Visualising Illness and Wellness in the Nineteenth-Century Home

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Abstract

Throughout the nineteenth century, the British home was often divided into two categories: the *healthy* and *un*healthy home. This thesis investigates the relationship between domestic design and conceptions of health in Victorian England from the 1860s to the 1890s. I argue that the lack of uniformity in sanitary measures, mixed messaging of public health campaigns, and contention about the theories of disease complicated the very definition of health in the nineteenth century. By first exploring the health concerns associated with nineteenth-century wallpaper, and later, the arrangement of sickrooms, I argue that the formal elements and aesthetics of domestic design exemplified shifting attitudes towards sanitation and disease theory in the late nineteenth century.

The first chapter of this thesis probes the concept of the 'unhealthy' home through an analysis of mid to late nineteenth-century wallpaper and its relationship to gender and safety. In this chapter, I explore the ways in which women were represented and understood as victims of unhealthy design practices such as William Morris' arsenical wallpapers and Charlotte Perkins Gilman's story "The Yellow Wall-Paper." The second chapter of this thesis explores women's relationship to (and impact on) the regulation of domestic architecture in the late nineteenth century. Building on the links between gender and health examined by scholars such as Annamarie Adams, Eileen Cleere and Amanda Caleb, I discuss how women were both overseers of domestic sanitation reform *and* controlled within the boundaries of the sickroom.

Résumé

Tout au long du XIXe siècle, le foyer britannique fut souvent divisé en deux catégories : le foyer sain et le foyer insalubre. Ce mémoire étudie la relation entre le design domestique et les conceptions sanitaires dans l'Angleterre victorienne des années 1860 aux années 1890. Je soutiens que le manque d'uniformité des mesures sanitaires, les messages mitigés des campagnes de santé publique, ainsi que les controverses autour des théories sur les maladies ont compliqué la définition même de la santé au XIXe siècle. En explorant d'abord les problèmes de santé associés au papier peint durant le XIXe siècle, puis à l'agencement des chambres de malades, j'avance que les éléments formels et l'esthétique du design domestique illustrent l'évolution des mentalités envers l'assainissement et les théories sur les maladies à la fin du XIXe siècle.

Le premier chapitre de ce mémoire explore le concept de foyer insalubre à travers une analyse du papier peint, entre le milieu et la fin du XIXe siècle, et de sa relation avec le genre et l'innocuité. Dans ce chapitre, j'étudie la manière dont les femmes étaient représentées et comprises comme victimes de pratiques de design malsaines, telles que les papiers peints arsenicaux de William Morris, et exemplarisées par l'histoire de Charolette Perkins Gilman, « The Yellow Wall-Paper ». Le deuxième chapitre de ce mémoire étudie la relation de causalité entre les femmes et la réglementation de l'architecture domestique à la fin du XIXe siècle. En m'appuyant sur les liens entre genre et santé, examinés par des universitaires tels qu'Annamarie Adams, Eileen Cleere et Amanda Caleb, je discute de la façon dont les femmes supervisaient la réforme de l'assainissement domestique tout en se voyant contrôlées au sein de la chambre de malade.

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Visualising Illness and Wellness in the Nineteenth-Century Home

Introduction

Throughout the nineteenth century, the British home was often divided into two categories: the *healthy* and *un*healthy home. Physicians, designers, artists, and architects used these terms to define their goal of transforming the home from an unsanitary dwelling (where sewage was dumped in the street, pests scurried about the kitchen, and dust and dirt collected on every surface) to a fully modern unit (where design promoted mental wellness, clean air supported physical health, and the nuclear family unit thrived). This all took place under the emerging field of *domestic medicine*. Those associated with this field had utopian visions for what this field of study could achieve. For instance, nineteenth-century physician and sanitarian Benjamin Ward Richardson thought the healthy home was a reflection of the enlightened progress of civilization.[1] Dr. William Strange thought domestic sanitation reform would provide a fortress against all diseases.[2] And Dr. John Gardner thought the healthy home could be the symbolic backbone of the British nation.[3] Yet the lack of uniformity in sanitary measures, mixed messaging of public health campaigns, and contention about the theories of disease complicated the very definition of health in the nineteenth century.

This thesis investigates the relationship between domestic design and conceptions of health in Victorian England from the 1860s to the 1890s. By first exploring the health concerns

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[1] Benjamin Ward Richardson, "Health in the Home," in *Our Homes and How to Make Them Healthy*, ed. Shirley Forster Murphey (London: Cassell and Company, 1883), 3.

[2] William Strange, *The Restoration of Health, or the Application of the Laws of Hygiene to the Recovery of Health, Forming a Manual for the Invalid and a Guide in the Sick-Room*. (London: Longmans, Green, and Co., 1865), 390 – 391.

[3] John Gardner, *Household Medicine and Sick-Room Guide: A Familiar Description of Disease, Remedies, and Methods of Treatment, Diet, Etc*. (London: Smith, Edler, and Co., 1881), xiv.

associated with nineteenth-century wallpaper, and later, the arrangement of sickrooms, I argue that the formal elements and aesthetics of domestic design exemplified shifting attitudes towards sanitation and disease theory in the late nineteenth century. Moreover, building on the links between gender and health examined by scholars such as Annamarie Adams, Eileen Cleere and Amanda Caleb, I discuss how women were represented and understood as victims of unhealthy design practices (Chapter One), overseers of domestic sanitation reform, and controlled within the boundaries of the sickroom (Chapter Two).

The nineteenth century brought about new ways of thinking about the home: with the emergence of factories and separate business locations, the house was freed from its double role as workplace and dwelling.[4] Because of this liberation, the home transformed into a symbol of familial security, leisure, and safety for an upwardly mobile middle class. A key feature of the Victorian home was the spatial separation of men and women, with the significance of these formal distinctions depending on class.[5] Within the middle-class home, areas such as the dining room, smoking room, billiards room, and library were considered masculine spaces, and were signified by aesthetic choices such as dark and massive furniture. In contrast, women's rooms, such as the boudoir, drawing room, and morning room, were visually expressed by light, bright, and delicate forms. Much of this thesis explores the visual language of gendered space as it relates to health within the home.

The first chapter of this thesis probes the concept of the 'unhealthy' home through an analysis of mid to late nineteenth-century wallpaper and its relationship to gender and safety. This chapter explores both the physical sickness associated with wallpaper (by arsenic poisoning) and the psychological sickness brought on by unhealthy design. Key examples of psychological illness, such as anxiety and psychosis, are illustrated in Charlotte Perkins Gilman's short story "The Yellow Wall-Paper," which tells the story of a woman isolated and driven mad by the wallpaper lining her room. This chapter also frames the conditions for subsequent sanitary reform within the home by highlighting the need to remedy dangerous design practices and materials.

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[4]   Jane Lewis, "Introduction," in *Women in England, 1870-1950: Sexual Divisions and Social Change* (Brighton, Sussex: Wheatsheaf Books, 1984), x.

[5]   Annmarie Adams, "Female Regulation of the Healthy Home," in *Architecture in the Family Way* (Montreal: McGill Queen's University Press, 1996), 75.

The second chapter of this thesis explores women's relationship to (and impact on) the regulation of domestic architecture in the late nineteenth century. Through the emergence of the field of domestic science, women found new opportunities for leadership and reform within the home which impacted both the private and public spheres in meaningful ways. For example, the transformation of the home into a place of medical healing created new roles for women as nurses, caregivers, and invalids. In addition, many women, guided by sanitation manuals, carefully selected design materials and objects to be applied in their home, making them key players in Victorian consumer markets. Chapter Two analyses images of female invalids through an examination of sickbed images. Focusing on the process of recovery which took place in the sickroom—a bedroom where patients could be isolated from the rest of the family and monitored —I posit that it held a distinct visual iconography which constricted women's experience of illness to culturally acceptable modes based on gender expectations.

Any discussion of women's lives in the Victorian era requires consideration of social class because it constructed much of women's lived experiences as a whole. For example, class determined a woman's level of education, the importance of childbearing, her physical health, personal job prospects, and constructed her family dynamic. As social historian Jane Lewis has noted, the nineteenth-century increasing in job opportunities in service areas such as domestic service, clerks, and factory labourers, allowed for working-class women to engage in the labour market (although this was still met with ambivalence), it did not necessarily mean that *all* women were affected by this change.[6] The separation of public and private spheres was much more rigid for middle-class women in comparison to working-class women.[7] The belief that the home was the proper place for middle-class women was sanctioned by Victorian science and medicine.[8] For example, the sharp distinction between men and women's space was reinforced by the separation of the workplace and the home wherein a private domestic sphere was constructed for middle-class women, "divorced from the public world of work, office, and citizenship."[9] In contrast, working-class women were able to move more freely throughout the public and private spheres as members of the work force.

