

This is a post-print version (final draft post-refereeing) of:
Deborah E. Thorpe, Jane E. Alty, and Peter A. Kempster, 'Health at the writing desk of John Ruskin: a study of handwriting and illness', *Medical Humanities* (2019), 1–15. doi:10.1136/medhum-2018-011600

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ABSTRACT

Though John Ruskin (1819 – 1900) is remembered principally for his work as a theorist, art critic, and historian of visual culture, he wrote exhaustively about his health in his correspondence and diaries. Ruskin was prone to recurring depressive and hypochondriacal feelings in his youth and adulthood. In 1871, at the age of 52, he developed an illness with relapsing psychiatric and neurological features. He had a series of attacks of brain disturbance, and a deterioration of his mental faculties affected his writing for years before curtailing his career a decade before he died. Previous writers have suggested he had a psychiatric malady, perhaps schizophrenia or schizoaffective disorder. But the more obvious conclusion from a close medical reading of Ruskin's descriptions of his illness is he had some sort of 'organic' brain illness.

This paper aims to give insight into the relationship between Ruskin's state of wellbeing and the features of his writing through a palaeographical study of his letters and diary entries. We examine the handwriting for physical traces of Ruskin's major brain illness, guided by the historical narrative of the illness. We also examine Ruskin's recording of his experiences for what they reveal about the failure of his health and its impact on his work. Ruskin's handwriting does not have clear-cut pathological features before around 1885, though suggestions of subtle writing deficits were present as early as 1876. After 1887, Ruskin's handwriting shows fixed pathological signs—tremor, disturbed letter formation and features that reflect a slow and laborious process of writing. These observations are more than could be explained by normal ageing, and suggest the presence of a neurological deficit affecting writing control. Our findings are consistent with

conclusions that we drew from the historical record—that John Ruskin had an organic neurological disorder with cognitive, behavioural, psychiatric, and motor effects.

HEALTH AT THE WRITING DESK OF JOHN RUSKIN: A STUDY OF HANDWRITING AND ILLNESS

INTRODUCTION: JOHN RUSKIN'S WRITINGS ON PHYSICAL AND MENTAL HEALTH

...It is very bright here but I am in the wofullest thoughts...I am afraid you will have little comfort in seeing your Di Pa, this time—he is looking—not ill, I think, but a velly velly poo and thin-bearded and photograph-like Di Pa.

Oh my Doanie—its all I can say today, over and over, my Doanie

Oos poo Di Pa.¹

This letter from John Ruskin as he approached his 69th birthday is one of many that demonstrate his attentiveness to his health. Ruskin (1819–1900), writing to his cousin Joan Severn, ruminates on his inner feelings and outward appearance. Ruskin often made such references to wellbeing “in body and mind” in his correspondence.² This letter, though, exemplifies the acuteness of Ruskin’s awareness of his decline, which he thought evident in his physical demeanor. Ruskin was dismayed

¹ The Ruskin Foundation (Ruskin Library, Lancaster University), L 50, John Ruskin to Joan Severn, 2nd February [1888]. All further references to documents within this collection are cited as “RF, [shelfmark, details, date]”. Where dates were not provided by Ruskin himself but in later pencil, Alexander Wedderburn was most likely responsible. See Rachel Dickinson, ed., *John Ruskin's Correspondence with Joan Severn: Sense and Nonsense Letters* (Abingdon: Routledge, 2017), 70. Helen Viljoen should also be credited for contributing to the current date ordering. We have used these calculations in our analysis but, in the interests of caution and accuracy, we signal where the dates provided are not Ruskin’s own by placing them in squared brackets in footnotes and figure legends. We would like to thank our second anonymous reviewer; James Dearden; and Diane Tyler of the Ruskin Library for assistance with these annotations. The Ruskin Foundation, which has care of these materials, has sought to establish the copyright for John Ruskin’s unpublished literary manuscripts, but has been unable to do so on the basis of all the information currently known to it. It would therefore welcome contact from any person or persons who can show they hold this copyright

² See Dickinson, ed., *John Ruskin's Correspondence*, 13.

by his thinning beard. Rather than physically ill, he thought he looked “poo”—“bad” in his characteristic “baby-talk.”³ In a peculiarly Victorian simile, he connected his appearance with the incipient art of photography: he looked “photograph-like,” perhaps feeling static and drained, then unforgivingly caught in that moment as if by a camera.

By this time, Ruskin had seen many photographs of himself. They recorded the changes of ageing and his old-fashioned choice of dress, which became the subject of fascination among his contemporaries as he grew more eccentric, and physically and mentally delicate.⁴ The young Beatrix Potter, for example, had noted in 1884, the year before Ruskin finally resigned his professorship at Oxford, that he was looking increasingly “ridiculous” in public: “Mr Ruskin was one of the most ridiculous figures I have seen. A very old hat, much necktie and aged coat buttoned up on his neck, humpbacked, not particularly clean looking. He had on high boots, and one of his trousers was tucked up on the top of one. He became aware of this half way round the room, and stood on one leg to put it right, but in doing so hitched up the other trouser worse than the first one had been.”⁵ Potter’s comments indicate that Ruskin, already a controversial figure because of his social commentary and the circumstances surrounding his failed marriage, had by this time become an object of attention because of his dishevelment and odd behaviour. The crux of Potter’s comments is that his appearance—humped back; choice of clothing; lack of personal hygiene; the manner in which he wore and adjusted his clothes—came to mirror his increasingly eccentric personality. Ruskin’s ideas, too, seemed to observers to project his “craziness.” For many of those who were present at his 1884 lecture entitled “The Storm-Cloud of the Nineteenth Century,” his

³ Ruskin frequently wrote in this childish manner. For an extensive account of his self-infantilisation and the “nonsense” aspects of his letters see Dickinson, ed., *John Ruskin's Correspondence*, 3, 19–32.

⁴ See James S. Dearden, *John Ruskin: A Life in Pictures* (Sheffield: Sheffield Academic Press, 1999), esp. 19–20.

⁵ Dearden, *John Ruskin: A Life in Pictures*, 20.

assertion that changes in the weather were the result of human action confirmed rumours that he had gone mad.⁶

John Ruskin's "madness" has received considerable attention from scholars. Like the men and women who observed the ailing Ruskin at social gatherings and lectures, researchers who have worked on his writings since his death have been fascinated by his peculiarities. Only three decades after he died, R. H. Wilenski produced a chart outlining the pattern of the highs of his creative career and the lows of his depression, assuming that he had a psychiatric disorder.⁷ Quentin Bell, reflecting in 1963 on the "Storm-Cloud" lecture, decided that Ruskin's perception of the darkening of the sky was "a symptom of his approaching madness."⁸ The source material for these types of study is rich; Ruskin's letters show unambiguously that his depression began in his youth and early adulthood, and earlier writings display his preoccupation with physical and mental symptoms. In a passage from his diary from 1847, when Ruskin was just 28 years old, he expressed heightened anxiety about his own health, which Helen Viljoen argued was triggered by his guilt at travelling to the Continent without his parents⁹: "walking up the hill [in the Alps] I was alarmed by the distinctness of a strange numbness in my throat...like nothing I had ever felt before. This increased on me, and much despondency also... [during] the next two days [until]... I arrived at Montbard

⁶ Jesse Oak Taylor, "Storm-Clouds on the Horizon: John Ruskin and the Emergence of Anthropogenic Climate Change," *19: Interdisciplinary Studies in the Long Nineteenth Century* 26 (2018): 8, n. 20, <http://doi.org/10.16995/ntn.802>.

⁷ R. H. Wilenski, *John Ruskin* (London: Faber & Faber, 1933), 10, 15–24.

⁸ Quentin Bell, *Ruskin* (London: Hogarth Press, 1963), 138; Taylor, "Storm-Clouds on the Horizon," 8, n. 21.

⁹ Helen Gill Viljoen, "'Ruskin in Milan, 1862': A Chapter from Dark Star, Helen Gill Viljoen's Unpublished Biography of John Ruskin," ed. James L. Spates, last modified July 10 2007, note 1, <http://www.victorianweb.org/authors/ruskin/spates/viljoen.html#1>; James L. Spates, "John Ruskin's Dark Star: New Lights on His Life Based on the Unpublished Biographical Materials and Research of Helen Gill Viljoen," *Bulletin of the John Rylands Library* 82 (2000): 168–69, <http://doi.org/10.7227/BJRL.82.1.7>.

totally discouraged, and went up to my room in the fear of not being able to get farther towards home—fancying I had cancer in the throat, or palsy, or some other strange disease...”¹⁰

Depressive feelings continued in his middle age. In December 1861, he wrote a particularly vivid account of his emotions to Thomas Carlyle: “if I could make a toad of myself and get into a hole in a stone, and be quiet, I think it would do me good.”¹¹ Then, 10 years later, he developed an illness with relapsing psychiatric and neurological features. He had a series of attacks of brain disturbance, and a deterioration of his mental faculties affected his writing for years before curtailing his career a decade before he died.

The importance of this illness in understanding the latter half of Ruskin’s writing career is emphasised in Tim Hilton’s biography. Hilton compiled descriptions of the times when “he was mad” to assert that they were all part of a single malady, the first clear manifestation of which was an attack of delirium with visual hallucinations in 1871, when Ruskin was 52 years old.¹² He provided detail on its major and minor exacerbations without attempting to analyse the cause, although he did, in one of his prologues, refer to the opinion of an acquaintance, who was a psychiatrist, that the diagnosis might have been bipolar affective or schizo-affective disorder.¹³ Hilton thought the phenomenon of Ruskin’s madness had “no parallel in English writing nor, probably, in the writing of any other culture”; that Ruskin “may indeed be called ‘mad’ as he writes beautiful, thoughtful sentences that were published in his books, are to be regarded as serious literary composition, and yet are so bizarre that we do not recognise them as part of rational

¹⁰ Joan Evans and John Howard Whitehouse, eds. *The Diaries of John Ruskin* (Oxford: Clarendon Press, 1956–59), 1:322, n. 2.

¹¹ George Allen Cate, ed., *The Correspondence of Thomas Carlyle and John Ruskin* (Stanford: Stanford University Press, 1999), 99.

¹² Timothy Hilton, *John Ruskin* (Yale: Yale University Press, 2002), see especially xliii–vlv and 487–89.

¹³ Hilton, *John Ruskin*, xlv.

discourse.”¹⁴ The rhythms of Ruskin’s writing, a marker of fluctuations in his mental state, have captivated other researchers. J. L. Bradley, for instance, described Ruskin’s literary output as “maniacally diverse,” a phrase that conveys the tendency for his moods, at times, to fuel (through intense bouts of energy and inspiration), and at other times, to inhibit (through, for instance, lethargy intensified by fitful sleep) his creativity and productivity as a writer.¹⁵ After Wilenski’s psychologically-oriented account of Ruskin’s life, two medical writers, who were psychiatrists, gave support to the theory of major psychiatric illness.¹⁶ This has been reinforced by sociologist Jim Spates, who argued that Ruskin had major depression with psychotic and melancholic features.¹⁷

In the nineteenth century, clear distinctions between neurological and psychiatric disorders lay in the future, and words like “madness” or “insanity” could denote either some organic problem with brain activity (dementia, or the effects of syphilis on the nervous system) or the irrational behaviour produced by a psychiatric illness such as schizophrenia. Some explanation around this point is needed. This use of the term organic originally implied that a pathologist would be able to detect some abnormality in the brain by inspecting it or by examining it under a microscope. It now encompasses other evidence of disease processes from, for instance, imaging, genetic or electrical investigations. By contrast, a psychiatric disorder produces alterations of thought processing, mood or behaviour in the setting of normal tests of brain structure and function, and in the absence of pathological changes. While Ruskin’s major attacks were associated with agitated

¹⁴ Hilton, *John Ruskin*, xliii.

¹⁵ John Lewis Bradley, ed., *Ruskin: The Critical Heritage* (London: Routledge and Kegan Paul, 1984), 2.

¹⁶ R. J. Joseph, “John Ruskin: radical and psychotic genius,” *Psychoanalytic Review* 56 (1969); Louis J. Bragman. “The case of John Ruskin: A study in cyclothymia,” *American Journal of Psychiatry* 91 (1935), <https://doi.org/10.1176/ajp.91.5.1137>.

