

Killer Consumptive in the Wild West: the Posthumous Decline of Doc Holliday

Introduction

In 1882, journalists in Colorado interviewed the deadliest gunfighter in the Wild West. John Henry ‘Doc’ Holliday (1851-1887) was a man devoid of fear, reputed to have killed up to fifty men (‘Caught in Denver’, 1882). Yet journalists were astonished to discover he was also a genteel, frail-looking ‘consumptive’ living with incurable tuberculosis.

Holliday’s consumptive body fascinated contemporaries – partly because this impairment was traditionally associated with a Romantic, sentimental disabled identity quite incongruous with his brutal reputation, and partly because he seemed physically incapable of violence: one journalist even marvelled that his slender wrists could hold a gun (‘Awful Arizona’, 1882). Yet these early descriptions emphasised above all the elective aspects of his physical presence – his polished manners and exquisite dress and grooming – and presented his consumptive body not as a passive object of pathology or pity but, rather, as an essential component of a persona defined by self-possession, neatness, and ‘a suavity of manner for which he was always noted’ (‘Caught’, 1882).

Holliday’s contemporaries delighted in the debonair consumptive gunfighter, but this delight did not last long after his death. In the 1900s, the increasing dominance of biomedical models of disability and new public panic about contagion began to overpower traditionally favourable attitudes to consumptives. The delicate ‘consumptive’ body became the diseased, distasteful ‘tubercular’ body.

Of six major film representations of Holliday since 1946, five failed to cast actors who even *looked* consumptive.¹ While Holliday’s delicate physique was a crucial (and appealing) aspect of his persona in the 1880s, Hollywood refused to depict it on screen.

One exception is Dennis Quaid's portrayal of Holliday in *Wyatt Earp* (1994).

Unfortunately, while the presence of a fragile-looking body on screen could offer audiences some insight into Holliday's precarious existence in a violent society, the film squanders this opportunity by ignoring the cultural context of his disability. *Wyatt Earp* insists that the tubercular (no longer 'consumptive') body is unbearable, and overrides any historical evidence that does not fit with this ableist judgement.

Ironically, the film's tendency to treat early eye-witness descriptions of Holliday as mistakes in need of ableist correction is the strongest indication that Holliday's disabled identity was unsettling and disruptive for subsequent writers attempting to impose judgements on his life. The 'corrections' expose the aspects of Holliday's persona with most disruptive potential: his confident, elegant self-presentation, his life and death outside biomedical institutions, and his clear assertion that a life with incurable impairment was worth defending.

The consumptive gunfighter pre-1900

In the 1880s, Holliday was one of an estimated 200,000 American consumptives ('Talks', 1886: 4), and perhaps one-third of Coloradan settlers were 'health-seekers' (Baur, 1959: 105). Many regions Holliday visited were popular consumptive health resorts with large – even majority – disabled populations (Roberts, 2006: 103; 160; 369; Rothman, 1995: 3; 132). Tuberculosis played an important part not only in Holliday's story, but also in the story of the American West.

Holliday probably developed tuberculosis, then called 'consumption', 'phthisis' or 'decline', while practicing dentistry in Atlanta in 1872. He travelled West in 1873 and, as the years went by, drifted further into the violent frontier subculture of professional

gamblers.² In 1882, his involvement in vigilantism in Arizona made him notorious across America, although only one homicide at his hands can be proved and he insisted ‘all I ever did was forced on me and I was tried for and honorably acquitted of’ (*Leadville Democrat*, 1884: 1495). In his last years, Holliday eked a living gambling in Colorado mining camps and health resorts. He died of tuberculosis in a spa-town hotel in 1887, only thirty-six years old.³

Given that he lived with the disease throughout his adult life, some biomedical knowledge of tuberculosis might illuminate Holliday’s experiences.

