



"Medicine Posthumous": A New Look at Emily Dickinson's Medical Conditions

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The New England Quarterly, Vol. 69, No. 2. (Jun., 1996), pp. 299-316.

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Anna Bingham lived a singular life in the male-dominated society of a developing Berkshire County. As sole proprietor of one of the more important public business establishments in the county, she acted as professionally as any man, buying and selling goods, signing notes, suing and being sued in the courts, posting bond, and complaining out loud when she felt wronged. Recent scholarship correctly has challenged the romantic notion that eighteenth-century American women lived in a "golden age" of equal partnership with men, working side by side to accomplish shared family goals.⁴¹ However flawed that view might be for the general population, a few literate, strong-willed women did fit that model, and the limited evidence available suggests that Anna Bingham of the Red Lion Inn was one of them.

⁴¹Mary Beth Norton, *Liberty's Daughters: The Revolutionary Experience of American Women, 1750-1800* (Boston: Little, Brown and Company, 1980), pp. xiii-xiv.

Lion G. Miles, a freelance historical researcher, is completing a book on the battle of Bennington in 1777 and working on the compilation of a dictionary of the Mahican Indian language.

"MEDICINE POSTHUMOUS":
A NEW LOOK AT EMILY DICKINSON'S
MEDICAL CONDITIONS

NORBERT HIRSCHHORN AND POLLY LONGSWORTH

ALL major biographies of Emily Dickinson discuss her health, in particular the two significant illnesses about which there is information: the difficulties with her eyes during the early to mid 1860s, and her final illness, labeled Bright's disease, a kidney dysfunction, by her physician on the 1886 death certificate. Both conditions have been used to explain Dickinson's reclusion, her later habit of wearing white, and any number of her most urgent poems. Some authors have tried to link the two diseases into a single complex to explain all

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events; others have associated the eye condition with powerful emotional distress that the poet suffered at about age thirty.¹

Dissatisfied as we are with various medical formulations and the reductive manner in which they have been applied to this complex biographical subject, we propose to offer what we boldly consider a complete, and, insofar as is possible, definitive explanation of Dickinson's ailments and to suggest their relationship to her personal and artistic life. In reassessing Dickinson's conditions in light of modern medical knowledge, we rely on clinical clues provided in Dickinson family correspondence as well as the medical information available to her attending physicians, determined by means of an analysis of what they wrote about and read. Insights into the poet's physical and mental states are not sought among her poems. While she wrote each of her poems with specific events or meanings in mind, and may well have written some to reflect her state of health, the poems are too rich in implication, too subject to multiple interpretation, to function as reliable proof.

The Eye Illness

Certain clinical facts are well established. On 4 February 1864 Emily Dickinson and her sister Lavinia returned to Amherst following a consultation in Boston with America's most eminent ophthalmologist, Henry Willard Williams.² Dickinson underwent extended treat-

¹In "Banishment from Native Eyes," *Markham Review* 8 (1979): 42-53, Jerry Ferris Reynolds argues for a single disease, systemic lupus erythematosus, a chronic protean illness that affects the eyes, brain, kidneys, skin, and other organs, lasts decades, and can end with lupus nephritis. However, Reynolds confused photosensitivity of the skin, a hallmark of lupus, with photophobia (sensitivity of the eyes to light). For the link between the poet's white dresses and Bright's disease, see Olivia Murray Nichols, "Emily Dickinson and Bright's Disease," *Higginson Journal* 45 (1986): 12-19.

Among Dickinson scholars who associate her eye condition with emotional stress in her early thirties are Martha Ackmann, *The Matrilineage of Emily Dickinson* (Ph.D. diss., University of Massachusetts, 1988), pp. 198-199, Millicent Todd Bingham, *Emily Dickinson's Home* (New York: Harper & Bros., 1955), pp. 432-33; John Cody, "Watchers Upon the East: The Ocular Complaints of Emily Dickinson," *Psychiatric Quarterly* 42 (1968): 548-76, and *After Great Pain: The Inner Life of Emily Dickinson* (Cambridge: Belknap Press of Harvard University Press, 1971), pp. 416-23; Maryanne M. Garbowsky, *The House Without the Door* (London and Toronto: Associated University Presses, 1989), pp. 70-74; Elizabeth Phillips, *Emily Dickinson: Personae and Performance* (University Park and London: Pennsylvania State University Press, 1988), p. 61; and Cynthia G. Wolff, *Emily Dickinson* (New York: Alfred A. Knopf, 1986), pp. 164-67.

²Jay Leyda, *The Years and Hours of Emily Dickinson*, 2 vols. (New Haven: Yale University Press, 1960), 2:86.

ment with Williams from April until November 1864. During that time she boarded in Cambridgeport, a Cambridge neighborhood near Central Square, with her young cousins Louise and Frances Norcross. A year later, from spring until fall 1865, Dickinson sought additional treatment from Dr. Williams, under the same circumstances.³

No mention is made of a disturbing eye condition prior to September 1863 in any letter or biographical note. In July 1862 Dickinson described her eyes to literary mentor Thomas Wentworth Higginson as "like the Sherry in the Glass, that the Guest leaves—" with no reference to any illness (L268). About August of that same year she did not allude to any difficulty of her own when recommending to family intimate Samuel Bowles that he rest his eyes (L272). In a letter Dickinson wrote the Norcross cousins in mid September 1863, she tells of doing fine needlework: "I finish mama's sacque, all but the overcasting" (L286), and a second letter of early October, if its date can be trusted, reports that she is reading "the South Sea rose" (L285).⁴ In writing Higginson the following spring, however, she pinpointed September 1863 as the onset of her eye condition: "I was ill since September, and since April, in Boston, for a Physician's care—" (L290). On this evidence, it seems reasonable to suppose that her eye condition gave premonitory signs toward the end of September 1863, became more severe in late fall, and led her to seek advice in Boston by late January 1864.