¹⁷ See James L. Spates, “Ruskin's Dark Night of the Soul: A Reconsideration of His Mental Illness and the Importance of Accurate Diagnosis for Interpreting His Life Story,” *Journal of Pre-Raphaelite Studies* ns 18 (2009).

behaviour and delusional thinking, contemporaneous accounts, both by Ruskin and eyewitnesses, contain plentiful evidence of “organic” disturbances of cerebral function. It is the purpose of this article to analyse the contents and forms of Ruskin’s handwriting in light of this hypothesis. As we proceed through our analysis, we argue that the first and most obvious conclusion from a close medical reading of Ruskin’s descriptions of his illness is that it was not a primarily psychiatric one. More likely, Ruskin had some sort of “organic” brain illness. First though, we consider the value and pitfalls of medical diagnosis of historical figures—and explain the approaches and methodologies of our multidisciplinary study.

A note on retrospective diagnosis: past approaches, future directions

There is a well-developed genre of medical writing about retrospective diagnoses on historical figures. Contributions from this sort of research to historical knowledge have been modest.¹⁸ Single-disciplinary articles often contain overstatement or misunderstanding of the significance of an illness to an individual’s life. A medical disorder might be reasonably well documented yet have little bearing on the major events of a person’s biography. Modern researchers are also prone to misinterpret terms used to represent the medical knowledge of past eras. They may lack the historical linguistic expertise and sensitivity to historical context necessary to ensure that the

¹⁸ The issue of retrospective diagnosis has received increasing critical attention in recent years. For some reflections see Piers D. Mitchell, “Improving the use of historical written sources in paleopathology,” *International Journal of Paleopathology* 19 (2016), <https://doi.org/10.1016/j.ijpp.2016.02.005>; Lori Jones and Richard Nevell, “Plagued by doubt and viral misinformation: the need for evidence-based use of historical disease images,” *The Lancet Infectious Diseases* 16, no. 10 (2016), [https://doi.org/10.1016/S1473-3099\(16\)30119-0](https://doi.org/10.1016/S1473-3099(16)30119-0); Monica H. Green, Kathleen Walker-Meikle, and Wolfgang P. Müller, “Diagnosis of a ‘Plague’ Image: A Digital Cautionary Tale,” *The Medieval Globe* 1, no. 1 (2016), <https://scholarworks.wmich.edu/tmg/vol1/iss1/13>; Monica H. Green, “Editor’s Introduction to Pandemic Disease in the Medieval World: Rethinking the Black Death,” *The Medieval Globe* 1, no. 1 (2016), <https://scholarworks.wmich.edu/tmg/vol1/iss1/3>; Osamu Muramoto, “Retrospective diagnosis of a famous historical figure: ontological, epistemic, and ethical considerations,” *Philosophy, Ethics, and Humanities in Medicine* 9, no. 1 (2014), <https://doi.org/10.1186/1747-5341-9-10>; Piers D. Mitchell, ‘Retrospective diagnosis and the use of historical texts for investigating disease in the past’, *International Journal of Paleopathology*, 1, no. 2 (2011); and Axel Karenberg, “Retrospective diagnosis: use and abuse in medical historiography,” *Prague Medical Report* 110 (2009).

language is correctly understood. Even if such barriers can be overcome, a diagnosis at a distance of over a century requires considerable conjecture and has a significant margin of uncertainty even after the most careful investigation. Some diseases may be modified by changed environmental factors or modern therapeutics, and could have behaved in the past quite differently from currently recognised patterns. Yet no neurologist would read through Hilton's account of John Ruskin's relapsing-progressive illness without forming a view about the type of disorder that is being described and considering some possible diagnoses.

Monica Green has set out the dilemma presented to historians reading historical texts that contain material relating to health.¹⁹ Do we, a) resist the temptation to apply modern labels to historical disease experiences, and instead “reconstruct the world as historical participants perceived it” or, b) “use the methods and categories of modern science to find out what ‘really’ happened”? Certain recent, more nuanced, studies of the health experiences of historical individuals have chosen the middle ground. They consider their source material with the benefit of modern medical understanding, but with equal respect for the need to contextualise evidence carefully. Interdisciplinary research into the mental health of the eighteenth-century poet Robert Burns, for instance, has taken the position that, in the absence of any benefit of diagnosis to the “patient” himself, retrospective diagnosis should be of direct consequence for our wider historical understanding of that person and his mental health.²⁰ Like Ruskin, Burns has been successively diagnosed, both by nineteenth-century biographers and psychiatrists and by more recent scholars. However, previous studies have uncritically conflated historical and modern

¹⁹ Monica Green, “Taking ‘Pandemic’ Seriously: Making the Black Death Global,” *The Medieval Globe* 1, no. 1 (2016), <https://scholarworks.wmich.edu/tmg/vol1/iss1/4>.

²⁰ Moira Hansen, Daniel J. Smith, and Gerard Carruthers, “Mood disorder in the personal correspondence of Robert Burns: testing a novel interdisciplinary approach,” *The Journal of the Royal College of Physicians of Edinburgh* 48, no. 2 (2018), <https://doi.org/10.4997/JRCPE.2018.21>

terminology (i.e. “melancholia” and “depression”), failing to recognise their socially-framed aspects. This issue has been outlined by Charles Rosenberg, who argues for a better understanding of the role of culture in shaping disease definition and the role of disease in shaping culture.²¹ “In some ways,” Rosenberg states, “disease does not exist until we have agreed that it does, by perceiving, naming, and responding to it,” and over the twentieth century the naming process within increasingly specialised medical areas has become central to social and medical thought.²²

Hansen, Smith, and Carruthers do acknowledge that a modern label (such as “depression”) can be useful as a “framework” in “assisting” our understanding of historical individuals.²³ However, their effort is concentrated on better understanding the evidence that has *underpinned* previous retrospective diagnoses. As such, they reference Muramoto’s principles, that a diagnostic approach should serve at least one of the following purposes: to better understand the influence of the illness on the individual’s works and behaviour; to understand his experience of living with a particular illness in a particular period; and/or to learn more about his life history through “medically reconstructed biography”.²⁴ Thus, they investigate Burns’ variable moods in a way that provides insight into both his life and his creative processes, addressing a gap in the research relating to his health whilst applying any diagnostic labels responsibly.²⁵

Like Burns, Ruskin was a prolific correspondent, and both men left behind voluminous personal writing, which often clustered around periods of poor mental health (in the case of Burns,

²¹ Charles E. Rosenberg, “Introduction: Framing Disease: Illness, Society, and History,” in *Framing Disease: Studies in Cultural History*, ed. Charles E. Rosenberg and Janet Golden (New Brunswick: Rutgers University Press; 1992). See also Jon Arrizabalaga, “Problematizing retrospective diagnosis in the history of disease,” *Asclepio* 54, no. 1 (2002).

²² Rosenberg, “Introduction,” xiii, xviii.

²³ Hansen, Smith, and Carruthers, “Mood disorder in the personal correspondence of Robert Burns,” 167.

²⁴ Hansen, Smith, and Carruthers, “Mood disorder in the personal correspondence of Robert Burns,” 167; Muramoto, “Retrospective diagnosis of a famous historical figure.”

²⁵ Hansen, Smith, and Carruthers, “Mood disorder in the personal correspondence of Robert Burns,” 167.

self-identified “melancholia”). Ruskin was himself interested in evaluating disturbances of his mental state, and so it is appropriate to share this interest. He left vivid and metaphorical accounts of his symptoms. In one diary entry from 1878 he wrote that he was feeling “a perpetual fog and depression of my total me—body and soul—not in any great sadness, but in a mean, small, withered way.”²⁶ In a letter written in 1881, he commented on the cause of his two previous periods of illness as “attacks” that were “wholly on the brain—and, I believe, conditions merely of passing inflammation,” whereas others were “in the stomach.”²⁷ However, neither Ruskin nor his medical advisors thought in terms of a named, diagnosable disease entity that would explain these symptoms. We must recognise in reading Ruskin’s writings in a twenty-first century context that we “can never fully break free of the conceptual categories of our historical texts and reconstruct a ‘real,’ unfiltered past.”²⁸ Rather, we *can* offer a nuanced, historically-contextualised, and interdisciplinary reading of these historical texts. This is useful because, as George P. Landow argued, Ruskin’s works and his life (as revealed in his letters and diaries) “illuminate each other.” We are bound as biographers to read them “as two closely interwoven texts.”²⁹

So how might we approach Ruskin’s writings from the vantage point of medical history, and investigate the clues that they preserve about his health whilst remaining sensitive to the historical context in which they were produced, the potential for misunderstandings, and the information it is not possible to recover from them? Two of the authors have previously proposed a diagnosis explaining the course of Ruskin’s illness, his prior history of mood disorder, and his visual symptoms: Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and

²⁶ The Morgan Library and Museum, “Fighting for Sanity: John Ruskin,” Exhibition catalogue: *The Diary: Three Centuries of Private Lives*, accessed July 24 2018, <https://www.themorgan.org/exhibitions/online/TheDiary/John-Ruskin>.

²⁷ E. T. Cook and Alexander Wedderburn, eds., *The Works of John Ruskin*, 37: 346.

²⁸ Green, “Taking ‘Pandemic’ Seriously,” 52.

²⁹ George P. Landow, review of *John Ruskin: The Later Years*, by Timothy Hilton, *Albion*, 2001, 332.

Leukoencephalopathy (CADASIL).³⁰ This condition can present as a repeated acute encephalopathy (a diffuse disease of the brain that alters brain function or structure) lasting for days to weeks, with confusion, pyrexia (raised body temperature) and visual hallucinations.³¹ Indeed, the symptoms of CADASIL do appear to correspond with those that can be inferred from Ruskin's writings. It can produce prominent psychiatric disturbances, ranging from prodromal depression to major mood or psychotic disturbance. Another premonitory feature is migraine with visual aura, which Ruskin experienced from early adulthood. The initial effects of CADASIL on frontal lobe function, Kempster and Alty pointed out, may have enhanced Ruskin's creative energy for a long time before progressive cognitive impairment degraded his ability to write.

Ruskin's family history provides some additional support for an inherited disorder. His paternal grandfather had an illness in middle life that showed similarities to his own. Around the time of the breakdown of the marriage between Ruskin and Euphemia (Effie) Gray there were curious references to the possibility that Ruskin might be affected by some sort of familial "madness." Shortly before her escape from the marriage in 1854, Effie wrote to her mother: "[Rawdon] Brown thinks [Ruskin] quite mad, although he says he may have a method in his madness, and suggests that the Grandfather's suicide has still its effects in John's conduct."³² Referring to speculation that he must have heard from Effie, John Everett Millais wrote of Ruskin's poor behaviour towards his wife: "the only thing that I can excuse him, would be decided madness

³⁰ Peter A. Kempster and Jane E. Alty, "John Ruskin's relapsing encephalopathy," *Brain* 131, no. 9 (2008), <https://doi.org/10.1093/brain/awn019>.

³¹ I. Le Ber et al, "Unusual presentation of CADASIL with reversible coma and confusion," *Neurology* 59 (2002): 1115–56, <https://doi.org/10.1212/WNL.59.7.1115>; F. Schon et al. "'CADASIL coma': an underdiagnosed acute encephalopathy," *Journal of Neurology Neurosurgery & Psychiatry* 74 (2003); T. Nakamura et al., "CADASIL with NOTCH3 S180C presenting anticipation of onset age and hallucinations," *Journal of the Neurological Sciences* 238 (2005), <https://doi.org/10.1016/j.jns.2005.07.001>.

³² William Milbourne James, *The Order of Release: The Story of John Ruskin, Effie Gray and John Everett Millais Told for the First Time in Their Unpublished Letters* (London: John Murray, 1948), 223.

asserting itself—His grandfather cut his throat here at Perth so there seems some reason to believe in family derangement.”³³ These comments seem strangely to prefigure developments that lay 25 years ahead. One explanation is a familial apprehension of the illness of which Ruskin was aware, and which he had discussed with Effie.³⁴

However, we have to question in whether this diagnostic approach can ever be either *accurate* or *appropriate* in relation to Ruskin? In modern-day practice, CADASIL may be suspected from magnetic resonance images of the brain and confirmed by genetic testing. The disorder was only identified after the development of magnetic resonance scanning, so there is much guesswork in a retrospective diagnosis unaided by cerebral imaging. It is also debatable what can be gained from giving Ruskin a diagnosis, rather than approaching his “madness” and other symptoms in his own framework of understanding. With this in mind, our approach in this article is to examine the content and form of Ruskin’s handwriting for what can be learned from them about the nature of his experience of ill health within his own social and historical context. Ruskin’s experiences of ill health are deserving of their own, intricate, interdisciplinary, analysis, since there is so much, rich, material for such an enquiry. It is our hope that future studies will begin where we end. There is a need for further research into wider Victorian conceptions of ill health, in particular the types of illness that Ruskin experienced, and we hope that other scholars will take up our findings and place them in this wider context. We have chosen to focus on Ruskin’s letters, which medical historian Piers Mitchell has argued demands “a good knowledge of the author, the recipient, the cultural context, the time period, and the reason for writing is all-

³³ Mary Lutyens, *The Ruskins and the Grays* (London: John Murray, 1972), 48.