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[6]   See Jane Lewis, *Women in England, 1870-1950: Sexual Divisions and Social Change* (Brighton, Sussex: Wheatsheaf Books, 1984).

[7]   Jane Lewis, *Women in England, 1870-1950: Sexual Divisions and Social Change*, 75.

[8]   Jane Lewis, 75.

[9]   Jane Lewis, x.

An understanding of the germ theory of disease is key to developing a full picture of the Victorian public's conception of illness. In 1882, Robert Koch (1843 – 1910) announced his remarkable discovery of the infectiousness of tuberculosis, putting the *germ* theory of disease on the map and a topic of intense debate within the medical community for decades to come. Before Koch's discovery, the miasmic theory (sickness caused by 'bad air') and zymotic theory (particles causing chemical catalysts for illness) of disease transmission, causation, and origination dominated late nineteenth-century medical discourse. Koch had discovered the link between pulmonary consumptions and a bacterium that initiated the tubercle-making process.[10] His findings placed tuberculosis at the forefront of medical debates, yet made little practical impact at the time for further research. As medical historian Katherine Ott argues, for those who embraced Koch's discovery, it left a "theoretical and technical void" rather than any insights into disease treatment or prevention.[11] The announcement of germ theory created tensions so profound within the medical community and sparked such heated debates over its legitimacy that friendships were sometimes ended, professional courtesy was ignored, and patients' confidence in medicine diminished.[12] Physicians, scientists, and the public disagreed over the accuracy and utility of the germ theory of disease, and the relationship between bacteria and disease was one of the most controversial issues in medicine.

The scope of this thesis parallels the timeline of Koch's ground-breaking discovery and subsequent medical debates. Thus, germ theory and the public's understanding of disease play an integral part of this paper insofar as misconceptions relating to the miasmic and contagion theories of disease transmission directly informed health reforms in domestic design (and attitudes about illness more broadly). This resulted in an interesting blend of design reforms influenced by both theories in sometimes opposing modes (for example, designers we concerned with preventing bad air from spreading in the home while also installing surfaces that could be easily cleaned and disinfected).[13] Ultimately, the mixed messaging on disease transmission forms the foundation of sanitary reform within the home in the late-nineteenth century.

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[10] Katherine Ott, "Into the Germ Zone," in *Fevered Lives* (Cambridge, MA and London, England: Harvard University Press, 2013), 53.
[11] Ott, "Into the Germ Zone," 53.
[12] Ibid.
[13] Richard W. Hayes, "The Aesthetic Interior as Incubator of Well-Being," *Architectural History* 60 (2017): 280.

Chapter 1
The Unhealthy Home:
The effects of wallpaper on physical and mental illness

Recent scholarship on Victorian domestic design has examined the social and medical impacts of the presence of arsenic in famed domestic designer William Morris's (1834 – 1896) wallpapers; they have explored the harmful physical and psychological effects this poisonous compound had in the home.[14] This chapter builds from this scholarship to argue that this mass arsenic poisoning demonstrates the radical social inequalities that emerged within Victorian home life. For example, women were overwhelmingly affected by arsenical wallpapers as they were the most exposed in their roles as wives, mothers, house workers, and home aids. The underlying connection between gender and illness has been largely overlooked by the histories and narratives of arsenic poisoning in the nineteenth century. For example, Lucinda Hawksley examines the prevalence of arsenic poisoning in Victorian homes but fails to look at the ways that gender and class played vital roles in determining who would be most affected by the poison. This chapter seeks to fill these scholarly gaps as it looks at both the victims and the agents of arsenic poisoning, and the varying Victorian interpretation of what made a home unhealthy.

This chapter will first detail the ways in which arsenic destabilized romantic ideals of Victorian domesticity through an analysis of Morris, his position within late nineteenth-century domestic design, and his paradoxical role as both an abettor of the unhealthy home and advocate for health-conscious design reform. In the second section, I discuss the connection between Morris's wallpapers and Charlotte Perkins Gilman's short-story "The Yellow Wall-Paper". I argue that Gilman's attention to domestic design, specifically her focus on wallpaper and its symbolism in the text, was a way of critiquing issues of gender and health in the late nineteenth century. This section builds on the work of literary historian Heather Kirk Thomas, who argues

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[14]   See Lucinda Hawksley, *Bitten by Witch Fever: Wallpaper & Arsenic in the Victorian Home* (London: Thames & Hudson, 2016). And Andrew Meharg, *Venomous Earth: How Arsenic Caused The World's Worst Mass Poisoning* (London: Palgrave Macmillan, 2005).

that Gilman's literary use of William Morris-style wallpaper positioned domestic interiors as charged political spaces where middle-class women were constricted and confined to male-dominated environments insofar as they were designed by men and imposed on women in the home. This chapter expands on existing scholarship on Gilman, arsenic, and wallpaper by framing a connection between health and gender that highlights the ways that confinement within papered rooms affected women's psychological health (as illustrated in "The Yellow Wall-Paper"), and physical health in devastating ways.

Arsenical Wallpapers and William Morris

Arsenic is an incredibly dangerous chemical element. It occurs naturally in several minerals, most notably as a byproduct of copper mining. Despite its toxicity, in the nineteenth century it found its way into many common consumer products. Arsenic started being used in pigments commercially in 1775 with the emergence of the pigment Scheele's green.[15] While today we recognize its harmfulness, it wasn't immediately perceived as a health threat, but rather a cheap chemical commodity for paint and dye manufactures that increased the brilliance and durability of pigments, especially in wallpapers and fabrics. It was even thought to have health benefits.[16] Although arsenical dye is often associated with the colour green, it was used in the manufacturing of almost all colours. The late nineteenth century saw a massive shift in public opinion surrounding arsenic and public health dangers more broadly. During this era there was an abundance of information in the form of public health reports, medical reviews, newspaper articles, and editorial pieces questioning the use of arsenic and its dangers. For example, in 1874, Dr. Robert C. Kedzie submitted a book of wallpaper specimens to the Michigan State Board of Health under the sensational title *Shadows from the Walls of Death*.[17] In it, he details the pervasiveness of arsenic in the home and provides samples of popular arsenical papers. Kedzie's publication set a trend for public health reports on arsenic. Throughout the 1880s, English doctors and specialists such as Dr. Jabez Hogg, followed Kedzie and published two works:

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[15]   Andrew Meharg, *Venomous Earth: How Arsenic Caused The World's Worst Mass Poisoning* (London: Palgrave Macmillan, 2005), 95-96.

[16]   Many cosmetics, soaps, and tonics contained arsenic. Thomas Flower's health tonic 'Fowler's solution' contained dangerous amounts of arsenic yet was prescribed as a treatment of leukemia and as a substitute for many other patented medicines.

[17]   Robert C. Kedzie, *Shadows from the Wall of Death* (Detroit: Lansing, S. George & Co., 1874).

"Arsenical poisoning by wall-papers and other manufactured articles" (1885) and *Arsenic and arsenical domestic poisoning* (1879).[18]

Suspicions regarding the safety of arsenic date back as far as 1839, when Leopold Gmelin, a German chemist, noted that damp rooms with green wallpaper often possessed a mouse-like odour, which he attributed to the production of dimethyl arsenic acid within the wallpaper.[19] He reported his concerns in *Karslruher Zeitung*, a German daily paper, warning the population against applying papers containing Scheele's green pigments to the walls of their homes. Despite Gmelin's warning, arsenic-laced wallpaper of all colours gained massive popularity in the mid-Victorian era for their bright and vivid colours even after publics learned that the pigments contained arsenic. Many dismissed doctors' claims warning of its toxicity, instead believing that these pigments weren't considered poisonous unless you licked them. Among the disbelievers was William Morris, who stated that these doctors, and those who followed them, "were bitten as people were bitten by witch fever."[20]

William Morris was a key member of the British Arts and Craft movement. The Arts and Crafts movement traces its roots to the writings of John Ruskin (1819 – 1900) and the Pre-Raphaelite Brotherhood (PRB), a group of writers, poets, artists, and theorists who looked to Gothic-style design and culture as a means of moral and spiritual enlightenment. Following Charles Eastlake's immensely popular decorative arts guide *Hints on Household Taste* (1868; American edition, 1872), designers within the Arts and Crafts movement sought to uncover a universal condition of beauty in their work, often utilizing nature motifs and 'exotic' ornamentation. An example of this was their appropriation of Asian patterning catalogued in Owen Jones's *Grammar of Ornament*, 1856. These artists rejected machine-made objects, believing that they represented the antithesis of anything artistic. Artists such as Morris, Edward Burne-Jones (1833 – 1898) and Walter Crane (1845 – 1915) participated in the movement and implemented a Gothic-era guild system following Augustus Pugin (1812 – 1852) and Ruskin. The guilds were modelled off a Master/Apprentice pedagogy which aimed to maintain high

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[18] Jabez Hogg, "Arsenical poisoning by wall-papers and other manufactured articles," *The Journal of Science* (September 1885); Hogg, *Arsenic and arsenical domestic poisoning* (London: McGowan's Steam Print Co., 1879).

