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WELL-BEING AND HEALTH OF PEOPLE AND PLACES

Even in death she is beautiful: Confronting tuberculosis in art, literature and medicine

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Abstract: This paper examines representations of tuberculosis (TB), particularly pulmonary tuberculosis, in nineteenth-century photography, with a focus on Henry Peach Robinson's *Fading Away*. Once known as the 'romantic disease,' the effects of tuberculosis became synonymous with artistic talent because of its ability to alter the way that a person observed their surroundings. Upper-class women who had contracted the disease were judged according to their attractiveness (Mullin: 2016). As a 'wasting disease,' tuberculosis was thought to enhance existing female beauty standards, such as pale, waxen features and a thin figure. The wealthy sufferers spent their last few weeks of life abroad or in the countryside, as recommended by their physician, dying in a manner that was both tragic and romantic.

Keywords: tuberculosis, consumption, beauty, photography, health, nineteenth century, phthisis



1 Introduction

Henry Peach Robinson was born in Shropshire in 1830. His photographic career began in 1852, and three years later he opened his studio in Leamington Spa. Robinson created *Fading Away* in 1858, a combination print comprised of five separate negatives (or photographs). Combination printing was essentially the “Photoshop” of the nineteenth century. The process involved using two or more separate images to create one whole picture and was an early example of collage. Initially *Fading Away* appears to be a real deathbed scene depicting a young dying girl on a bed surrounded by her family members. Gernsheim (1955: 180) claimed that *Fading Away* and its creator were criticised for their morbid sentiment, despite it being an imagined deathbed scene composed of five separate images. The question of why this photograph was considered controversial can be explored by examining attitudes towards tuberculosis in medicine, art, and literature.



Fig. 1 Henry Peach Robinson by Unknown Photographer, c.1870.

In the nineteenth century, the stereotypical image of a person suffering from tuberculosis was “one of delicate yet desirable youth” and “fragile loveliness” (Byrne 2011: 92). The disease was believed to enhance the beauty of its predestined victims, forming a discourse between illness and romanticism. The definition of romanticism is an “attitude or intellectual orientation that characterised many works of literature, painting, music, architecture, criticism, and historiography” in Western

culture from the late eighteenth to early centuries (Encyclopedia Britannica). In 1838, the mortality rate from TB stood at 380 deaths per 100,000 people (Robertson 1997: 49). Nevertheless, a romantic aesthetic was attached to the sufferer who was seemingly fading away, consumed from within by a disease that was believed to be both arbitrary and hereditary. Most of the victims of TB were young, their flickering presence in life celebrated through supposed enhanced beauty and creativity. Before these attitudes can be explored, the origins of TB must be analysed first.



2 Understanding tuberculosis

Throughout human history, tuberculosis (TB) has had many different names including phthisis, the white plague, consumption, graveyard cough, hectic fever, and asthenia. The existence of TB, or ‘phthisis’ as it was known to the ancient Greeks, can be traced to at least 3,000 BC. The etymology of the term phthisis means ‘wasting away’ or ‘perishing,’ although it was not until the turn of the twentieth century that the term ‘tuberculosis’ supplanted ‘consumption’ or ‘phthisis’ (Day 2017: 3). According to Daniel et al (1994: 14), TB most likely began as a “sporadic and unimportant disease of humans in their early history,” with epidemic spread forming slowly with an increasing population. Despite progress in modern medicine and a cure for the disease, TB remains one of the biggest global killers to date. Contextually, it was responsible for 25% of all deaths in Europe until after 1850, when it gradually fell into decline (Day 2017: 2). The term ‘tuberculosis’ first appeared in print in 1839, coinciding with the year associated with the birth of commercial photography.