Several authors—Richard Sewall, Cynthia Wolff, and Elizabeth Phillips among them—have suggested that Dickinson's famous lines "terror—since September—I could tell to none—," from an August 1862 letter to Higginson (L261) in which she hearkens back to September 1861, refers to her eye disease and fear of going blind.⁵ Wolff,

³*The Letters of Emily Dickinson*, ed. Thomas H. Johnson, 3 vols. (Cambridge: Belknap Press of Harvard University Press, 1958), Letters 290, 279, 297, 308, 309. Hereafter, letters will be cited by number, preceded by the designation "L."

⁴The Norcross cousins assigned autumn 1863 as the dates for L285 and L286 when they were first published in 1894. Thomas H. Johnson assigned the more specific dates of 7 October and mid October?, respectively. However, L285 should be updated mid September by its textual clue "No frost at our house yet," for meteorological records kept at Amherst indicate that the first frost occurred 21 September 1863. The second letter of this pair, L286, may also be misdated. It as easily fits 1862 as 1863, and Dickinson's playful reference to the unchanged sweet-peas links it to L267 of July 1862, in which the poet pledges to leave an abandoned tumbler of sweet-peas untouched "till they make pods and sow themselves in the upper drawer."

⁵Richard B. Sewall, *The Life of Emily Dickinson* (New York: Farrar, Straus and Giroux, 1974), pp. 204, 543, 605; Wolff, *Emily Dickinson*, pp. 164-66, 253; Phillips, *Personae and Performance*, p. 61.

in particular, further proposes that this fear accelerated Dickinson's poetic output and intensified her reclusiveness. No independent evidence for this earlier dating of Dickinson's eye problems exists, however, and so we are on safer ground if we take the poet at her word and consider the onset of her disease as September 1863.

Dickinson's surviving letters are virtually all in ink up to the end of 1863 and in pencil from 1863 to 1865 ("Can you render my Pencil? The Physician has taken away my Pen" [L290]). While she continued to write poetry and some letters while in Cambridgeport, one senses it was against her doctor's wishes: "He is not willing I should write" (L289); "yet I work in my Prison, and make Guests [poems] for myself—" (L290). Her reading and even serious thinking were embargoed: "The medical man said avault ye tormentors [books] . . . 'down, thoughts, & plunge into her soul.' . . . So I had eight months of Siberia."⁶ Dickinson's intense work habits, involving late hours and weak candle or lamp light, were undoubtedly restricted as well. And while she knitted the bodies to stockings (L302), an activity needing little light or sight for a veteran knitter, she did not sew (L293).

Her illness lasted several months. Treatment seems to have encompassed resting the eyes, modulated light, reassurance by the doctor, eye-drops, and perhaps some procedure causing pain. In letters to Lavinia from Cambridge, Emily wrote, "the calls at the Doctor's are painful, and dear Vinnie, I have not looked at the Spring" (L289); "the Doctor says I must tell you that I 'cannot yet walk alone'—" (L295); and "I have been sick so long I do not know the Sun" (L296). Dickinson's comment to her sister-in-law, Susan Dickinson, that "For caution of my Hat, He says, the Doctor wipes my cheeks" (L292) suggests that he put drops in her eyes while her hat rested in her lap.⁷ Emily told Sue in September 1864, "The Doctor is very kind—" (L294).

In February 1865, between her two sojourns in Cambridge, Dickinson reported on her condition to Louise Norcross, providing the only available clinical description of her symptoms, aversion to light (photophobia) and aching of the eyes.

The eyes are as with you, sometimes easy, sometimes sad. I think they are not worse, nor do I think them better than when I came home.

The snow light offends them, and the house is bright... [She goes on to describe her gradual reentry into the routine of the house.] They say I am a

⁶Richard B. Sewall, *The Lyman Letters: New Light on Emily Dickinson and Her Family* (Amherst: University of Massachusetts Press, 1965), p. 76.

⁷Cody, in *Pain*, p. 417, offers the alternate explanation that Dickinson is weeping and Dr. Williams consoling.

"help." Partly because it is true, I suppose, and the rest applause. Mother and Margaret [the hired help] are so kind, Father as gentle as he knows how, and Vinnie good to me, but "cannot see why I don't get well." This makes me think I am long sick, and this takes the ache to my eyes. I shall try to stay with them a few weeks more before going to Boston, though what it would be to see you and have the Doctor's care—that cannot be told. [L302]

Vinnie's reported impatience suggests that symptoms of illness were not directly visible to a layperson. Dickinson returned to Cambridge about the first of April 1865 (L304) and was back at home by late October. A third anticipated visit to Dr. Williams did not materialize. "I am uncertain of Boston," Dickinson wrote to Higginson in the spring of 1866. "I had promised to visit my Physician for a few days in May, but Father objects because he is in the habit of me" (L316).

Dickinson's eye trouble was commonly acknowledged among her friends. Samuel Bowles, editor of the *Springfield Republican*, breezily ended a letter to her brother and sister-in-law in August 1865, "I beg all sweet things for you all, health & happiness for Sue; eyes for Emily; patience & a love of a bonnet for Vinnie; a new church for Austin."⁸ In 1872, Charlotte Sewall Eastman, a family friend, inquired of Dickinson from Italy: "I am grieved for Mrs. Holland['s] affliction of the eyes—How are your eyes my dear Emily—Your Dr Williams will soon have his sisters from Rome to visit him—"⁹ By then Dickinson spoke of her eye condition in the past tense. "When I lost the use of my Eyes," she reminisced with Higginson in August 1870 (L342a).

