The Times's* John Oxenford arrived at the same diagnosis after witnessing Irving's premiere performance in 1871: "Mr H. Irving has thrown the whole force of his mind into the character, and works out bit by bit, the concluding hours of a life passed in a constant effort to preserve a cheerful exterior, with a conscience tortured 'til it has become a monomania."<sup>599</sup>

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<sup>599</sup> Oxenford, *The Times*, November 28, 1871, in Calvert, "Souvenir of Sir Henry Irving."

## *Hamlet, 1878*

While Mathias's particular psychopathology remains somewhat ambiguous, diagnosing Hamlet as a melancholic is elementary. And yet, the Hamlet of Irving's creation wasn't just suffering from a bad attitude as were many Hamlets before him; he developed melancholia (the *disorder*, as opposed to the *mood*) from a powerful combination of nature and nurture. From myriad late-nineteenth-century appraisals of Irving's performance it is clear that the character's baseline despondency, a product of his temperament as an erudite aristocrat as well as the family tragedies immediately preceding the play's action, intensified considerably with the introduction of the prince's *idée fixe*: revenge.<sup>600</sup> Before the ghost's visitation Irving's Hamlet evinced signs of a "profound melancholy" that, for the *Temple Bar*'s critic, showed that "Hamlet's will [was] already puzzled"; the *Baltimore Day* pronounced it "an almost Rembrandt-like gloom with which he surrounds his shadowed heart."<sup>601</sup> This general malaise (what I believe Krafft-Ebing would categorize as the pre-illness "melancholic state") was differentiated – both by Shakespeare and Irving – from the full-blown melancholia that assumed control of Hamlet's mind after he received his dead father's directive, a progression that echoed the Victorian melancholic's presumed pattern of illness: predisposition to disorder. Alan Hughes' 1981 study of Irving as Hamlet substantiates my reading of Irving's two-tiered melancholia, for he attests that the

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<sup>600</sup> For lengthy contemporary analyses of Irving's Hamlet see Baron Edward Richard Russell, *Irving as Hamlet* (London: King, 1875); Austin Brereton, *The Life of Henry Irving*, vol. 1 (London: Longmans, Green, 1908); Austin Brereton, *Henry Irving: A Biographical Sketch* (London: David Bogue, 1883); J. Ranken Towse, "Henry Irving," in *The Century*, 27 (London: Century Co, 1884) 660-688, 666, <http://books.google.com>; Lady Hardy, [account of Irving's Hamlet], 1879, Henry Irving Scrapbook – Peters, V&A; "Mr. Irving's Hamlet," *Temple Bar*, March 1879, 398, Henry Irving Scrapbook – Peters, V&A; and Batchelder, *Henry Irving: A Short Account of His Public Life*.

<sup>601</sup> "Mr. Irving's Hamlet," *Temple Bar* (March 1879): 398 and *Baltimore Day*, [n.d.], in "Mr. Henry Irving and Miss Ellen Terry in America," 9.

earliest court scene “was the only glimpse the audience would get of the Prince in something like his natural state; melancholy and suspicion had obliterated his former happiness, of course, but he had not yet seen the Ghost.”<sup>602</sup> For Terry, who witnessed Irving’s debut as Hamlet in 1874 and acted opposite him in 1878, Hamlet’s depression was faultlessly conceived by Irving: “He was never cross or moody – only melancholy.”<sup>603</sup> Irving augmented his already striking physical resemblance to the textbook melancholic (see Esquirol’s earlier description) with stage makeup; Terry noted admiringly “...how pale his make-up made him look against the blue-black tone of his hair and how beautiful his haggard face appeared.”<sup>604</sup> Because Irving was largely unable to dispense with his own awkward physicality when embodying characters, the hunched shoulders, shuffling gait, and uneasy glances that communicated Mathias’s devastating guilt were recommissioned to signal Hamlet’s depressive state.

Though it is undeniable that Irving’s Hamlet suffered from melancholia, was he pathologically insane? While the quest to determine whether Hamlet’s madness was all feigned, partly feigned, or genuine was eventually abandoned in twentieth century criticism as an unproductive line of inquiry, for the Victorians – Irving among them – gauging the severity of Hamlet’s mental condition was of paramount concern.<sup>605</sup> According to Alan Hughes, though 1870s literary discourse on *Hamlet* generally advocated for a mad prince, Irving (like Goethe) arrived at the conclusion that “Hamlet is a fundamentally sane man whose sensitive imagination

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<sup>602</sup> Alan Hughes, *Henry Irving, Shakespearean* (Cambridge: Cambridge University Press, 1981), 43.

<sup>603</sup> Terry, *Story of My Life*, 138.

<sup>604</sup> Holroyd, *Strange Eventful History*, 110.

<sup>605</sup> As Alan Hughes tells it, the question of Hamlet’s insanity “was the burning question in Irving’s time. It is the only interpretive issue given a section entirely to itself in the Variorum edition of 1877, where the debate covers forty-one closely printed pages” (Hughes, *Henry Irving, Shakespearean*, 36).

excites a kind of hysteria at moments of stress.”<sup>606</sup> In an 1893 article Irving wrote on his four favorite roles for *English Illustrated Magazine*, he insisted of Hamlet: “Something of the chivalry, the high-strung ecstasy, the melancholy grace of the man clings to the mind...”<sup>607</sup> In his analysis of Irving’s Hamlet, Hughes identifies the character’s first hysterical state in act one’s ghost scene in which he “worked himself up for the first time” and “exhibited the psychological mechanism by which, in his view, Hamlet became distracted.”<sup>608</sup> Irving intensified Hamlet’s frenzied fits in the mousetrap scene (in which he famously crawled along the floor toward Claudius’s throne), the ghost’s second visitation, and act three’s Hamlet-Gertrude scene, but his crowning achievement was the nunnery scene. In this “hurricane of passion” Irving transitioned swiftly and strikingly from feigned madness to real psychological distress after becoming aware of Polonius and Claudius’s machinations. In subsequent years, Irving embellished Hamlet’s “frantic ebullition” in this scene by chasing Ophelia around the room while spouting insults. Then, ““with wild gestures and a burst of hysterical laughter’ he rushed out of the room” only to return hurling fresh invectives.<sup>609</sup> Each time one of Hamlet’s fits subsided, the character returned to his fundamental state of mind: downcast and romantic, yet logical.

Though reviews rated the depth of Hamlet’s mental illness variously, there was consensus among Irving’s critics on one point: his Hamlet was most certainly not just a *compos mentis* simulator of madness, as many previous players had imagined him to be. Nearly all reviewers acknowledged that Irving’s Hamlet was in possession of an inordinately delicate nervous system that, like his depressive state, was established by a natural propensity and

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<sup>606</sup> Ibid.

<sup>607</sup> Henry Irving, *English Illustrated Magazine* (September 1893), qtd. in Richards, *Sir Henry Irving*, 123.

<sup>608</sup> Hughes, *Henry Irving, Shakespearean*, 51.

