Memoranda and Documents

WAS IT TUBERCULOSIS? ANOTHER GLIMPSE OF EMILY DICKINSON’S HEALTH

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Between 1846 and 1852 Emily Dickinson suffered distinct episodes of ill health for which she was treated just as she was embarking on her poetic career.¹ By matching clinical clues extracted from her correspondence with medical information available to and used by her physicians, it is apparent that her symptoms suggested to observers of the time that she was suffering from tuberculosis. Surely that diagnosis would have been troubling to an individual as sensitive as Dickinson—indeed to a family as sensitive as hers—and the effects such an experience may have had on her poetry have yet to be plumbed. This not insignificant detail in Dickinson’s medical profile is, thus, one well worth a thorough investigation.

A disease John Bunyan once called the “captain of all these men of death,” tuberculosis was described as consuming its victims over a period of months or even years.² Fiction, opera, and diaries of the last century dwelled on the details of “consumption,” on the pathos of vic-

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tims desperately searching for a cure, nurturing hope from remissions that eventually proved transient. Under the crowded and unhygienic conditions of nineteenth-century Europe and North America, tuberculosis was epidemic.\(^3\) In 1851, nearly one-third of all deaths in Boston were attributed to the disease.\(^4\) No one was immune; even so illustrious a family as the Adamses of Quincy was not spared.\(^5\) The small towns of the Connecticut River Valley were almost as hard hit as the metropolis: from 1841 to 1845, approximately one-quarter of deaths in Amherst were ascribed to tuberculosis.\(^6\) Expressed in modern terms, that rate amounts to 2,667 deaths per 100,000 population, a formidable figure comparable to those of certain Dublin precincts in the same decade.\(^7\) Even today, over two million people a year die from the disease, the majority in Third World nations.\(^8\)

Tuberculosis can affect any organ in the body, most commonly and obviously the lungs. There are two forms of pulmonary tuberculosis: one the primary infection, usually brief and benign in its course, and the other a chronic reactivation of the original but latent infection. When children or adolescents are intimately exposed to a person coughing up the germs of tuberculosis, they are likely to contract the primary illness within a month or two. They will suffer a persistent dry cough, some shortness of breath, and occasionally fever and loss of appetite. The primary illness usually subsides after several weeks. In most persons the bacilli then stay dormant for a lifetime, sealed off within bean-like scars called tubercles. In a few individuals, however, the disease is reactivated when immunity wanes, as often occurs in old age or, even more commonly, during adolescents' rapid growth phase, when the body is subjected to severe stress. Then the inexorable signs


\(^6\)Mortality Reports in the *Hampshire Gazette*. The close quarters of homes, church gatherings, boarding schools, and factories were conducive to the spread of tuberculosis.

\(^7\)*Tuberculosis in Ireland: Report of the National Tuberculosis Survey*, James Deeny, director (Dublin: Medical Research Council of Ireland, 1954), pp. 18–21, data for 1831–51.

of consumption are revealed: months of cough, fever, night sweats, spitting up blood, weight loss. The progress of the symptoms eventually leads to death, but in some cases, the disease, having received no specific treatment, spontaneously goes into permanent remission.9

Today we consider tuberculosis to be an infectious, long-standing illness, albeit one curable with antibiotics, and we accord inherited tendencies only a minor role in its transmission.10 But before 1882, the year in which Robert Koch proved that an infectious bacillus was the cause of tuberculosis, physicians were certain that familial susceptibility heralded the disease,11 which was then made manifest following nutritional, environmental, and social stresses. A strong family history of consumption was considered particularly ominous.12

Edward Dickinson, Emily's father, was aware by the time of his 1828 marriage to Emily Norcross of the run of tuberculosis in the Norcross family. His bride's oldest brother Hiram died of the disease in 1829; Hiram's wife Amanda succumbed in 1836 after several years of illness; and Edward's mother-in-law Betsey Fay Norcross died of a lingering but intermittent illness, also in 1829. Eventually, six other members of the extended family died of tuberculosis: Lavinia Norcross (Emily Dickinson's favorite aunt) in 1860; Emily Lavinia Norcross (Hiram and Amanda's daughter, ED's cousin and Mt. Holyoke roommate) in 1852, and her brother William Henry in 1854; Olivia and Eliza Coleman (daughters of Emily Norcross's cousin Maria Flynt