The chronology and etiology of Dickinson's condition strongly suggest the diagnosis of iritis/uveitis, an inflammation of the eye layer carrying the fine muscle that controls pupil size, blood vessels, and nerves. The layer, called the uveal tract, extends from the iris to the choroid beneath the retina. Inflammation involving the front portion—the iris, chiefly—produces a visibly red eye, photophobia, a gritty pain, and tearing. Deeper inflammations create considerable, sometimes severe, aching and decreased or "dim" vision as debris from the inflammation accumulates between the pupil and retina. Without treatment, the inflammatory material clots and adheres and will produce permanent blindness.

The condition may be acute over weeks, or chronic over months; when chronic, the redness disappears and the iris color simply washes out. Recurrences are not uncommon. While only one eye is usually af-

⁸Leyda, *Years and Hours*, 2:101.

⁹Leyda, *Years and Hours*, 2:192.

fect, it isn't rare to have both inflamed at once, and an ophthalmologist can detect characteristic changes using an optical instrument. The causes of iritis/uveitis are many, often direct infection (syphilis was a common offender in the nineteenth century) or an allergic reaction to infection elsewhere in the body, such as tuberculosis, among others. Physicians in the 1860s knew about the syphilitic origin of iritis from experience, but not until the 1880s did they understand germ theory and the role of infection in disease.¹⁰

Dr. Henry Willard Williams, impressive in stature and kindly of manner, was a deft, ambidextrous surgeon and a skilled diagnostician with the ophthalmoscope, an optical instrument developed in the 1850s for illuminating the eye's interior.¹¹ In 1856 Williams described in his paper *Treatment of Iritis without Mercury* a new protocol for the disorder: a solution of atropine (a compound derived from belladonna) dropped directly into the eye to relax the iris, repeated as often as necessary, even hourly, and into convalescence.¹² Pulling the iris away from the eye's center alleviated a secondary characteristic of the inflammatory process, adhesions that threatened lens clarity or blocked fluid flow, by inhibiting their formation or loosening them. Although Williams did not abandon the usual ancillary treatments (leeches, blistering agents, and other anodynes), he discouraged an earlier, harmful therapy employing various compounds and concoctions of mercury, most commonly taken by mouth but sometimes rubbed directly into the eye.¹³

¹⁰On iritis/uveitis, see Frank Newell, *Ophthalmology: Principles and Concepts* (St. Louis: Mosby Year Book, 1992), chap. 19. Also P. Henkind, R. S. Priest, G. Schiller, eds., *Compendium of Ophthalmology* (Philadelphia and Toronto: J. B. Lippincott Co., 1983), and W. H. Coles, *Ophthalmology: A Diagnostic Text* (Baltimore: Williams and Wilkins, 1989). In addition, we cite a discussion with C. Stephen Foster, M.D., expert in uveitis at the Massachusetts Eye and Ear Infirmary (Harvard University), Boston.

On bacterial infection, see George Rosen, *A History of Public Health*, expanded ed. (Baltimore: Johns Hopkins University Press, 1993). Emily Dickinson lived at a time when tuberculosis was rife but not known to be contagious. She had been diagnosed as consumptive when a child (L401), and several month-long episodes of cough during adolescence undoubtedly raised the spectre of a condition prevalent in her mother's family. Aunt Lavinia Norcross died of consumption in the autumn of 1859, with Lavinia Dickinson in attendance. Perhaps Dickinson suffered a subclinical reactivation of tuberculosis in the 1860s, enough to trigger iritis/uveitis.

¹¹Charles Snyder, *Our Ophthalmic Heritage* (Boston: Little, Brown and Co., 1967).

¹²Henry W. Williams, *Treatment of Iritis without Mercury* (Boston: David Clapp, 1856).

¹³Richard Middlemore, *A Treatise on the Diseases of the Eye and Its Appendages*, 2 vols. (London: Longman, 1835), 1:697, and Henry Beasley, *The Book of Prescriptions* (London: John Churchill, 1854), pp. 263-67.

Several points emerge from Williams's paper. A number of the sixteen patients he described exhibited signs and symptoms lasting a month or more, several had recurrent attacks, two had iritis in both eyes, and nearly all responded quickly to his treatment. Except for the duration of Dickinson's condition, then, nothing might have surprised him in her case. Williams liked to keep his patients near him for regular examination and treatment, and he was conservative about outdoor exposure because it seemed to precipitate or worsen iritis. In his Boylston Prize Essay for 1865, which became his 1866 book *Recent Advances in Ophthalmic Science*, Williams suggested yet another protocol: puncturing the cornea with a fine needle to reduce the pain caused by an accumulation of fluid, with a second treatment the next day, if necessary.¹⁴ This procedure could have accounted for Dickinson's description of her visits as "painful" (L289). Severely advanced iritis required surgery under anaesthesia to free adhesions, sometimes with a substantial portion of the iris being cut away.¹⁵ Such a procedure, had she undergone it, would have modified Dickinson's appearance, which Higginson would surely have noticed on his August 1870 visit to the poet.