The organism *Mycobacterium tuberculosis* is spread by coughing, and the lungs are the most common site of disease. The course of tuberculosis is typically chronic; as the disease progresses over weeks or months, the patient suffers exhaustion, chest pain, night-sweats, and weight-loss to the point of emaciation. Coughing and breathlessness become increasingly debilitating as cavities and scarring replace healthy lung tissue (Davies, 2003: 108-24; Williams and Williams, 1871: 1-11). Effective antibiotics were not developed until the 1940s: although they could survive several years after diagnosis, late-Victorian consumptives usually died between the ages of fifteen and thirty-five (Dubos, 1996: appendix D).⁴

Friends suggested Holliday weighed around forty pounds less than the average late-Victorian man of his height, and described him as ‘a slender, sickly fellow’ (*Arizona daily star*, 1882), ‘emaciated and bent’ (‘Death of J.A. [*sic*] Holliday’, 1887: 250).⁵ Travelling to New Mexico in 1878, he became too sick to be moved for ten days (‘Cummings’ statement’, 1977: 76); in 1882, he was fit enough to ride around Arizona hunting outlaws but, by 1884, he was suffering recurring pneumonia, weighed only 122

pounds ('Holliday bound over', 1884: 4), and was described as 'weak, out of health, sprits and money, slowly dying' (*Leadville Democrat*, 1884: 1494) – although he survived another three years. Like many American consumptives, he managed his symptoms by drinking heavily (Davis, 1891: 120). His condition was debilitating, life-limiting, and conspicuous enough to influence his social interactions.

Nonetheless, the insight offered by such medical knowledge is limited for two reasons. Firstly, experiences of disability are shaped by socioeconomic and cultural context as much as by biology (Hughes, 2002: 61; Lawlor, 2006: 6-7). In an 1884 interview, Holliday conveyed his frightening physical disadvantage in the violent, competitive saloon subculture, but his complaints focused on his violent neighbours, not his impairment: in a different setting, physical weakness might have been irrelevant (*Leadville Democrat*, 1884: 1495).

Secondly, while biomedical narratives would soon dominate discourses of disability, oppressing people with impairment by reducing them to pathological objects and naturalising their social marginalisation (Williams, 2001: 125-27; Hughes, 2002: 59), biomedicine did not achieve this absolute power to define and determine consumptive identity during Holliday's lifetime. Even after Robert Koch's 1882 announcement that tuberculosis was contagious, a Colorado newspaper stated that the 'bacillus' was 'inherited' ('Talks', 1886: 4), and another journalist even claimed Holliday was 'slowly dying of a bullet that had pierced his lungs' (*Leadville Democrat*, 1884: 1494). The biomedical cause of tuberculosis was still too poorly understood to wholly determine how people responded to consumptives or how they perceived themselves.

Instead, early depictions of Holliday deployed rudimentary, incoherent biomedical concepts as convenient supplements to more established sentimental, religious or Romantic models of consumption. Traditional consumptive stereotypes were ostensibly benign; they assumed a correspondence between physical and emotional traits, and combined an ideal of the Christian ‘good death’ with more secular Romantic associations between consumption and creativity, sincerity, and sensitivity (Lawlor, 2006: 35-38; 53-58; 114-15). Even medical texts in the 1880s still relied on these archaic ideas to define a ‘consumptive type’ of person (see Galton and Mahomed, 1882).

Of course, applying familiar consumptive stereotypes to Holliday was difficult given the inconsistency between his delicate appearance and tough character. The *Denver Republican* marvelled that Holliday’s appearance was:

as different as could be from the generally conceived idea of a killer. Holliday is a slender man [...]. His face is thin and his hair sprinkled heavily with gray. His features are well formed and there is nothing remarkable in them save a well-defined look of determination from his eyes, which the veriest amateur in physiognomy could hardly mistake. His hands are small and soft like a woman’s, but the work they have done is anything but womanly. (‘Awful Arizona’, 1882)

The typical ‘killer’ (like the typical ‘consumptive’) is supposed to possess a particular agreement of temperamental and physical traits. Holliday’s persona disrupts expectations and sends the *Republican* reporter swerving between contradictions and qualifications. However, journalists could use contemporary biomedical concepts to cut through these inconsistencies and read his impaired body more ‘scientifically’. Holliday’s friend E.D. Cowen recalled:

A person unfamiliar with Holliday's deeds and unstudied in physiognomy would pass him by as a specimen of human insignificance, for he was as frail and as harmless a looking being as ever wielded the pestle of a pharmacy mortar or measured calico behind the retail counter.