³⁴ For more on Ruskin, Effie, and his illness, see Peter A. Kempster, “John Ruskin’s unhappy marriage: a hypothesis,” *Journal of Pre-Raphaelite Studies* 20 (2011).

important if an interpretation is to be accurate.”³⁵ Providing these criteria are met, Mitchell argues, “the information in such letters can be highly illuminating.”

Our multidisciplinary article combines neurology with palaeography—the scrutiny of the forms and features of historical writing. To our knowledge, we are the first team to take this particular interdisciplinary approach, expanding our previous research on unusual handwriting features in pre-modern records.³⁶ We consider the relationship between Ruskin’s state of wellbeing and the features of his writing. In the handwriting itself, we look for physical traces of Ruskin’s major brain illness, as well as the more day-to-day fluctuations in his state of health. Writing is particularly revelatory for a study of health since it involves the hand’s complex anatomical and functional biomechanics.³⁷ Any interruption to the motor and cognitive processes involved, as we have demonstrated in previous studies employing the method of medically-directed handwriting analysis, can be indicative of one of a number of problems, particularly neurological disorders.³⁸ Importantly, the forms and features of handwriting can suggest certain categories of diagnosis. We use the historical narrative of his illness to frame our enquiries and the CADASIL possibility will be one source of guidance. However, it is unrealistic to expect that a specific retrospective diagnosis can be validated in this way, so we will also focus on Ruskin’s recording of his *experiences* for what they can reveal about the failure of his health and its impact on his work. We

³⁵ Mitchell, “Improving the use of historical written sources in paleopathology,” 90.

³⁶ See Deborah E. Thorpe and Jane E. Alty, “What type of tremor did the medieval ‘Tremulous Hand of Worcester’ have?” *Brain* 138, no. 10 (2015), <https://doi.org/10.1093/brain/awv232>, in which we combine neurological and palaeographical approaches to shed new light on the tremulous writing of a medieval scribe. See also [Authors, 2017] for our collaborative research into writing abnormalities in modern pen and paper writing tests.

³⁷ See Eli Carmeli, Hagar Patish, and Raymond Colman, “The aging hand,” *J Gerontol A Biol Sci Med Sci* 58 (2003): 146, <https://doi.org/10.1093/gerona/58.2.M146>.

³⁸ Jane E. Alty, Jeremy Cosgrove, Deborah Thorpe, and Peter Kempster, “How to use pen and paper tasks to aid tremor diagnosis in the clinic,” *Practical Neurology* 17, no. 6 (2017), doi: 10.1136/practneurol-2017-001719; Gerard P. Van Galen, “Handwriting: Issues for a psychomotor theory,” *Human Movement Science* 10 (1991), [https://doi.org/10.1016/0167-9457\(91\)90003-G](https://doi.org/10.1016/0167-9457(91)90003-G).

will look over his shoulder, sharing his interest in these symptoms, and considering how they might shed light on, and relate to, the texts that he produced.

Green, in her critical analysis of retrospective diagnosis in relation to medieval plague, argues that the study of ancient DNA by microbiologists allows the “assessment of a material substrate of the past rather than cultural products alone” in a way that has given diagnosis “a completely new meaning.”³⁹ Handwriting occupies the space in between “cultural product” and “material substrate,” being subject to historically-specific contexts (writing implements, writing styles, writing environments) but also being the material trace of a human brain and body at work. Thus, the analysis of handwriting alongside the study of text, like DNA analysis, has the potential to shed light on historical experiences of diseases, uncovering information that has been lost to, or is impossible to recover from, or is easily misunderstood in, historical documents.

For the living person, as Ruth Pinder has pointed out, the moment of significant medical diagnosis “marks a day when life changes.”⁴⁰ Moreover, Suzanne Fleischman finds, this division between “before” and “after” is then “superimposed onto every rewrite of the individual’s life story.”⁴¹ Though the historical individual who receives a retrospective diagnosis is no longer alive to negotiate this redefinition of their identity, the moment of diagnosis is transformative, altering their impression on history. Therefore, we perform this analysis carefully, bringing our study of the form and content of Ruskin’s writing into an interdisciplinary arena. Our approach is informed by the wealth of previous historical studies on Ruskin, an understanding of the medical context of his own time, and sensitivity to the agendas that can prevail in retrospective diagnosis and medical

³⁹ Green, “Taking ‘Pandemic’ Seriously,” 52.

⁴⁰ Ruth Pinder, “Coherence and incoherence: doctors’ and patients’ perspectives on the diagnosis of Parkinson's disease,” *Sociol Health Illn* 14 (1992), doi:10.1111/1467-9566.ep10940102;

⁴¹ Suzanne Fleischman, “I am..., I have ..., I suffer from ...: a linguist reflects on the language of illness and disease,” *J Med Humanit* 20 (1999), <https://doi.org/10.1023/A:1022918132461>.

history.

A CHRONOLOGICAL STUDY OF RUSKIN'S WRITING AND HEALTH

Source material, methodologies and approaches

Though Ruskin is remembered principally for his work as a theorist, art critic, and historian of visual culture, he wrote exhaustively about his health in his letters and diaries. Their value is enhanced by correlation with the observations and biographical accounts of his contemporaries and, we argue, with an analysis of the handwriting itself. To the best of our knowledge Ruskin's handwriting has received no detailed attention, though previous scholarship has included some prescient comments about the connection between its aspect (its general appearance) and his relative life stage, as well as the care he took in writing, which could vary considerably. As early as 1891, when Ruskin was still alive, W. G. Collingwood stated that he had studied the "palaeography" of Ruskin's early writing, describing them as "ancient Codices."⁴² He observed that notebooks from childhood and adolescence "present a complete sequence of the phases of Mr. Ruskin's handwriting from the earliest phase," explaining that he had used the content of the writings to assemble them into chronological order (though subsequent investigations found these orderings to be erroneous).⁴³ Collingwood compared the "beautifully written" "copperplate" script of some of the boyhood writing with "rough original drafts," which he found difficult to read.⁴⁴

Helen Gill Viljoen, who was mentored by Collingwood, was also interested in Ruskin's hand, using its features as a way of approaching his un-dated childhood writings. She argued that his "awkward" writing dated from earlier than more "controlled" examples.⁴⁵ However, David

⁴² W. G. Collingwood, ed., *The Poems of John Ruskin* (Orpington: George Allen, 1891), 1: 262.

⁴³ See David Hanson, "The Psychology of Fragmentation: A Bibliographic and Psychoanalytic Reconsideration of the Ruskin Juvenilia," *Text* 10 (1997): 246, <https://www.jstor.org/stable/30228062>.

⁴⁴ Collingwood, *The Poems of John Ruskin*, I: 262.

⁴⁵ Helen Gill Viljoen Papers, The Pierpont Morgan Library, New York.

Hanson has argued that Viljoen, too, was wrong in some of her assertions, highlighting the susceptibility of Ruskin's handwriting to change.⁴⁶ Hilton made several observations about the deterioration of Ruskin's writing as the illness that affected the last three decades of his life advanced in the late 1880s. He described the handwriting of early 1888 as "halting and feeble."⁴⁷ By late 1889, Hilton wrote, "the handwriting [is] weak and has begun to shrink in size, towards the microscopic script of his very last written words."⁴⁸

Hanson has noted the difficulty of constructing a chronological record of Ruskin's writing activities, especially in his "juvenilia" or the poems and prose writings that he began at around age seven.⁴⁹ These writings contain the earliest indication of a connection between Ruskin's fluctuating mental states and the appearance of his written work. Hanson observes that they reflect "the boy's varying states of mind and compositional circumstances" and range from "scrupulousness" to "illegibility."⁵⁰ He is struck by an occasional degeneration "into a scrawl," describing "a range of handwriting" within a relatively short period of Ruskin's life. However, the contents of these notebooks are rarely sequential and Ruskin often wrote in more than book simultaneously. For this reason, it is difficult to link features of Ruskin's hand to specific time points during his early years. The later letters are much more accessible for this kind of analysis, since most are dated. Though Ruskin often provided only a day and month the year can usually be inferred from the contents and the place of writing, which is usually detailed on the letterhead. For this reason, though Ruskin's diary entries are informative (and also often dated), this article

⁴⁶ Hanson, "The Psychology of Fragmentation," 246.

⁴⁷ Hilton, *John Ruskin*, 832.

⁴⁸ Hilton, *John Ruskin*, 849.

⁴⁹ Hanson, "The Psychology of Fragmentation," 241.

⁵⁰ Hanson, "The Psychology of Fragmentation," 246.

focuses primarily on his prolific letter-writing activities, especially his frequent, fervent correspondence with his cousin Joan Severn.

We should first acknowledge that many factors aside from illness can affect handwriting, ranging from the speed of writing to the type of pen being used. A consistent feature of Ruskin's handwriting throughout his life, it should be noted at the outset of this investigation, is its inconsistency. Ruskin often wrote in a hurry, simply attempting to catch the morning post or to make the most of good morning light. On other occasions his haste seems to have been motivated by intellectual excitement, or by annoyance or agitation, and later, by the symptoms of his illness. Thus, we begin to see the complex blend of physical, mental, and environmental conditions that can shape handwriting. On many days Ruskin wrote as many as ten letters, and a sense of urgency can be detected in many of them.⁵¹ In one letter he discloses that he is “going to Abingdon in ten minutes” and the script has a loose, current, rushed aspect.⁵² Ruskin also contended with poor writing implements—a problem that has troubled scribes throughout the history of writing. A letter written on 26th April 1871 begins in a heavy black ink before he switched two-thirds of the way through to a different pen, which was evidently better since he persisted with it.⁵³ At the foot of the page, Ruskin inscribed “me dot no pens,” a baby-talk indication of his frustration with his first choice of pen.

Before 1871:

Before Ruskin's illness commenced in its overt form, his physical health had generally been good despite some hypochondriacal tendencies. His mental wellbeing, though, was delicate from his

⁵¹ The authors would like to acknowledge Stephen Wildman for pointing this out during a visit to the Ruskin Library.

⁵² RF, L 36, John Ruskin to Joan Severn, [early June (?) 1871].

⁵³ RF, L 36, John Ruskin to Joan Severn, 26th April [1871].

early adulthood, with depressive episodes in 1841, 1847, 1862–64 and 1867.⁵⁴ Ruskin’s father, in 1862, described his 43-year old son as having “too much of a Don’t Carishness about him,” expressing hope that a visit to Switzerland would give him “tone” again.⁵⁵ Ruskin also had recurring visual symptoms that caused him considerable despondency from his twenties onwards: “worst spot appears in left eye from over fatigue” (27th September 1846); “saw floating specks in my eyes” (9th April 1867); “motes in eyes” (29th September 1868); “eyes giving me some anxiety” (23rd December 1868).⁵⁶

From a young age, Ruskin understood the connection between the activity of writing and the development of his intellect; at twelve, he explained that he was eager for extra writing paper for “greater freedom & play of cogitation,” using another particularly nineteenth-century simile: he did not want to compress his ideas “like the steam of a high pressure engine.”⁵⁷ He tended to allow fluctuations in his mood to pace his writing, being prone to short periods of exuberance that would eventually wane, leaving work unfinished. Ruskin’s mother, writing to her husband in 1829 when their son was just ten years old, referred to the need to “impress on [Ruskin] the propriety of not beginning too eagerly and becoming careless towards the end of his works as he calls them.”⁵⁸ Hanson read meaning in these incomplete works, arguing in psychoanalytic vein that “their resistance to closure, rather, was psychological, residing in Ruskin’s need for open-ended, inexhaustible love.”⁵⁹ He connected the illegibility of the handwriting of Ruskin’s fragmentary

⁵⁴ Hilton, *John Ruskin*, e.g. 62, 113, 319; Cook and Wedderburn, *Works*, 19: xxxiv

⁵⁵ Hilton, *John Ruskin*, 319.

⁵⁶ Evans and Whitehouse, *The Diaries of John Ruskin*, 523; 615; 657; 662; see See Ann C. Colley, *Victorians in the Mountains: Sinking the Sublime* (Farnham: Ashgate, 2010), 150–71.

⁵⁷ Van Akin Burd, ed., *The Ruskin Family Letters: The Correspondence of John James Ruskin, His Wife, and Their Son, John, 1801–1843* (Ithaca: Cornell University Press, 1973), I: 27; Hanson, *The Psychology of Fragmentation*, 241.

⁵⁸ Burd, *The Ruskin Family Letters*, I: 187; Hanson, *The Psychology of Fragmentation*, 250.