11Sheila M. Rothman, Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History (New York: Basic Books, 1994), pp. 3–4. A prescient voice was William Buchan's, whose popular Domestic Medicine: Or, A Treatise on the Prevention and Cure of Disease by Regimen and Simple Medicines ran through 22 editions from 1772 to 1828; he listed infection as one of a dozen causes: "Consumptions are often caught by sleeping with the diseased" (see 22d ed. [Exeter, England: J. & B. Williams, 1828]).

12Buchan, Domestic Medicine: "This disease is often owing to an hereditary taint; in which case it is generally incurable" (p. 162).
Coleman, therefore ED's second cousins) in 1847 and 1871, respectively; and their mother, also in 1871.13

With such a family history, and as the eldest child of a depressed and self-exiled father, Samuel Fowler Dickinson,14 Edward was disposed to become fiercely vigilant of his family's health. His letters to his children regularly contained warnings such as one in 1838: "You must all be careful about taking cold, this bad weather—Austin [Emily's brother] must not play too much out of doors in the wind—Lavinia [Emily's sister] must not be in the wind."15 It may have been his concern about the Norcross taint that prompted Edward to oppose his sister-in-law Lavinia's marriage to her first cousin.16 Given his personality and familial circumstances, then, Edward would have had particular cause for alarm when his own daughter found herself with a cough she couldn't shake and pounds that were melting away.

In 1845 a fourteen-year-old Emily Dickinson fairly crowed, "I am growing handsome very fast indeed! . . . I have grown tall a good deal."17 A year later, a worrisome note began to intrude:

My health was very poor all the latter part of spring & continued so through the summer. . . . I was very anxious to attend [Amherst] Academy last term . . . & did go for 11 weeks, at the close of which I was so unwell as to be obliged to leave school. . . . I had a severe cough for several weeks attended with a difficulty in my throat & general debility. [L13]

She appeared to improve, but after a bout with "influenza" in March 1847, she reported that "my cold settled upon my lungs & I had a hard cough for 3 or 4 weeks" (L15). Despite her determined optimism ("I am happy to say that I am pretty well now. . . . I go [to school] this term") her cough appeared to last well into the fall ("My cough is almost gone" [L16]), and in November she was still "much fatigued . . . & had a severe cold besides" (L18).

13 Jay Leyda, _The Years and Hours of Emily Dickinson_, 2 vols. (New Haven: Yale University Press, 1960), 140v (Olivia Coleman); 141v (Emily Lavinia and Amanda Norcross); 2:9 (Lavinia Norcross); 2:159, 166 (Maria Flinta Coleman); 2:167, 174 (Eliza Coleman Dudley); unpublished letters in the Dickinson Collection, Houghton Library, Harvard (Hiram and Betsey Fay Norcross, information courtesy of Polly Longsworth); town clerk of Monson, Mass. (William Henry Norcross, who died of lung fever).
14 Sewall, _Life_, pp. 37–38
15 Leyda, _Years and Hours_, 1:48.
16 Leyda, _Years and Hours_, p. lvi.
Whatever the cause of Emily’s respiratory illness, in January 1848 her state of health so alarmed a visitor at Mount Holyoke Female Seminary that the friend sent word to Emily’s parents. Emily was brought home “to be dosed and receive the physician daily . . . and I was dosed for about a month after my return home” ([L23]). Although she finished out the term at Mount Holyoke, Emily never went back to school again. Thomas Johnson avers that “The years 1849–1850 were a time of expansion for Emily Dickinson. Her health was better.” 18 Letters from that period show rather the opposite, however. 19 Her spirit seems to have been contracting at a time just prior to what Austin later dated as her gradual “withdrawing . . . from society . . . after [age] 18 or 20.” 20