<sup>609</sup> Ibid., 56.

aggravated by his current familial strife. “He shows us a Hamlet of a highly nervous and sensitive disposition,” wrote Clement Scott. “The terrible events which occur have the effect of unhinging the man’s mind, but have no power to alter his nature. He is overwhelmed, he is distressed, he is irritable, he is hysterical, he is reflective, he talks to himself; the strain on the nervous system is almost too great for nature to bear...”<sup>610</sup> Just as his physical appearance helped authenticate his performance of melancholia, Irving’s own neurotic tendencies and anxious energy onstage gave witnesses the impression that his Hamlet was perhaps neurasthenic. Noted the *World’s* critic, “The restlessness of expression and gesture which seems natural to him, or not perfectly controllable, is of real service in representing Hamlet’s exacerbated nervous condition, which the visitation of his father’s spirit inflames and intensifies almost to madness; for in Mr. Irving’s Hamlet it is to be noted that a simulated insanity keeps pace with, and yet is distinct from, a mental excitement near akin to absolute disease of brain.”<sup>611</sup> The *World’s* hint that Irving’s own nervous disposition was “not perfectly controllable” is intriguing, as it subtly medicalizes Irving as well as figuratively conflates the illness roles of actor and character. The *Times* saw in Irving’s restless Hamlet a nervous temperament but not a proclivity toward madness:

There is a theory to the effect that Hamlet, while assuming madness, is really somewhat insane. From this theory we entirely dissent, at the same time admitting that his sensitive nature subjects him to the highest degree of nervous excitement. This could not be more clearly expressed than by Mr. Irving. His frequent changes from sitting to standing, his fitful walks up and down the stage, the

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<sup>610</sup> Clement Scott, review of *Hamlet*, in Calvert, “Souvenir of Sir Henry Irving,” 14.

<sup>611</sup> “‘Hamlet’ at the Lyceum,” *The World*, January 18, 1879, Henry Irving Scrapbook – Peters, V&A.

frequent visits of his hand to his forehead, represent to perfection the acme of what in common parlance is called “fidget.”<sup>612</sup>

Whether or not the actor intended to only perform “a *kind* of hysteria” (Hughes’s words, my emphasis) during moments of intense stress, the majority of critics perceived Irving’s Hamlet as drawing perilously close to fully fledged madness. “It would puzzle an expert in insanity to determine positively whether Mr. Irving’s Hamlet is actually mad or not,” wrote J. Ranken Towse in his appraisal of Irving’s artistry in *The Century*. “Generally he is a natural personage enough; at times, his madness is clearly feigned; at others...it is, to all appearance, real.”<sup>613</sup> According to *Punch*, “He shows us a mind ticklishly poised on the line between great wit and madness – and so naturally assuming the mask of madness, from under which to shoot his wild and whirling words, the better to prosecute the purpose which he has not strength of will to carry, deliberately, to its issue. Any great shock can send this unstably-poised mind over the boundary between sanity and insanity.”<sup>614</sup> Another London critic claimed that Irving, using a (seemingly contradictory) blend of realism and the histrionic, took Hamlet “to the very verge of the irrational, and all but carries him over the border-line. But when the business is done for which the madness was assumed, his mind recovers its supremacy, and shows again the meditative scholar.”<sup>615</sup> The Dane’s mental state was the crux of Irving’s entire composition, argued the *Academy*: “[The] merits and defects alike [of Irving’s performance] seem to arise from the actor’s strong conviction of the unhinged condition of Hamlet’s mind. That he is not merely feigning madness, but is swayed by uncontrollable impulses, is the basis of this presentment of

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<sup>612</sup> “Lyceum Theatre,” review of *Hamlet*, *The Times*, November 2, 1874, The Times Digital Archive, 1785-1985 (CS134394722).

<sup>613</sup> Towse, “Henry Irving,” 666.

<sup>614</sup> “Hamlet at the Lyceum,” *Punch*, January 11, 1879, Henry Irving Scrapbook – Peters, V&A.

<sup>615</sup> “Mr. Irving at the Lyceum,” [unidentified newspaper], January 4, 1879, *Hamlet* 1878 Production File, V&A.

the character...”<sup>616</sup> We shall give the last words on Hamlet’s madness to Lady Hardy, who penned the following analysis after her visit to the Lyceum:

The question of Hamlet’s sanity or insanity has always been a moot point, some maintaining the one view, some the other; Mr. Irving sails between the two, and represents him as neither wholly mad nor wholly sane; we feel that over-study, aided by an over-sensitive organization, has given his brain a slight twist, and sent it a pin’s point awry...[T]he thread of insanity which is running through his whole nature makes it so hard for him to unravel the tangled skein of his own life, and, with a cunning perfectly intelligible to those who have studied the working of a diseased brain, he professes that he only seems to be what he really is; the actual disturbance of his mind will show itself in spite of his efforts to hide it...<sup>617</sup>

### ***King Lear, 1892***

The Lyceum’s ambitious mounting of *King Lear* is often labeled one of the theatre’s failures, but the three-month run of a play Victorians often regarded as “too uncompromisingly tragic, unrelievedly bleak and overfull of horrors” suggests it was not a true catastrophe.<sup>618</sup> While reviewers declared the production uneven, the performances of the lead actors were highly praised. Terry’s Cordelia was hailed as the very embodiment of poetic daughterly devotion, while Irving in the titular role was extolled as “a representation of the very greatest intellectual interest and dramatic power” and “one of Mr. Irving’s greatest artistic triumphs.”<sup>619</sup> I contend that Irving’s conception of the role – visually, aurally, textually – essentially revolved around the king’s psychological breakdown. Unlike Hamlet, there was never any question of Lear’s insanity

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<sup>616</sup> “Mr. Irving and Miss Ellen Terry at the Lyceum,” *The Academy*, January 4, 1879, Henry Irving Scrapbook – Peters, V&A.

<sup>617</sup> Lady Hardy, [account of Irving’s Hamlet], 1879, Henry Irving Scrapbook – Peters, V&A.

<sup>618</sup> Richards, *Sir Henry Irving*, 136.

<sup>619</sup> Qtd. in Richards, *Sir Henry Irving*, 136.



(apart from *when* it arose), and Irving's performance of madness followed the same basic trajectory as other actors' Lears: his epic rage was triggered by the desertions of his daughters and peaked in the eye of the storm; the fury then ebbed, leaving a less savage insanity in its wake; he recovered his senses with the recognition of Cordelia; and the heart-breaking trauma of Cordelia's death spelled the king's demise. In 1892, literary criticism of *King Lear* was particularly concerned with why an experienced and heretofore effective royal would err so egregiously as to divide his kingdom and give away the pieces. One school of thought argued that Lear acted on impulse without weighing the consequences; the other alleged that Lear was already slipping into madness long before the storm on the heath (or, indeed, the play's first lines).<sup>620</sup> For advocates of the latter theory, Lear's forgetfulness, impaired judgments and rash decisions, his egotism, incoherence, and irritability were unassailable signals to the psychopathology of senile dementia. In the 1991 article "Dementia in Shakespeare's *King Lear*," J. G. Howells asserts that Lear "displays the composite of two clinical conditions – firstly, dementia resulting from old age, and secondly, emotional illness resulting from the anguish of filial ingratitude – each impinging on the other. His condition is worsened by exposure during his wanderings..."<sup>621</sup> Howells's conviction, then, acknowledges in Lear a preexisting condition of senile dementia while allowing for the character's excessive psychological strain after being abandoned by his progeny. Responses indicate Irving was of the same mind. "Mr. Irving, as I understood his performance," remarked the *Illustrated London News*, "takes the view of Lear's mind which M. Taine has expressed – that he was 'already half insane' when he divided his

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<sup>620</sup> Hughes, *Henry Irving, Shakespearean*, 120.