Holliday was of medium stature and blonde complexion. He was small boned and of that generally slumped appearance common to sufferers from inherited pulmonary disease. The clenched setting of his finely-pointed lower jaw and the steadiness of his blue eyes were the only features really striking of his pallid countenance. He was scrupulously neat and precise in his attire, though neither a lady's man nor a dandy. (1898: 5)

The fair, vulnerable, Romantic consumptive survives alongside a newer biomedical concept of 'pulmonary disease'. Crucially, both Cowen and the *Republican* turn to the contemporary pseudo-science of physiognomy to make sense of Holliday, dissecting his body to separate the accidental features like delicate bones, faded hair, and diseased lungs from significant features supposed to reveal his true identity (jaw and eyes). With a systematic approach to reading, categorising and describing impaired bodies, 1880's pseudo-science promised some clarity *and validation* for the consumptive gunfighter, rather than dehumanisation or oppression.

Indeed, the only recorded comment Holliday made about his illness suggests that, rather than being its victim, he could appropriate a biomedical model of disability to defend his life. Having shot a man who threatened to beat him, Holliday told the court:

'I thought my life was as good to me as his was to him. [...] I knew that I would be a child in his hands if he got hold of me; I weigh 122 pounds; I think Allen

weighs 170 pounds. I have had the pneumonia three or four times; I don't think I was able to protect myself against him' ('Holliday bound over', 1884: 4).

For Holliday, the biomedical model's assumption that impairment causes disability was not entirely oppressive: it gave him a precise, credible language with which to explain the consequences of his physical difference in an official setting where his disadvantage might otherwise be ignored. Crucially, he did not regard these biomedical details as incompatible with an assertion that he valued his life.

Nonetheless, contemporary depictions of Holliday are most remarkable for their emphasis on the sick body not pathologised by science but refined through exquisite dress. According to an 1883 description, Holliday:

was not feeling very well during his temporary sojourn in [Arizona], and, while there was a fertile field for his peculiar talents, the small number of his victims should be attributed to the bad state of health he experienced while there, being a victim of consumption. [...] He is a thin, spare looking man; his iron gray hair is always well combed and oiled; his boots usually wear an immaculate polish; his beautiful scarf, with an elegant diamond pin in the center, looks well on his glossy shirt front, and he prides himself on always keeping scrupulously neat and clean.

('Leadville Sketches', 1883)

This account notes Holliday's pathetic status as 'a victim of consumption' and its incompatibility with violence. However, it places more emphasis on the deliberate precision with which he organizes his appearance: his meticulous grooming, 'beautiful' costume and carefully placed pin, and his self-conscious pride in neatness and artifice.

Here, as in Cowen's account, the phrase 'scrupulously neat' is associated with firmness and control.

Although Cowen denied that Holliday was 'a dandy', he may have been equating dandyism with Irish fop Oscar Wilde (1854-1900), who visited Denver one month before Cowen met Holliday there in 1882 (*Rocky Mountain news*, 1882).⁶ In fact, these depictions of Holliday recall the restrained, exemplary dandyism of Beau Brummell (1778-1840), Max Beerbohm (1872-1954) and, most pertinently, consumptive artist Aubrey Beardsley (1872-1898). Matthew Sturgis suggests Beardsley used dandyism to assert control over his deteriorating body (1998: 96-97). It is possible Holliday's dandyism fulfilled a similar function. In a c.1880 photograph, Holliday stands primly, ankles crossed, holding a small book or purse, and seems to be wearing glasses. His dainty pose and close-fitting coat display the thinness of the consumptive body while encasing it in a carapace of regimented buttons: physical frailty is not denied, but it is emphatically *managed*.