By mid-1851 Emily and Edward Dickinson were again troubled to notice their twenty-one-year-old daughter losing weight. She panned about it in a letter to Austin in June (“for our sakes Austin won’t you try to be careful? I know my sake a’nt much, but Vinnie’s is considerable—it weighs a good many pounds—when skin and bones may plead, I will become a persuasion” ([L45])). There was no levy just two weeks later when she admitted to Austin, away in Boston teaching school at the time, that neither she nor Vinnie was well: “We have been ailing sometimes but not very seriously, and Dr. [John] Brewster [of Amherst] has tried one thing after another till we are most discouraged, and sometimes we think to ourselves that we shant ever get well.” She told her brother that the two girls hoped to visit their Aunt Lavinia’s homoeopathic physician in Boston, Dr. William Wesselhoeft, but first their father planned to send them to a “Dr. Dean of Greenfield.” “If he can’t tell what ails us, nor do us any good, then we will come in the autumn and see the other man” ([L47]).21

18Johnson, Letters, p. 74.
19In letters to Jane Humphrey, Abiah Root, and Emily Fowler ([L30–32, 35–36]), Emily complains of loneliness, missing her friends, and the burdens of duties to house and mother.
20Sewall, Life, p. 222.
21“Dr. Dean” may be identified for the first time: Dr. James Deane (1801–58) was the only physician by that name practicing in Greenfield in 1851. See Francis S. Thompson, History of Greenfield Shire Town of Franklin County Massachusetts, 1682–1900, 2 vols. (Greenfield: n.p., 1904), pp. 766–68, 771. Deane was notable locally both for his sixteen published papers in the Boston Medical & Surgical Journal (predecessor to the New England Journal of Medicine), describing fourteen surgical cases and two autopsies, and for his recognition of fossil bird footprints in local sandstone, published in a prestigious scientific journal. The discovery stirred an argument with Professor Edward Hitchcock, president of Amherst College, who claimed primacy in the “scientific” analysis of the prints. See American Journal of Arts and Sciences 47 (1844):
Despite the collective pronoun, it is clear that the family’s real worry was the thinning of Emily. Lavinia tried heartily to reassure Austin a fortnight after the Boston visit: “I think Emily is very much improved. She has really grown fat, if you’ll believe it.”22 Recovery, however, was not forthcoming. Three months later a dispirited Emily wrote to her former schoolmate Abiah Root, with typical double-meaning, “you know that I do not feel well at sometimes, and when my feelings come, I permit them to overcome me when perhaps I ought not—yet at the time submission seems almost inevitable. I will try to get stout and well before you come again” (L69).23

The physicians who examined the young woman would have easily arrived at a diagnosis of tuberculosis. Along with the annoying, recurrent cough and loss of weight,24 Emily also apparently experienced hoarseness, another sign, usually of a more advanced state, of the disease.25 “I had a severe cough for several weeks attended with a difficulty in my throat & general debility,” she had complained when she was fifteen (L13). Inquiring about her life habits, doctors would have discovered additional cause to attribute her discomforts to tuberculosis, for too much study and not enough exercise were thought to predispose a body to the disease. One authority particularly blamed “overtaxing [of] the brain,” especially in boarding schools with nine to

Deane, “On the Discovery of Fossil Footmarks,” pp. 381–89. Hitchcock, “Rejoinder to the Preceding Article of Dr. Deane,” pp. 390–98. Deane, “Answer to the ‘Rejoinder’ of Prof. Hitchcock,” pp. 399–401. The sisters visited Dr. Deane on 22 July (Leyda, Years and Hours, 1:207). Edward Dickinson, who had both political and legal business in Greenfield, may have been acquainted with Deane (see Leyda, Years and Hours, 1:62, 291). Dr. Deane was principally a surgeon and probably had little to offer Emily.