In 1546, Girolamo Fracastoro was the first to propose that phthisis was spread by an invisible force in his book *De Contagione*, which is one of the earliest medical studies on the transmission of infectious diseases. Notwithstanding Fracastoro’s observations, it would take three centuries before the cause of TB was discovered. In 1882, Robert Koch made medical history when he identified the *Mycobacterium tuberculosis* bacillus,

DR. MESSEENAS MIXTURE, THE POLISH REMEDY,
will be found a perfect preventive to Consumption and other Diseases of the Lungs. From whatever cause debility is induced, no medicine has been found so efficacious in restoring vigour: its virtues are proved by the experience of many years, and by the thousands of cures it has effected. It is an infallible cure for Intestinal Worms, and prevents their formation, for indigestion and disorders of the stomach, liver, and bowels; it removes acidities, heart burn, and flatulency, promotes a healthy secretion of bile, and prevents constipation. In diseases of the kidneys and bladder whether arising from stone, gravel, or irritation in these parts it soothes the pains and checks their progress. In diseases of infants and children, this medicine will be found a safe and efficacious remedy, whether arising from the irritation of teething, acidities and pains in the bowels, &c. &c.
In bottles, 2s 9d and 4s 6d. Prepared only by S. BLADES Chemist, Northwich, who has appointed, Messrs. BARCLAY and SONS, 95, FARRINGTON-STREET, and W. SUTTON and CO., 10, BOW CHURCH-YARD, LONDON, wholesale Agents; and retail by Mr. J. MORT, Newcastle; Mr. C. JONES, chemist, Hanley; Mr. ADAMS chemist, Stoke-upon-Trent; Mr. PEARSON, chemist, Burslem; Mr. C. BLADES, chemist, Leek; Mr. T. GOODE, chemist, Congleton; Mr. HADFIELD, chemist, Macclesfield; Mr. LINDOP, printer, Sandbach; Mr. RIDGWAY, Market Drayton; and by most respectable chemists, &c.

Fig. II Staffordshire Advertiser, 12th April 1845.

which “proved a crucial step in the acceptance of the germ theory of disease” (Ibid: 4). In 1905, Koch was awarded a Nobel Prize for his discovery. Despite his breakthrough in germ theory, the first pulmonary tuberculosis patient was cured in 1944, 62 years later. A 21-year-old woman with progressive pulmonary TB had failed to respond to initial treatments of rest and a



thoracoplasty. A thoracoplasty involves resecting the ribs to allow the lungs to rest, and was first used in 1885 to alleviate symptoms of the disease. The patient was cured after receiving an injection of streptomycin, which had been introduced only 11 months prior by Selman Waksman. In 1952, the antibiotic Isoniazid was also used as another method of treating tuberculosis.

Often misdiagnosed as chronic bronchitis or asthma, TB ruined the lungs of its victim within months. Commonly, the symptoms would come and go, “with long periods of apparent remission followed by periods of exacerbation.” (Dubos & Dubos 1996: 4), Symptoms of TB include a productive or non-productive cough, fever, night sweats, fatigue, and weight loss (Saleem & Azher 2013). Many doctors, and people who claimed to be doctors, purported to be able to cure ailments of the lungs. For example, Fig. II is a clip from the Staffordshire Advertiser, published in April 1845. Dr Messeenas Mixture, or ‘the Polish remedy’, claimed to be able to prevent consumption and other pulmonary diseases.