⁵⁹ Hanson, *The Psychology of Fragmentation*, 252.

boyhood writings with “internal conflicts” within the subjects of his writing, especially “how to connect Romantic appreciation of nature to evangelical otherworldliness,” an issue that Hanson argued was tangled up in his intellectual relationship with his father.⁶⁰

Though there is considerable variability in Ruskin’s early handwriting, his youthful hand gives a general impression of confidence and fluidity. The letter shown in figure 1 has been dated to 1840 when he was 21. Examining this formal missive, written in a small, neat, script, we see that individual characters, words, and lines are evenly spaced, strokes are regularly sized and shaped, lines are straight, and the full extent of the writing space is used. Looking closer, we see evidence of good motor control and vision: individual letters are of uniform size with equal letter and word spacing; the text is produced in straight lines; there are orderly left and right hand margins; and we see regularly sized loops and punctuation. There are also signs that this letter was written with relative speed, ease, and fluidity: there is a stable 1- to 7- o’clock slope⁶¹ to stemmed letters such as *p*, *h*, and *l* reflecting consistent and coordinated flexion-extension movements of the wrist and fingers. The relative height of tall letters (such as *l*) versus short letters (such as *a*) is about 5:1⁶² suggesting a good range of upper limb mobility. In later years this ratio would decrease to 2:1. The long crossings of *t* also suggest a letter written at some speed, but without any loss of accuracy. The evenness of the ink density across the page confirm our impression that the young Ruskin was using a consistent writing pace and pressure.

Figure 2 was written twenty years later, in 1860, when Ruskin was in his forties. He may have dashed off this informal note to his friend Coventry Patmore, and it has a considerably more

⁶⁰ Hanson, *The Psychology of Fragmentation*, 253–55.

⁶¹ A description of how the writing slopes is made in comparison to a straight line passing through opposing numbers on a clock face, with the first and second numbers attributed to the top and bottom of individual letters respectively: in this case 1- to 7- o’clock denotes a shallow forward sloping angle of the writing.

⁶² The ratio describes the vertical length of long stemmed letters (such as *g*, *h*, *p*, and *b*) compared to the height of non-stemmed letters (such as *a*, *c*, and *n*) and provides an objective measure between handwriting samples.

rushed appearance than the letter shown in figure 1. Lines, margins and the spacing of letters all vary, likely due to the speed and relative lack of care in writing, and some elongated *t* crossings combine with the first stroke of the next word for the same reason. The angle of the slant on tall letters is approximately 12- to 6- o'clock, and so the overall aspect is less sloped than the letter shown in figure 1, with a less controlled italic style. Despite the impression of haste, the writing retains hallmarks of good motor control—ascenders such as those in *t* and *p* are evenly shaped and sized, there is regularity in the production of the shape of small letters (e.g. *a*, *e*, *n*), and there is consistent ink density across the page.

The differences between these two samples of writing exemplify the extent of its variability, caused by a number of factors not directly connected with illness. As Ruskin aged beyond 1871, a number of features crept into his hand that are more relevant to this analysis of health and handwriting.

Relapsing phase, 1871–early 1880s:

In July 1871, Ruskin became ill when visiting Matlock in Derbyshire. He was at times stuporose or agitated, and was confined to bed for several weeks. Afterwards, he recalled complex visual hallucinations.⁶³ Figure 3, a letter written by Ruskin to his cousin Joan and dated several days after her wedding to Arthur Severn, predates the attack by a couple of months. It exemplifies his tendency to evaluate his state of health in direct relationship to his productivity as a writer, and may record some premonitory symptoms. “Me so misby (miserable),” he writes, he is “very ill” and “so tired,” though he has “done some good work” regardless.⁶⁴ As with figures 1 and 2, he was writing quickly—words are widely spaced, some looped letters are formed loosely, several words are joined together, and the writing is quite large and somewhat irregular in size and shape.

⁶³ Kempster and Alty, “John Ruskin’s relapsing encephalopathy”; Hilton, *John Ruskin*, 490.

⁶⁴ RF, L 36, John Ruskin to Joan Severn, 24th April [1871].

However, as with the two previous writing samples, this letter is competently planned, with well-defined left-hand margin and an impression of fluidity and confidence, and there are no clearly pathological features in the formation of individual strokes, characters, and words. The content of this letter reflects Ruskin's attraction to the idea of the inseparability of intellectual productivity and both mental and physical health. This echoed the physicalist medical worldview of his day, as health reformers and physicians emphasised how the body and mind were "materially connected through the holistic view of the person."⁶⁵

At the time, the 1871 illness appeared to be an isolated one from which Ruskin fully recovered, but similarities to later attacks are unmistakable. Over the following 11 years, there were four further definite episodes. Most were disabling, with Ruskin unable to write for weeks at a time. Each time he seemed to recover and was able to resume his literary career. *Fors Clavigera*, his series of monthly open letters addressed "to the workmen and labourers of Great Britain" that were published, with some interruption, between 1871 and 1883, bears traces of these neuropsychiatric fluctuations.⁶⁶

In December 1876, while visiting Venice, Ruskin had a milder episode that, more than any that occurred subsequently, was dominated by psychiatric features. Soon after arriving in Venice in September, Ruskin had noted sleeplessness and its effects on his concentration in his travelling diary: "days of month wrong. I believe of week right. Has been a very bad night."⁶⁷ When he experienced especially bad days, he evaluated the impact of his diet. He recorded on 25th September that his "wonderfully bad day" had begun with feverishness and despondency and

⁶⁵ Jennifer Jane Hardes, "Women, 'madness' and exercise," *Medical Humanities* 44 (2018), doi: 10.1136/medhum-2017-011379.

⁶⁶ Dinah Birch, ed., *Fors Clavigera Letters to the Workmen and Labourers of Great Britain* (Edinburgh: Edinburgh University Press, 2000).

⁶⁷ RF, MS 21, John Ruskin Travelling Diary, 23rd September 1876.

ended with being “sick at night in the strangest sudden way, violently bilious,” which he sought to explain by “something abominable” in his soup, explaining that “it was full of pepper.”⁶⁸

Over a one-week period in late December, he became frankly delusional. Despite some forgetfulness, his mental function was not otherwise seriously impaired and he continued to go about activities of daily living. He had been studying Victor Carpaccio’s cycle of eight paintings illustrating the legend of St Ursula, an early medieval British martyr. While working on a copy of “The Dream of St Ursula,” he became convinced that the saint was relaying mystic messages from the recently deceased Rose La Touche.⁶⁹ These were transmitted in supernatural “teachings” by “Little Bear,” a term that seemed to encompass both Rose and her saintly medium. The issue of *Fors Clavigera* that he was writing on Christmas Day 1876 contains coded references to the delusional ideas: “last night, St Ursula sent me her dianthus out of her bedroom window, and with her love.”⁷⁰ Delusional content is explicit in figure 4, a diary entry from a few days later. Words that run together (e.g. line 8, “don’t know” “doesn’t matter”) suggest rapid writing, as do the crossing-out, insertions, and the general lack of neatness. Some exuberance of expression can be seen in the underlining of adjectives “glorious” and “stupid.” The overall writing is relatively small, though this may have been influenced by the lined paper. Only the decrement in size of the final lines and minor ill-formation of letters (“open” sections of *b* and *d*; horizontal *t* crossings missing) hint at subtle writing deficits.

Influences of Ruskin’s health on his writing were pronounced before the prolonged, at times violent, 1878 attack. He must have been struggling with his concentration when he recorded

⁶⁸ RF, MS 21, John Ruskin Travelling Diary, 26th September 1876.

⁶⁹ Hilton, *John Ruskin*, 312–13, 623–25, 628–32.

⁷⁰ Cook and Wedderburn, *Works*, 29: 30.

“brains in litter” in his diary on January 19th.⁷¹ Viljoen noted fluctuations in the control in Ruskin’s handwriting in the days immediately leading up to the delirium.⁷² The diary entry made on 17th February, she finds, ranged from a reiterative “scrawl” to a “far more controlled script” which remained “relatively unagitated” until midway through his February 22nd entry. This unfinished note consisted of a staccato thematic stream, with fragmentary biblical, mythological, historical and personal references. Many of its phrases have an exclamatory character, and dashes throughout the text represent his interrupted thought processes. The handwriting itself is generally well formed and evenly spaced, and thus has decent legibility compared with some of his more rushed letters.

Next morning, Ruskin was found in a naked, combative state—“in prostration and bereft of my senses,” as he described it himself.⁷³ The agitation and aggression persisted for four days, and afterwards he recalled visual hallucinations that included demons, devils, witches and a large black cat.⁷⁴ Then came a phase of stupor, followed by further fluctuating incoherence.⁷⁵ He was amnesic for large parts of the delirium. One of his medical attendants was his friend John Simon, and Simon’s wife Jane described “a way he had of *continually* clapping his hands” and “repeat[ing] over and over again senseless formulae.”⁷⁶ At times he made paranoid accusations that “the Queen” was trying to have him poisoned, decapitated, or shot.⁷⁷ It was not until 4 weeks after the onset that he appeared to recognize friends and relatives, and his recovery progressed slowly

⁷¹ Helen Gill Viljoen, ed., *The Brantwood Diary of John Ruskin* (New Haven: Yale University Press, 1971), 80; Kempster and Alty, “John Ruskin’s relapsing encephalopathy”.

⁷² Viljoen, *The Brantwood Diary*, 93, notes 38 and 41.

⁷³ Cook and Wedderburn, *Works*, 38, 172; “H” (probably Dr George Harley), “The late Mr Ruskin. Mr Ruskin’s illness described by himself,” *Br Med J* 1 (1900): 225–56, <https://doi.org/10.1136/bmj.1.2039.225>; Viljoen, *The Brantwood Diary*, 64–65. The 1878 period is also discussed in Kempster and Alty, “John Ruskin’s relapsing encephalopathy”, 2521–22.

⁷⁴ Viljoen, *The Brantwood Diary*, 64–65.

⁷⁵ Hilton, *John Ruskin*, 671–72.

⁷⁶ Unpublished letter to C. E. Norton, March 20, 1878, Harvard University Library (R. Dyke Benjamin collection of John Ruskin and his circle); Viljoen, *The Brantwood Diary*, 67.

⁷⁷ Viljoen, *The Brantwood Diary*, 67.

thereafter. A caricature of Ruskin appeared in *The Hornet* on 20th March 1878, captioned: “everybody interested in art matters regrets the serious illness of Mr Ruskin. This world now and again contains men who excite interest in themselves as well as their work.”⁷⁸ Many months passed before he could write freely again, and *Fors Clavigera* did not reappear until early 1880.⁷⁹

Ruskin was simultaneously anxious and fascinated by the impact of his ill health on his writing abilities, often returning to reflect on the diary entries made in periods of turmoil. There is evidence that he did this for his 1878 exacerbation, revisiting his diary to give it the heading “February—to April—the Dream,” leaving the rest of the page blank in an evocative representation of this extended period of illness. When he, in February 1880, looked again at the disconnected sentences in his 22nd February entry, he wrote that “where it had broken off before my illness” it was “full of notes for next intended *Fors*,” thereby indicating that these notes were perhaps not as directionless as they may seem.⁸⁰ Viljoen has argued that one must understand what these “freely associated words and phrases” meant to Ruskin, in the context of his creative thought process. With this understanding, she proposes “these entries no longer sound like the mere ravings of a madman.”⁸¹ Regardless, these spirited pre-relapse notes offer a vivid contrast with the next entry in the Brantwood diary, dated 23rd April, which is mundane, concerning a cheque that he sent to the bank.⁸² The gap in the Brantwood diary, which is matched by one in Ruskin’s correspondence between mid-February and mid-April 1878 was explained by Cook and Wedderburn as “caused by Ruskin’s attack of brain-fever.”⁸³ Helen Viljoen described him as

⁷⁸ Dearden, *John Ruskin: A Life in Pictures*, 141.

⁷⁹ Birch, *Fors Clavigera*, 282.

⁸⁰ Viljoen, *The Brantwood Diary*, 102, n. 58. Viljoen refers to a draft of a letter that is published in Birch, *Fors Clavigera*, 282–96 (letter 88).

⁸¹ Viljoen, *The Brantwood Diary*, 78.

⁸² Viljoen, *The Brantwood Diary*, 102.

⁸³ Cook and Wedderburn, *Works*, 37: 243.