24“The early symptoms in tuberculous consumption are not such as to excite much attention. There is a slight, hacking cough, and a dyspnea. After a time there is occasionally a small expectoration of simple mucus, particularly in the morning. There is a very gradual emaciation” (James Jackson, Textbook on a Course of Lectures, on the Theory and Practice of Physic. For the Use of the Medical Students of Harvard University [Boston: Wells and Lilly, 1827], pp. 181–82). “From eighteen to thirty-six years of age, men and women are very subject to it” (James Jackson, Letters to a Young Physician Just Entering Practice, 3d ed. [Boston: Phillips, Sampson & Co., 1855], p. 173). “This disease generally begins with a dry cough, which often continues for some months. . . . [The patient] is apt to be sad; his appetite is bad” (Buchan, Domestic Medicine, p. 153).

twelve hours of study daily.26 In a letter to Abiah Root (L18), Emily had once described a nearly thirteen-hour study day at Mount Holyoke Female Seminary.

While at Mount Holyoke, Emily became acquainted with Calvin Cutter’s Anatomy and Physiology Designed for Academies and Families, which she mentions to Abiah Root as “Cutler’s Physiology” (L20).27 There she would have read that tuberculosis could be triggered not only by the lack of fresh, pure air in the environment but by any inhibition of “the free movements of the ribs and diaphragm” as well. Constrictive clothing was an obvious threat; a more serious concern, though, was that if “the brain be depressed by grief, tormented by anxiety, or absorbed by abstract thought,” the “contractile energy” needed to inflate the lungs would be attenuated.28 Given the emotional turmoil she endured both during her Amherst Academy days and at Mount Holyoke, while resisting her teachers’ and classmates’ exhortations to stand up for the orthodox Christian faith, one can only wonder if Emily caught her breath when she read those lines in Cutter’s text.29

In the nineteenth century’s formulation, if heritability was the predisposing soil for tuberculosis, then stress and undernutrition were considered the seeds.30 Since one could not alter one’s family history, active therapy and prevention were the only tools available in the previous century for combating the disease. If an individual was deemed susceptible, a nutritious diet, exercise in pure fresh air, and good mental habits were required, even from early childhood, to stave off symptoms.31 For those already showing signs of illness, cod liver oil

26Hall, Bronchitis, pp. 328–29.
28Cutter, Anatomy and Physiology, pp. 167–69, 175, 176.
30Osler, Principles and Practice, p. 247.
was administered in daily doses over weeks. This medicine was thought to restore a patient’s nutrition and hasten weight gain by helping the body assimilate good food.\textsuperscript{32} But cod liver oil (as those of us old enough will remember) is foul-tasting, nauseating, and cathartic. Judging from her reaction, Emily was probably given cod liver oil during her March 1848 illness: “Father is quite a hand to give medicine, especially if it is not desirable to the patient, and I was dosed for about a month . . . without any mercy, till at last out of mere pity my cough went away” (L23). It was a palatable advance when the sweet-tasting compound glycerine was introduced as an alternative to cod liver oil in the early 1850s.\textsuperscript{33}

Glycerine, a non-intoxicating alcohol, was first derived in 1779 from olive oil. It is clear, colorless, odorless, and syrupy. Now a standard additive to cosmetics, foods, beverages, and pharmaceuticals, glycerine is also used in over two thousand chemical and industrial processes.\textsuperscript{34} Its first recorded medical application was in 1845 as a skin emollient and antiseptic,\textsuperscript{35} and by 1850 it was being prescribed to allay the tuberculous cough.\textsuperscript{36} Soon, glycerine was recognized as both a cough remedy and a nutritional supplement. According to one case study of tuberculosis, “In about a week after commencing the use of

\textsuperscript{32}Cod liver oil is perhaps the best remedy now known in general scrofulous disease. . . . [It] imparts flesh and strength to the patient” (Hall, Bronchitis, pp. 347, 201). “Cod liver oil . . . deserves to be noticed as a restorative, if not a tonic [in tuberculosis]” (James Jackson, Another Letter to a Young Physician to Which are Appended Some Other Medical Papers [Boston: Ticknor and Fields, 1861], pp. 39–40). These authors may have happened onto something: cod liver oil is rich in vitamins A and D; in the past few years, vitamin A has been shown to protect malnourished children from severe bouts of intestinal infection. See, e.g., Daulaire, NMP, et al., “Childhood mortality after a high dose of vitamin A in a high risk population,” British Medical Journal 304 (1992): 207–10.