The prolonged, intimate process by which Holliday constructed his costume may also be interpreted as a personal and public acceptance – even celebration – of the consumptive body. Contemporaries observed admiringly that '[h]is clothes were custom made' ('Murderer's methods', 1882) – the mark of '[t]he genuine dandy' (Shannon, 2006: 135). His choice of bespoke tailoring means that, rather than hurriedly concealing his sick body under cheap, shapeless clothes, Holliday lavished time and money on being measured, fitted, *and re-fitted* for unique garments expressing his personal taste and sculpted precisely to his body. This is a personal act with no ostensible political intent, and yet it has political significance in publicly transforming the impaired body from an

object of sentimental pity (Klages, 1999: 196) or pathological scrutiny to a work of art constructed and displayed by the disabled person himself.

Unfortunately, the consumptive's assertion of agency in self-presentation would not be appreciated much longer.

Decline: twentieth-century tuberculosis

In the 1900s, the lives of people with tuberculosis changed dramatically. Thomas J. Mays said 'the position of sufferers from this disease has actually been made unbearable'; they were 'tabooed at hotels, boarding houses and health resorts' and 'frequently the victims of neglect on the part of their friends and families' (1905: 1). Driven by (delayed) public panic about contagion, this impairment-specific stigma also coincided with the increasing dominance of a biomedical model of disability that evaluates a person's life by the extent of their impairment (Bradock and Parish, 2001: 12). Carol Gill argues that this actively disables people with incurable impairments by 'send[ing] a message that our lives are untenable' (2006: 184). Little wonder Sheila Rothman found the journals of twentieth-century American TB patients were 'often self-deprecatory and angry [...] suffused with bitterness' (1995: 6) and, by 1955, an English psychiatric survey found that 54% suffered significant anxiety and depression; they were tormented by their 'uselessness, their unwantedness, their anticipation of rejection' (Wittkower, 26-27).

In an increasingly hostile climate, representations of Holliday began to project negative attitudes retrospectively. In 1907, his former friend 'Bat' Masterson declared:

Physically Doc Holliday was a weakling who could not have whipped a healthy fifteen year-old boy in a go-as-you-please fist fight, and no one knew this better

than himself, and the knowledge of this fact was perhaps why he was so ready to resort to a weapon of some kind whenever he got himself into difficulty.

[...] It was easy to see that he was not a healthy man for he not only looked the part, but he incessantly coughed it as well. (35-6; 39-40)

While 1880's writers described Holliday's fragility and neatness in loving detail, Masterson gleefully imagines a scenario in which Holliday could be battered. He associates weakness with viciousness, and reference to 'incessant' coughing also implies impatience or distaste not apparent in earlier texts.

Similarly, while 1880's writers were surprised that a consumptive would court danger, writers across the twentieth century implied it was inevitable. Stuart Lake's 1931 biography of heroic lawman Wyatt Earp fabricated a quote from Earp concerning Holliday's 'fatalistic courage, a courage induced, I suppose, by the nature of Holliday's disease and the realization that he hadn't long to live, anyway' (196). Paula Mitchell Marks's 1989 study of the OK Corral gunfight twice declared that Holliday was suicidal because he 'was dying, anyway' (36; 86). Crucially, neither Lake nor Marks offered real evidence – but many historians, novelists and filmmakers followed their lead unquestioningly.⁷

Marks' book preceded two 1990's films about Holliday, and Lake worked as a Hollywood consultant (Farager, 1995: 154-61). Their casual dismissal of Holliday's life manifested itself in unusual ways on screen. Six major movie representations of Doc Holliday appeared between 1946 and 1994: Victor Mature in *My Darling Clementine* (1946); Kirk Douglas in *Gunfight at the OK Corral* (1957); Jason Robards in *Hour of the Gun* (1967); Stacy Keach in *Doc* (1971); Val Kilmer in *Tombstone* (1993), and Dennis

Quaid in *Wyatt Earp* (1994). During this period, tuberculosis went from being a dreaded incurable disease to a curable disease that seemed close to eradication in the developed world and, in the 1990s, ominous hints of resurgence were both exacerbated and overshadowed by HIV/AIDS (Dormandy, 1999: 361-75; 384-86) – but despite these upheavals, filmmakers were remarkably consistent in refusing to depict a realistically tubercular body on screen. All six actors cough occasionally, but five look sturdy and strong. David Bowie was an early choice for *Tombstone* (Blake, 2007: 162), reflecting the original screenplay's emphasis on Doc's vulnerability in a violent society (Jarre, 1993: 3), but interest in this theme obviously waned and, like *Clementine* and *Gunfight*, *Tombstone* cast an actor whose physique was the most extreme opposite of Holliday's. The body that featured so prominently in pre-1900 texts was resolutely denied – with one significant exception.