[19] John Emsley, *The Element of Murder: A History of Poison* (New York: Oxford University Press, 2005).

[20] Norman Kelvin, *The Collected Letters of William Morris vol.2* (Princeton: Princeton University Press, 1987).

standards of craftsmanship. This also appealed to a nostalgic form of production evocative of the Gothic Master studios (sometimes called brotherhoods) which Pugin and Ruskin revered.

Morris negotiated slippery terrain through his identity as both a human and workers' rights activist *and* as an agent of one of the largest mass poisonings of the nineteenth century. In his foundational texts, he heralded non-mechanized craftmanship as a corrective to the morally corrosive evils of industrialization.[21] In his first public lecture, "The Lesser Arts," given to the Trade's Guild of Learning in December 1877, he argued that traditional craft production provided well-paid and honourable employment. He went on to assert that aesthetics and quality of craftsmanship were linked to social conditions, and that only an art grounded in socialist principles could be noble, vital, and beautiful.[22] By extension, he was a strong defender of human and workers' rights, and positioned the return to craftsmanship at the centre of his Marxist ideology.[23]

Seemingly in contrast to Morris's human rights advocacy and concern for society's deteriorating social conditions, his famous floral wallpapers had dangerous amounts of arsenic in the pigments. Arsenic has been found in several of Morris's early designs produced between 1864 and 1875 as well as the green and yellow dyes used in his trellis pattern paper (his first commercially sold paper). Historians Lucinda Hawksley and Andrew Meharg argue that Morris did not believe in the dangers of arsenic, as he denied responsibility for reported sicknesses and possibly one death related to the toxic outfitting.[24] In a letter to his friend, Thomas Wardle, he expresses his frustration with the public's fear of arsenic in the home:

> I cannot imagine it possible that the amount of lead which might be in a paper could give
> people lead poisoning… As to the arsenic scare a greater folly it is hardly possible to
> imagine: the doctors were bitten as people were bitten by witch fever… My belief about
> it all is that doctors find their patients ailing, don't know what's the matter with them, and

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21   See William Morris, "The Lesser Arts," in *The Collected Works of William Morris*, vol. XXII, (1877; Reprint, London: Longmans, Green and Company, 1914), 22 – 27. And William Morris, "The Revival of the Handicraft," in *The Craft Reader*, ed. Glenn Adamson (New York: Berg, 2010), 146-155.

22   Morris, "The Lesser Arts," 22 – 27.

23   Morris, "The Revival of the Handicraft,"149.

24   See Lucinda Hawksley, *Bitten by Witch Fever: Wallpaper & Arsenic in the Victorian Home* (London: Thames & Hudson, 2016). And Andrew Meharg, *Venomous Earth: How Arsenic Caused The World's Worst Mass Poisoning* (London: Palgrave Macmillan, 2005).

in despair put it down to the wall papers when they probably ought to put it down to the water closet, which I believe to be the source of all illness.[25]

The use of arsenic in Morris's early papers is suprising given his interest in natural dyes and pigments. In a speech given in October 1889 at the Museum of Science and Art in Edinburgh, Morris aligns his choice of high-quality dye with his political work when he states that "there is an absolute divorce between the *commercial process* and the *art* of dying."[26] Morris goes on to stake the artistic use of natural dye as a move against mass-production and the inhumane labour associate with it. The question remains why he stopped using arsenical dyes after 1875 and how he managed to change his stance quietly.

The Morris case is fascinating not only because his negligence seemingly goes against his vocal dedications to human rights but also because it illustrates key aesthetic controversies surrounding middle-class Victorian homes. As literary historian Eileen Cleere states, these controversies presented themselves through a battle of ideologies between artistic reform, aesthetic decadence, and accumulations of contaminated design materials.[27] The tension between these elements present an image of the Victorian home torn between two opposing modes of design: antiquated dust traps and reform-minded modernism.[28] The term 'dust trap' was commonly used at the time to describe an unclean and polluted home caused by dust accumulations in the nooks and crannies of popular Victorian furniture. These types of designs, such as Léon Marcotte's armchair (c. 1860), were heavily ornamented and often cheaply made for mass-production (*plate 1*). Charles Eastlake went so far as to describe this type of furniture as "designed in accordance with the worst principles of construction and invested with shapes confessedly unpicturesque."[29] Marcotte's armchair exemplifies Neo-Rococo and Second Empire

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[25]   Kelvin, *The Collected Letters of William Morris vol.2*, 1987.

[26]   William Morris, "The Art of Dyeing," *The Decorator and Furnisher* 19, no. 6 (March 1892).

[27]   See Eileen Cleere, "Introduction: Foul Matter," in *The Sanitary Arts: Aesthetic Culture and the Victorian Cleanliness Campaigns* (Columbus: The Ohio State University Press, 2014), 1 – 18; Cleere, "Victorian Dust Traps," in *Filth: Dirt, Disgust, and Modern Life* (Columbus: University of Minnesota Press, 2004), 133 – 154.

[28]   It is important to note that Cleere also argues that the transition to clean, hygienic, and sleek modernism in British architecture was less of an aesthetic revolution, but rather an inevitable effect of Victorian sanitary reform.

[29]   Charles Eastlake, *Hints on Household Taste in Furniture, Upholstery and Other Details* (London: Longmans, Green and Company, 1878), 89.

styles favoured by the middle class which featured thick padding, elaborate woodwork, and intricate gold embellishment that was hard to clean and collected dust.

Cleere analyses harmful design objects, such as arsenic-contaminated wallpaper, in the nineteenth century through the conceptualization of an unhealthy or, in her words, 'filthy' home. Throughout Victorian literature on design, the term 'filthy' was used as a catch-all phrase to denote any space which caused adverse health effects.[30] For some, such as architect Robert Edis (1839 – 1927), Morris's wallpapers were considered a part of these outmoded, dirty, and unhealthy design tropes of the mid-nineteenth century due to their association with arsenic.[31] However, as Cleere explains, prominent figures in the Arts and Crafts movement such as Ruskin and Bayliss, who Morris followed, attempted to distance themselves from the widespread belief that artists were preoccupied with filth and decay. They rejected the aesthetic values represented by the Renaissance Old Masters (a group they had previously aligned themselves with).[32] Ruskin instead positioned the Arts and Crafts Movement and the Pre-Raphaelite Brotherhood as leaders in "clean arts" through aesthetic codes of brightness, cleanliness, and clarity of form.[33]

Indeed, this aesthetic approach is seen in the light colour and soft forms of Morris's wallpaper *Willow Bough* (1887), and the geometric clarity of form and flatness of his wallpaper *Bachelor's Button* (1892) (*plate 2, and plate 3*). In *Willow Bough*, Morris stylises an assemblage of twisting delicate willow branches on a light ground. The end of each leaf gently curls as the branches weave upwards to create a subtle sense of motion and liveliness. Morris's 1892 version of *Bachelor's Button* features a vibrant floral pattern of acanthus leaf scrolls. Using only three bold shades of yellow, Morris displays his botanical specimen in a highly articulated form as if each leaf were pressed between panes of glass, ready to be examined. These jovial and playful papers demonstrate the values of "clean arts" by way of pleasant, naturalistic, and precisely rendered visual forms. For Ruskin and his followers like Morris, cleanliness in design was an aesthetic choice just as much as an architectural decision. Yet Morris's wallpapers

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[30] See for example, Robert W. Edis, *Healthy Furniture and Decoration* (London: William Clowes and Sons, Limited, 1884).

[31] Robert W. Edis, "Internal Decoration," in *Our Homes and How to Make Them Healthy*, ed. Shirley Forster Murphey (London: Cassell and Company, 1883), 313.

[32] Cleere, "Introduction: Foul Matter," 9.

[33] Ibid., 11-12.

simultaneously fall into the category of 'filthy' design because, by containing arsenic, they contradict the efforts of artistic sanitary reform that his mentors, including Ruskin, supported.

A recent scholarly investigation by Hawksley into Morris's connection to arsenic found that his family's wealth was derived from one of England's largest producers of arsenic: a copper mine called Devon Great Consols.[34] Morris's father, also named William, left his son shares in the mine when William Jr. was a child. As Hawksley explains, it was his father's lucky speculation in the mines during the 1840s that funded Morris's education as well as his early business ventures, including the creation of Morris, Marshall, Faulkner & Company in 1861.[35] In 1871, Morris became one of the directors of Devon Great Consols for four consecutive years.[36] Hawksley and Andrew Meharg both suggest that one of the great unanswered questions surrounding Morris's involvement with the copper mine is why he never visited the mines nor showed any concern for the welfare of the workers and their families. Given his enthusiastic support for fair labour practices and his vocal stance on workers' rights, this element of Morris's life appears to be out of character.