\textsuperscript{35}Startin, “Glycerine,” Medical Times 16 (1847): 469–70.

\textsuperscript{36}Lindsay, “Experimental Notes on Glycerine,” p. 213.
this prescription, the cough and expectoration ceased,” and three months later the patient “regained his natural fulness and rotundity.”37 Emily was probably referring to glycerine as a general cough remedy when she counseled Austin in March 1854. “And if the cough troubles you follow my prescription, and it will soon get well” (L156); she had used the same proprietary voice when requesting refills of “my prescription” and “my medicine.”38

In September of 1851, that worrisome year, Emily finally traveled to Boston to see Dr. Wesselhoeft. On the same trip, she also consulted a certain “Dr. Jackson,” who evidently prescribed glycerine.39 The original prescription for glycerine is pinned to a letter dated 27 December 1853 (L148), embossed with the stamp of the apothecary, “Joseph Burnett 33 Tremont Row Boston,” and a hand-traced copy is in the envelope of a letter from 20 November 1851 (L64), both letters to her brother asking him to obtain the medicine.40 Within a few weeks, Emily, writing again to her brother, asserted that “I have tried Dr Jackson’s prescription and find myself better for it. I have used it all up now, and wish you would get me some more at the same place if you can. . . . I should like to have you get three or four times the quantity contained in the Recipe. . . . I think it benefits me much” (L55).

The “recipe” called for one-half ounce of glycerine to be diluted with water to three ounces, or eighteen teaspoons. With her first request for a refill coming about twenty days after the original prescription was procured, her dosage would have approximated one teaspoon per day. In subsequent orders, Emily continued to ask that the quantity of glycerine be doubled or quadrupled. Given the average spacing

37H. Wardner, “Glycerine: Inaugural thesis presented to the Faculty of Rush Medical College, Feb. 1st, 1856.” North-Western Medical and Surgical Journal, n.s. 5 (1856): 247–52. No therapy truly cured tuberculosis until specific antibiotics were first used in the 1940s. What was being noticed were the temporary remissions that came and went.

38See L72, 84, 87, 141, and 148.

39The sisters’ trip to Boston extended from 6 to 22 September 1851; Emily probably saw Dr. Jackson around 18 September, the day she saw Dr. Wesselhoeft (see Leyda, Years and Hours, 1:212).

40The copy is mentioned in Bingham’s Dickinson’s Home but not in Johnson’s Letters. There is no physician’s signature on the prescription, but it is unlikely that Emily got glycerine from the homoeopath Dr. Wesselhoeft since a review of homoeopathic literature reveals no mention of glycerine in pharmacopoeias until the 1890s. In any case, Emily had little faith in the physician: “[Wesselhoeft] sent Vinnie medicine three or four times and me twice—and although we were not benefited by it, he probably did the best he could for us” (L71, January 1852).
of fifty days between the next four requests, Emily would have consumed an average of nine ounces (or forty-five teaspoons) in the interim, which also factors to a dosage of one teaspoon a day. This amount is too little to serve as a skin lotion, as posited by Thomas H. Johnson, but it is consistent with dosages recommended for ingestion to treat the tuberculous cough.

Emily’s initial requests for refills—five times in the first seven months—all conveyed a sense of urgency, but by April 1852 her tone had altered. She wrote to her brother Austin, “if you can have the vial filled, and send it by Mr. Watson, I should be very glad to have you, tho’ dont, unless it’s convenient” (L187). A request in July 1853 is equally relaxed: “As you are coming home Austin, and it’s a good opportunity, I think I had better have another bottle of medicine, tho’ I hav’nt used up the other yet—But dont you get it for me if you are very busy, or have other errands to do which will take all your time” (L132). The ninth and final request in December 1853 suggests that even Edward Dickinson was less concerned: “If it wont trouble you too much, are you willing to get me another bottle of my medicine, at Mr. Joseph Burnett’s, 33—Tremont Row? I did not like to ask Father, because he’s always in such a hurry” (L148). Whatever the cause of her condition or nature of her disease, the crisis had apparently passed.