“demented” during the same episode.⁸⁴ After these exacerbations, he felt obliged to apologise to his correspondents, who had become accustomed to his frequent letters: “with beseechings that you and John forgive me for my dull, wretched silence” he wrote to Jane Simon on 15th April of that year.⁸⁵

Ruskin reflected in moments of recovery on the nature of his illness, often seeking to understand and explain his experiences through Biblical references. Shortly after his 1878 recovery, for instance, he referred to Jude 13, (“raging waves of the sea, foaming out their own shame”), casting his illness as a result of his own misdemeanors and failed self-awareness: “this illness [has] been one continued vision to me of my selfishnesses, prides, insolences, failures, written down day by day, it seemed to me, with reversed interpretation of all I had fondly thought done for others, as the mere foaming out of my own vanity.”⁸⁶ Once recovered, he was conscious of the need to reintroduce his writing and drawing activities gradually; in one letter, written during his convalescence from the 1878 illness, he explained: “I never saw anything so wonderful as this Narcissus!...I hope to draw its outline, but have not yet attempted any careful drawing since my illness.”⁸⁷

Ruskin’s post-recovery letters contain many such reflections on these periods, including attempts to describe and categorise his own mental state. In one letter, he described himself, vividly, as having “tumbled down the stairs of [his] wits.”⁸⁸ In another, with remarkable creativity, he reported that he was “broken all to pieces,” using this metaphor to convey the feeling of being unable to transfer coherent thoughts onto a page: “my illness broke me all to pieces, and every

⁸⁴ Viljoen, *The Brantwood Diary*, 102.

⁸⁵ Cook and Wedderburn, *Works*, 37: 244.

⁸⁶ Cook and Wedderburn, *Works*, 37: 244.

⁸⁷ Cook and Wedderburn, *Works*, 37: 245.

⁸⁸ Cook and Wedderburn, *Works*, 37: 246 (15th May 1878).

little bit has a different thing to say—which makes it difficult in the extreme to write to any one whom one wants to tell things to.”⁸⁹ He continually returned to letters written during his breakdowns, seeking to understand the signs leading up to them, underlining key words and phrases, and recollecting his troubling visions in moments of recovery.⁹⁰

The next episode occurred in February 1881. After a short period of despondency and preoccupation with strange dreams, Ruskin became confused, although not as agitated as in 1878. “[It was] not nearly so frightful,” he wrote.⁹¹ He had delusions of various types, some alarming, some prosaic, others comic, or sublimely beautiful.⁹² Though he himself described this relapse as “a nasty attack of that overwork illness,” he paid little heed to the advice of his physicians, who had advised him to rest —“I don’t feel any need, for doing or “nothing doing” as I’m bid! but on the contrary, am quite afloat again in my usual stream.”⁹³

The 1882 relapse was similar, with agitated delirium, visual hallucinations and paranoid thinking. He later described himself as having been “darkly ill.”⁹⁴ By this stage, Ruskin had come to recognize the warning signs, and he wrote to Lady Mount Temple shortly beforehand: “I’m afraid I’m going off the rails again.”⁹⁵

In 1883, he revisited one of the diary entries preceding the 1881 episode, noting that “the cross at p. 240...indicates the coming on again, upon St Valentine’s day of the forms of coincidence and imagination which were the prelude to my second illness.”⁹⁶ He might have been disconcerted

⁸⁹ Cook and Wedderburn, *Works*, 37: 248 (23rd June 1878).

⁹⁰ “Fighting for Sanity: John Ruskin.”

⁹¹ Kempster and Alty, “John Ruskin’s relapsing encephalopathy”, 2522; Hilton, *John Ruskin*, 704; Viljoen, *Brantwood Diary*, 255–56.

⁹² For an account of the 1881 delusions, see Viljoen, *Brantwood Diary*, 256–57.

⁹³ Cook and Wedderburn, *Works*, 37: 343, 355 (22nd March and 26th April 1881).

⁹⁴ Kempster and Alty, “John Ruskin’s relapsing encephalopathy”; Viljoen, *Brantwood Diary*, 268; Cook and Wedderburn, *Works*, 37: 388, 691.

⁹⁵ Kempster and Alty, “John Ruskin’s relapsing encephalopathy”; Viljoen, *Brantwood Diary*, 502.

⁹⁶ Viljoen, *Brantwood Diary*, 261, 265, n. 8.

to find that, unlike in the case of his 1878 attack, there was no definitive warning sign in the content of these 1881 writings—as Viljoen notes, “[the diary] remains under rational control until it stops abruptly.”⁹⁷ On his recovery in March 1881, Ruskin added a postscript to one of his letters, explaining that his hand remained unsteady, though he was generally optimistic about his recovery: “hand shaky a little just yet,—nothing wrong really with head or heart, thank God!”⁹⁸

RUSKIN’S LATER YEARS: A CLOSER EXAMINATION

Relapsing-progressive phase, mid–late 1880s:

At some point in the 1880s, Ruskin’s intellectual functioning was permanently altered. He made this observation himself in 1882, finding that his relapse of that year had left him somewhat reduced: “...last attack of delirium, although in itself slighter, has left me more heavy and incapable than the former ones. They left me full of morbid fancies, but able to write and think.”⁹⁹ As early as October 1881, his secretary Laurence Hilliard observed some lasting effects of the 1878 illness: “he seems more and more to find a difficulty in keeping to any one settled train of thought or work... the influence of any one of those around him is now very small, and has been so ever since the last illness.”¹⁰⁰

As the 1880s progressed, Ruskin began to show signs of disturbed social behaviour typical of diseases affecting the frontal lobes of the brain: autocratic, quarrelsome and even abusive conduct, the increasingly fervent references to his emotional attractions to young girls in his correspondence, and a loss of judgement in handling money.¹⁰¹ His final lectures as Slade

⁹⁷ Viljoen, *Brantwood Diary*, 255.

⁹⁸ Cook and Wedderburn, *Works*, 37: 343.

⁹⁹ John Dixon Hunt, *The Wider Sea: A Life of John Ruskin* (New York: The Viking Press, 1982), 385; Kempster and Alty, “John Ruskin’s relapsing encephalopathy,” 2522.

¹⁰⁰ Cook and Wedderburn, *Works*, 37: 691, note 192.

¹⁰¹ Hilton, *John Ruskin*, 819–22. For an extensive and nuanced discussion of Ruskin and girls, see Dickinson, ed., *John Ruskin’s Correspondence*, 33–51; Joseph Barrash et al., “‘Frontal lobe syndrome’? Subtypes of acquired

Professor of Art at Oxford—which included the “Storm-Cloud” lecture discussed above—lacked coherence, and in 1885 he resigned the Professorship for the second time.¹⁰² An article in the *Pall Mall Gazette* greeted this news with “more regret than surprise.”¹⁰³ After 1885, Ruskin devoted his remaining compositional resources to his autobiography, published in installments as *Praeterita*.¹⁰⁴ *Praeterita* was never finished as he intended it, and it contains some unreliable and muddled passages. But he was still a great writer, and he ranged over his past life with the aid of his diaries, letters and biographical notes from *Fors Clavigera*.

Serial handwriting samples from the mid-1880s onwards confirm that Ruskin’s cognitive and behavioural changes were accompanied by some impairment of his fine motor control. Though his handwriting was always characterised by its changeability, the writing he produced as an older man shows a steady deterioration that suggests a neurological disturbance of his motor system. The diary entry shown in figure 5, dating from July 1885, captures two distinct periods of writing separated by a five-month hiatus caused by a further “suddenly overwhelming” attack of his illness.¹⁰⁵ Both specimens show a significant fall-off in his writing skills.

The earlier entry is the more concise; Ruskin writes in abbreviated forms that omit the pronoun (“yesterday saw Mr and Mrs Baker”). Though he reports that he is “quite well” on 20th July, close inspection of the writing reveals some irregularities that appear to correspond with a deterioration in his health. Even with the dark ink he uses, we can discern localised areas of increased blackness (“day” on line 5; “and” on line 6), suggesting slowness of writing and pausing.

personality disturbances in patients with focal brain damage,” *Cortex* 106 (2018), <https://doi.org/10.1016/j.cortex.2018.05.007>

¹⁰² Hilton, *John Ruskin*, 775–76; 777–79; 792.

¹⁰³ “Occasional Notes,” *Pall Mall Gazette*, Apr 21 1885; Dickinson, ed., *John Ruskin’s Correspondence*, 211.

¹⁰⁴ See Cook and Wedderburn, eds., *Works*, 35.

¹⁰⁵ Hilton, *John Ruskin*, 800.

There is an overall lack of regularity in letter and word formation and evidence of minor tremulousness (e.g. the crossbar of *t* in “the” on line 4 and around the *G* in *DG* on line 9), compared with his confident younger writing (cf. figures 1–4). Ruskin’s punctuation is also affected by a deterioration in the accuracy of his writing movements: the full stop on line 7 appears as two vertical marks and a dot rather than a single dot. Letters and numbers are variable in their shape—each 8 on line 4 is different, for instance. A degree of segmentation, both within letters, or adjoining letters suggests less control over the pen and possibly a tremor perpendicular to the plane of the paper causing the pen to lift. Thus, a gap appears between *a* and *l* in “walk” on line 5, in the *e* of “slept” in line 8, and in the *n* in “sound” on line 8, creating an overall impression of unsteadiness.

The annotation “terrible fourth delirious illness,” added to the bottom of the page in figure 5, belongs to the resumption phase of December 1885, when Ruskin was “remembering a wonderful vision” from the height of his delirium. In this later note he writes with more detail and flourish, but the handwriting itself shows even more pronounced signs of instability. The ink density varies across this sample of writing, which could partly be explained by his choice of pen—but there also appears to be a lack of consistency in his writing movements. Though the letter’s contents are more verbose, the aspect of the handwriting is even more hesitant and angular. Strokes are wobbly where they should be smooth (see “22nd,” line 13); letters are shaped and sized inconsistently; and some strokes are badly formed, misplaced or over-written (see *c* of “Dec,” line 13). Both before and after this relapse, there are signs of minor tremulousness and a generally laboured aspect.

The persistent nature of these abnormalities is given further support by Ruskin’s New Year diary entry from 1st January 1886 (see figure 6). He reports optimistically that his “health and

mind” is “far better and wiser” than last year.¹⁰⁶ However, the handwriting of this short entry, though neat, lacks fluidity. The overall aspect is slow and laboured, a marked contrast from some of the messy, quickly-written writings of his younger years. Figure 7 offers detail on this writing sample, highlighting the tremulous, angular way in which Ruskin made pen strokes at this time, and the individual irregularities that combine in these later samples to give them their laboured aspect. Close examination reveals that certain looped letters are formed of several angular edges, indicating compensatory efforts to produce smooth curved strokes.¹⁰⁷ Straight descender strokes sometimes have a slight wobble, which may also have been caused by a slow, deliberate writing speed. The previous day’s entry is comparatively loose with poorly defined letters, giving the opposite impression of haste.

Ruskin was increasingly prone to exhaustion; he recalled, for instance, that a “tired day” preceded his 1885 illness (see figure 5, line 3). On 31st January 1887 he was “drowsy wowsy”; “dreadfully lazy” on 25th February; and “totally unable to do anything beyond a letter or two” on 15th June. On 19th June 1887, he wrote, poetically: “I do scarcely anything all day but lie in the bed of roses.”¹⁰⁸ Though he reported periodic improvements, he was pessimistic about his long-term health, which was in decline; on 27th June 1887 he wrote that his “mind has come back” but “this state of things cannot last much longer.”¹⁰⁹

By 1887, we can be certain that Ruskin’s handwriting had entered a period of fixed deficit, with pronounced, consistent signs of motor deterioration. The handwriting of a very short diary entry from 23rd April has an angular, laboured aspect, and individual strokes are poorly defined,

¹⁰⁶ RF, MS 25, Black Morocco Diary Notebook.

¹⁰⁷ For more on the shakiness caused by slow writing, known in forensic document examination as “forger’s tremor” see Joe Nickell, *Detecting Forgery: Forensic Investigation of Documents* (University of Kentucky Press, 2005), pp. 68–69.

¹⁰⁸ RF, L 48, John Ruskin to Joan Severn, [19th June 1887].

¹⁰⁹ RF, L 48, John Ruskin to Joan Severn, 27th [June 1887].

sometimes juddering or wavering (a feature which would later develop into more distinct tremulousness), with an overall lack of fluidity and rhythm (see figure 8). Variable sized and shaped letters are discernable, especially in letter *o* (see “should” on line 1 compared with “now” on line 2). There is an undulating baseline, with a degraded ability to lay out writing in the absence of ruled lines. Fluctuating ink density suggests variable writing speed, while a degree of compression (a much less pronounced difference between the height of tall letters such as *t* and small letters *o* and *a*) indicates overall slowness of writing. This script is quite upright, without the 1- to 7- o’clock slope of some earlier samples (see figure 1), also giving a sense of slowness.