In the early 1860s, the Devon Great Consols was the subject of an investigation reported in many newspapers, so Morris would have been aware of the poor working conditions in the mines at the time.[37] Part of the newspaper report in the *Tavistock Gazette* interviewed Thomas Morris, William's uncle, who admitted that children as young as eight were used to sort through the refuse heaps that included arsenic.[38] He also noted health problems from the adult workers at the mines that were consistent with arsenic poisoning. We can only assume that many miners at Devon Great Consols died from arsenic poisoning. Like so many victims, their identities have been left out of reports and forgotten over time. The miners would have been wearing mouth-masks, overalls, and hessian sacking which covered their ears, feet, and ankles as an attempt to

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34   Hawksley, *Bitten by Witch Fever*, 59.
35   Ibid, 59-60.
36   Norman Kelvin, *The Collected Letters of William Morris vol.2* (Princeton: Princeton University Press, 1987), 155.
37   Jackie Latham, "Thomas Morris, Resident Director of the Devon Great Consols," *JWMS* 14, no.3 (Winter 2001): 41-46. See also: B.A. Klinck, B Palumbo, et. al, "Arsenic dispersal and bioaccessibility in mine contaminated soils: a case study from an abandoned arsenic mine in Devon, UK," *British Geological Survey Report*, (2005): 1 – 52, http://nora.nerc.ac.uk/id/eprint/3681/1/RR04003.pdf.
38   *Tavistock Gazette,* 6 September 1957, p. 13.

prevent direct contact with arsenic.[39] The physical effects of exposure could be horrific: direct contact could lead to the fingernails turning yellow, and greenish ulcerated lesions (or 'pocks') might open up on the skin of the hands.[40] Sensitive area such as lips and nostrils were prone to becoming raw and reddish in the presence of arsenic.[41] Any scratches or abrasions in the skin made the effects even worse. Although pocks were the most recognizable effect of arsenic exposure, many of the miners at Devon Great Consols died of lung disease brought about by arsenic poisoning. As a case study, the Devon Great Consols demonstrates the role that class played in determining who was affected by arsenic in the nineteenth century. For example, the exposure time to arsenic by members of the labouring class were among the highest of anyone during this period, making them the most vulnerable population. The profits reaped from the mines proved more valuable than the bodies preforming the labour. Morris, an upper-middle-class artist, profited off the physical suffering of working-class miners.

In the mid-nineteenth century, almost everyone agreed that arsenic was dangerous in massive doses and especially in the contexts of mining and resource extraction.[42] But people were still divided on whether arsenic in consumer products was dangerous. Even medical opinion amongst scientists was divided due to several difficulties which lay in the path of confirming the dangers of such products. Among these was the non-specific nature of the symptoms of "chronic arsenism" which included headaches, fatigue, abdominal pains, vomiting, peripheral neuropathy, etc.[43] To many members of Victorian society, these symptoms could easily be dismissed as insignificant or the result of too many hours spent working, only to be relieved by taking a break from the room which contained the arsenical wallpaper or product. Moreover, symptoms of more severe conditions were very similar to many common diseases of the day, for example cholera and pulmonary tuberculosis.[44] To make matters worse, Victorian

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[39]   Florence S. Boos and Patrick O'Sullivan, "Morris and Devon Great Consols," *The Journal of William Morris Studies* (Summer 2012): 15.

[40]   Hawksley, *Bitten by Witch Fever*, 61-62.

[41]   Ibid.

[42]   Boos and O'Sullivan, "Morris and Devon Great Consols," 22.

[43]   Jabez Hogg, "Arsenical poisoning by wall-papers and other manufactured articles," *The Journal of Science* (September 1885): 10-12.

[44]   Hogg, "Arsenical poisoning by wall-papers and other manufactured articles," 11; Edward S. Wood, "Arsenic as a Domestic Poison," in *Lunacy and Charity*: *Fifth Annual Report of the State Board of Health, Lunacy, and Charity of Massachusetts* (Boston: Wright & Potter Printing Co., 1884): 3-6, 8.

medical management involved confining patients to bed in rooms, in many cases outfitted with arsenical papering. Thus, sufferers were locked in with their poison until they died. This practice of domestic confinement will be explored in the next section of this chapter through an analysis of the short story "The Yellow Wall-Paper."

The limitations of the archive and lack of accountability erases unidentified victims of arsenic from Morris's story, and by extension, the history of the arsenic pandemic as a whole. However, it is reasonable to believe that in terms of domestic poisoning, women and children who stayed home were overwhelmingly affected by arsenic in comparison to men due to their contact and prolonged exposure in the home. Morris's own wife, Jane, went through a bought of unidentified illness during a time of confinement within their home and presented symptoms consistent with arsenic poisoning. Although the cause of her illness was never confirmed, scholars such as Hawksley have suggested that it could have been a result of arsenic poisoning from papers.[45]

Not everyone in arsenic-ridden households appeared to be affected by the toxin. Following numerous case reports published in 1880 by Dr. Henry Carr, it soon became apparent that many members of the population were relatively resistant to high arsenic levels and only some individuals were susceptible to harm.[46] This left the public with no coherent understanding of variance in vulnerability. Moreover, a vocal undercurrent was starting to make itself known in the press, campaigning committees, and in the more enlightened areas of society. Newspapers and magazine cartoons of the time frequently satirized the laissez-faire attitude toward arsenical commodities on the part of both government and general public and the lack of effective legislation against them. For example, in John Leech's engraving for the popular satirical magazine "Punch or the London Charivari" (November 1858), the figure of Death is dressed as a confectioner, and makes sweets using a deadly concoction of arsenic and plaster of Paris as ingredients (*plate 4*). The text below the image, "The Great Lozenge-Maker. A Hint to Paterfamilias," warns heads of households about food adulteration while also making a cheeky remark about blind consumerism.

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[45]   Lucinda Hawksley, *Bitten by Witch Fever*, 194.
[46]   Henry Carr, *Poisons in domestic fabrics in relation to trade and art* (London: William Ridgway, 1880): 1 – 31.; "Editorial," *Belfast Morning News* (Belfast, Ireland), May 21, 1862.

By the final two decades of the nineteenth century, public fear of arsenic-related illness or death had created a consumer shift towards manufacturers who promised 'arsenic-free' products. In some cases, the wallpaper remained dangerous as some manufacturers' ongoing disdain for the arsenic poisoning theories, combined with the lack of regulatory legislation, led them to continue producing wallpapers containing high levels of arsenic while advertising them as safe.[47] Nevertheless, over time newer and safer pigments slowly replaced arsenical pigments. Despite the advancements in dye materials, outdated wallpapers still held an association with bad taste and, to put it as bluntly as Charles Eastlake, ugliness. When writing about popular trends in late-nineteenth century wallpaper design, he certainly doesn't mince words when he states that:

> The British public are, as a body, utterly incapable of distinguishing good from bad
> design, and have not time to inquire into principles. As long as gaudy and extravagant
> trash is displayed in the windows of our West End thoroughfares, so long will it attract
> ninety-nine people out of every hundred to buy.[48]

Eastlake's critique of lurid and outmoded design is similarly reflected in the work of writers such as Charlotte Perkins Gilman, who positioned wallpaper as a symbol of patriarchal oppression and psychological danger in her well-known feminist tale.

Gender and Illness in "The Yellow Wall-Paper"

Gilman's (1860 – 1935) short story "The Yellow Wall-Paper" (1892) is widely regarded as a literary masterpiece. It has been the topic of analysis on a myriad of issues, including: the subversion of patriarchal domestic control (Heather Kirk Thomas), the institutions of marriage and motherhood, (Elaine Hedges) and the relationship between the personal and political (Ann

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[47]   Jabez Hogg, "Arsenical poisoning by wall-papers and other manufactured articles," *Journal of Science*, *Royal College of Surgeons England* (1885): 3 – 4; for an overview of the regulation of arsenical wallpaper in the late-nineteenth century, see Dr. Robert C. Kedzie, *Shadows from the Walls of Death* (Detroit: Lansing, S. George & Co, 1874).

[48]   Charles Eastlake, *Hints on Household Taste in Furniture, Upholstery and Other Details* (London: Longmans, Green and Company, 1878), 119.