It is curious that Emily Dickinson continued to order glycerine from Boston when Amherst had boasted at least one apothecary since the 1830s. Perhaps the Dicksons were being protective of their privacy, although no stigma then attached to tuberculosis since it had yet to be identified as a purely communicable disease. A more likely explanation involves the difficulty of procuring an unadulterated product, one not using lead in the extraction process.

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41L1 55, 64, 72, 84, 87.
43Crawcour ("Glycerine as an Internal Remedy," pp. 463-71) recommended “one to three drachms three times daily” (a drachm is one-eighth ounce or three-fourths of a teaspoon) and Lindsay ("Experimental Notes on Glycerine," p. 213) “one to four drachms [daily].” Emily Dickinson’s dose was about one-fifth drachm of glycerine daily.
44Emily sent a reminder note nine days later in January (L152).
45The History of the Town of Amherst, compiled and published by E. W. Carpenter and C. F. Morehouse, 1896, pp. 577-78. The apothecary mentioned was Newton Fitch.
46Rothman, Living in the Shadow, chap. 12.
noted in 1856, "Glycerine could only be obtained from the better class of druggists."\textsuperscript{48} No home medical guide of the 1840s and 1850s mentioned glycerine, and the substance was not readily available as a home remedy until the 1870s.\textsuperscript{49}

The clever "Dr. Jackson" whose prescription so pleased Emily Dickinson has yet to be identified by the poet's biographers. In her meticulously researched monograph on Dickinson's sojourns in Cambridge and Boston, Hiroko Ono identified four possible candidates living in Boston in 1851—Doctors Charles T. Jackson, John Barnard Swett Jackson, Thomas P. Jackson, and James Jackson—but she failed to choose among them.\textsuperscript{50} Dr. Charles T. Jackson, also a chemist and geologist, and Dr. John B. S. Jackson, a pathologist, had been retired from clinical practice for some time when Dickinson came to Boston in the fall of 1851.\textsuperscript{51} Dr. Thomas P. Jackson lived on the outskirts of Boston, died in 1854 at the age of forty-four, and left no writings or obituary. A fifth Dr. Jackson, not identified by Ono, was William Lewis Jackson, who joined the Massachusetts Medical Society in 1851 at the age of twenty-five and died in 1859.\textsuperscript{52}

Dr. James Jackson (1777–1867) seems, then, to be our man. He was eulogized as "the revered head of the medical profession in Boston . . . [whose] opinion was preeminent authority."\textsuperscript{53} Professor of the Theory and Practice of Medicine at Harvard, Jackson was a medical author, "first physician" and co-founder (with surgeon John Collins Warren) of the Massachusetts General Hospital, and several times president of the Massachusetts Medical Society (see fig.). A

\textsuperscript{48}W. Lauder Lindsay, "Experimental Notes on Glycerine," \textit{Edinburgh Medical Journal} 1 (1856): 109–99.

\textsuperscript{49}See, e.g., Mary Hooker Cornellius, \textit{The Young Housekeeper's Friend} (Boston: Fredk A. Brown & Co., 1862), and William W. Hall, \textit{Health at Home, Or Hall's Family Doctor} (Hartford: James Betts & Co., 1880), p. 470. Dr. Hall still recommended both cod liver oil and glycerine for treatment of consumption (pp. 730–31).

\textsuperscript{50}Hiroko Ono, \textit{Emily Dickinson Visits Boston} (Kyoto: Yamaguchi Publishing House, 1993), p. 50.


\textsuperscript{52}Personal communications from Lucretia McClure, archivist, Francis A. Countway Library of Medicine, Harvard University, Boston, Mass.