<sup>621</sup> J. G. Howells, "Dementia in Shakespeare's *King Lear*," in *Alzheimer and the Dementias*, eds. Berrios and Freeman (London: Royal Society of Medicine Services Ltd., 1991): 101-09, 101.

kingdom, a man ‘violent and weak, whose half-unseated reason is gradually toppled over under the shocks of incredible treacheries, who presents the frightful spectacle of madness, first increasing, then complete, of curses, howlings, superhuman sorrows, into which the transport of the first access of fury carries him, and then of peaceful incoherence, chattering imbecility, into which the shattered man subsides.’”<sup>622</sup>

Irving’s physical appearance as the grizzled sovereign met (and exceeded) expectations, as the *Daily Telegraph* expounded:

A tall, gaunt, supple, and kingly figure, the thin and attenuated frame weighed down with a swathing load of regal garments. A splendid head, indeed, with the finely-cut features, the restless eyes, and the yellow parchment skin set in a frame of snowy white hair and silvered straggling beard; and, of course, those eloquent hands which have been so often discussed and so frequently described...Henry Irving – not to speak it profanely, but in all reverence – in his character of Lear, might have stood for Moses on Mount Sinai or Noah at the hour of the flood. His appearance is patriarchal, not theatrical. The stage vanishes, and we seem to be in the presence of the sublimest instances of hoary senility.<sup>623</sup>

“He looked the character to perfection,” remarked Henry Norman of *Illustrated London News*, “and behind the grey, lined face and tangled, grizzly locks of the King the familiar features of the great actor could not be discerned.”<sup>624</sup> According to the *Times* review, Irving’s wig (which, incidentally, the paper described as a “tawny gray” and not the typical pristine white) was employed as an important part of his performance of senile dementia, for “Mr. Irving’s trick of

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<sup>622</sup> Henry Norman, “Shakspeare’s [sic] ‘King Lear’ at the Lyceum Theatre,” *Illustrated London News*, November 19, 1892, *King Lear* 1892 Production File, V&A.

<sup>623</sup> “‘King Lear’ at the Lyceum,” *Daily Telegraph*, [n.d.], Henry Irving Scrapbook – Peters, V&A.

<sup>624</sup> Norman, “Shakspeare’s [sic] ‘King Lear’ at the Lyceum Theatre,” V&A.

disheveling his hair with his hand indicate[d] a temporary bewilderment...”<sup>625</sup> As was often the case, Irving’s voice was criticized by some as being too erratic in volume and peculiar in pronunciation and cadence to be truly effective. In an otherwise commendatory review, *Pick-Me-Up* ridiculed Irving’s elocution: “*King Lear*, who wanted his hair cut rather, sat back in his chair of state and snapped and growled and spoke in a series of short barks, as if his growing madness was about to take the form of hydrophobia. Once I caught the words, “Hear me!” and I heard as far as my ears would go, but I hadn’t the faintest idea of what he was saying.”<sup>626</sup> According to Jeffrey Richards, after a member of the audience told him to “speak up” on opening night, Irving “corrected his vocal interpretation...and played the part in a stronger voice for the rest of the run.”<sup>627</sup> Ironically, despite *Pick-Me-Up*’s irritation at Irving’s vocal weaknesses, the actor’s propensity for odd articulations and brief moments of unintelligibility (the last remains, I imagine, of his boyhood impediment) served to reinforce the advanced stage of Lear’s illness; some critics found Lear’s struggles with coherent speech particularly moving.

Irving’s entrance in the first act established Lear’s dementia almost immediately. Following the pageantry of the royal procession and the king’s tumultuous reception from his warriors, Irving’s Lear sat upon his throne and addressed his subjects. At that moment “one saw that the old man was wandering,” offers Hughes, “not stark gibbering mad, but decidedly senescent and queer. He used his sword as a walking-stick, plucked at his beard and toyed with his hair.”<sup>628</sup> Exhibiting in the early acts what A. Acton-Bond labeled “a distinct suggestion of incipient madness,” Lear was shown to be in his dotage: ineffectual as a sovereign but not

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<sup>625</sup> “‘King Lear’ at the Lyceum,” *Times*, [n.d.], Henry Irving Scrapbook – Peters, V&A.

<sup>626</sup> “Through the Opera Glass: From Drop-Scene to Curtain,” *Pick-Me-Up*, December 17, 1892, *King Lear* 1892 Production File, V&A.

<sup>627</sup> Richards, *Sir Henry Irving*, 136.

<sup>628</sup> Hughes, *Henry Irving, Shakespearean*, 122.

completely dysfunctional.<sup>629</sup> Irving's personal acting edition, which can be studied at the British Library, demonstrates both in textual edits and handwritten performance notations how Irving centralized Lear's psychopathology in the Lyceum production. The phrases in Lear's scene with Regan in act two Irving chose to underline, including "Fool me not so much" and "I have full cause of weeping," indicate that the actor emphasized dialogue that explicitly conveyed Lear's mental deterioration and emotional agony. He also deliberately cut the scene so that the act ended with a sobbing Lear confessing to his fool: "O Fool, I shall go mad."<sup>630</sup> As Hughes argues, "With this as the curtain line, the significance of the scene seemed unambiguous: again Irving had cut his text so that a line which reinforced his interpretation was heavily emphasized."<sup>631</sup>

In Lear's mad scenes, Irving (perhaps surprising his detractors) avoided simplified and exaggerated spectacles of staged insanity, preferring instead to perform a spectrum of dementia's symptoms, from the overt to the subtle. As Hughes has argued, Irving rejected the metaphorical linking of the tempest raging in the king's mind with the environmental tempest whipping through the heath. For him, Lear was not a universal Man, but an individual man suffering from a debilitating illness caught in a powerful storm. A Hawes Craven illustration in the Lyceum's souvenir program for *King Lear* confirms Hughes's claim; in it, Irving's Lear is centrally positioned but dwarfed by the immensity of the storm surrounding him. His arms are held aloft (again, a nineteenth-century iconographic cue of insanity), but his glazed stare is cast outward, not up to the skies, as if regretting his own absurd challenge to the storm's power.<sup>632</sup> Indeed,

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<sup>629</sup> A. Acton-Bond, "Irving as *King Lear*," in *We Saw Him Act*, 296.

<sup>630</sup> *King Lear*, 1892, Irving Acting Edition, BL.

<sup>631</sup> Hughes, *Henry Irving, Shakespearean*, 129.

<sup>632</sup> Souvenir of Shakespeare's Tragedy *King Lear*, presented at the Lyceum Theatre, November 10, 1892, by Henry Irving. Illustrated by J. Bernard Partridge and Hawes Craven. (London: The "Black and White" Publishing Company, Ltd, 1892), V&A.

Irving's nuanced performance of distraction while "battling" the elements prompted one critic to state that he was "'hopelessly outplayed by the storm.'"<sup>633</sup> Striving to represent Lear's dementia in a naturalistic manner, Irving nevertheless desired for the old man to retain a portion of his faded regality. "Lear is quite mad," the *Standard* observed of Irving's character following the entrance of Edgar's Poor Tom o' Bedlam, "and yet there is much of dignity as well as of pathos in the face and figure of the old King, as he sinks on the floor by the rude couch, playing with the straws or rushes that litter it."<sup>634</sup> Lear's simpleminded diversion not only recalled the stereotypical bedlam inmate tearing at his bedding, but it also signaled the old man's paradoxical juvenility. This understated bit of stage business quite clearly registered Hughlings Jackson's assertion that senile dementia was the only disease capable of reversing human evolution. According to the *Times*, Irving's performance in the central acts of *King Lear* was one of unmitigated madness: "He croons like a Bedlamite, his eye is bright but unsteady, and his crown of poppies and cornflowers stuck on awry completes a remarkable exhibition of witlessness."<sup>635</sup> Described by the *Nineteenth Century* and *Saturday Review*, in his exit from act four, scene six "'Lear scampers from the stage at the words 'you shall get it by running', as only a lunatic could run – with utter indifference to appearances, to grace, to everything', fleeing imaginary dangers 'with wild, suffering, pathetic eyes'."<sup>636</sup> Once reunited with his beloved Cordelia, Irving's Lear recovered much of his sanity. For the *Times*, Lear's interactions with his daughter together composed a "splendid example of overwrought senility," while the *Standard* reported, "Mr. Irving is here, as

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<sup>633</sup> Qtd. in Hughes, *Henry Irving, Shakespearean*, 132.