One "eye-witness" has provided a remarkable description of Dickinson's eyes. Joseph Lyman was a family friend from his student days with Austin Dickinson at Williston Academy (1844–45) and was a frequent visitor to the household in Amherst between 1845 and 1851. A graduate of Yale, Joseph courted Lavinia before ambition called him to Tennessee and New Orleans. Caught up in the Southern cause as a noncombatant journalist, Lyman was released from a Federal prisoner-of-war camp in 1863. He returned north to Cambridge, Massachusetts, that fall, and during 1864 he lived in Easthampton, near Amherst; by early 1865 he had begun a successful journalism career in New York City. Sometime between the mid 1860s and his death in January 1872, Lyman recorded his impression of a call upon Emily Dickinson:

¹⁴Henry W. Williams, *Recent Advances in Ophthalmic Science* (Boston: Ticknor and Fields, 1866), pp. 39–40. Published following Emily's treatment, the book was added to the Dickinson family library. Contrary to the suggestion of John E. Walsh (*The Hidden Life of Emily Dickinson* [New York: Simon and Schuster, 1971], p. 197), the book contained no information a layperson could use for self-treatment.

¹⁵Williams, *Recent Advances*, pp. 41–47, and *A Practical Guide to the Study of the Diseases of the Eye: Their Medical and Surgical Treatment*, 2d ed. (Boston: Ticknor and Fields, 1867), p. 49. First published in 1862, *A Practical Guide* went through six editions between then and 1881.

EMILY

"Things are not what they seem"

NIGHT IN MIDSUMMER

A library dimly lighted, three mignonettes on a little stand. Enter a spirit clad in white, figure so draped as to be misty[,] face moist, translucent alabaster, forehead firmer as of statuary marble. Eyes once bright hazel now melted & fused so as to be two dreamy, wondering wells of expression, eyes that see no forms but gla[n]ce swiftly to the core of all thi[n]gs—hands small, firm, deft but utterly emancipated from all claspings of perishable things, very firm strong little hands absolutely under control of the brain, types of quite rugged health[,] mouth made for nothing & used for nothing but uttering choice speech, rare thoughts, glittering, starry misty figures, winged words.¹⁶

The description of the eyes in this closely observed portrait is compatible with either the discoloration and fading of the iris in chronic uveitis or with the enlarged pupillary effect produced by atropine, with maximum blackness evident in the center. The particular language "melted and fused" is more congruent with the former.¹⁷

According to one school of thought, Dickinson's eye condition was entirely psychosomatic. Psychiatrist John Cody insists that the lengthy stays in Cambridge argue against a purely organic basis for her condition and that the kind Dr. Williams provided a sort of psychotherapy for a long-present anxiety.¹⁸ Williams did, in fact, recognize psychosomatic photophobia, a complaint with no obvious clinical signs. In the 1867 edition of his *Practical Guide to the Study of the Diseases of the Eye*, he described a condition affecting young people of "hysterical temperament," lasting months to years, recurrent, and amenable to nonspecific treatments.¹⁹ In the 1886 edition of his textbook *The Diagnosis and Treatment of the Diseases of the Eye*, he designated the condition as "hysterical hyperaesthesia," occurring in young or middle-aged females suffering intense photophobia. The treatment

¹⁶Sewall, *Lyman Letters*, p. 69.

¹⁷A curious note from Lyman's widow to a former New York journalist colleague of her husband's, Alfred Crandell, written at the time of Dickinson's death in 1886, reveals that Crandell once accompanied Lyman on a call to Emily Dickinson. While Crandell didn't see her, and "Mr. Lyman didn't really see her, tho' he talked with her," it is not improbable to suspect that this was the call that inspired the "Night in Midsummer" description and that, given Lyman's itinerary, it might have transpired in Cambridgeport during the summer of 1864 or, more likely, 1865 (Sewall, *Lyman Letters*, p. 82).

¹⁸Cody, *After Great Pain*, pp. 416-18.

¹⁹Williams, *Practical Guide*, pp. 262-63.

he prescribed was brief but "cheerful" reassurance, nonspecific medicines, tonics, and diet.²⁰

Recently Maryanne Garbowsky, in *The House Without the Door: A Study of Emily Dickinson and the Illness of Agoraphobia*, has associated Dickinson's eye problem with a quite specific psychological disorder. Agoraphobia is an anxiety-based self-restriction, or phobic avoidance. It can occur independently or it can follow one or more attacks of panic—the overwhelming experience of sudden, irrational fear, the fight-flight response gone awry. Since a person enduring a panic attack has unexplained palpitations, sweating, dizziness, trembling, shortness of breath, and a sense of impending death, followed by feelings of numbness and unreality, the anticipation that such an attack might occur in public, or where escape is impossible or help unavailable, leads to the avoidant behavior called agoraphobia. There is considerable evidence that Emily Dickinson suffered from an anxiety disorder. She recounted what appears to be a panic attack in January 1854 (L154). In addition, a number of lines in her poems, as Garbowsky points out, match experiences described by latter-day panic victims, although these lines can also fit other psychological, religious, or sociological phenomena. Laboring to forge a psychosomatic link between Dickinson's apparent agoraphobia and her eye disorder, Garbowsky argues that the poet's condition was caused by a "visual perception disorder," perhaps strabismus, resulting from "organic brain dysfunction." Her sources for this hypothesis, however, are obscure ones, and the authoritative *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III, 1980) she relies on for an explanation of agoraphobia makes no mention of ocular problems among the wide range of clinical complaints that coexist with panic attacks.²¹

²⁰Henry W. Williams, *The Diagnosis and Treatment of the Diseases of the Eye*, 2d ed. (Boston: Cupples, Uphan and Co., 1886), pp. 214–16.

²¹Garbowsky, *House Without the Door*, pp. 72–73. Garbowsky's sources for "organic brain dysfunction" are two: a British self-help book by Ruth H. Vose (*Agoraphobia* [London: Faber & Faber, 1989]), and an article by the founders of the Institute for Neuro-Physiological Psychology in Chester, England, where Vose sought treatment for agoraphobia (Peter Blythe and David McGlown, "Agoraphobia—Is it organic?" *World Medicine* 10 [July 1982]: 57–59). The term "organic brain dysfunction" has no specific diagnostic meaning.