\textsuperscript{53}Obituary and eulogies of Dr. James Jackson by Jacob Bigelow and Oliver Wendell Holmes, \textit{Boston Medical and Surgical Journal} 77 (1867–68): 106–9.
Dr. James Jackson, co-founder of the Massachusetts General Hospital and consultant physician to Emily Dickinson in September 1851. Photo courtesy of the Massachusetts General Hospital, Boston.
decade earlier he had been consulted by Deborah Fiske of Amherst (Helen Hunt Jackson's mother) in her last stages of tuberculosis.\(^{54}\) Jackson had given much thought to the disease and distinguished two modes of treatment, to be decided on the particulars of each patient: the expectant and the active. "If we see the patient early," he advised his students, the "active mode is employed with the intention of either checking or rendering the disease safer, or of arresting it at once."\(^{55}\) Undoubtedly Dr. James Jackson was the medical authority Edward Dickinson would have insisted upon for his daughter. He would again demonstrate his penchant for consulting the most prominent and scientifically advanced physicians years later when he put Emily in the care of Dr. Henry Willard Williams, the famed ophthalmologist, for her eye condition.\(^{56}\) Another piece of evidence that distinguishes James from among the other Jacksons who could conceivably have treated Emily is that he lived closest to, only a five-minute walk from, Joseph Burnett's apothecary on Tremont Row where Emily's glycerine prescription was filled.\(^{57}\)

Although Edward Dickinson sought the advice of the best medical professionals in treating his children, he was not above pressing his advantage by pursuing folk remedies as well. One particular remedy helps us unravel a heretofore mystifying recollection Emily conveyed to her cousins: "Tell Loo when I was a baby father used to take me to mill for my health. I was then in consumption." (L401) Emily's comment suggests that her father shared a belief general at the time that tuberculous patients could cure the inflammation of their lungs by inhaling various vapors and fumigants: sulfurous and carbonic acid

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\(^{54}\) Rothman, *Living in the Shadow*, pp. 113–14. Another route of referral for the Dickinsons might have been via the father of their Amherst physician, John M. Brewster (John, Sr.), who practiced in Pittsfield, Massachusetts, and who had been one of Dr. Jackson's medical students. See the obituary of John M. Brewster, *Medical Communications of the Massachusetts Medical Society* 2 (1869): 129.


\(^{57}\) "Tremont Row" is now the location of Center Plaza across from Boston City Hall. Jackson lived on Hamilton Place, which still exists. See "New and Complete Map of Boston, 1850," no. 42 in "Map 30.8, Boston Public Library Rare Books Department."
gases to be found in cow-houses, fumes of burning balsam, incense, or hot tar. It had been observed that persons in certain occupations seemed less vulnerable to consumption, with seamen, butchers, and tanners demonstrating the greatest resistance. Sailors' exposure to tar, butchers' to bovine gases, and tanners' to volatiles from tan-pits was cited as proof that inhalation therapy was efficacious. On the other hand, persons whose occupations exposed them to dusts of various kinds (lint, metal, stone, for example) were thought to be more susceptible to tuberculosis, with the notable exception of the flour miller. Several eminent authors observed that the "proverbial miller's cough," induced by floating particles of flour, did not augur tuberculosis; rather, they thought, it may have had the effect of breaking up tubercular abscesses so that they could drain and heal.

Even though their father was a leader in Amherst's temperance movement, the Dickinson sisters blithely prepared and consumed berry wines and cordials in the early 1850s. More than likely they were following his instructions, not disobeying his orders, for in the mid-nineteenth century alcohol was increasingly prescribed as part of a restorative regimen for debilitating conditions, including tuberculo-

60 Thomas Young, A Practical and Historical Treatise on Consumptive Diseases Deduced from Original Observations and Collected from Authors of All Ages (London: Underwood, Fleet Street and Callow Crown Court, 1815), pp. 72, 172, 225, 325; Clark, Treatise on Pulmonary Consumption, p. 274.
61 Samuel George Morton, Illustrations of Pulmonary Consumption (Philadelphia: Key and Biddle, 1834), pp. 135–37.
62 Clark, Treatise on Pulmonary Consumption, p. 144.
64 Buchan, Domestic Medicine, p. 162.
66 L100 (February 1853); Bingham, Dickinson's Home, p. 225; Leyda, Years and Hours, 1:207.
Edward would have also been aware of the injunction to exercise. Many writers, including the eminent patriot and medical author Benjamin Rush, recommended that exercise, especially in cold, dry air, would heal the ulcerations and inflammation of the tuberculous lung and, for those not yet afflicted, serve as a preventative. James Clark, emphasizing the advantages of “exercise in the open air,” particularly advocated enjoying them on horseback.\(^6\) When Emily Dickinson left Amherst Academy in 1846, she reported that she “did nothing for some time excepting to ride & roam in the fields” (L13). And in February 1850, she first mentions her Newfoundland dog Carlo, her “shaggy ally,” a special gift from her father, intended, perhaps, to encourage and accompany her on her long excursions.\(^8\)