<sup>634</sup> "'King Lear' at the Lyceum," *The Standard*, November 11, 1892, Henry Irving Scrapbook – Peters, V&A. Irving claimed in a letter to Terry that he too had visited an insane asylum for research (Hughes, *Henry Irving, Shakespearean*, 132).

<sup>635</sup> "'King Lear' at the Lyceum," *Times*, [n.d.], Henry Irving Scrapbook – Peters, V&A.

<sup>636</sup> Qtd. in Hughes, *Henry Irving, Shakespearean*, 134.

already said, at his very best; he, too, lives in the part, and the episode ends most fittingly with Cordelia supporting and protecting the feeble old man, who clings so lovingly to her as she guides his tottering footsteps.”<sup>637</sup> Of course, Lear’s restoration to sanity was fleeting; his already damaged mind was dealt a final blow with Cordelia’s death. Like the medical theory of pathological permanence in cases of dementia, Lear’s illness was progressive and indefinite, lending even more pathos to the tragedy’s final scene.

Irving once pronounced Lear “the most difficult undertaking in the whole range of the drama” because the lead actor “has to represent the struggles of an enfeebled mind with violent self-will, a mind eventually reduced to the pathetic helplessness of a ruin in which some of the original grandeur can still be traced.”<sup>638</sup> Looking back on his preparations for the role, Irving recalled standing in the wings on opening night when a spontaneous thought “revolutionized the impersonation and launched me into an experiment unattempted at rehearsal. I tried to combine the weakness of senility with the tempest of passion...” By the performance’s end Irving had concluded that this was “a perfectly impossible task...Lear cannot be played except with the plenitude of the actor’s physical powers, and the idea of representing extreme old age is futile.”<sup>639</sup> Despite Irving’s proclamation that merging senile weakness with the violence of passion was unworkable, several reviewers applauded Irving for doing just that. “[T]hrough all the paroxysms of rage,” commended the *Illustrated London News*, “the almost inarticulate curses, the rare moments of unnatural self-control, to the gentle, cynical imbecile who jokes

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<sup>637</sup> “‘King Lear’ at the Lyceum,” *Times*, [n.d.] and “‘King Lear’ at the Lyceum,” *The Standard*, November 11, 1892.

<sup>638</sup> Qtd. in Richards, *Sir Henry Irving*, 136.

<sup>639</sup> Ibid. According to the *Daily News*, “The senile shrinking from mental exertion in spite of the bodily power which still suffices for delight in the chase is strongly indicated by Mr. Irving in the earliest scenes” (“The Drama,” *Daily News*, review of *King Lear*, November 11, 1892, Henry Irving Scrapbook – Peters, V&A).

Gloster [sic] on his sightlessness, and the last dying touches of the hand upon Cordelia's hair...Mr. Irving's Lear [epitomizes the phrase] 'violent and weak.'"<sup>640</sup> Given Irving's reputation as an actor with a penchant for the histrionic, it is significant that he received repeated commendation for his measured performance of senile dementia:

His Lear will be wondered at as a very remarkably subtle and detailed analysis and minute portrayal of a character of colossal intellectual interest, and that interest, too, consisting chiefly of intellectual aberration...[T]he thousand transitions of mind which pull the outraged man backwards and forwards till his recurring passion and relapse finally tear his body to pieces had evidently been studied by Mr. Irving with the most scrupulous delicacy, and were portrayed with a ceaseless faithfulness so great as almost to become a fault.<sup>641</sup>

The *Daily Telegraph* concurred, remarking: "There have been wild Lears, Bedlamite Lears, Lears frenzied from the outset; here was a Lear who from first to last emphasized the chord of human affection."<sup>642</sup>

#### 4.1.2.2 Illness and Anomaly: Feminizing Male Madness on the Victorian Stage

Unlike Terry's naturalized madwomen, Irving's madmen were rendered abnormal, impotent, and/or inconsequential by their psychological disorders.<sup>643</sup> Victorian systems of thought from Darwinism to Christian muscularity had identified the masculine sex as chosen possessors of

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<sup>640</sup> Norman, "Shakspeare's [sic] 'King Lear' at the Lyceum Theatre," *Illustrated London News*, November 19, 1892.

<sup>641</sup> Ibid.

<sup>642</sup> "'King Lear' at the Lyceum," *Daily Telegraph*, [n.d.].

<sup>643</sup> The illness roles analyzed above are representative of three character types often played by Irving: the guilt-stricken pseudo-villain (Mathias, Eugene Aram, Edward Mortimer in the *Iron Chest*), the neurotic romantic (Hamlet, Cardinal Richelieu), and the senile old man (King Lear, Louis XI).

intellectual reasoning, physical stamina, constancy, and enterprising ingenuity; therefore, the man that developed a mind disorder capable of toppling the gender's dominant traits became a defective specimen. The strategies used to stigmatize masculine mental illness were diverse. Despite the designation of specific psychopathologies as masculine (monomania, neurasthenia, senile dementia, and melancholia), mentally ill men were nevertheless a pitiable group within Victorian society variously regarded as self-indulgent egotists, high-strung neurotics, physical or intellectual weaklings, immoral hedonists or sexual perverts, and, particularly those with senile dementia, unproductive parasites of society. The most common stigmatizing tactic, and one that is pervasive in the performance of and responses to Irving's madmen, was the feminization of the male mental patient.

Despite his honored place in the pantheon of dramatic creations, the melancholic and neurotic Hamlet endured the most thorough emasculation at the hands of Irving and the Lyceum's critics. *Temple Bar* disparaged the actor's hypersensitive prince for his "limpness" and categorized his condition as a sort of effeminate impotence: "Where one expects wild mirth one finds hysterical depression."<sup>644</sup> The *Baltimore Day*'s notice, which judged Irving's construction of Hamlet as "marvelous in texture, delicate in treatment, and almost pre-Raphaelite in its attention to even the smallest detail," strikes the ear as a review equally suited to his costar's turn as Ophelia.<sup>645</sup> "He has brought out far more clear than before his view of the intensely affectionate nature of Hamlet," observed another critic, "and shows how this exquisite sensitiveness is a main factor in the wreck of his life."<sup>646</sup> By identifying Hamlet's exquisite

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<sup>644</sup> "Mr. Irving's Hamlet," *Temple Bar* (March 1879): 400.

<sup>645</sup> *Baltimore Day*, [n.d.] in "Mr. Henry Irving and Miss Ellen Terry in America," 8.

<sup>646</sup> "Lyceum Theatre," [unidentified newspaper], May 2, 1885[?], Henry Irving Scrapbook – Freeman, Henry Irving Biographical File, personal box 51, V&A.



sensitiveness as his *hamartia*, the reviewer feminizes the character and trivializes his psychological suffering. Even modern criticism has adopted a similar vocabulary when describing Hamlet's real or feigned madness, such as Hughes's use of the term "hysteria" for the character's fits of frenzy. Perhaps more surprisingly, Irving's Lear was also feminized on several fronts due to his senility. In "*Historica Passio: Early Modern Medicine, King Lear, and Editorial Practice*," Kaara L. Peterson argues that the feminine label of "hysteric" has been misapplied (particularly by psychoanalytic theorists) to the masculine Lear because of his exclamation "hysterica passio" (2.4.55).<sup>647</sup> And yet, misapplication or not, late-Victorian audiences would have indeed linked Lear's self-diagnosis with the female pathology of hysteria. Irving's somewhat softened depiction of Lear and his madness, coupled with his donning of the wildflower and straw crown so strongly associated with the iconography of the madwoman, further feminized him. Printed alongside a *Punch* review titled "His "Mad-jesty at the Lyceum," one cartoon captioned "Rather mixed. Irving as 'Ophe-Lear'" satirized Lear's emasculating illness. In it, Lear is costumed in a hybridized garment: his signature robes are cut like a lady's kimono. On his nest of tangled hair sits the wildflower and straw crown; straw also makes up a spiky bouquet held in his right hand, an obvious allusion to Ophelia's remembrances. Gazing toward the viewer with crossed eyes, Irving's left-hand fingers absentmindedly worries the tips of his straw bouquet.<sup>648</sup> Finally, Mathias's feminization resulted not from any one pronounced source but from a composite of characteristics taken both from Lewis's script and Irving's

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<sup>647</sup> Kaara L. Peterson, "Historica Passio: Early Modern Medicine, *King Lear*, and Editorial Practice," *Shakespeare Quarterly* 57, no. 1 (spring 2006): 1-22, <http://muse.jhu.edu>. Peterson argues instead that Lear's exclamation should be perceived as the king's misprision, not the playwright's blunder.