The 1888 letter to Joan Severn shown in figure 9 immediately preceded another episode of delirium. Ruskin reports that he has been in an “extremely doleful mood” and thus is unable to write. He has been anxious (“anxy”), having worried that his headache and nose-bleeds were self-induced. This letter gives some insight into the impact, or perceived impact, of Ruskin’s mental health on his physical wellbeing and the extent to which he punished himself for this: “and well I may be—sorrow on me,” he concludes. Turning over to the next page of this long missive, we read that Ruskin is still lacking motivation to write: “I’ve done nothing but write one doleful letter.” Over subsequent weeks, he had a confusional relapse that was severe enough to require the hiring of two nursing attendants.¹¹⁰ The handwriting itself, produced more quickly than that shown in figures 5–8, has an uneven appearance with variation in stroke thickness; over-writing (e.g. “to,” line 4); irregularity in the shape and formation of letters and, in general, a high degree of angularity in the formation of letters (e.g. the *d* of “doleful,” line 3). There is a clumsiness in the placings of *t* crossings, which sit above the letters, rather than to the right as they did in the rapidly-written letters of his youth (cf. figures 1 and 2). Increased ink density in certain parts of some letters

¹¹⁰ Hilton, *John Ruskin*, 834.

suggest laboured writing with pauses (e.g. *a* and *y* in “day” on line 1). Looped letters are often left unclosed, suggesting a simplification of the writing movement—*a* in “all,” *d* in “day” on line 1; *d* and *o* in “does” on line 5. There is wavering in some strokes—*o* and the curved body of *G* in “to Kate G”—, which implies tremor. Finally, the vertical ratio for tall to small letters is between 2:1 and 3:1, suggesting decreased flexion-extension mobility of wrist and fingers compared with his early writings.

In another letter written to Joan in early 1888, he reported that he was weighing up the balance between his ailing bodily and mental health: “the bodily illness seems better but I am more conscious of the mental one.”¹¹¹ With his health in general decay, he was continually scrutinising the bundle of physical and mental factors that impacted his energy levels. E. T. Cook observed a deterioration in Ruskin’s health with some surprise at this time. He observed that Ruskin, by then in his late 60s, was dressed eccentrically as usual, with untidy cuffs which kept getting the better of him, and looked shockingly frail: “he...looks physically weaker than when I saw him last, and far more melancholy. Very bright in conversation, but in momentary pauses a weary look is in his eyes.”¹¹² Other accounts of this period, when Ruskin was still travelling despite his ailments, agree with Cook about the disjoint between flashes of his former self and his aged body: H. W. Nevinson noted that Ruskin’s head was now inclined to the right and the left shoulder higher than the other.¹¹³ There was, Nevinson observed, “not, at first sight, much humour in the face.”

Ruskin’s physical and cognitive state was still fluctuating. By June 1888, he had recovered enough motivation and clarity of mind to embark on one last continental tour, from which he wrote

¹¹¹ RF, L 50, John Ruskin to Joan Severn, 20th January [1888].

¹¹² Dearden, *John Ruskin: A Life in Pictures*, 162.

¹¹³ Dearden, *John Ruskin: A Life in Pictures*, 164; Diary of H. W. Nevinson, 12 Sept 1888: H. W. Nevinson, “Some Memories of Ruskin,” in *Ruskin the Prophet and Other Centenary Studies*, ed. by J. Howard Whitehouse (London: G. Allen & Unwin Ltd, 1920), 154.

frequently to Joan. These letters reveal the extent of his mental instability over that year, despite being initially optimistic that the trip would have a positive impact on his health.¹¹⁴ By the time he reached Venice, he was muddled and forgetful.¹¹⁵ The deterioration continued on the northward return journey and, travelling to arrange his repatriation, Joan found him in a state of paranoid delirium in a Parisian hotel.

In a letter dated to 27th November 1888, Ruskin writes to Joan from Berne on the return leg of his journey, two days before she would reach Paris to rescue him (figure 10).¹¹⁶ The letter reports that he is not stopping in Berne to look around. He writes uncertainly, and there are several examples of overwriting and wobbliness. The layout is different from his other letters, with the opening salutation merged into the body of the letter. The text lacks regularity, with an undulating left hand margin; lines not uniformly spaced; and a slight upward sloping of the ends of lines, especially in its lower portion. Ruskin often fails to distinguish between individual strokes and letters, causing letters within a single word to merge, such as *l* and *y* in “only” (line 1), and *i*, *n* and *g* in “stopping” (line 2). His letter formation varies—each *t* on line 7 is differently shaped. Similarly, word formation is irregular: the word “that” is dissimilar, for instance, on lines 4, 7, and 8. Finally, the angles of crossings of letters *t* and *f* fluctuate, some sloping down and others up, giving an uneven impression that suggests a lack of care. The letter itself has the tone of incoherent speech rather than writing, interrupted frequently with dashes and changes of direction and interjections, indicating that Ruskin was experiencing mental agitation. He mentions his state of mind, but in a muddled way that reveals little about the details, except his vague dissatisfaction:

¹¹⁴ See Oliver W. Ferguson, “Ruskin's Continental Letters to Mrs. Severn, 1888,” *The Journal of English and Germanic Philology* 51, no. 4 (October 1952): 527–28, <https://www.jstor.org/stable/27713470>. Some of the 1888 letters are in the University of Illinois Library (Ruskin Letters 1–31) and others are in the Ruskin Library, Lancaster.

¹¹⁵ Hilton, *John Ruskin*, 848.

¹¹⁶ Hilton, *John Ruskin*, 849.

“I have not been amusing myself—If you could see into my mind now—or for weeks back—!— and yet...”

After Ruskin had returned home, E.T. Cook reported: “throughout the tour...he had been liable to fits of terrible despondency and strange imaginations, whenever he allowed his mind to dwell on personal interests. He had been the victim of occasional delusions and impossible fancies.”¹¹⁷

1889–1900: the final decline

Ruskin slowly improved yet again during early 1889. By mid-year, he was well enough to compose another chapter of *Praeterita*, which he sensed would be the last.¹¹⁸ In August 1889, there was an abrupt deterioration. He was mostly silent, did not recognize anyone, and was confined to bed for months.¹¹⁹ The last decade of his life is not well documented, but photographs show him looking frail (figure 11). Although he regained some mobility, his cognitive function was impaired and his autobiography remained unfinished.¹²⁰ It seems likely that his condition continued to fluctuate, and the production of a small number of letters until the middle of the 1890s suggests that he experienced more lucid intervals.

The few letters that Ruskin sent after 1889 are clearly pathological, both in content and form. They show a decremting size of script, ill-formed letters, poor layout, as well as an abbreviated range of expression that reveals his distressed state of mind. Ruskin’s early editors noted the tremor in this script, commenting only that the letter is “in pencil with a trembling

¹¹⁷ E. T. Cook, *The Life of John Ruskin* (New York: Haskell House Publishers, 1968), 2: 528.

¹¹⁸ See Viljoen, *Brantwood Diary*, 505–06; Martin Dubois, “Diary journals, correspondence, autobiography, and private voice,” in *The Cambridge Companion to John Ruskin*, ed. Francis O’Gorman (Cambridge: Cambridge University Press, 2015), 227–28.

¹¹⁹ Hilton, *John Ruskin*, 864.

¹²⁰ Hilton, *John Ruskin*, 866–67.

hand.”¹²¹ There were two more letters after this, in worse handwriting that has a pronounced tendency to rise up from the baseline as it progressed along the line. In June 1894, Ruskin wrote “I’ve had my coffee / all right — this morning” (figure 12, right).¹²² Placing this letter next to one written five years earlier reveals the extent of the deterioration (figure 12, left). By 1894, the writing had become spidery and tremulous, with upward sloping lines and much fewer lines of writing per page. There is an overall clumsiness to this letter, with its poor layout and larger, much more wavering, left margin than the earlier letter shown to its left. The writing also has fluctuating ink density—much more so than in the earlier sample—which suggests some further change in the dynamics of writing. Unlike in Ruskin’s youthful writings, there is no evidence that these inconsistencies were caused by haste: though the letter is written in a cursive script, the features of rapid writing seen in his early writing, such as his long *t* crossings, are largely absent and the overall impression is of laboriousness rather than haste.

Although aspects of handwriting may change with advancing age, the features seen here are not typical of physiological ageing. Studies of healthy elderly people—defined as those without neurological disorders, arthritis, depression or memory deficits—have found a general increase in letter size (due to deterioration in the control of finger pinch) and a slower writing performance, associated with an increase in the time spent with the pen “in-air.”¹²³ In-air time, and thus the overall handwriting pace, has been shown to slow further with pathology such as Alzheimer’s disease.¹²⁴ In contrast, acceleration and force measures have not been found to change with healthy

¹²¹ Cook and Wedderburn, *Works*, 37: 613.

¹²² RF, L 53, John Ruskin to Joan Severn, June 11th 1894.

¹²³ Sara Rosenblum, Batya Engel-Yegera, and Yael Fogel, “Age-related changes in executive control and their relationships with activity performance in handwriting,” *Human Movement Science* 32, no. 2 (2013), <https://doi.org/10.1016/j.humov.2012.12.008>.

¹²⁴ P. Werner et al., “Handwriting process variable discriminating mild Alzheimer disease and mild cognitive impairment,” *The Journals of Gerontology* 61 (2006), 228–36.

ageing.¹²⁵ The variability in ink density seen in the later letter shown in figure 12, produced by changes in writing speed and pressure, is thus suggestive of an underlying disorder of motor control.

By 1895, the handwriting had reached its worst. A letter from May 22nd, one of the last he ever wrote, is in a tiny, tremulous, indistinct script (see figure 13). There is inconsistent spacing between strokes, letters, words, and lines. The lines of writing slope sharply upwards and ink density ranges from scratchy and light to dark and pressured. There are signs of a jerky, small amplitude tremor of variable direction, especially in long vertical strokes. Finally, the most striking feature of this letter is that the letters and words bunch together, in a way that is unparalleled in other samples of Ruskin's writing. This crowding of the writing towards the top right hand corner might indicate altered visuo-spatial perception in addition to motor problems. There can be no doubt in looking at this sample of writing that Ruskin was experiencing severe motor impairments, likely combined with perceptual difficulties. This impression is confirmed in the content of this letter, which reveals considerable mental distress. Ruskin expresses intense agitation, both with his state of mind and the state of his writing, together with anger towards his cousin Joan:

Dearest Doanie

Please come back quickly! [*indistinct word*] I can't write letters now,

and I don't like anything that's going on. All kinds of bother

—but the weathers nicer come back and stop the playing [*indistinct*

word] from everywhere. Ever yours affectionately. Di Pa J Ruskin.

It was not uncommon for him to fail to recognise familiar people at this time: “Ruskin stared at [Sir Henry Ackland, a friend of over fifty years], unconsciously, then suddenly embraced him,

¹²⁵ José L. Contreras-Vidal, Hans L. Teulings, and George E. Stelmach, “Elderly subjects are impaired in spatial coordination in fine motor control,” *Acta psychologica* 100, no. 1–2 (1998): 25–35.

saying ‘I know you—but I don’t know who you are!’”¹²⁶ Joan Severn revealed that around this time he had lost all fluency of language, and was speaking “little and in short sentences.” In 1896, J. W. Graham recorded that though Ruskin retained his “deep musical voice” and “bright eye,” he was physically diminished: “his stoop has naturally grown upon him; with the slowest of feeble steps he paces a little on fine days on the road, accompanied by a manservant and a large dog.”¹²⁷ In 1897, W.G. Collingwood painted the elderly Ruskin in his favourite armchair, where he used to work—though he had ceased to do so in 1889—with a blank sheet of notepaper before him, a flowing unkempt white beard, and his spectacles placed on the table, unused.¹²⁸ Though now quite demented, he lived on, nursed by his cousin, until 1900.

CONCLUSION

Reviewing Viljoen’s landmark work on John Ruskin, Landow argues that “as we realize that each bit of data in Ruskin’s diaries and letters, no matter how mad it may first appear, has meaning and order, we increasingly find that the line between sanity and madness has blurred until, at last, it vanishes.”¹²⁹ Scholars have long been interested in the clues about Ruskin’s physical health and state of mind in his handwritten diaries and letters, which can be extracted from both the content and form of his writing as he swung between states of illness and recovery. Landow observed that in moments of recovery, Ruskin’s letters reveal the delicate nature of his wellbeing as he struggled to eat and sleep. He frequently re-visited previous diary entries to search for signs that heralded previous exacerbations of his illness. Conversely, at times of apparent “madness” his creativity

¹²⁶ Dearden, *John Ruskin: A Life in Pictures*, 170; A. J. Munby–W. J. Linton, 17 Mar. 1894; original at Yale (W. J. Linton Collection. General Collection, Beinecke Rare Book and Manuscript Library, Yale University, Box 1, folder 79).