Heilmann).[49] Gilman's loosely autobiographical story paints a portrait of a woman stifled by the social expectations put upon middle-class women during the late-nineteenth century. The story is written as a collection of journal entries narrated in the first person by the protagonist, an unnamed woman and new mother, who has recently moved to a large summer home on the coast in hopes to cure her "temporary nervous depression."[50] While there, her physician husband, John, relegates her to a converted nursey (now bedroom), forbids her to work or write, and encourages her to recover in the room with plenty of fresh air and sunlight. This bedroom is covered in a distasteful and garish yellow wallpaper. While confined in the room, the narrator spirals into an obsessive fixation on the yellow patterning looming oppressively in the room. Her program of recovery (from an unknown, or unmentioned, illness that is commonly understood to be a form of 'hysteria' or other nineteenth-century 'woman's illness') is forced upon her—she becomes an invalid against her will. As time passes in her bedroom, the narrator crafts her own imagined reality and becomes convinced that a woman (or many women) is trapped behind the wallpaper and must be liberated.

Although it is hard to identify exactly which wallpaper Gilman references in "The Yellow Wall-Paper," we have clues in the descriptions provided by the narrator. For instance, she notes a "sprawling flamboyant pattern…committing every artistic sin," with a colour that is "repellant, almost revolting; a smouldering unclean yellow, strangely faded by the slow-turning sun-light. It is a dull yet lurid orange in some places, a sickly sulphur tint in others."[51] Her description brings to mind the highly popular acanthus leaf motif (used in many variations from nineteenth-century designers) which swirled across its papers creating a dizzying effect (*plate 5)*, or the dingy and off-putting yellow colour of William Morris's paper *Vine* (1873 designed, 1874 produced) which depicts flat curling grape vines (*plate 6*). Or perhaps we might think of Morris's popular yellow wallpapers such as "Bachelor's Button" (1892), "Ceiling" (1883), and "Sunflower 108" (1879 designed, 1881 printed), which all feature what might be the "particularly irritating…sub-pattern" with "bloated curves and flourishes" that the narrator

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49 For an overview of readings see Elaine Hedges, "'Out at Last'? 'The Yellow Wall Paper' after Two Decades of Feminist Criticism," in *The Captive Imagination; A Casebook on The Yellow Wallpaper*, ed. Catherine Golden (New York: The Feminist Press, 1992), 319-33.

50 Charlotte Perkins Gilman. *The Yellow Wall-paper*, 1892, Reprint, London: Virago Press, 1981, 647.

51 Charlotte Perkins Gilman. *The Yellow Wall-paper*, 1892, Reprint, London: Virago Press, 1981, 648-9.

laments (*plate 3, plate 7, and plate 8*).[52] In all four of these yellow papers there are fragments of visual elements (the strange yellow colour, undulating line, and layered patterning) referenced by Gilman's narrator, yet the "waves of optic horror" she describes cannot be assigned to a single paper for certain.[53] Given this uncertainty, we might assume that Gilman is referencing a combination of Morris wallpapers and creating her own bricolage of an imagined Morris-style paper.

Shifts in public taste following the 1870s made Morris's wallpaper highly fashionable in both Britain and America. For example, brightly coloured scenic papers fell out of style and were replaced by Morris's (or Morris-inspired) gilded-leaf, monochromatic green and yellow, and nature-patterned designs. Fiona MacCarthy's biography of Morris contends that he was even more popular in America than in Britain and was seen as "a personal hero" to many American designers.[54] Whether this is an overstatement, it still speaks to his enormous popularity across the two countries and demonstrates that, if Morris was the most popular wallpaper designer in America, it is plausible Gilman evokes his designs in her story.

In 1881, eleven years before Gilman published "The Yellow Wall-Paper," Dr. John Gardner warned homeowners of papering sickrooms with flamboyant and overpowering patterns. Gardner states that "[i]n fevers or nervous disorders, figures and patterns on the paper give rise to illusions which harass the patient and often prevent sleep."[55] Given the popularity of Gardner's book, it is plausible that Gilman could have taken inspiration from the real-world concerns expressed by Gardner.

In her chapter "'[A] kind of 'debased Romanesque' with *delirium tremens'*: Late-Victorian Wall Coverings and Gilman's 'The Yellow Wall-Paper,'" historian Heather Kirk Thomas argues that Gilman's attention to domestic design, specifically wallpaper, was a way for the author to confront issues of gendered medical authority in the late nineteenth-century.[56] Thomas argues that Gilman's literary use of William Morris-style wallpaper framed domestic interiors as charged political spaces where women were constricted and confined to male-

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52   Gilman, *The Yellow Wall-Paper*, 651.
53   Ibid.
54   Fiona MacCarthy, *William Morris: A Life for Our Time* (London: Faber & Faber, 1994), 604.
55   John Gardner, *Household Medicine and Sick-Room Guide: A Familiar Description of Disease, Remedies, and Methods of Treatment, Diet, Etc*. (London: Smith, Edler, and Co., 1881), 94 – 95.
56   Thomas, "'[A] kind of 'debased Romanesque' with *delirium tremens'*," 189 – 191.

dominated environments insofar as they were designed by men and imposed on women in the home. She notes that Gilman was acutely aware of stylistic shifts and trends in late nineteenth-century interiors as she studied at the Rhode Island School of Design in 1878–1879.[57] She served as the interior decorator for the Pasadena Opera House and taught drawing at a private school and incorporated her knowledge of interiors in "The Yellow Wall-Paper."[58] Due to her formal training, Gilman was well versed in issues of domestic design at the time. Moreover, she was keenly aware of changes in consumer taste during the 1870s and 1880s which looked to Charles Eastlake's principles of design in Gothic-revival style as described in his wildly popular book *Hints on Household Taste* (1868; American edition, 1872), which subsequently brought Morris wallpapers into the mainstream. Thus, Gilman's background in the decorative arts is significant to a reading of "The Yellow Wall-Paper" as a text that interrogates the gendered politics of wallpaper design during the era. Given the biographical aspects of Gilman's life and career, and the visual qualities of the wallpaper she describes in the text, it is reasonable to assume that she purposefully alluded to Morris's wallpaper as part of her literary critique of gender and health.

Thomas asserts that "The Yellow Wall-Paper" frames wallpaper as (1) a potential mental health threat to women and children restricted to the environment (one that could cause hallucinations as seen in the story); (2) a medium which inscribed gender through strategic means into the home, and highlighted fin-de-siècle ambivalence about family dynamics and the role of women (or a restrictive decorative strategy which will be discussed through an analysis of sickrooms in Chapter two); and (3) evidence of the male takeover of domestic space through the decorative arts market and male-driven aesthetic shifts which curtailed female empowerment in the home (in other words, male designers imposing on the home).[59] Although her argument is well-structured, her analysis oversimplifies the relationship between gender and design into categories of 'masculine' and 'feminine' forms; she describes masculine forms as large and imposing flat shapes and intense colours, while light colours and delicate lines were perceived as

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[57]   Charlotte Perkins Gilman, *The Living of Charlotte Perkins Gilman: An Autobiography*, introduction by Ann J. Lane (Madison: University of Wisconsin Press, 1990), 121.

[58]   Gilman, *The Living of Charlotte Perkins Gilman: An Autobiography*, 112.

[59]   Ibid., 189 – 190; Given the scholarship on arsenic in Morris's papers (Hawksley and Meharg) and the harmful physical and psychological effects of arsenic in the home, it is important to acknowledge the ways in which the distinction between physical and psychological illness is blurred in "The Yellow Wall-Paper". The effects of confinement within papered rooms not only affected women's psychological health (as illustrated by Thomas and Heilmann), but also their *physical* health in devastating ways (as illustrated in the first section of this chapter).

feminine. Furthermore, her claim that wallpaper designs are expressions of patriarchy simply because they were made by men is unconvincing.

A central theme in Thomas's argument is that Morris's wallpapers (and shifting tastes in domestic design more broadly) represented a shift towards what Thomas calls masculine qualities in design which undercut women's autonomy and expression within the home.[60] However, it is too reductive to label these papers as 'masculine' or 'feminine' simply because of certain formal elements. Instead, it is more convincing to assert that the *implementation* of these designs in the home was a masculine act: as male-driven design firms imposed a schema of taste on a predominantly female consumer market. Given the myriad of symbolic meanings of colour and form and changing popularity surrounding each, issues of taste and trends cannot simply be reduced to gendered form. The coded function of wallpaper may have indeed spatially defined gender, yet it shouldn't be simplified to just the fact that wallpapers featured 'masculine' forms and were produced by men.