That Dickinson may have suffered from strabismus, or wall-eyedness (also called exotropia), was first suggested by Richard B. Sewall, in *Life of Dickinson*, p. 606n. Later he and ophthalmologist Martin Wand developed the idea in "Eyes be Blind, Heart Be Still: A New Perspective on Emily Dickinson's Eye Problems," *The New England Quarterly* 52 (1979): 400–406. The theory was effectively refuted by Mary Elizabeth Kromer Bernhard in the same publication, vol. 55 (1982): 112–14.

Without a doubt, Emily Dickinson was absorbed with eyes and sight and seeing, both in religious and in poetic terms. Cynthia Wolff has documented the tropes of eye and vision in Dickinson's letters and poetry, and Elizabeth Phillips demonstrates the poet's fascination with *Jane Eyre*, whose Rochester is blinded not once but twice.²² As late as 1884, Dickinson was intrigued by Hugh Conway's gothic romance *Called Back*, whose title furnished the sole text of her final note to the Norcross cousins just before her death (L1046). The book features a young man blinded in youth by cataracts who stumbles onto a murder also witnessed by the woman he will marry; she becomes amnesic after the deed. As with *Jane Eyre*, the redemptive power of the couple's love would have enthralled Dickinson, but she may also have relished the detailed descriptions of examination and surgery by an eminent oculist, who restored the hero's sight.

Organic or psychosomatic? The incontrovertible link between one's mental state and iritis/uveitis cannot be dismissed, for psychological distress can impair immunity and precipitate disease.²³ Dickinson's mental state in the period from 1861 to 1863 may be judged by both the tenor of her verse and her prodigious literary output to have been intense and agitated. It was the time when Rev. Charles Wadsworth, whom she later called her "dearest earthly friend" (L807), left the East Coast for San Francisco; when another close friend, Samuel Bowles, departed for Europe; when the horrors of the Civil War came home with the battlefield death of Frazar Stearns, son of the Amherst College president; and when she wrestled, with Higginson as her shield, over the question of publishing her poetry. By late spring 1863, Dickinson's terrors had increased even in the safety of her own home, as she revealed to her Norcross cousins:

The Diagnostic and Statistical Manual of Mental Disorders, 3d ed. (Washington, D.C.: American Psychiatric Association, 1980). Neither this source, nor the *DSM-III, Revised* (1987), nor the *DSM-IV* (1994), lists eye symptoms among clinical signs for panic attack or agoraphobia. Nor do other specialists writing on agoraphobia (including James C. Ballenger, *Neurobiology of Panic Disorder and Clinical Aspects of Panic Disorder*, both published in New York by Wiley-Liss [1990]) mention eye problems in discussion of the condition. Recent evidence, discussed in conversation with Ballenger, suggests that vestibular disturbance, or imbalance in the inner ear, may be involved in some cases of agoraphobia.

²²Wolff, *Emily Dickinson*, pp. 52-57, 226; Phillips, *Personae and Performance*, pp. 100-109.

²³Deborah Pavan-Langston, ed., *Manual of Ocular Diagnosis and Therapy*, 2d ed. (Boston: Little, Brown and Co., 1985). Also, discussion with Foster (see n. 10).

The nights turned hot, when Vinnie had gone, and I must keep no window raised for fear of prowling "booger," and I must shut my door for fear front door slide open on me at the "dead of night," and I must keep "gas" burning to light the danger up ... these give me a snarl in the brain which don't unravel yet, and that old nail in my breast pricked me. [L281]

It is reasonable to assume, therefore, that Dickinson's iritis/uveitis was precipitated by profound loss and increased anxiety. Her treatment by Williams was ophthalmologic, but she undoubtedly found extra repose in his kindness, patience, and bluff geniality. By her own testimony she also found succor with her cousins, likening them to Elijah's Ravens, who brought him bread and company (L293); perhaps she took some pleasure as well in her time away from the restrained household in Amherst (one senses wistfulness that she cannot return for a third visit to Cambridge). If Dickinson "had need of the balsam word," as Millicent Todd Bingham has suggested, if her condition lasted a bit too long, this "secondary gain"—to use a modern psychiatric term—was entirely well-deserved and understandably desired.²⁴

The Final Illness

A psychosomatic connection also appears to exist between the great calamities besetting Dickinson's last years and her final illness. From 1882 to 1885, like an anvil receiving blows, she bore loss upon loss. "The Dyings have been too deep for me," she wrote in 1884 (L939), after the sixth of nine bereavements, beginning with the death of the Reverend Charles Wadsworth, her "Shepherd from 'Little Girl'hood" (L766), on 1 April 1882. She endured the deaths of her mother; a favorite cousin, William Hawley Dickinson; Wadsworth's friend and Dickinson's correspondent, James Clark; her beloved Judge Otis Phillips Lord; her uncle Frederick Dickinson; her aunt Lucretia Bullard; and her literary friend Helen Hunt Jackson, one of the few outsiders to recognize her genius. But the most devastating shock was the death of Gilbert Dickinson, the cherished eight-year-old nephew living next door, who succumbed to an acute, febrile illness on 5 October 1883. Today physicians rank the death of one's child paramount among the major life catastrophes understood to be capable of provoking serious illness. Gib was not Emily Dickinson's child, but she loved him as if he were.

²⁴Bingham, *Dickinson's Home*, p. 433.