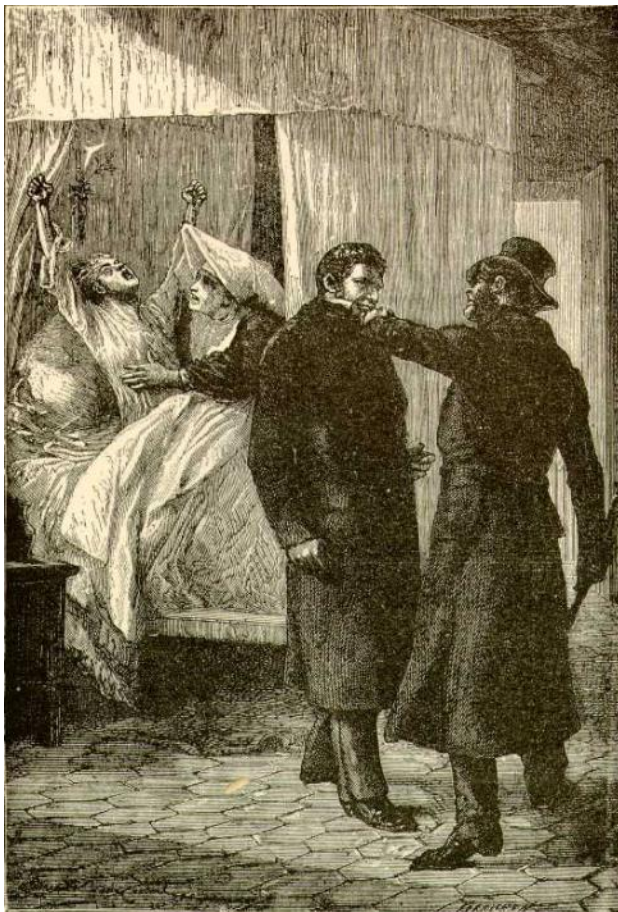


Fig. III Les Misérables ‘Death of Fantine’ by Gustave Brion & Émile Bayards, 1862, engraving.

Although TB was thought to contribute to female and male beauty standards, there were also those who were stigmatised while suffering from the disease. For some people, it was associated with hereditary defects and poverty (Dubos & Dubos 1996: 6). This subsequently decreased prospects of marriage and generally unsettled that person’s place within society. Fig. III is an engraving depicting the death of Fantine, a character in Victor Hugo’s 1862 *Les Misérables*. While TB was principally associated with the enhancement of beauty female and male beauty standards, the death of Fantine is one exception. After she is sent to hospital to



be treated for TB, Fantine is visited by Jean Valjean. While she is in her hospital bed, she asks to see her daughter Cosette, but her doctor lies and informs her that, although Cosette is in the hospital, she cannot visit until Fantine is well again. The doctor's words temporarily placate Fantine, who remarks, in her delirium, that she can hear Cosette laughing. Suddenly, Javert, a police inspector, enters the room to arrest Valjean, who begs for three more days of freedom so that he can find Cosette. Realising that Cosette is not in the hospital, Fantine goes into shock, suffers a seizure, and dies. Among the lower classes, TB was thought to be caused by a lack of personal hygiene, deprived social conditions, and moral laxity, which may explain Hugo's decision to use the death of Fantine to highlight these issues.

Perhaps one of the most famous literary victims of TB (besides the Brontë sisters) was the poet John Keats, who died in 1821 at the age of 25. Oscar Wilde visited Keats' resting place in Italy in 1877 and was reported to have cried while prostrating himself across the grave. The visit inspired Wilde to pen *The Grave of Keats* in 1881:

*Rid of the world's injustice, and his pain,
He rests at last beneath God's veil of blue:
Taken from life when life and love were new
The youngest of the martyrs here is lain,
Fair as Sebastian, and as early slain.
No cypress shades his grave, no funeral yew,
But gentle violets weeping with the dew
Weave on his bones an ever-blossoming chain.
O proudest heart that broke for misery!
O sweetest lips since those of Mitylene!
O poet-painter of our English land!
Thy name was writ in water- it shall stand:
And tears like mine will keep thy memory green,
As Isabella did her Basil-tree.*



Wilde's comparison of Keats to Saint Sebastian reinforced the romanticised facets of TB. Wilde suggests that Keats died a saintly death, like Sebastian, who also perished in the prime of his youth when he was martyred in AD 300. As Byrne (2011: 93) points out, for Keats' contemporaries, his TB "functioned as the physical manifestation of his all-consuming intellect." During the eighteenth and nineteenth centuries, illness was believed to exacerbate consciousness (Sontag 1983: 36). In other words, the disease was believed to enhance creative and artistic talents in the minds of its victims. Thus, the high mortality rates among young upper-middle-class people during this period prompted a surge in the link between TB and romanticism.