Architectural and medical historian Annmarie Adams has argued that women played a meaningful and productive role in both private and public spheres in the late nineteenth-century.[61] In many ways, Adams's analysis of women's robust roles in the domestic sphere, especially concerning design, pushes back against Thomas's stance that women were fundamentally suppressed by male dominated design trends. For instance, Adams asserts that women made waves in economic, social, and urban arenas; actions made in one sector directly influenced the other, making the boundaries between the private and public spheres less rigid than we may believe. Victorian women could access a greater range of spaces compared to Victorian men, as women exercised enormous power in the public sphere by controlling the employment of servants, managing social events which secured their husband's social status in the fields of finance and manufacturing, purchasing food and clothing, and balancing the family books.[62]

Perhaps the differences between Thomas's and Adams's arguments have to do with class and location (Thomas focusing on America and Adams on Britain), yet class and social standing is not mentioned in Thomas's chapter. This raises questions such as: *who was buying and*

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[60] Thomas, "'[A] kind of 'debased Romanesque' with *delirium tremens*'," 199 – 202.
[61] Annmarie Adams, "Female Regulation of the Healthy Home," in *Architecture in the Family Way* (Montreal: McGill Queen's University Press, 1996), 73 –102.
[62] Adams, "Female Regulation of the Healthy Home," 77.

choosing the papers? Who was involved in the design choices within the home? Although wallpapers indeed came from male manufacturers, women still played a meaningful role in the demand for these products and were at the forefront of the consumer market. Thomas asserts that as men became more active in the design and aesthetic choices in the home, they "colonized" female domestic space, and as a result, women lost ground at home.[63] Although women were certainly limited and controlled (financially, spatially, artistically, etc.) in unequal ways, to say women's space was actively "colonized" by male-produced design is an oversimplification. Merging Thomas's and Adams's theses together encourages a more nuanced reading of "The Yellow Wall-Paper" in which gendered tensions in the story are centred on the social and domestic conditions between a controlling husband and male medical authority rather than formal elements of wallpaper and its designers.

Another important question when considering the visual components of wallpaper in Gilman's text is: *why yellow?* In her chapter, "Overwriting Decadence: Charlotte Perkins Gilman, Oscar Wilde, and the Feminization of Art in 'The Yellow Wall-Paper,'" Victorian literary scholar Ann Heilmann argues that Gilman may have chosen the colour yellow because it represented the self-indulgent decadence associated with the Aesthetic Movement. Heilmann asserts that Gilman purposefully presses upon the significance of yellow as a critique of popular 'art for art's sake' attitudes and fin-de-siècle decadence which she may have associated with masculine perspectives of the movement.[64]

The term 'art for art's sake' was a slogan for the Aesthetic Movement which aimed to produce *purely beautiful* art rather than art that served a utilitarian, moral, or political purpose. Aestheticism developed in Britain in the 1870s and 1880s and had major influence on both fine and applied arts. In search of 'pure beauty,' these artists, such as Edward Burne-Jones and Christopher Dresser, popularized Japonisme (the influence of Japanese arts in Western Europe) as well as a 'cult of beauty' that was ostensibly radically *a*political. Because of their perceived apathy in regard to meaning, function, and politics, the Aestheticists often became associated with decadence, moral decay, and self-indulgence. Feminist scholars, such as Heilmann, have

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[63]   Thomas, "'[A] kind of 'debased Romanesque' with *delirium tremens*'," 201.
[64]   Ann Heilmann, "Overwriting Decadence: Charlotte Perkins Gilman, Oscar Wilde, and the Feminization of Art in 'The Yellow Wall-Paper'," in *The Mixed Legacy of Charlotte Perkins Gilman*, eds. Catherine Golden and Joanna S Zangrando (Newark: University of Delaware Press, 2000), 175 – 188.

argued that decadence was a privilege afforded to male artists since they were able to disregard the political purpose of art more easily. In her view, politics did not impact men in the same ways as women. For instance, Heilmann positions the author Oscar Wilde (1854 – 1900) as the embodiment of these male-oriented ideals of aestheticism and decadence (through his self-fashioning as a character of indulgence). She portrays Gilman's work as a corrective to Wilde insofar as it focuses on women's narrative voices and experiences. In contrast, Wilde's work explores the psychological deterioration of men through art, such as in *The Picture of Dorian Gray*, but does not consider female perspectives in his work.

Heilmann suggests that yellow possessed a special cultural meaning in the context of the 1890s as it was used as a key colour throughout Aesthetic works. She uses the example of Wilde's interest in yellow in both his literary works and personal fashioning; Wilde's poems "In the Gold Room: A Harmony" (1882), "Symphony in Yellow" (1889), "Remorse (A Study in Saffron)" (1889) and "La Dame Jaune" (undated) all frame yellow as the colour of aestheticism. Heilmann argues that by utilizing yellow as the signifier of aestheticism, Gilman actively denotes her emerging feminist opposition to male thought and cultural production (represented by the colour yellow) through the narrator's adverse reaction to the colour in her room.[65] She states that for Gilman, the colour yellow was not a subversive visual indicator but rather a symbolic expression of the patriarchy laden in the aesthetic movement.

Yet Heilmann's argument simplifies Wilde's own expression of gender, which deviated significantly from other leading Aestheticists because he was gay. Wilde's sexuality marginalized him in many ways; he did not represent the type of patriarchal power that she describes as represented by the colour yellow. Her analysis of yellow as a patriarchal symbol shares the same pitfalls as Thomas by ascribing a gender to visual forms. It may be the case that Gilman used the colour yellow simply because it was fashionable at the time. As discussed, many of the most popular wallpapers of the day, including Morris's designs, are predominantly yellow and greenish-yellow, suggesting Gilman's choice may have been stylistic more than symbolic. It is important to note that while the colour yellow was probably used because it was in vogue (rather than a critique of aesthetic masculinity), the visual qualities of the wallpaper also contributed to the narrator's psychosis. It is reasonable to believe that a room covered in

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[65]   Heilmann, "Overwriting Decadence," 178.

putrid yellow (or any colour in excess) and an overwhelming pattern would cause optical and psychological discomfort.

Conclusion

The negative health effects—both physical and psychological—of wallpaper in Victorian homes demonstrates the complex relationships amongst gender, illness, domesticity, and design. Middle-class women spent more time in the home than men and were often confined to specific rooms such as sickrooms. As a result, they suffered greater poisoning and psychological damage. Building from the themes introduced in this chapter, the next chapter of this thesis will explore the transition from the unhealthy home, such as that constructed by Morris and probed by Gilman, to a healthy by examining the implementation of sanitation reform in design. Moreover, while this chapter has explored how women were overwhelmingly the victims of unhealthy homes, Chapter 2 will examine the ways in which women were also at the forefront of progressive health reforms.

Chapter 2
The Healthy Home:
Home as a site of wellness and recovery

In the Victorian era, middle-class women oversaw the health and wellness of the house and the people in it. By keeping informed of up-do-date medical news, circulated through guidebooks and magazine directed at female readership, these wives and mothers regulated sanitation and air quality, detected toxins and poisons such as arsenic, nursed the sick, and closely inspected the house on a regular basis. It is important to note that these women were tasked with being the primary overseers of wellness in the home; through their roles as wives and mothers, they were

expected to educate and nurture children, and keep the family unit healthy. Women were often considered to blame if things went awry; any sickness or failure in sanitary conditions implied that the woman was at fault and failed in her domestic duties to protect the household and family. It was not seen as a failure on the part of doctors or architects.

This chapter will analyse reforms in home sanitation, and compare the visual language of hygiene reform to what were considered outmoded styles of living at the time. The term 'visual language' is used to describe a schema of visual cues, codes, and principles of design which work in tandem to communicate an idea or concept. Visual language is tied to the Gestalt school of psychology, which emerged in Germany during the early-twentieth century. The Gestalt school utilized formalist conventions of pattern and form to devise a theory of psychological perception by way of visual expressions. This chapter will use the term (and its association with object-perception theory) to explore the ways in which sanitation reform was visualized in the home using shifts in design materials, spatial arrangements, colour, pattern, and form.

As scholars such as Annmarie Adams and Eileen Cleere have argued, the home was not only a family dwelling and place to raise children but was also a site of nursing and treatment in the Victorian era. Adams states that hospitals were often viewed as causing death and disease (due to overcrowding and high mortality rates) rather than as places to heal, thus making the family home the preferable location for treatment and recovery.[66] Building on Adams' and Cleere's research, this chapter will focus on the process of recovery and the significance of the sickroom—a bedroom where the sick could isolate from the rest of the family, be monitored by caregivers, and recover. Through an examination of sickroom images, such as Fred Barnard's 1872 engraving of a sickbed scene and Michael Ancher's painting *Sick Girl* (1882), I will argue that these representations have a distinct visual iconography that demonstrates how women's experience of illness was shaped and formed by culturally acceptable modes sickness that were based on Victorian gender expectations. Women were both cast in the 'sick role' as patient and the 'healthy role' as caretaker who was expected to properly arrange and manage sickrooms according to guides and tips on sanitation.

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[66] Adams, "Female Regulation of the Healthy Home," 88.