<sup>648</sup> "His Mad-Jesty at the Lyceum," *Punch*, November 19, 1892, *King Lear* 1892 Production File, V&A.

performance: his inconstancy in behavior and moods, his extreme emotionality, his neglect of his patriarchal duties, his susceptibility to hypnotic suggestion, and his acute sensitivity to stimuli.

In juxtaposing the performances of mental illness issued by Terry and Irving, it is perhaps unsurprising that the fundamental difference between the two can be boiled down to a generic divide. Because the psychological afflictions of women were normalized in the Victorian age, the sufferings of Terry's madwomen were perceived as pathetic; the misfortunes of Irving's madmen, however, were undeniably tragic.

## 4.2 CONCLUSION: THE DOCTOR IS OUT: THE CLOSING OF THE LYCEUM LABORATORY

If, then, you wish an emotion, go to the *Medicine Man*.

He hypnotises all the audience, except the critics.

*Judy*, May 18, 1898<sup>649</sup>

In May 1898, the Lyceum premiered *The Medicine Man*, a new play by H. D. Traill and Robert Hichens that was performed only twenty-two times before it was consigned to the theatre's dustbin.<sup>650</sup> A blatant attempt to capitalize on the success of Herbert Beerbohm Tree's 1895

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<sup>649</sup> "At Play," *Judy*, review of *Medicine Man*, May 18, 1898, 19<sup>th</sup> Century UK Periodicals, Series 1: New Readerships. British Library.

<sup>650</sup> For reviews of *The Medicine Man*, see "'The Medicine Man' at the Lyceum," *Sketch*, May 11, 1898, *Medicine Man* Production File, V&A; *Standard*, May 5, 1898, *Medicine Man* Production File, V&A; "The Medicine Man," *The Era*, May 7, 1898, 19<sup>th</sup> Century British Library Newspapers (BB3202525198); "The Medicine Man," W. Moy Thomas, *The Graphic*, May 14, 1898, 19<sup>th</sup> Century British Library Newspapers (BA3201468227); "'Medicine Man' at the Lyceum," *Pall Mall*, May 5, 1898, 19<sup>th</sup> Century British Library Newspapers (Y3200482418).

production of *Trilby* at the Haymarket, *Medicine Man* featured Irving (in his only Lyceum role in modern dress) as Dr. Tregenna, a brain doctor, hypnotist, and private asylum proprietor with more than a passing resemblance to one Dr. Charcot. As S. R. Littlewood related in a notice appearing in the *Morning Leader*, Irving's character was concocted by "tak[ing] a little of Svengali, a tincture of Sherlock Holmes, some essence of Dr. Nikola, [and diluting] them in a solution of a few other such beings..."<sup>651</sup> The plot revolves around Dr. Tregenna exacting revenge on Lord Belhurst, the widower of the doctor's old flame, using as his weapon the couple's beautiful daughter Sylvia. In the men's first encounter at a ball in Mayfair, we learn that Belhurst's beloved wife had gone mad before her death and – on the eve of Sylvia's marriage to a handsome officer – Belhurst is bent on learning if his daughter inherited her mother's proclivity for lunacy. Tregenna promises to determine Sylvia's mental health by taking her to his asylum in Hempstead for sessions of hypnosis. Though Tregenna finds Sylvia to be entirely sane, he forces her through hypnotic suggestion to perform the symptomatic behaviors of insanity; "...learning everything that the mother did in her madness – her little Ophelia-like ways of pulling roses petal by petal and such trifles – Tregenna watches with fiendish delight while Sylvia, under the domination of his will, does the same things."<sup>652</sup> When the doctor learns that Lord Belhurst knew nothing of him when he married Sylvia's mother, Tregenna sends the young woman back to her father (relatively) unharmed. In the play's strangest twist, Tregenna is murdered by one of his own mental patients, a burly Eastender who disapproved of the doctor's manipulation of Sylvia.

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<sup>651</sup> S. R. Littlewood, *Morning Leader*, review of *Medicine Man*, May 5, 1898, in *We Saw Him Act*, 367.

<sup>652</sup> *Ibid.*, 368.

While *Medicine Man*'s asinine plot alone offers countless reasons why it failed to attract an audience, I suspect it was only one of several factors responsible. First, as I alluded to earlier, realism's slow invasion of British theatre in the 1890s rendered the Lyceum and its standard repertoire antiquated; its increasingly old-fashioned aesthetic was only accentuated by a script that more closely resembled the mid-century melodramas of Boucicault than the modern dramas of Ibsen or even Pinero. The acting of Irving and Terry, often hailed by London's critics as "naturalistic," now appeared to border on the histrionic when compared with the performances of Elizabeth Robins and Mrs. Patrick Campbell. Second, though Irving was enthusiastic about *Medicine Man* (a play he himself commissioned from Hichens and Traill), Terry regarded Sylvia as a frivolous character with little to offer an actress of her experience and intelligence. "Poor [Robert] Taber has such an awful part in the play, and mine is even worse," wrote Terry in her diary. "It is short enough, yet I feel I can't cut too much of it...."<sup>653</sup> To her frequent penpal, George Bernard Shaw, Ellen wittily confessed: "'It 'lunatics' me to watch Henry at these rehearsals. Hours and hours of loving care on this twaddle!'"<sup>654</sup> It is clear that for Terry, Sylvia (who Terry's niece Kate Terry Gielgud rightly labeled "invertebrate") was just one more vapid heroine on whom her talents were squandered, but it is also conceivable that Sylvia's ersatz performance of female madness while under hypnosis felt like a thin metatheatrical parody of Terry's own Ophelia.<sup>655</sup> Whatever the reason for her displeasure, the actress's transferring of matinee performances to Miss Dorothea Baird (the lead actress in Beerbohm Tree's *Trilby*, no less), defended publicly as a tactic for warding off exhaustion, telegraphed the actress's spurning of the role to Victorians adept at reading between the lines. Third and most importantly, the play

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<sup>653</sup> Terry, *Story of My Life*, 324.

<sup>654</sup> Qtd. in Bingham, *Henry Irving*, 287.

<sup>655</sup> Kate Terry Gielgud, *Plays I Have Seen*, (1891-1903), BL.

premiered during a paradigmatic shift in modern psychology. The gestation and birth of psychoanalysis in the 1890s upended late-Victorian theories of psychopathological illnesses and their treatment. In addition, the publication of Freud and Breuer's *Studien über Hysterie* in 1895 reshaped medicocultural representations of female madness. The visually arresting hysterical attacks of Charcot's clinic/theatre, triggered by hypnotic suggestion and enacted by a bevy of sexualized and (seemingly) self-aware patients, were largely discredited by Freud and Anna O's collaborative explorations of the subconscious through therapeutic dialogues. Ultimately, theatricality – once an integral element on the stage *and* in the clinic – was denounced in both domains as prohibitive to innovation, truthfulness, and progress. In such a climate *The Medicine Man* could not have hoped to succeed. No other new performances of illness premiered in the Lyceum laboratory during Irving and Terry's partnership, and three years later Irving sold the Lyceum. The doctor was out.