2.1 Fading Away

In Robinson's *Fading Away*, the viewer is confronted with a stark scene of a young girl on her deathbed, dying of tuberculosis (see Fig. IV). Notably, this image is not of an actual deathbed scene, instead, Robinson photographed these people separately using five different images. She is surrounded by her mother and sister; her father can be observed facing away from the scene, helpless to halt the inevitability of death. In the



Fig. IV *Fading Away* by Henry Peach Robinson, 1858, combination print.



bottom right corner, there is an inscription which reads: “must then that peerless form, which love, and admiration cannot view without a beating heart, those azure veins which steal like streams along a field of snow, that lovely outline, which is fair as breathing marble, perish?” This quotation is from the first canto of *Queen Mab*, an epic poem written by Percy Bysshe Shelley in 1813.

In the poem, Queen Mab, a fairy, descends on the sleeping lanthe and detaches her spirit from her slumbering body. The fairy queen proceeds to take lanthe’s spirit on a journey to her palace at the edge of the universe, showing her the past, present, and future. Shelley wrote *Queen Mab* to criticise issues which plagued nineteenth-century society, such as religious oppression, superstition, and the monarchy. The poem begins by declaring: “how wonderful is Death, Death, and his brother Sleep!” Shelley suggests that death is not to be feared by comparing it to sleep:

*Yes! She will wake again,
Although her glowing limbs are motionless,
And silent those sweet lips,
Once breathing eloquence
That might have soothed a tiger’s rage.*

Robinson’s choice of quotation alluded that, despite the inevitability of death, the suffering girl will wake, as one awakens from a deep sleep. The contrast between the quotation and the stark image of death explains why this photograph drew negative criticism. Robinson was a member of the Pre-Raphaelites, who advocated that art should be as realistic as possible. In the bottom left corner of Fig. IV there is a second inscription which reads: “photograph from nature by Henry P. Robinson” which implies that there is nothing more natural than attending the bedside of a dying person. Since the Medieval period the setting for death was in the home. Traditionally, the dying person was at the epicentre of the event alongside family members, clergy, and doctors, each of whom had their own part to play.

According to Meinwald (1990) a good death was one that “progressed smoothly and embraced all of the elements that custom demanded.” There are few photographs of real deathbed scenes from the nineteenth century, however, there is an abundance



of post-mortem photographs which depict the dead rather than the dying. The lack of real deathbed scenes can be attributed to social convention; it was not the norm for a photographer or artist to be privy to a time reserved for relatives and friends. Linkman (2011: 14) explains that the post-mortem portrait “implies a desire to see and remember the person in death.” Post-mortem photographs were staged so that the deceased could be portrayed as they were in life, or as if they were sleeping. Often, a photograph was the only material trace of a person’s existence, and by posing them doing the activities they loved in daily life, their families could remember them in exactly that way. During the mid-nineteenth century, Protestants believed that a good death “should take place in the Christian home, where the dying person...surrounded by [relatives]” can say goodbye (Ibid: 15). Thus, the living had an obligation to attend to the ailing person as they transitioned into death. In Robinson’s *Fading Away*, the dying girl’s eyes are open, which provokes a sense of ambiguity as the viewer does not know whether she is dead or is approaching the final stages of her illness.

In the poem *The Grave of Keats*, Wilde uses flower imagery to evoke his sadness, knowing that Keats died so young. The use of the weeping violet is significant because they were thought to symbolise youth, delicacy, love, and affection. In Robinson’s *Fading Away*, a small table with a vase of wilting flowers can be observed next to the window. Traditionally, flowers were used in post-mortem photographs as tokens of love, symbolising “beauty, fragility, transience, and regeneration” (Linkman 2011: 36). For centuries, flowers and plants have been ascribed their own meanings, and the Victorians used these definitions to convey sentiments that were not permitted to be said aloud. The language of flowers, or floriography, was a coded system of communication used extensively during the nineteenth century, including in photographs. For example, the amaranth flower was representative of immortality. Black (2022) explains that “the ability of the amaranth to retain its form and endure the weathering of time is how it became associated with everlasting life.” Wilde’s description of the violets weaving an “ever-blossoming chain” around Keats’ bones communicates his desire for what is left of his earthly remains to be cherished and protected. By contrast, in *Fading Away*, Robinson has inverted this tradition, because the flowers are withering, which indicates the presence of death and the passing of time.