'It happened that way?': the tubercular body in *Wyatt Earp*

Regarding his preparation for *Wyatt Earp*, Quaid explained:

Victims of tuberculosis have a tendency to be very skinny people, and I'm an actor that... I work from the outside in. And I feel like when I play real people [...] I have to have a total commitment to portraying them and getting as close to them as I can. I was 182 pounds, and I was pretty robust and healthy, and so I had to change my physical appearance, and I would up losing 43 pounds ('It happened that way', 1994)

Quaid's Doc is emaciated, tottering on his feet, coughing and wheezing as if his lungs are liquefying inside. His physique affects his interaction with other actors: at one point, Morgan Earp defuses an argument between Doc and a cowboy by simply lifting Doc and

carrying him away, and Doc's enraged, impotent squirming conveys the weaker man's humiliation by the stronger. In fact, on two separate occasions, Holliday did shoot stronger men who manhandled or threatened to beat him (Roberts, 2006: 128; 'Holliday bound over', 1884: 4), so Quaid's physical appearance reflects an important aspect of Holliday's motivation as a gunfighter.

Quaid assumed that recreating embodied experience would give the most direct access to the historical Holliday. Yet Lawlor points out that, while the biology of tuberculosis determines the rough parameters of consumptive experience, the details and meanings of that experience are historically-specific (2006: 6-7). In *Wyatt Earp*, the cultural framework giving meaning to Doc's bodily symptoms is a dehistoricised biomedical model of tuberculosis and of disability. Characters even declare Doc is 'dying of tuberculosis' – a term I have never seen used in descriptions of Holliday during his lifetime.

Far from illuminating life with chronic illness in the 1880s, the spectacle of a vividly, painfully rotting tubercular body is accompanied by dialogue that 'proves' biological impairment causes suffering, and that the lives of those so afflicted are invalid. Quaid's Doc tells Wyatt he welcomes death because 'I know it can't be any worse for me', and 'I'm dead anyway, so if you want to go out in a blaze of glory, I'm with you'. Astonishingly, the film is so adamant that Doc is 'dead anyway' that it stages *and then contradicts* frontier actor Eddie Foy's famous eye-witness account of Holliday diving to the floor to avoid gunfire in Kansas in the 1870s (Roberts, 2006: 97). Marks stated (without citing evidence) that this dive was at odds with Holliday's 'suicidal tendencies' (1989: 86). *Wyatt Earp* actually 'corrects' Foy's account in a way that matches Marks'

expectations and shows Doc sitting stubbornly in a hail of bullets while everyone else ducks.

In *Wyatt Earp*, Doc is completely disposable: with no goodbye scene between the friends, Doc is simply dropped from the film when Wyatt moves on, and his death is acknowledged only by a piece of floating text at the end stating (inaccurately) that he ‘died in a sanitarium’. This is not an insignificant error. Two major biographies available to the filmmakers stated that Holliday died in a spa-town hotel, not a medical institution (Myers, 1957: 209; Jahns, 1957: 282), but *Wyatt Earp* contradicts this with a twentieth-century ideal of institutional segregation for people with tuberculosis. Although only a minority actually entered institutions, post-1900 American consumptives were redefined as ‘TB patients’ who required professional medical supervision (Ott, 1996: 136-7), and the TB sanitarium dominated discourses of tuberculosis to the extent that four of the six films refer to Holliday dying in a sanitarium – as if the truth was simply inconceivable.⁸