The Visual Language of Hygiene Reform

In 1884, a massive committee, comprised of English businessmen, lawyers, physicians, chemists, architects, noblemen, and surgeons, organized a public exhibition in South Kensington on the topic of health and sanitation called *The International Health Exhibition (IHE)*. Under the patronage of Queen Victoria, the IHE exemplified shifting attitudes towards sanitation and disease theory in 1880s England. Its programming focused on both archaic 'old models' of urban architecture (which the Victorian public believed to foster disease and illness), and 'modern' Victorian design standards that offered a corrective to the disease-ridden ways of the past. Examples of 'old models' included a fictionalized model of an 'Old London Street' outfitted with medieval style facades, dirty gutters, dingy passageways, and flammable building materials. This differed from 'modern' design, exemplified by the magnificent fountain displays and pools at The Water Pavilion which underscored the sanitary progress of clean water systems throughout London.[67] Given the popularity of sanitary science in the late nineteenth century, the IHE used the discipline to highlight recent reforms in food, fashion, the home, the school, and the workshop.[68] Moreover, this gave British manufacturers and the municipal government a chance to promote their key roles in these efforts.

Among the many spectacles at the IHE was the exhibition on 'the Sanitary and Insanitary Dwellings'. The exhibit was broken into two sections: the insanitary dwelling' and the 'sanitary dwelling'. Visitors moved throughout life-sized models of the two opposing homes, and in the first, were faced with hidden health dangers such as arsenical wallpapers, poor ventilation, cross-contaminated drinking and toilet water, and foul air filling an ordinary middle-class home with illness and disease. Finally, the second *sanitary* home offered a corrective to the first, showcasing walls sealed with paint and cement to replace wallpapers, proper ventilation from ducting and large windows, and an organized water pipe system throughout the home.

Adams argues that the most socially impactful element was the fair's exhibit on the hidden dangers in outmoded Victorian homes. The exhibit on domestic design and architecture

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[67]   The public outrage over London's previously horrendous water system came to a head following numerous cholera outbreaks and the 'Great Stink' in the summers of 1858 and 1859 which resulted in a massive urban restructuring of London's sewer system and the development of the Chelsea Embankment.

[68]   Adams, 11.

gave the IHE a sense of real-world relevance and provoked middle-class anxiety by bringing public health concerns into the private space—proving that in 1884, true sanitation reform still hadn't been accomplished. Adams underscores the fact that the health concerns addressed at the IHE demonstrated mixed messaging on disease transmission in the 1880s; although the germ theory of disease had been developed two years earlier, lasting misconceptions relating to the miasmic and contagion theories of disease transmission still proved relevant and powerful, as the idea that illness spread through bad air was still the main concern of the IHE.

Through the display of domestic spaces in the public realm, the exhibit showed how public health and sanitation reform was integrated into the domestic sphere by making the home the site of illness and need for improvement. Adams argues that the new tenet of 'enlightened self-improvement' was marketed to the middle class in Britain through the IHE and similar public health campaigns. Moreover, in the late-nineteenth century, health was often considered by medical experts to be a holistic experience where a healthy body and mind were understood to start with a healthy and visually pleasing home.

Among the domestic designers to participate in the IHE was committed reformer E.W. Godwin (1833 – 1886), who was a key figure in the Aesthetic movement in Britain. Although there was contemporary critical scrutiny of the Aesthetic movement's association with decadence and frivolity due their rejection of moral or practical considerations, Godwin's design efforts demonstrated the ways in which the Aesthetic interior could be a productive site of health reform in the late-nineteenth century.[69] Architect and historian Richard W. Hayes argues that the Aesthetic movement made many strides towards sanitary reform through the use of spare and calm interiors based on hygienic conventions of clean air, relief from urban stress, and a streamlined aesthetic ordering (characterised by open spaces, and sparingly placed furniture).[70]

Godwin modelled his domestic interiors on the tenets of sanitarians like Edwin Chadwick (1800 – 1890) and viewed the home as a miniature healthy city which he then marketed to middle-class culturally savvy consumers. For example, in his 1876 promotional drawing of a living room, he implements an open and bright floorplan; there are no papers on the wall (instead they were sealed with non-permeable cement and painted); light creams and whites

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[69] See Heather Kirk Thomas' and Ann Heilmann's analysis of the movement explored in Chapter One.

[70] Richard W. Hayes, "The Aesthetic Interior as Incubator of Well-Being," *Architectural History* 60 (2017): 277.

dominate the main colour pallet; and the limited furnishing is comprised of spindly chairs without the ornate padding, nooks, and crannies of contemporaneous Victorian furnishing (*plate 9*). The formal simplicity of the interior lends itself to, as Godwin described, an economy of cleaning—wherein all areas and surfaces of a room could be easily cleaned on a regular basis. Moreover, features such as wall colour, curtain material, and furniture arrangement promoted both physical and mental health insofar as Godwin believed in the profound psychological impact of interiors on the householder. This particular interior would be good for mental health because it promoted tranquillity and serenity through colour and material. Inspired by Japanese art and design, this type of room is a fashionable example of Japonisme (the influence of Japanese art on European artists), and by extension, underscored its association with the 'zen' interior. As noted in Eileen Cleere's conception the Victorian 'dust trap'—understood as spaces that collected dust and bad air within clutter and congested rooms—Godwin's interior attempted to sanitize the space by providing an alternative to the dust trap: open, bright, and sparely furnished rooms. Based on the general principles of miasma theory, Godwin's interiors featured good ventilation systems in lifted basements, easily washable ceramic tile, separate toilettes, comprehensive plumbing, and natural light.[71]

James Tissot's painting *Hide and Seek* (1877) exemplifies an opulent Victorian dust trap (*plate 10*). Although Tissot was a French painter, he lived and worked in London throughout the 1870s just like Godwin. It is useful to compare the Godwin interior to Tissot's image as diverging conceptions of upper middle-class dwellings during the late-nineteenth century. Tissot's parlour room, turned studio, is cosy but cluttered. In the scene, four children play, as a woman, identified as Tissot's partner Kathleen Newton, reads the newspaper comfortably by the window. This slice-of-life image communicates the comfort, intimacy, and leisure associated with upper middle-class domesticity of the era in the playfulness of the scene, warm colour pallet, and soft forms. Multiple rugs are layered on top of one another, and piles of furs and oversized pillows cover ornate upholstered chairs. Thick heavy drapes block much of the natural light from the windows, and gilded frames and exotic masks hang all over the walls.

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[71] Godwin's views on sanitation were shared by like-minded reformers such as architect R.W. Edis and writers Lady Mary Anne Barker, and Mary Eliza Haweis who promoted cleanliness and ventilation, and intended to reduce dust and dirt, maximize fresh air, and promote well-being in the home.

In comparison to this decadent scene, Godwin's interior features a simple green carpet cantered over hardwood flooring, minimally padded wooden or bamboo chairs and lacks clutter. This creates a sense of clarity and openness of form and order —the differences between the two spaces are striking. Tissot's room illustrates much of what Godwin and like-minded reformers were trying to improve upon through their schema of hygienist design. Godwin wrote at length about these topics in his prolific writings as an architectural critic and journalist. In his book, *My House "in" London* (1876), he asserts that cities had "atmospheres charged with dust," and that cleanliness should be the first consideration in all domestic design as he criticized the dust traps and "villainous smells" of insanitary interiors.[72] Cities in particular were charged with harbouring bad smells (usually from poor sewers and waste disposal systems). This was of great concern for Victorian publics since the miasma theory blamed smell as the main transmitter of disease.

Richard Hayes and Eileen Cleere have compellingly argued that domestic cleanliness was, in part, a way to stave off anxiety about downward mobility, and became a way of ensuring middle-class prosperity.[73] This is delineated in concerns over dirt and grim covering the slums of cities. Godwin described these impoverished neighbourhoods as "in possession of filth, often accompanied by squalor and wretchedness."[74] Many Victorians believed this might infiltrate their own homes, threatening their class status, if they were not vigilant about domestic hygiene.

The relationship between sanitation and class is incredibly important to a holistic understanding of the sanitary reform movement and the real-world impact of health campaigns in nineteenth-century England. The poor and labouring classes were targeted by reformers who attempted to mitigate their often-unsanitary living conditions. Although these measures commonly fell under the guise of charity (as framed in public health reports), Cleere argues that the State was simultaneously concerned with maintaining its labour force and thus funded reform efforts.[75] By drawing upon a Foucauldian reading of the sanitary reform movement's efforts, Cleere argues that reformers such as Edwin Chadwick, one of the most popular leaders of the movement, imposed a pervasive regime of discipline and repression on the Victorian public. For

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[72]   E.W. Godwin, "Chapter II," in *My House "in" London* (1876), 46.
[73]   Hayes, "The Aesthetic Interior as Incubator of Well-Being," 287.
[74]   Godwin, 47.
[75]   Eileen Cleere, "Introduction: Foul Matter," in *The Sanitary Arts: Aesthetic Culture and the Victorian Cleanliness Campaigns* (Columbus: The Ohio State University Press, 2014), 14 – 15.

example, his 'Sanitary Idea', took shape around regular health inspections of the slums, population surveys, detailed descriptions of personal hygiene, and attempts to reform public infrastructure such as the London sewer system. Chadwick believed that the physical health of the labouring class was of upmost importance for the efficiency of Capitalist production and denoted cultural development. In many ways, this model of sanitation reform became a way for the State to gain control of individual and social bodies through a regulatory schema of observation which discriminated against the poor and women.