Even a modern clinician puzzling over Emily Dickinson's symptoms would be inclined to suspect tuberculosis, but, short of disinterment, there is no way to prove that she actually had the disease, much less whether it was primary—that is, caught in her teenage years—or the reactivation of a childhood infection. Unquestionably, both as a small child and in adolescence, she had ample exposure to persons with tuberculosis, which we now know is the means by which the disease is contracted.\(^70\) Given that in 1852 there were three deaths from consumption in the Norcross-Dickinson family (cousin Emily Lavinia


\(^70\)Emily Dickinson's closest contacts likely having the illness were: Aunt Lavinia Norcross, with whom Emily stayed for six weeks at age two, and who died in 1860 of consumption (Leyda, *Years and Hours*, 1:21, 23); Olivia Coleman, ED's second cousin, who died suddenly of tuberculosis in 1847, and her twelve-year-old sister Eliza, an adolescent intimate of Emily's, who died of tuberculosis in 1871 (Leyda, 1:xxv, 2:167, 174), and their mother Maria Flynt who died "in the last stages of consumption" in 1870 (Leyda, 2:159, 166); Emily Norcross, ED's roommate at Mount Holyoke in the winter of 1847–48, died of tuberculosis in 1852 (Leyda, 1:lv); Emma Washburn, a classmate at Mount Holyoke, died rapidly in 1848 with a "difficult case of lung fever" (Leyda, 1:145); Benjamin Newton, who worked in Edward Dickinson's law office from 1847 to 1849, died in 1853 of a wasting disease (George Whicher, "Emily Dickinson's Earliest Friend," *American Literature* 6 [1934]: 3–17).
Norcross, and Edward Dickinson's own sister and her husband), to the established Norcross vulnerability, the Dickinson family had sufficient reason to be alarmed when Emily developed her symptoms, and we, her biographers, have sufficient cause to speculate about the effects tuberculosis may have had on her life and art.

When Emily Dickinson was not walking or engaged in pressing activities around the home on North Pleasant Street where she lived during her girlhood and early womanhood (1840-55), she watched the world from an upstairs window. On occasion, she would have seen funeral processions entering the village graveyard that lay alongside the Dickinsons' property. Of these deaths, at least one-fourth would have resulted from tuberculosis. Richard Sewall has observed that "when the matter of death became more 'organized' in [Emily Dickinson's] mind . . . it inspired some of her finest poems." Among them is Poem 758, which describes the laying out of a young woman or child:

These—saw Visions—
Latch them softly—
These—held Dimples—
Smooth them slow—
This—addressed departing accents—
Quick—Sweet Mouth—to miss thee so—

This—We stroked—
Unnumbered Satin—
These—we held among our own—
Fingers of the Slim Aurora—
Not so arrogant—this Noon—

These—adjust—that ran to meet us—
Pearl—for Stocking—Pearl for Shoe—
Paradise—the only Palace
Fit for Her reception—now—

Perhaps it was her own close brush with consumption that served to organize Emily Dickinson's thoughts on the topic of death, for she almost surely imagined herself, at one time or another, as among the

71 Edward's sister Mary Newman died in March 1852 of tuberculosis, her husband nine months later. See Bingham, Home, p. 265.
72 Longworth, World, p. 21.
73 Sewall, Life, p. 342.
victims she saw passing by her window. Thus Dickinson’s characteristic empathy, developed in the impressionable years of adolescence, is in part the legacy of a dreaded disease that may have temporarily invaded her body but certainly lodged itself in her sensibility. It is a legacy we, a century and a half later, appreciate in a poetry that questions dying just as profoundly as it engages life.

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