¹²⁷ Dearden, *John Ruskin: A Life in Pictures*, 186.

¹²⁸ Dearden, *John Ruskin: A Life in Pictures*, 186.

¹²⁹ George P. Landow, review of *The Brantwood Diary of John Ruskin, together with Selected Related Letters and Sketches of Persons Mentioned*, ed. and annotated by Helen Gill Viljoen, *The Journal of English and Germanic Philology* 71 (1972), 278, <https://www.jstor.org/stable/27706218>.

was stimulated. Thus, apparently disjointed and confused diary entries were at times explained by Ruskin himself, reflecting on them in times of tranquility, as part of his thinking process.

Ruskin's handwriting captures the fragility of his health in material form, fluctuating in its features and forms depending on whether he was feeling exuberant and impatient, delicate and anxious, sick and lethargic, or any combination thereof. Instability and inconsistency characterised Ruskin's handwriting from a young age, and its features were susceptible to change according a number of factors in addition to his state of mind and physical health—writing implement, the speed at which he wrote, the amount of his writing he did in a single day. These elements themselves were often entangled. The conclusion of our palaeographical analysis is that Ruskin's handwriting does not show clear-cut pathological features before around 1885. Though there are earlier suggestions of subtle writing deficits—during the 1876 Venetian episode for instance—the 1878 Brantwood diary entries show that reasonable motor control for writing was retained even after the onset of delirium. By the mid-1880s, certainly after 1887, Ruskin's handwriting showed fixed pathological signs—tremor, disturbed letter formation and features that reflect a slow and laborious process of writing. While these problems worsened steadily thereafter, however, there was still some fluctuation, with the aspect of the handwriting often varying on a day-by-day basis.

We have stated that it is not the objective of our analysis to confirm or refute a specific retrospective medical diagnosis. Yet our palaeographical enquiries are consistent with conclusions that we draw from the historical record—that John Ruskin had an organic neurological disorder with cognitive, behavioural, psychiatric and motor features. These all left an imprint on the form and the content of his handwriting. This hypothesis may help to explain disturbances of his literary work as he got older—a lack of organisation of material and an impulsive mode of expression. As Kenneth Clark observed, his inability to stick to the point and judgmental tendency were features

of his style from a younger age, and appeared to be intrinsic elements of his genius as a writer.¹³⁰ The transformation of these attributes into flaws, perhaps noticeable as early as 1860 in a lack of discipline in the flow of ideas in *Modern Painters V*, affected nearly everything he wrote after the first attack of delirium in 1871. These changes are better explained by organic impairment of cognition than by psychiatric disability. Furthermore, examples in visual artists suggest that diseases affecting the frontal lobes can occasionally enhance artistic creativeness.¹³¹ Ruskin himself realised that an understanding of his disorder was important to the reading of his works, and seems to have been aware of some creative impetus associated with it. When he resumed the production of *Fors Clavigera* after a two-year hiatus caused by the 1878 attack, he referred to mental effects associated with his illness as a sort of “inflammation” that:

...may be traced by any watchful reader, in *Fors*, nearly from its beginning—that manner of mental ignition or irritation being for the time a great additional force, enabling me to discern more clearly, and say more vividly, what for long years it had been in my heart to say.

¹³⁰ Kenneth Clark, *Ruskin Today* (Harmondsworth, Middlesex: Penguin Books, 1967), xiii–xiv.

¹³¹ Joshua Chang Mell, Sara M. Howard, and Bruce L. Miller, “Art and the brain. The influence of frontotemporal dementia on an accomplished artist,” *Neurology* 60, no. 10 (2003), <https://doi.org/10.1212/01.WNL.0000064164.02891.12>; Bruce L. Miller et al, “Emergence of artistic talent in frontotemporal dementia,” *Neurology* 51, no. 4 (1998), <https://doi.org/10.1212/WNL.51.4.978>.

Figure 2: Letter from John Ruskin to Coventry Patmore, [October 1860]. RF, L 14.

Dear Patmore

We've just had some
grapes sent me from the
country, which appear to me
in the present state of English
weather - phenomenal: we send
them therefore to you as a poet
or an example of grapes grown
entirely under the influence of
Imagination. for they must have
forced all the sunshine that
has ripened them (if ripe they
be...?)

Do you have not got my
yesterday's letter, I am glad of

Figure 3: Letter from John Ruskin to Joan Severn, 24th April [1871]. RF, L 36.

Dear Miss Poot. most.
 me so misby, me no no
 job to do.
 — me want my foot most —
 — me feel as if I was away
 at Abbeville. — very ill.
 no ettes yesterday — no ettes
 today — bow — wow. oo — oo. oo.
 — I'm not poeet too wee some
 RR.
 I've done good work today though.
 — but so tired.

Figure 4: Diary entry with delusional content, including references to supernatural "teachings," the "Little Bear," and "The Red man," 29th December 1876. RF, MS 25, Black Morocco Diary Notebook.

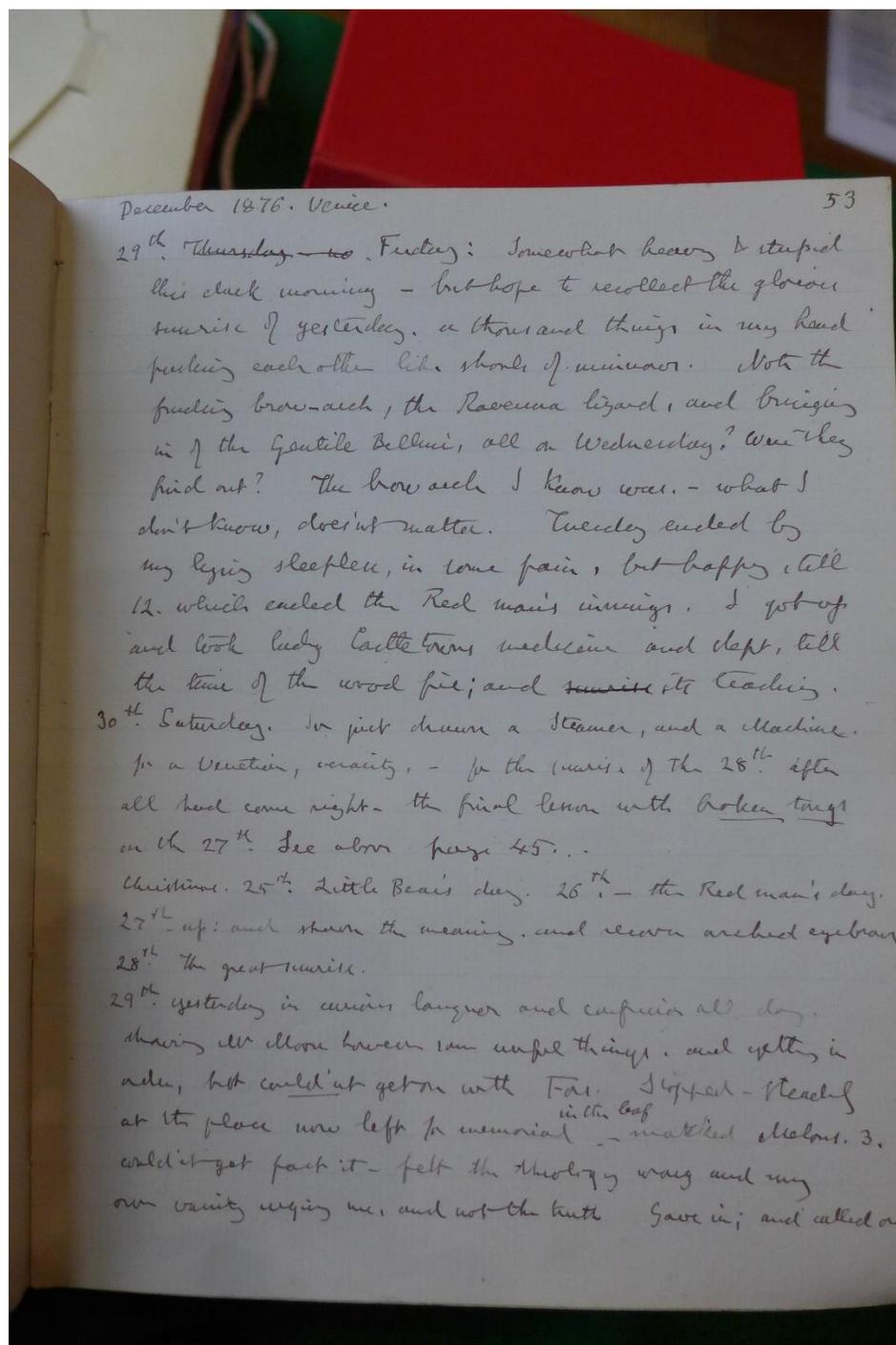


Figure 5: Diary entry for 20th July 1885 at the onset of delirium, with annotations made 5 months later in lighter ink. RF, MS 25, Black Morocco Diary Notebook.

8

former vols of diary before going on with this
 thought of things I must not miss. see off.

The Tired day

20th July 1885. The night of the 18th -
 a nuit blanche altogether. Yesterday saw
 Mr & Mrs Baker. and walk with L and
 R. to the stream at its foot.
 (Back Seven,

Last night, slept sound from 11 to 3 $\frac{1}{2}$
 and quite well now. D.C

Note Lewis Morris's birthday book.

(Between this entry, and that on page 9.
 came my terrible fourth delirious illness?
 - I am to day of Dec. 22nd remembering
 a wonderful vision in it of helix-like stone.)

Figure 6: Diary entry from 1st January 1886, reading: "Friday, my letters all good. Health and mind, so far as I can judge, far better and wiser than last year. D.G." RF, MS 25, Black Morocco Diary Notebook.

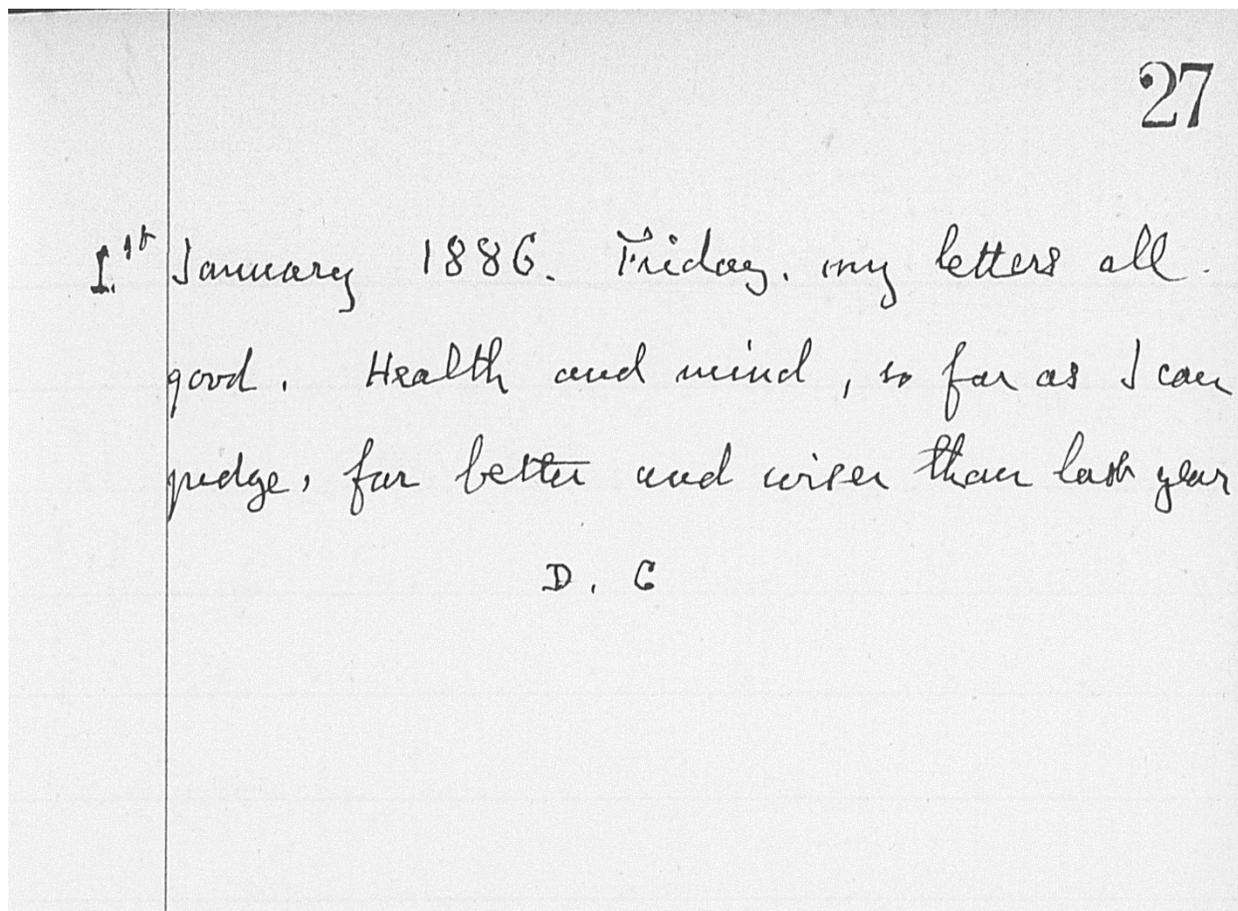


Figure 7: detail of diary entry from 1st January 1886. Note "1886," with wobble in 1, and angularity of the first 8. RF, MS 25, Black Morocco Diary Notebook.