## 5.0 CONCLUSION: PATHOLOGY AND PERFORMANCE

Armed with acerbic wits and exacting tastes, the best of the Victorian dramatic critics were not known for pulling their punches when evaluating theatrical productions. Still, the gloves officially came off and battle-lines were drawn when on March 13, 1891, Henrik Ibsen's *Ghosts* premiered in England at London's Royalty Theatre.<sup>656</sup> A dramatic meditation on the maxim "the sins of the father will be visited upon the son," *Ghosts* centers on Oswald Alving's descent into debilitating insanity from syphilis, a disease that – unbeknownst to the young man – was inherited from his promiscuous and depraved father, now deceased. Oswald believes his only hope for happiness and recovery can be found in marrying Regina, the family's attractive house-servant. However, the ghosts of the late Captain Alving's past haunt his son's every step, as Regina is actually Oswald's illegitimate half-sister, born of the Captain's lecherous pursuit of his wife's former maid. Mrs. Alving is forced by her son's romantic designs on Regina to expose the Captain's misdeeds, toppling the pedestal upon which Oswald had placed his father. In the play's final scene Oswald entreats his mother, now his only source of tenderness and succor, to give

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<sup>656</sup> For information on *Ghosts*' English premiere see Gretchen Ackerman, *Ibsen and the English Stage, 1889-1903* (New York: Garland, 1987); William Archer, *William Archer on Ibsen: The Major Essays, 1889-1919*, ed. Thomas Postlewait (Westport, CT: Greenwood Press, 1984); Miriam Alice Franc, *Ibsen in England* (Boston: Four Seasons Co., 1919); and Timothy Matos, "From Pathos to Pathology: Ibsen's English Hosts, 1891-1893," (Ph.D. diss., University of Massachusetts Amherst, 2008), ProQuest (AAT 3325130).

him a fatal dose of morphine pills should his disease irrevocably shatter his mind. Mrs. Alving's reluctant promise to do so is immediately tested at the curtain's close, when Oswald's nonsensical mutterings and vacant eyes signal his swift but permanent mental degeneration.

The Norwegian play ignited a firestorm of controversy in England, and debates between rapturous Ibsenites and their outraged adversaries dominated newspaper and magazine pages for many months following. Over 500 reviews and editorials were published in response to the production, an astronomical number that is all the more astounding considering the unlicensed play was only performed twice for a private subscription audience by the newly-formed Independent Theatre. At the height of the dispute, *Ghosts* commentators purposefully discarded the rules governing civilized Victorian debate, developing a confrontational style more unprincipled than the play's reputedly objectionable themes. Appropriating what they deemed to be the contaminated language and themes of Ibsen's drama, many of the production's harshest detractors attacked the play and playwright as diseased, infectious, fetid, and hazardous to the English people and their theatre. Anti-Ibsenites engaged in this graphic epidemiological discourse in the hopes of repulsing polite society, sullyng "Dr. Ibsen's" reputation, and dissuading even the vaguely curious from patronizing his plays. Though the majority of reviewers adopted this critical tactic, Clement Scott, the incontestable leader of the anti-Ibsenite movement, incorporated the diseased rhetoric of pathology with unmatched authority and gusto. In his "anonymous" editorial in the *Daily Telegraph* the morning after *Ghosts* premiered, Scott called the play "...simple only in the sense of an open drain; of a loathsome sore unbandaged; of a dirty act done publicly; or of a lazar-house with all its doors and windows open...Even the *Lady of the Camelias* – that hectic harlot – coughed her frail soul away with some external propriety; but Ibsen's patients expectorate, if we may venture to say so, in public, and air on the

stage matters that a blind beggar would hide under his patches.”<sup>657</sup> As Scott’s condemnation illustrates, anti-Ibsenites coupled their epidemiological discourse with heavy doses of moralizing. Indeed, profanity, pollution, and pathology seemed to breed in the same metaphorical cesspool for many of *Ghosts*’ irate reviewers.

In a study devoted to works of the popular stage, it may seem curious to encounter a canonical play leading its Conclusion, but I believe the inclusion is an important one. Besides encompassing all three of our illness types within its plot, *Ghosts* sparked a contentious debate articulated through the language of disease. Indeed, unlike critical responses to *Camille*, which only barely registered the late-Victorian pairing of nationality with contagion, xenophobia and nationalistic pride played crucial roles in shaping *Ghosts*’ critics’ ideological stances. On the whole, the anti-Ibsenites tended to denounce – some with perplexing empathy, others with thinly veiled jingoism – what they deemed to be Ibsen’s hinterland values, inbred lack of artistry, and contaminating foreignness. As a March 26 editorial in the *Truth* asked, “Where, may I ask, is a page of literature to be found in the whole category of Ibsen’s plays? It is an insult to the word. Ibsen, so far as I can see, is a crazy, cranky being who has derived his knowledge of life from some half-civilized Norwegian village...He sees filth in his Norway society, and imagines that all the world is filthy as well.”<sup>658</sup> The language of pathology proved to be one of the anti-Ibsen faction’s greatest assets, as it allowed its supporters to elevate the threat of foreign transmission to one that endangers the cultural and physical wellbeing of the Empire. The nationalistic sentiments articulated by Ibsen’s critics were answered in kind by the Ibsenites, who berated

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<sup>657</sup> Clement Scott, editorial comment in the *Daily Telegraph*, March 14, 1891, in *Ibsen: The Critical Heritage*, ed. Michael Egan (London: Routledge, 1972), 190-192.

<sup>658</sup> *Truth*, March 26, 1891, qtd. in Archer, “The Mausoleum of Ibsen,” in *William Archer on Ibsen*, 45.



fellow English journalists for their obtuse unwillingness to concede that the face of modern drama might not be Anglo after all.

While these points are perhaps compelling enough to warrant *Ghosts*' inclusion in this study, the final reason proves most crucial: Ibsen's *Ghosts* shows us the path theatrical representations of illness will take after the curtain falls on the nineteenth century. As I have argued, the century's popular plays were seldom explicit or comprehensive in their written descriptions of illness roles – whether in dialogue or stage directions – nor did they provide actors with instructions on how to embody these characters. Even *Sherlock Holmes*'s relatively long stage direction describing the detective's cocaine injection was penned by Gillette, the role's originator. Building upon the scripts' minimal treatments of medical conditions, nineteenth-century actors were the true architects of their illness roles, selecting the physiological symptoms and emotional tones that (in their estimation) best expressed a given pathology. However, at the century's close there rose a breed of playwrights acutely fascinated with evolutionary science, modern psychology, and human experiences of illness. In their works, the illness-processes of the *dramatis personae* were given prominence not just in plots and exchanges of dialogue, but in stage directions and character descriptions. Ibsen was one such playwright. Though ill characters appear throughout his oeuvre – the tubercular Lynstrand in *Lady From the Sea*, the syphilitic Dr. Rank in *A Doll's House* (though the doctor claims he's suffering from spinal tuberculosis), and the neurotic-hysterical Hedda in *Hedda Gabler*, to name three – *Ghosts* offers the playwright's most detailed representation of illness. The final moments of Oswald's syphilitic insanity, for example, are carefully drawn:

*(With his back toward the distant view, OSVALD sits motionless in the armchair.)*

OSVALD (*abruptly*): Mother, give me the sun.