The night before his death, neighbor Mrs. Harriet Jameson tells us, the reclusive poet ventured to her brother's house for the first time in years to attend the desperately ill boy.

[T]he odor from the disinfectants used, sickened her so that she was obliged to go home about 3 A M—and vomited—went to bed and has been feeble ever since, with a terrible pain in the back of her head—²⁵

"The Physician says I have 'Nervous prostration,'" Emily reported afterward (L873), but her signs and symptoms—vomiting and "a terrible pain in the back of her head"—are typical of severe hypertension. So, too, is the headache that occurs on awakening, only to resolve slowly during the day, such as Dickinson had mentioned a year earlier, on the day after her mother's funeral, when she wrote Judge Otis P. Lord, "My Head was so sick when I woke this Morning . . ." (L780).²⁶ Although her physician, Dr. Orvis Furman Bigelow, continued to diagnose "Nervous prostration" (L937) and "revenge of the nerves" (L907), by the time he sat with a comatose and convulsing Emily Dickinson on her last day of life in May 1886, he recorded the cause of her death as Bright's disease, and the duration two and one-half years, a period falling just one month short of the episode Harriet Jameson described.²⁷

New evidence of the baleful influence of Gib's death on the occupants of the Dickinson Homestead comes from a little-known letter Vinnie wrote to her cousins Anna Newman and Clara Newman Turner on 23 January 1885:

Emily has been delicate since little Gilbert died—In June she was differently ill & alarmingly so—she was much improved till October, then another illness. Now, with constant care, she is pretty well—but I never feel easy about her if out of my sight, lest some new danger overcome her—I'm well & intend to abound in courage & cheer but sometimes I droop—I miss the dear dead so cruelly I almost wish I could forget the past, sweet as its memories are—the great missing tires me so—²⁸

²⁵Leyda, *Years and Hours*, 2:406.

²⁶Frederick H. Epstein, "The Problem of Hypertension," chap. 1 in *Clinical Hypertension and Hypotension*, ed. H. R. Brunner and H. Gavras (New York and Basel: Marcel Dekker, Inc., 1982), p. 28. Dickinson's headache of L780 can be specifically attributed to the day after her mother's funeral by later reference to the snow that fell that morning (L1022).

²⁷Leyda, *Years and Hours*, 2:474.

²⁸Lavinia Dickinson to Anna Newman and Clara Newman Turner, 23 January 1885, Emily Dickinson Family Papers, Houghton Library, Harvard University, Cambridge, Mass.

The two illnesses mentioned were Emily's spells of hours-long unconsciousness on 14 June and 12 October 1884. Describing the first collapse, Emily wrote to her Norcross cousins:

Eight Saturday noons ago ... I saw a great darkness coming and knew no more until late at night. I woke to find Austin and Vinnie and a strange physician bending over me.... unconscious for the first time in my life. [L907]

Following the second episode, she may have been confused for several days, for Susan Dickinson's letter of 22 October to daughter Martha reports, "Aunt Emily saw Uncle last evening & he said [she] was quite rational."²⁹

Thereafter her sickness waxed and waned through 1885 and 1886 but led progressively to her death. From November 1885 to March 1886, Dickinson was mainly confined to bed. A comment by her niece Martha suggests that she may have had trouble breathing ("she was often too frail to bear the effort of long talking"), a difficulty consequent upon enlargement of the heart and heart failure.³⁰ On 13 May 1886 she lapsed into a coma with a distinct pattern of stertorous breathing, a phenomenon associated with sudden swelling of or hemorrhage into the brain.³¹

Dickinson's symptoms and the description of her death are entirely consistent with severe primary hypertension (also called "accelerated" or "malignant"), often punctuated by "hypertensive crises."³² Bed rest usually helps lower the acutely elevated pressure temporarily. Without modern treatment, however, cardiac failure (with or without chest pain), acute swelling of the brain with confusion or loss of consciousness (hypertensive encephalopathy), or hemorrhage (cerebrovascular

²⁹Leyda, *Years and Hours*, 2:434.

³⁰Martha Dickinson Bianchi, *Emily Dickinson: Face to Face* (Boston and New York: Houghton Mifflin, 1932), p. 67.

³¹For descriptions of Dickinson's death, see Leyda, *Years and Hours*, 2:470-72. For the clinical condition, see *The Merck Manual of Diagnosis and Therapy*, 15th ed., 2 vols. (Rahway, N.J.: Merck Research Laboratories, 1987), 1:448: "Cerebral lesions, e.g., hemorrhage, are often associated with intense hyperventilation that is sometimes noisy and stertorous, and occasionally unpredictably irregular periods of apnea alternating with periods in which 4 or 5 breaths of similar depth are taken (Biot's respiration)." John E. Walsh has suggested that Dickinson committed suicide with strychnine (*This Brief Tragedy: Unraveling the Todd-Dickinson Affair* [New York: Grove Weidenfeld, 1991], pp. 93-103), but coma is not present with strychnine poisoning; instead the patient remains lucid, but with periods of restlessness and muscular spasms (see J. B. Wyngaarden, L. H. Smith, and J. C. Bennett, eds., *Cecil Textbook of Medicine*, 19th ed. [Philadelphia: W. B. Saunders Co., 1992], p. 1684).