2.2 Death as Sleep

Deathbed scenes have been rendered by artists in paintings, prints, and sculpture for centuries. Fig. V is *Lady Digby*, a 1633 oil on canvas painting by Sir Anthony Van Dyck. The atmosphere of the painting is peaceful, as viewers are given a glimpse into the art of a good death, or ‘ars moriendi,’ which translates as ‘the art of dying.’ Van Dyck has removed any trace of fear or trepidation in his portrayal of the dying Lady Digby, who appears as if she is asleep, floating on a feather bed. The act of sleeping is familiar “and

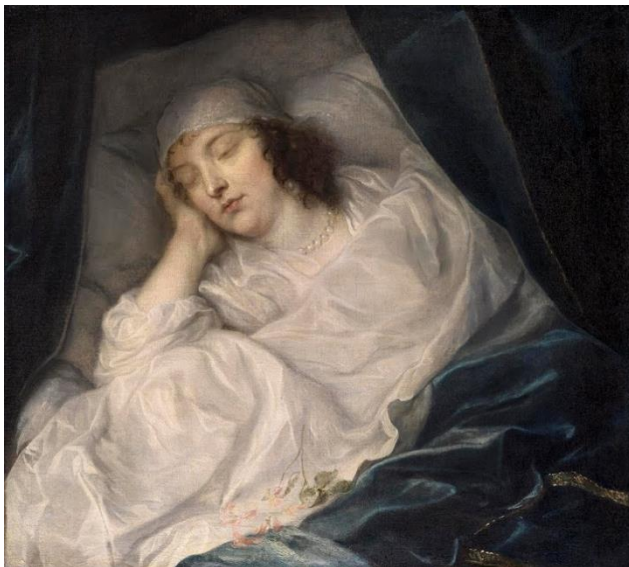


Fig V. Venetia, *Lady Digby on her Deathbed* by Sir Anthony Van Dyck, 1633, oil on canvas.

it takes place within the safe, protected environment of the home” (Ibid: 21). There is no finality in sleep because, although they are unconscious, the person will wake again. The motif of death as sleep was one that was employed by artists and writers for posterity because death as sleep suggests that the person may yet wake up, a metaphor which stands steadfast as a denial of death.

Notably, the artist was generally not privy to the actual deathbed scene, so would have to rely on eyewitness testimony of the event. The deathbed was a private event, attended only by close friends and family – or a priest, depending on religious belief. Meinwald (1990) proposed that these scenes were acceptable in art because “they presented the pathos of the situation as a universal experience.” In cases of the passing of a public figure such as Prince Albert, who succumbed to typhoid in 1861, his deathbed scene was lithographed (see Fig. VI). The death of a public figure was a public event and, as Meinwald (1990) pointed out, this was “made so by the mass production of pictures of the final scene.” Like paintings, lithographs could be altered to suit the mind of the artist, thus impeding the truthful representation of the event.