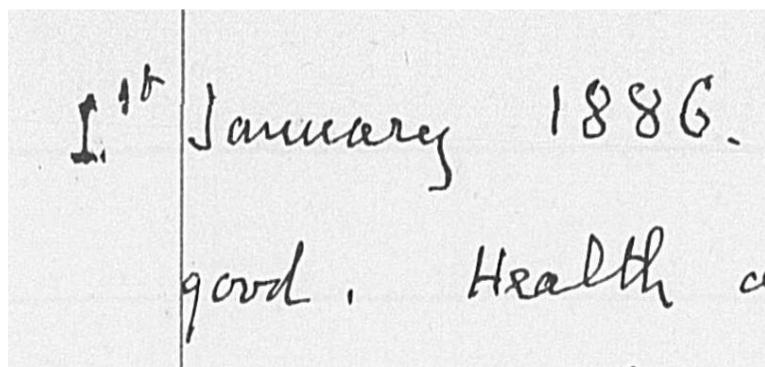
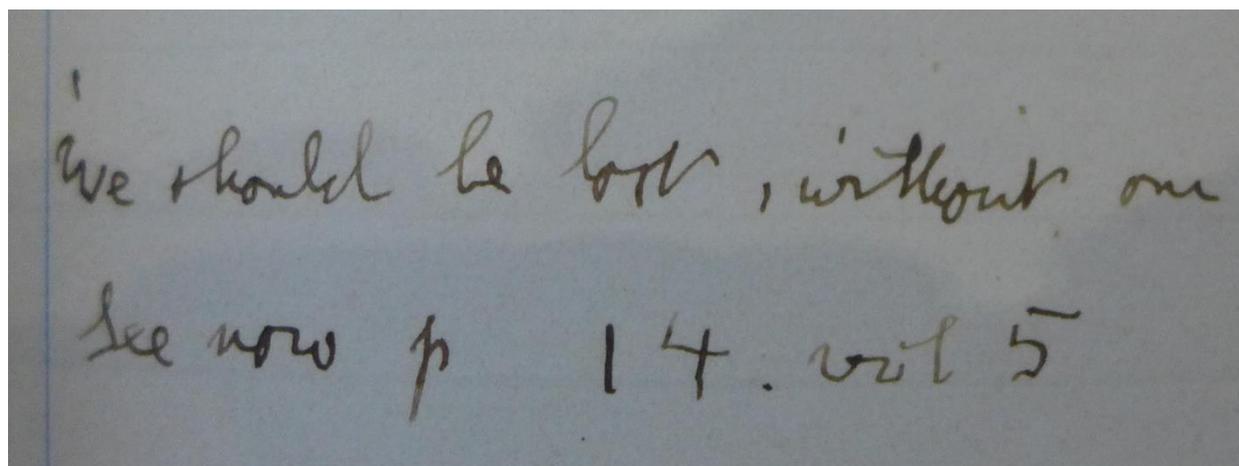
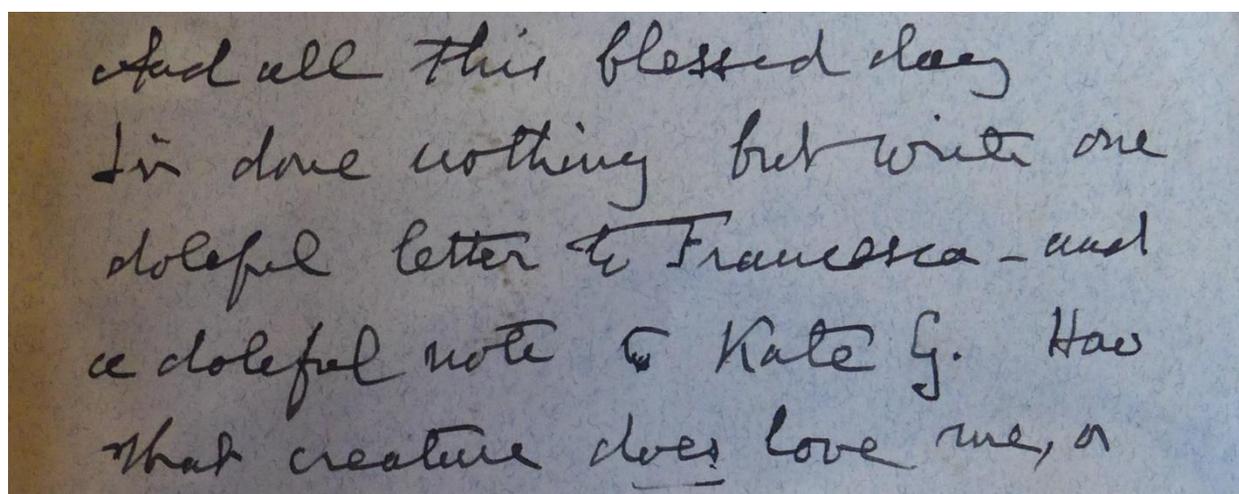


Figure 8: Diary entry from April 23rd 1887. RF, MS 25, Black Morocco Diary Notebook.



'we should be lost, without one
see now p 14. vol 5

Figure 9: Detail of letter from John Ruskin to Joan Severn from Sandgate at onset of a confusional episode, 22nd January 1888. RF, L 50.



and all this blessed day
I've done nothing but write one
doleful letter to Francesca - and
a doleful note to Kate G. How
that creature does love me, or

Figure 10: Letter from John Ruskin to Joan Severn, [27th November 1888]. RF, L 52.

Berne, Tuesday
Nov. 27 88

Joanie dear, this is only
to say I'm not stopping here
to see things - yet I am here
- and more sorry that I am
than you can be. Mr Lees
will think - what's and -
think pretty - that he did not
advise me that many times
I might amuse myself at
Aberlize with it - I have not
been amusing myself - if you
could see into my mind now

Figure 11: John Ruskin (left), aged 74. Pictured with Henry Acland at Brantwood in 1893.

Wellcome Collection.



J Ruskin.

H Acland

Figure 12: Comparison between letters dated by John Ruskin to Joan Severn on 29th June 1889 (left) and 11th June 1894 (right). RF, L 53.

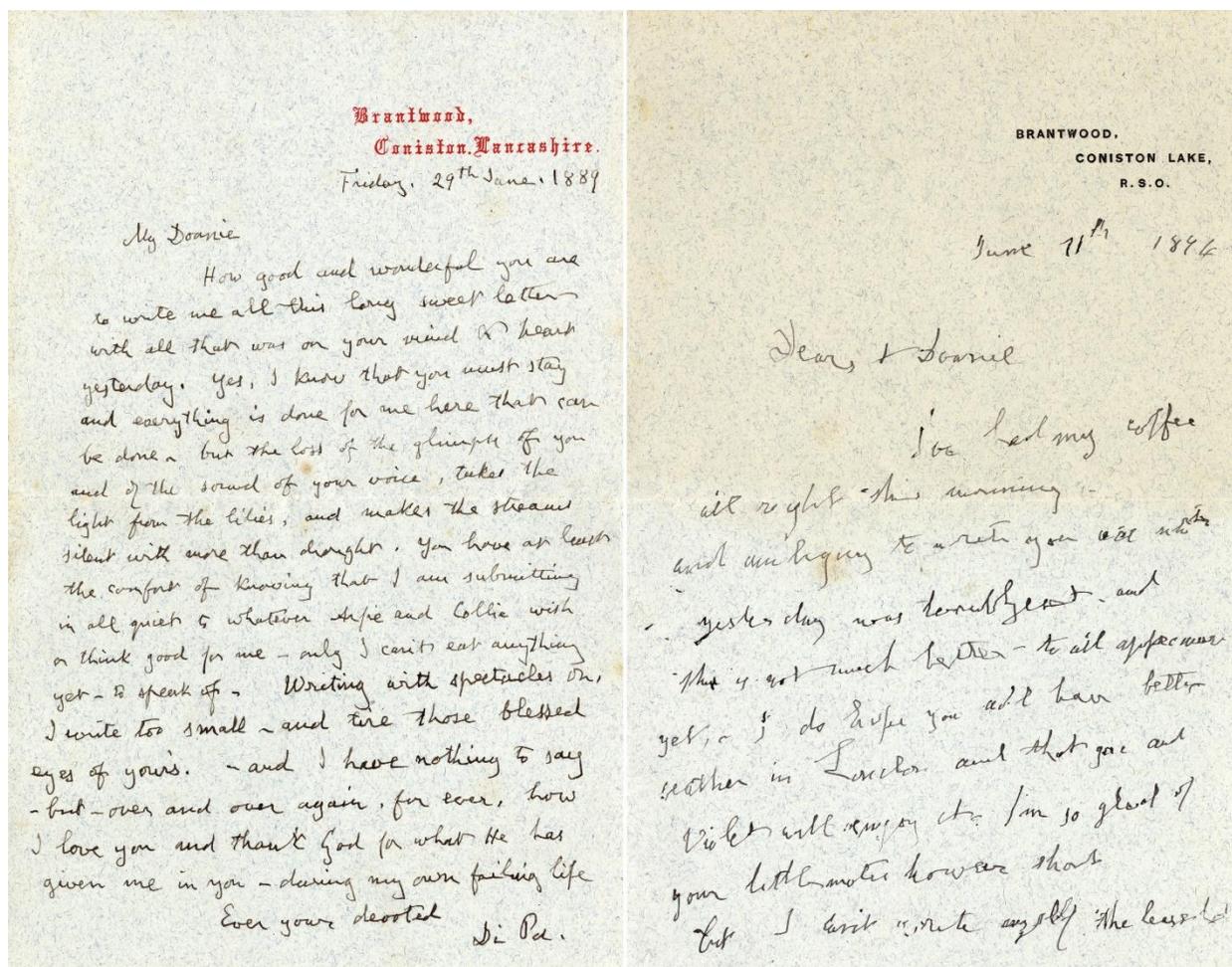
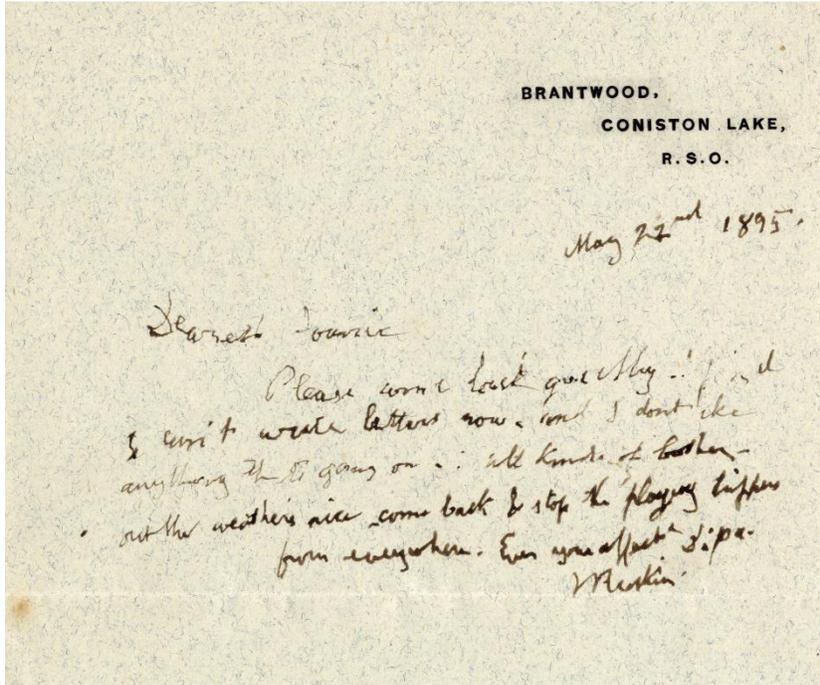


Figure 13: Letter from John Ruskin to Joan Severn, May 22nd 1895. RF, L 53.



COMPETING INTERESTS

None

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