³²Wyngaarden, Smith, and Bennett, *Cecil Textbook of Medicine*, pp. 268-69.

accident or hemorrhagic stroke) eventually causes death. What we know of Dickinson's illness is much more congruent with accelerated hypertension than it is with chronic renal failure with uremia, the distinguishing feature of Bright's disease, a steadily progressive illness accompanied by yellowed skin, itching, a bad odor, and increasing drowsiness. Yet Martha Dickinson Bianchi notes, "When she was able to see us at all, I never saw her look or act ill."³³

From our historical vantage point Bigelow's diagnosis of Bright's disease seems rather curious. The term, no longer in use, was already recognized in the 1880s as referring to a collection of illnesses involving inflammation of the kidney and scarring, or nephritis. This condition was thought to produce secondary effects in other organs, notably enlargement of the heart, swelling of the limbs ("dropsy," today termed edema), kidney failure, hypertension, "apoplexy" (stroke), and others. Bright's disease, in its several forms, could begin acutely, with bloody urine and sudden swelling, or develop more protractedly as a chronic condition. O. F. Bigelow owned an American edition of *A Dictionary of Medicine*, an advanced textbook written by British academic clinicians.³⁴ He would have recognized Bright's disease, according to the text, chiefly by a "tense and sustained pulse" (the bedside equivalent of elevated "arterial tension," today hypertension), dropsy, evidence of hypertrophy (enlargement) of the heart, protein in the urine, and—in late stages—uremia. However, Dr. Bigelow could not get near his patient to examine her pulse. As quoted by Jay Leyda, provenance unknown, Bigelow lamented, "she would walk by the open door of a room in which I was seated—Now, what besides

³³Bianchi, *Face to Face*, p. 67. T. W. Higginson also noted Dickinson's unravaged appearance at her funeral: "E.D.'s face a wondrous restoration of youth—she is 54 [55] & looked 30, not a gray hair or wrinkle, & perfect peace on the beautiful brow" (from Higginson's diary, quoted by Leyda, *Years and Hours*, 2:475. This portrait may owe more to the embalming skills of local funeral director Edwin Marsh than previously supposed, however. See Polly Longworth's *The World of Emily Dickinson* (New York: W. W. Norton & Co., 1990), p. 112, for notes from Marsh's record book on Dickinson's funeral. The \$12 charge for "Keeping in Ice, in Preserver, or Embalming" was Marsh's standard embalming fee, based on evidence among his records. Introduced during the Civil War, embalming was a popular option by century's end, especially for warm-month burials. Dickinson's funeral occurred four days after her death, and daily temperatures were reaching the mid sixties. Marsh's record of Gib Dickinson's 1883 funeral shows he was embalmed as well.

³⁴Richard Quain, ed., *A Dictionary of Medicine* (New York: D. Appleton and Co., 1883). This book, with Bigelow's autograph on the title page, is in the Special Collections of the Jones Library in Amherst, Mass.

mumps could be diagnosed that way!"³⁵ Moreover, the portable device for measuring blood pressure was not demonstrated until 1891, and even if Bigelow had been able to obtain a urine sample, the procedure for detecting urinous protein had only recently been made accessible for bedside or office testing and so was probably not available to him.³⁶

O. F. Bigelow (1835–99) was a progressive and diligent physician, a graduate of the University of Vermont Medical School. An essay, "The Brain and Its Functions," composed sometime after the poet's death, indicates that he reasoned well and kept up-to-date.³⁷ He would probably have deduced from the course of his patient's illness, the coma and apoplexy in a reasonably young woman, and perhaps the presence of dropsy, that Bright's disease was a sufficient diagnosis. It was, in fact, the only diagnosis available to him. He could not have known that in most cases presenting such symptoms, hypertension is the primary disease; it is not caused by nephritis. That knowledge came only in 1889.³⁸

The treatments recommended in Bigelow's medical text included blood-restoring tonics, digitalis for dropsy, ergot (a dried grain fungus) to clear out the excess protein from the kidney, chloroform for convulsions. To ascertain which of these medications may have been prescribed for the poet's illness, we have examined the prescription scrapbook from Amherst's Adams Pharmacy.³⁹ Adams's store was one of at least four pharmacies serving Amherst in the 1880s. Dr. Bigelow was one of about a half-dozen practicing physicians, all of whom are listed on prescriptions in the scrapbook. It is an outsize book of construction-paper leaves on which have been pasted original prescriptions running from 2 September 1882 through 4 November 1885, numbered sequentially from #16505 to #18480. The total averages to

³⁵Leyda, *Years and Hours*, 1:xxix.

³⁶Charles W. Purdy, *Bright's Disease and Allied Affections of the Kidney* (Philadelphia: Lea Brothers & Co., 1886), p. 46.

³⁷O. F. Bigelow, "The Brain and Its Functions," unpublished ms., dated generally, by internal evidence, Papers of O. F. Bigelow, Jones Library.

³⁸Epstein, "The Problem of Hypertension," p. 3.

³⁹The Adams Pharmacy prescription scrapbook is in the Special Collections of the Amherst College Library. Sources used to identify the prescriptions and their uses are H. M. Bracken, *Outlines of Materia Medica Pharmacology: A Textbook for Students* (Philadelphia: P. Blakiston, Son and Co., 1895), and F. P. Foster, ed., *Reference Book of Practical Therapeutics*, 2 vols. (New York: D. Appleton and Co., 1897).

slightly more than two prescriptions per day, which must be a fraction of prescriptions filled in Amherst, and possibly even at Mr. Adams's pharmacy, during the three years designated.

No prescriptions are listed for the Dickinson families during Gib's fatal illness of early October 1883, for instance. However three (numbers 17137, 17143, and 17150) were issued to "W. A. Dickinson" (Austin), "Miss Dickinson," and "Miss L. Dickinson" two, four, and seven days after. Unpublished letters of Sue Dickinson's from March 1885 mention several medications prescribed for her by Dr. Fish that are not represented here.⁴⁰ Moreover, pages of the Adams scrapbook may be missing. Doctor Bigelow's prescription for chloroform (used in convulsions), dated the day of Emily Dickinson's death and identified by Jay Leyda in the late 1950s, is no longer in the archive.⁴¹ Thus the scrapbook may represent but a partial record of the Edward and Austin Dickinson families' medical purchases.