Perhaps most troubling is *Wyatt Earp*’s decision to deny Holliday’s dandyish poise. Quaid is grimy, uncouth, and shouts crude insults at ladies. The film depicts unforgivable lapses in grooming and hygiene; his coat is stained, he never wears a tie (much less a ‘beautiful scarf’) and, most pertinently, he coughs (loudly, wetly, spitting) into a filthy rag instead of a white linen handkerchief: he is contagious and unclean. This may be consistent with the film’s grimy aesthetic but, far from being ‘authentic’, the grime directly contradicts eye-witness descriptions of Holliday. It evokes twentieth-century anxieties about contagion in a setting where such anxieties were negligible (‘Talks’, 1886: 4), and through an individual who was regarded as extraordinarily clean.

Perhaps Holliday's personal style was essentially inconsistent with a biomedical model of tuberculosis or disability – and, for the filmmakers, the biomedical model was powerful enough to override historical evidence. *Wyatt Earp*'s insistence that the incurable tubercular body is unclean and disposable throws into relief Holliday's insistence that the consumptive body (however fragile) is immaculate and precious.

Conclusion

Quaid's well-meaning commitment to presenting a realistically tubercular body on screen reveals how far its meaning differs from that of the nineteenth-century consumptive. There is no reason to suspect that the convulsive coughing, spitting, and extreme emaciation exhibited by Quaid were not features of Holliday's illness, but his acquaintances in the 1880s perceived the same symptoms in a different cultural framework.

Holliday's friends did describe his condition (physical, emotional and social) in 1884 in pitying terms. More often, though, their impressions were dominated by his genteel manners and exquisite dress and grooming. At the end of his life, fourteen years of tuberculosis, substance abuse, and a precarious existence among violent frontier gamblers had left him 'emaciated and bent', and prematurely grey – and yet two separate articles still described him as 'rather good looking' ('Doc Holliday', 1886; 'Death of a notorious bunco man', 1887). The body *Wyatt Earp* presents as loathsome and disposable was once seen as 'delicate', 'scrupulously neat', and appealing.

To convey Holliday's unique disabled identity to a modern audience, future filmmakers should not embrace a biomedical model of disability uncritically. Biomedical discourses are not universal, timeless or objective; rather, in presenting themselves as

such, they marginalise and invalidate more appropriate perspectives. While exploring the impact of disability on Holliday's experiences is quite necessary, filmmakers should be aware that a modern audience's interpretation of tubercular symptoms will probably be informed by medical discoveries and social stigma that emerged after Holliday's death. It would be absurd to deny Holliday's impairment – to cast another burly action hero – but an emaciated, coughing consumptive body must be placed in a context informed by historically-appropriate sentimentality and Romanticism, not by modern medical anxieties.

Early descriptions of Holliday tell us little about his medical condition, but a great deal about how his physical presence was experienced by his friends. Above all, Holliday's contemporaries appreciated his determination to design and present himself *just so*. It is this meticulous, scrupulous agency, more than any tubercular symptom, which captures the disruptive potential of Holliday's identity as the suave disabled gunfighter.

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¹ The common argument that disabled characters should be played by actors with the same impairment (for example, Davis, 2009) would be inappropriate in the case of advanced, untreated pulmonary tuberculosis. However, casting *exceptionally* heavy, muscular actors (Kilmer, Douglas, Mature) to play a man with tuberculosis is worth questioning.

² On homicide statistics for towns Holliday inhabited, see Courtwright (1996: 82; 97).

³ Roberts (2006) is the most thorough biography of Holliday.

⁴ Newsholme (1908: 449-50) quoted estimates of 7-8 years for middle-class consumptives at the turn of the century.

⁵ According to his friend Lee Smith in 'Doc Holliday' (1882: 6), Holliday was 5'10" and 130lb. According to Squire (1893: 189), the average at 5'10" was 168lb.

⁶ Such denials are, paradoxically, typical in discussions of genuine dandies: see George (2004: 7) on Brummell.

⁷ The exception is Roberts (2006). For detailed discussion of this issue in biographies and films about Holliday, see Tankard (2013).

⁸ *My darling Clementine* actually kills him off at the OK Corral gunfight.