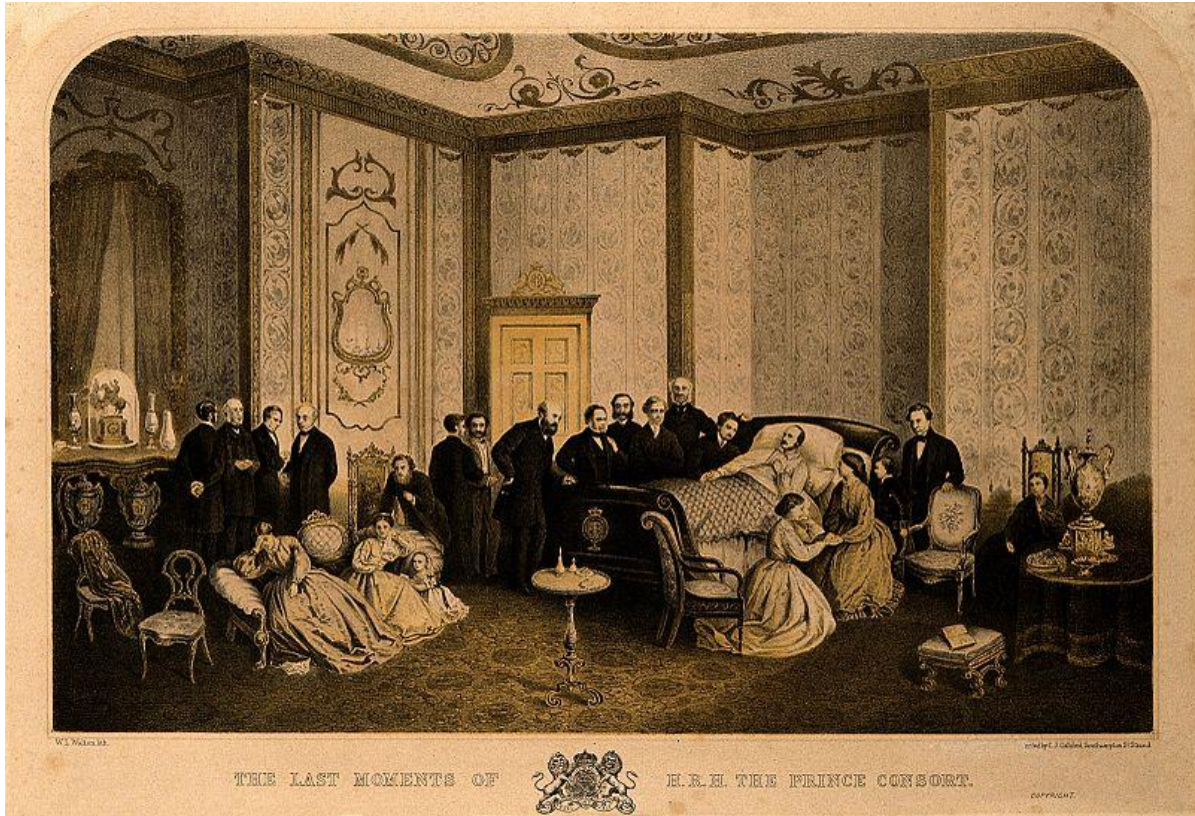


Fig. VI The Last Moments of HRH The Prince Consort by W.L. Walton after Oakley, 1865, lithograph.

2.3 The ethereal consumptive

Towards the end of the eighteenth century, TB was identified as a disease which promoted beauty in women and “conferred beauty upon its sufferer” (Day 2017: 5). The waiflike consumptive was “dramatically pale and ethereally thin with the red cheeks and bright eyes of fever” (Byrne 2011: 93). It was fashionable to look this way, and eventually became a way of being “with damaging implications for women’s physical and mental health,” as well as their societal roles (Ibid). Good health began to be considered ordinary or earthly, whereas the tubercular ethereal and the artistic soul which lay within was freed when they succumbed to the disease.

In 1865, Dr Edward Smith published his treatise on *Consumption: Its Early and Remediable Stages*. Smith cited Greek physician Aretaeus to describe the tubercular patient: “of the bones alone the figure remains, for the fleshy parts are wasted...cheeks prominent and red; eyes hollow, brilliant, and glittering...otherwise of a cadaverous aspect” (Aretaeus cited in Smith 1865: 22). In the 1860s, sanatorium treatment for TB



was developed in Germany, eventually being introduced in the UK after 1890 (Robertson 1997: 59). Patients suffering from the disease were quarantined from the general population, living out the duration of their illness, and often the rest of their lives, in these institutions. Sontag (1983: 39) acknowledged that, unlike previous epidemic diseases like the bubonic plague, which had tended to afflict entire communities, TB “was understood as a disease that isolates” an individual. For example, sanatoria, which were clinics specifically designated for patients suffering from TB, functioned both as a hospital and a place of respite removed from the general population.