There were many Dickinson families in Amherst. Of fifty-two prescriptions in the scrapbook written for any person named Dickinson, twelve were clearly not for the Edward or Austin Dickinson households. Of the forty remaining,⁴² three prescriptions can be identified as Mrs. Edward Dickinson's, written by Dr. Cooper in the month before her 14 November 1882 death (numbers 16578, 16583, 16592, for fever, cough, pain-relief, and sedation), when she endured "a violent cold.... After her cough ceased she suffered much from neuralgic pain" (L779). In addition, the Mrs. Dickinson prescription #16606 for disinfectant potassium iodide on the day of her death may have been intended for cleaning the body or the room.

Prescriptions #16656 ("Edward Dickinson") and #17411 ("N. Dickinson") may both be for Ned, Sue and Austin's eldest son. There are two prescriptions for W. A. Dickinson—#16697 and #17137—and two for Miss V. Dickinson (Vinnie)—#17533 and #17567. Six others for L. Dickinson (numbers 17150, 17995, 17996, 17997, 18402, and 18403) may be Lavinia's as well. Those written for Mrs. Dickinson following 1883 would appear to be Sue's (numbered 17423, 17424, 18046, 18049, and 18165). It is likely that many of the sixteen prescriptions

⁴⁰Sue Dickinson's letters of 9, 10, and 12 March 1885 to her daughter mention prescriptions for [Merc?], pepsin, Carlsbad water, arsenic, and "large doses of iron." Dickinson Family Papers, Houghton Library, Harvard University.

⁴¹Leyda, *Years and Hours*, 2:471.

⁴²Readers may obtain from the authors a list of these Dickinson prescriptions with indications of use. Copies are also filed at the Amherst College Library and the Jones Library in Amherst.

designated simply for "Dickinson" are, in fact, for occupants of the Homestead and the Evergreens, so well known were they that just the last name sufficed.

Six of the scrapbook prescriptions can be tentatively linked to specific moments in Emily Dickinson's last illness: #17143 to "Miss Dickinson" four days after Gilbert's death is for fever, appetite, and expectation. Prescription #17533 for a blood tonic is dated the day after her first collapse and written by Dr. Fish (likely the "strange physician") but in the name of "Miss V. Dickinson" (possibly a case of Vinnie's name standing in for Emily's). Prescription #17735, also by Dr. Fish for "Dickinson," followed the poet's second spell by three days and was for headache, cramps, and an ergot-like drug used in headache or bloody nose. Dr. Bigelow's #17748 for "Dickinson" followed ten days later for appetite. On 30 January 1885, shortly after Lavinia wrote of Emily as "pretty well" but "delicate" and of herself as sometimes drooping, Dr. Bigelow wrote two prescriptions to "Dickinson" (numbers 17918 and 17919). The first was for a blood tonic and digitalis (for dropsy, heart or kidney disease), the second was a belladonna wrapping-plaster for "neuralgia" (perhaps for cardiac chest pain). To these must be added the missing prescription for chloroform, dated 13 May 1886, the day of Dickinson's final loss of consciousness.

Of course all of our identifications remain speculative. Contrary to John Walsh's assertion that "at least a dozen [Dickinson prescriptions], perhaps as many as twenty, were for Emily," no entries now in the Adams Pharmacy scrapbook are written specifically for the poet.⁴³

In conclusion, Emily Dickinson endured two significant illnesses typical for her time, and she received the best medical care then available. For her eye condition, apparently a stubborn case of iritis/uveitis, Dr. Williams's treatment was excellent, and undoubtedly helpful, for after 1865 Dickinson mentioned no further affliction. The

⁴³John Walsh, *Hidden Life*, p. 273: "Adams Drug Store in Amherst still preserves the prescription book for 1882-1885, containing forty prescriptions for all the Dickinsons, at least a dozen of these, perhaps as many as twenty, were for Emily.... The most powerful specifics seem to have been for digitalis and belladonna." Elizabeth Phillips, *Emily Dickinson*, p. 70, repeats Walsh's misleading statement and compounds it by assuming the belladonna "was probably for the control of the symptoms of an eye disease." The Adams scrapbook shows one digitalis prescription (#17918, for dropsy, heart, or kidney disease), and two belladonna prescriptions (numbers 16454, 17919, one a liniment, the other a plaster for neuralgia, most likely used for chest or back pain). Three eyewash prescriptions for Dickinson appear in the scrapbook (numbers 17417, 17418 for "Dickinson," and 17996 for L. Dickinson).

illness that ended her life in 1886 was probably severe primary hypertension, rather than Bright's disease, although we can never be absolutely certain. In either case, she could not have survived the illness under any treatment then current, and she was undoubtedly fortunate to be spared the more egregious therapies of her time. In both illnesses, her condition was probably precipitated, or at least aggravated, by the loss of persons vitally important to her. Even with additional clarity about Dickinson's two major physical problems, however, a central mystery remains, for neither medical condition accounts for Dickinson's reclusiveness or the marvelous outpouring of her poetry.

We never know we go when we are going—
 We jest and shut the Door—
 Fate—following—behind us bolts it—
 And we accost no more—
 [P1523]

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The New England Quarterly, Vol. 69, No. 2. (Jun., 1996), pp. 299-316.

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[Footnotes]

²⁰ **"Eyes Be Blind, Heart Be Still": A New Perspective on Emily Dickinson's Eye Problem**

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