MRS. ALVING (*by the table, looks at him, startled*): What did you say?

OSVALD (*repeats in a dull monotone*): The sun. The sun.

MRS. ALVING (*moves over to him*): Oswald, what's the matter?

(OSVALD *appears to crumple inwardly in the chair; all his muscles loosen; the expression leaves his face; and his eyes stare blankly.*)

MRS. ALVING (*shaking with fear*): What is it? (*In a shriek.*) Oswald! What's wrong! (*Drops to her knees beside him and shakes him.*) Oswald! Oswald! Look at me! Don't you know me?

OSVALD (*in the same monotone*): The sun – the sun.<sup>659</sup>

Just how faithful actors in the 1890s were to Ibsen's vision is a research question for another day. However, it is clear that, unlike the Camilles, Lears, and Lucy Ashtons of the period, those who took the role of Oswald Alving were instructed by the dramatist how best to embody his illness: an expressionless face, nonsensical mutterings in monotone, and an unnatural stillness that gives way to muscular slackening. Though *fin-de-siècle* performers still possessed (as all actors do) the final word in depicting illness, it is my contention that medically minded dramatists of the late-nineteenth and early-twentieth century lessened the actor's autonomy in creating onstage representations of disease, addiction, and mental illness.

Moreover, as realism gradually penetrated the Western theatrical landscape, British and American acting practices transitioned to accommodate the methods of Stanislavski and Chekhov. This shift profoundly affected how illness was performed. In the above chapters I have inventoried the physical and vocal techniques by which late-Victorian actors marked the afflictions jeopardizing their characters' wellbeing. Trembling hands, vacant stares, sighs, coughs, furrowed brows, feverish complexions, fainting spells, convulsions, and agonized cries constitute just a fraction of the methods used to perform pathologies in the late-nineteenth

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<sup>659</sup> Henrik Ibsen, *Ghosts*, Rolf Fjelde, trans., in *Plays Onstage: An Anthology*, Ronald Waincott and Kathy Fletcher, eds., (Boston: Pearson, 2006), 294.

century. This lexicon of embodied illness, as I have proposed, was flexible in two ways. First, it successfully traversed generic divides and theatrical movements, from Shakespearean tragedy (*Hamlet*) to Romantic thesis play (*La Dame aux Camélias*), from Victorian melodrama (*Ravenswood*) to *fin-de-siècle* thriller (*Jekyll and Hyde*). Second, the performative lexicon's components could be adapted, reordered, or deconstructed to fit the symptoms of the entire catalogue of stage illnesses. Hysterical laughter, for example, could signify to audiences mental illnesses ranging from monomania (Mathias) to female insanity (Lucy Ashton, Ophelia), but it was also employed by Richard Mansfield to indicate Jekyll/Hyde's drug-fueled illusion of invincibility. Nearly all the performances of illness we have analyzed featured manifestations of physical or mental agitation: the melancholic trudge of Hamlet, the worrying hands of Lady Macbeth, the restless eyes of Sherlock Holmes, and the quavering voice of Camille. Though these symptoms all operate under the same emotive umbrella of "nervousness," they deviate from one another in bodily location as well as tone, severity, and duration. Similarly, according to Victorian performance traditions, the epileptic seizure was symptomatic of all afflictions, from the somatic to the psychotic. Unlike the above-quoted Dr. Cyrus Edson, who lamented in 1893 that actors used epileptic fits too habitually and imprecisely to signify a veritable spectrum of pathological states, I see value in the seizure's theatrical versatility. After all, paroxysms – inaccurate or no – communicated more swiftly than any other performative strategy the sufferer's loss of physical control and intellectual self-mastery. A well-executed fit intensified the gravity of any expression of illness and could unite in one extraordinary moment several prized elements of late-nineteenth-century theatre: exhilarating suspense, pathos, and spectacle. The lexicon of embodied illness was also surprisingly durable, surviving the length of the Victorian period despite the ebb and flow of aesthetic tastes.

However, once the dominance of theatrical realism was secured, this lexicon used by decades of actors swiftly became antiquated. As we have already noted, the introduction of Freudian psychoanalysis fundamentally altered psychopathological definitions and treatment strategies. During the nineteenth century, alienists sought to identify somatic origins for mental disorders and treated patients' maladies from the outside in; by the twentieth-century's dawning, however, the subconscious suppression of traumatic memories became the focus for psychologists and their innovative talk therapies, reversing the flow of analysis to an inside-out approach. Not surprisingly, a parallel shift occurred within the realm of acting technique. The internality of the acting process and the subtle expressivity of onstage appearances, including theatrical reenactments of illnesses, epitomized the modern performer's craft. Conspicuous shows of suffering, from labored gasps to spasmodic fits, from the rapturous postures of the hysteric to the delirium tremens of the alcoholic, were rendered hopelessly outdated and over-elaborate. Moreover, they were deemed obstructive to the pursuit of artistic authenticity. Spectacle had no place within the realist's vision and, even if they were earnestly drawn from real-life observations, pronounced embodiments of illness were thrown out with the proverbial bath water. As Elin Diamond reminded us earlier, the systems of expression employed by the clichéd hysteric and the melodramatic actor were remarkably similar. By extension, just as Freud's contained and couch-bound hysteric superseded the demonstrative Charcotian hysteric, the Victorian actor's explicit performances of illness were replaced by the modern actor's minutely drawn embodiments. While it is true that Gillette's Sherlock Holmes, Bernhardt's Camille, and other nineteenth-century performances of illness appeared onstage well into the twentieth century, contemporaneous reviews imply that such offerings were regarded as charming relics of the past, praiseworthy not in spite of but *because* of their obsolescence.

Along with indexing the physical and vocal signifiers of illness used by Victorian actors, I have also attempted to illuminate the ways in which theatrical performances incorporated, expanded, or rejected co-existing medical, cultural, and individual expressions of illness. As this project attests, performances of illness ably authenticate historians' claims that illness was at once experienced privately and publicly (Herlich and Pierret) and that illness's meaningfulness was dependent upon both its material reality and its symbolic construction (Hays). Our case studies collectively suggest that actors followed with some interest the shifting etiologies of various medical conditions as well as their symptoms and treatments, and endeavored to create onstage illness roles that were dramatically potent, commercially appealing, and medically identifiable. Furthermore, contrasting performances of the same pathology often articulated Victorian medico-cultural debates. As I have argued, actresses portraying the doomed courtesan Camille generally fell within one of two interpretative camps. In the first, those who romanticized Camille's illness adhered to the consumptive myth's distorted tenets, and in the second, those who medicalized her condition conformed to the disease's new epidemiological reclassification: tuberculosis *qua* contagion. Similarly, the clashing depictions of addicts by William Gillette and Richard Mansfield registered two incongruous notions of drug dependency present in the late-nineteenth century; the former placed before audiences a controlled, elegant habitué whose cocaine use enhanced his intellectual acuity, while the latter's grotesque transformations and violent impulses tapped into late-Victorian fears of social degeneration (as hastened by the menacing drug fiend). And within the hallowed auditorium of London's Lyceum Theatre, Henry Irving and Ellen Terry performed an impressive repertory of mentally ill characters that both captivated and confounded audiences. As we discovered, the actors yoked together time-honored strategies for performing madness and nervous disorders with new

approaches derived from developing psychological theories. The most successful of their interpretations (Ophelia and Mathias) disclosed the actors' knowledge of madness's iconographic markers and featured abrupt shifts in behavior, tone, and concentration that were dramatically effective and, for the most part, medically accurate. Ultimately Irving and Terry's embodiments of mental illness failed to adapt with the changing times, and the final years of their partnership were marked by several uninspired attempts to regain the Lyceum's reputation as the premier purveyor of psychological dramas.