In 1881, a year before Koch’s discovery of the *Mycobacterium tuberculosis* bacillus, Dr Frederick Akbar Mahomed and Sir Francis Galton led a medical study titled *An Inquiry into the physiognomy of phthisis by the method of composite portraiture*. Utilising the photographic studio at Guy’s Hospital in London and enlisting the help of photographer Alexander Mackie, the study began with taking pictures of over 400 people aged 15-40. Overall, 442 portraits of TB patients were obtained from three London hospitals. For comparison, 100 male and 100 female patients who were not suffering from the disease were also photographed. The images were then grouped together, and



Fig. VII Female phthisical patients (50 portraits in each) from Galton and Akbar’s study.



Fig. VIII Female patients with strong hereditary taint.

the resulting portrait was one single face representative of that classification. For instance, Fig. VII consists of three single portraits which were compiled from 50 separate faces.

Arguably, Galton and Mahomed's study fed into the notion of the 'tubercular type,' encouraging the idea that while some patients seemed to have caught the disease at random, there was also a hereditary aspect to it (see Fig. VIII). Galton and Mahomed failed to

recognise that TB ran in families because as soon as one relative fell ill, other members of the family would be left to care for them. The disease was not hereditary but appeared to be because of the cycle of infection and lack of awareness of pathogenic transmission. The results of the study were ultimately inconclusive. Galton noted that there was a lack of time in grouping together the portraits, and that room for human error must be considered. He explained that although their results were negative, "it may be that they are no less valuable" (Galton & Mahomed 1881: 18). In a sense, Galton was right in that the results of the study are valuable in understanding how attitudes towards TB were influenced by scientists and medical doctors during the nineteenth century. Significantly, Koch's 1882 discovery supplanted the idea of hereditary infection and disproved the theories hypothesised by Galton and Mahomed.

3 Conclusion

Tuberculosis has existed for thousands if not millions of years, and, prior to Robert Koch's 1882 discovery, there was an air of mystery surrounding the seemingly arbitrary nature of the disease. Galton & Mahomed hypothesised that TB was a hereditary disease and used the medium of photography to investigate their claims. The outcome of their 1881 study was ultimately inconclusive, and was completely disproven the following year. The romanticisation of TB, particularly in the eighteenth and nineteenth centuries,



influenced beauty and artistic standards on a global scale. TB was viewed as a natural cosmetic: pale, waxen features and the fiery cheeks of fever were fashionable. Those dying from the disease, in some cases, were envied. Lord Byron remarked that: “I should like, I think, to die of consumption ... because then the women would all say, ‘see that poor Byron – how interesting he looks in dying!’” (Byron cited in Clarke 2019).

Henry Peach Robinson’s *Fading Away* displayed grief and sadness, thereby challenging contemporary outlooks towards tuberculosis. The disease was believed to create a fragile and delicate youth, while the victim was literally consumed by the illness from the inside out. The photograph contrasts with the quotation from Shelley’s *Queen Mab* because it is an oxymoron. In this context, the dying girl *is* marble-white, her veins *are* azure blue and protruding from her arms; she is the tubercular type but not in the romantic aesthetic sense driven by Victorian society. As a member of the pre-Raphaelite brotherhood, Robinson did not yield to glamourised notions of disease and death. Although *Fading Away* was not a real deathbed scene, the medium of photography made it all the more visceral and contentious, because the camera was thought to be intruding on a private moment meant only for family. Not only did the camera spotlight the devastating effects of the disease, it also shattered the illusion of romanticism associated with tuberculosis.

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