To clarify the ways in which late-nineteenth-century performances of illness corresponded and contributed to wider Victorian discourses on public health, I chose to highlight a dominant identity category within each performance type. In reviews of *Camille* I detected an eagerness among Anglo-American critics to discuss the nationalities of the actresses embodying the role; in their estimations, the foreignness of continental European actresses like Modjeska, Duse, and Bernhardt helped exoticize the Parisian consumptive for British and American audiences. Though the critics were by no means overtly xenophobic or even ethnocentric in their comments, they nevertheless obliquely touched upon contagion's perceived association with foreign entities (human and microbial) and intercultural exchange. Drug addiction's affiliation with socioeconomic hierarchies was appreciable in both *Sherlock Holmes* and *Jekyll and Hyde*, in which the title characters' class influenced whether their usage was deemed a harmless diversion or crippling obsession. The addicts' social status also determined how detrimental their drug habits were to society-at-large; Holmes's discreet dependency only ruffled the feathers of the moderate Dr. Watson, while Jekyll/Hyde's undisciplined addiction was a malignant force with wide-ranging consequences. Mental illness categories, I argued, were incontrovertibly gendered in the Victorian period and on the Lyceum stage. Terry's gentle and beautiful

portrayals of madwomen naturalized female insanity, while Irving's nervous and emasculated depictions of madmen presented male insanity as an aberrant, anomalous state. My decision to match these identity categories with performances of contagion, drug addiction, and mental illness derived from the particular embodiments analyzed; however, the categories could be easily (and profitably) interchanged so as to illuminate different facets of illness roles. After all, Victorian drug use was not just class-bound, but race-bound; a consumptive's gender often determined whether physicians prescribed isolating invalidism or stimulating world travel as therapy; and different diagnoses were given and facilities made available based upon a lunatic's pauperism or prosperity.

This dissertation constitutes only one of many possible approaches to an astoundingly fertile but under-researched area of scholarship. I have already described the growing body of research dedicated to investigating historical dramaturgies of medicine and illness, the canonical plays of early modern England, late-nineteenth century Europe and late-twentieth century America being the most commonly studied. Deserving of comprehensive analyses are the Federal Theatre Project's 1938 play *Spirochete*, authored by Arnold Sundgaard, and George Bernard Shaw's *Too True to Be Good* (1932), in which a personified microbe laments that it has contracted measles from its human host. But while plays are certainly the most accessible indicators of the integrating of medical science and theatre arts, I believe that performance, as inroad to the topic, best highlights the two subjects' somatic affiliations. Potential projects could be drawn from examining performances of other somatic and psychogenic illness categories (alcoholism, sexually transmitted diseases, sleep disorders) within or across discrete historical periods. Similarly, adopting different theoretical frameworks opens up fresh avenues of investigation: disability studies, cognitive science, queer theory, and masculinity studies are

particularly well-suited for such research objectives. I have maintained throughout this dissertation that theatre is both a reflective and generative cultural form. To track both courses of influence, however, analyzing how medico-cultural shifts influenced late-nineteenth-century performances of illness as well as its inverse, would necessitate a research agenda of prohibitive scope. Victorian theatre's responsiveness to wider scientific and cultural discourses on the human experience of illness has been this project's focus, and there is much work left to do within this territory. However, the nineteenth century appears to be rife with examples of theatre's impact on medicine. Several recent works, including Benjamin Reiss's "Bardolatry in Bedlam: Shakespeare, Psychiatry, and Cultural Authority in Nineteenth-Century America" and Kimberly Rhodes's *Ophelia and Victorian Visual Culture*, have identified ways in which the Victorians' love of Shakespeare was uniquely promulgated through psychiatric practices and the archetypal image of feminine madness.<sup>660</sup> The theatricality of public scientific demonstrations (anatomy lessons in the Gross Clinic, the "medical" exhibition of Joseph Merrick, Charcot's Tuesday lectures) has received some attention, but historians of medicine, not performance, have written most of the subject's scholarly treatments. My assertion that the *fin-de-siècle* dope fiend's iconic image evolved partly from Richard Mansfield's monstrous embodiment of Jekyll/Hyde requires further confirmation in the form of a comparative iconographic study. Finally, Brett Wenegrat's controversial claim that illnesses were (and are) performed experiences has opened the door for future concurring and contrary responses.

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<sup>660</sup> Benjamin Reiss, "Bardolatry in Bedlam: Shakespeare, Psychiatry, and Cultural Authority in Nineteenth-Century America," *ELH* 72, no. 4 (Winter 2005): 769-797, <http://www.jstor.org/stable/30029989>, and Kimberly Rhodes, *Ophelia and Victorian Visual Culture: Representing Body Politics in the Nineteenth Century* (Aldershot, Hampshire: Ashgate, 2008).



In 1853 an imagined conversation between Cholera and Typhus appeared in *The Times* of London. The dreaded sisters predicted that, as long as man remained ignorant and unresponsive to mounting threats, their killing sprees would continue interminably. Thirty-seven years later in the pages of *Punch*, the recently discovered Bacillus lamented his newfound fame in a poem entitled “The Burden of Bacillus”:

Is there no one to protect us, is existence then a sin,  
That we’re worried here in London and in Paris and Berlin?  
We would live at peace with all men, but “Destroy them!” is the cry,  
Physiological assassins are not happy till we die.  
With the rights of man acknowledged, can you wonder that we squirm  
At the endless persecution of the much-maltreated germ.

We are ta’en from home and hearthstone, from the newly-wedded bride,  
To be looked at by cold optics on a microscopic slide;  
We are boiled and stewed together, and they never think it hurts;  
We’re injected into rabbits by those hypodermic squirts;  
Never safe, although so very insignificant in size,  
There’s no peace for poor Bacillus, so it seems, until he dies.<sup>661</sup>

A silver-tongued germ with a persecution complex, Bacillus declared himself “the age’s foremost martyr.” He had a point. The single shared purpose of trillions of bacilli, no matter the place or time, is to survive. Survive hostile environments, immunized populations, and rigorous hygiene practices. Perhaps the bewailing Bacillus would take cheer in knowing that at least some of his descendants were still thriving in 2011 despite humankind’s best efforts to eradicate them, or at least their most deadly varieties. He may have lost his battle, but the epidemiological war

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<sup>661</sup> “The Burden of Bacillus,” *Punch*, November 22, 1890, 249.

still continues. And as long as it does, human experiences of illness will find expression in minds and bodies of theatre artists.

## **APPENDIX A**

### **MANUSCRIPT COLLECTIONS AND ARCHIVES IN GREAT BRITAIN AND UNITED STATES, BY REPOSITORY**

The following is a list of manuscript collections and archives consulted in the course of this research. I have chosen to include only those items directly cited or receiving mention within the dissertation, though many others were accessed at all of the libraries inventoried in the Acknowledgements.

The completeness of the citations that follow depends largely upon how carefully the newspaper clippings were clipped many years ago. Some reviews were so closely cropped that titles and dates were removed, while others had fractured into many pieces due to the brittleness of their paper. I attempted to record as much identifying information as possible and acknowledge the uneven results.

## A.1 GREAT BRITAIN

### A.1.1 British Library (BL)

- I. Irving Acting Editions.
  - a. *King Lear* (1892). Add 61995 A and B.
- II. John Gielgud Archive.
  - a. Gielgud, Kate Terry. *Plays I Have Seen*. (1891-1903). Add 81318-81321.
- I. Lord Chamberlain's Plays and Day-Books. 1851-1899; 1824-1903.
  - a. *Heartsease*. 53149.
  - b. *Ravenswood*. 53458J.

### A.1.2 V&A Theatre and Performance Collections Archives (V&A)

- I. *The Bells* Production File.
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