The public's fear of filth and dirt enforced a moral association between cleanliness and morality. Much of this moral anxiety was stoked by the rise of the 'sanitary aesthetic', or the visual perception of cleanliness (for example, good personal hygiene and orderly well-kept spaces) which presented itself in uneven and complex ways that discriminated against the poorer and labouring classes. For example, Chadwick's style of sanitized observation pressed on the public's instinctive repulsion to dirt and filth which was at the centre of the sanitary aesthetics' development. Within this regime, the physical senses became crucial factors in his reform efforts as the traditional hierarchy of senses and philosophies of sight, or *aesthesis*, were coupled with an emphasis on smell. In other words, the sensation of smell was adopted in the sanitary aesthetic as a key indicator of cleanliness. Following Chadwick's ideals of sanitation, smell became a pervasive and invisible evil which invaded the bodies of upper and middle-class Victorians without warning.[76] For example, despite its association with the poor and labouring classes, smell was able to cross spatial boundaries of social neighbourhoods freely. Before the reformation of the London sewer system (and indeed even, after), foul smell crept into the homes of *all* citizens, challenging the demarcation of class based on location. Importantly, the pairing of smell and the fundamental distrust of outdated and 'dirty' sanitary aesthetics, such as cramped and cluttered spaces, brought Victorian hygiene reform into the conversation about beauty, culture, and shared social experience.[77]

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[76] Cleere argues that this mass rearrangement of the hierarchy of senses pushed back against Kantian aesthetics and offers smell as an oppositional aesthetic value as a bodily experience.

[77] Eileen Cleere, "Introduction: Foul Matter," in *The Sanitary Arts: Aesthetic Culture and the Victorian Cleanliness Campaigns* (Columbus: The Ohio State University Press, 2014), 6.

The Visual Iconography of the Sickbed and the Spatial Arrangement of Illness in the Home

The sickbed was one of the places where illness was often visualized in the nineteenth century. Images of pale, bedridden and wasting women became a standardized trope in Victorian popular culture. These images repeated themselves in paintings, sketches, photographs, and cartoons, creating a formulaic model of the consumptive woman. This section will explore the ways that this formula *invented* a female experience of sickness for middle and upper-class women that was controlled, sanitized, and visually attractive, as opposed to the reality of illness that was often painful and grotesque. This thesis uses the term 'invented' to underscore the fabricated mythology of feminine illness created by these images.

The consumptive was the most common figure depicted in the sickroom throughout Victorian literary and visual culture. During this time, consumption was a catchall diagnosis for illness or disease that left patients bedridden. As medical historian Katherine Ott explains, consumption, although often associated with tuberculosis, was an umbrella term to describe a "fluid group of behaviours, signs, and symptoms, with shifting connotations."[78] Physicians assigned the diagnosis of 'consumption' to wasting diseases involving weight loss, fever, and lung lesions characterised by excessive coughing. Furthermore, consumptions could be broken into many different categories: catarrh, empyema, phthisis, tubercle, and so on.[79] The nineteenth-century understanding of tuberculosis was not of the bacterial disease, but rather referred to the condition of coughing up elastic lung fibres, called tubercles. It wasn't until the years after 1882 (when the bacillus was identified by Koch) that physicians started diagnosing tuberculosis only in patients that produced the germ.

Consumption was typically treated at home rather than in hospital, and these individuals were confined to a sickroom which provided a contained site for medical treatment and recovery. In his widely popular book, *Household Medicine* (1882), English physician and medical researcher Dr. John Gardner, provides a comprehensive guide for the arrangement and management of sickrooms.[80] His advice reflects the importance that Victorian doctors and

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[78]   Katherine Ott, "Sickbed and Symptoms in the 1870s and 1880s," in *Fevered Lives* (Cambridge, Massachusetts and London, England: Harvard University Press, 2013), 9.
[79]   Ott, "Sickbed and Symptoms in the 1870s and 1880s," 9-10.
[80]   See John Gardner, *Household Medicine and Sick-Room Guide: A Familiar Description of*

scientists thought environmental and miasmic forces had on the cause and treatment of disease in the late-nineteenth century. Gardner believed that people should prepare themselves for the possibility of a family member becoming sick, and pre-emptively arrange a bedroom to serve as a sickroom if needed.[81] Moreover, his rules on the arrangement of a sickroom overlap significantly with contemporaneous guide books on the same topic, such as Dr. William Strange's *The Restoration of Health, or the Application of the Laws of Hygiene to the Recovery of Health, Forming a Manual for the Invalid and a Guide in the Sick-Room* from 1865 and Dr. Anthony Todd Thomson's 1845 *The Domestic Management of the Sick-Room: Necessary, in Aid of Medical Treatment, for the Cure of Disease*s. Indeed, all of these guidebooks were aimed towards the female heads of household who were charged with preparing the sickroom and nursing the ill. Gardner explicitly states that "women, in nearly all cases, make the best nurses."[82] This gendered idea of women's duties encapsulates the Victorian association of women with natural care-giving tendencies. On the one hand, this could be considered constricting for women, but on the other gave them a degree of power and medical authority by creating new roles such as nurses and primary medical caregivers.

Considering Ancher's painting *The Sick Woman* (1900), it is useful to compare his depiction of a sickroom to actual medical guidelines from the time to get a sense of how these instructions may have been applied in real life (*plate 11*). The painting depicts an older woman lying in a sickbed framed by bed curtains. Although Ancher's scene is tightly focused on the woman's bedside, the golden wash of light over her body and bed, implies that a large window might be on the opposing wall. This conforms with most guidebooks which state that a sickroom should be placed with only one wall facing the outside of the house with a large window letting in fresh air and sunlight. Ancher's wall is stripped of paper and is painted a plain white colour probably layered with a hard-finish gypsum plaster called Parian cement, which was considered ideal in sickrooms compared to porous plasters which were thought to absorb and diffuse noxious gases and organic matter. The bedding in sickrooms was to be made of white fabrics as demonstrated in the painting, and furniture should be made of sturdy, unpainted, and unpolished wood like the woman's simple bedframe. Although a decorative satin covers her side table, we

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Disease, Remedies, and Methods of Treatment, Diet, Etc. (London: Smith, Edler, and Co., 1881).
[81]   Gardner, *Household Medicine and Sick-Room Guide*, 94.
[82]   Gardner, 120.

may assume that it's made in a similar fashion. Guidebooks note that furniture should be simplistic and sparse, and the room should include: a small table, a dressing-table, a couch or sofa capable of being inclined, two simple chairs, and a dressing-glass.

There are elements of the room which we cannot see from our perspective, but might speculate what could be there considering these guidelines. Although the ceiling is out of view, it most likely would have been constructed out of panelled wood or matched board and unpainted as following these suggestions. If this scene was painted in a city rather than the small village of Skagen, gauze may have been placed over the windows to prevent smoke and toxins from entering the room. In addition, medical texts recommended that a carpet should not cover the entire floor. Finally, the disposition of nurses, caregivers, or visitors was supposed to be positive and upbeat as well. In the painting, Ancher uses the bedcurtain as a framing device to create a sense of intimacy. Because of this we get a sense that the room may be small which strays from medical guidelines that note the larger the room the better; since they have better airflow, and can be conveniently warmed by a fireplace or furnace.

 Although Ancher's subject is an older woman, consumption was still closely associated with younger females. Elizabeth Bigelow wrote in her 1876 senior thesis at the Women's Medical College of Pennsylvania that "[c]onsumption is the most flattering of all diseases, as well as the most insidious and fatal." Bigelow went on to describe the victim's "extreme emaciation, stooping form, feeble step…panting breath after the slightest exertion …bright eyes of pearly whiteness, transparent skin…hectic flush [which] give an unnatural beauty to the countenance…[a]t this stage, the only help is death and it soon comes."[83] Her description of the disease exemplifies trends in the second half of the nineteenth century which romanticized the consumptive patient. The characteristics she highlights, such as delicacy, pallor, passiveness, and beauty—all considered idealized traits of femininity at the time—were commonly used to describe the consumptive woman.

In paintings and drawings of consumptives from their sickbed, women and children are the most common subject. For example, in Fred Barnard's 1872 engraving of a sickbed scene, a forlorn man sits by the bedside of a beautiful consumptive young woman (*plate 12*). The paleness of her skin is illuminated and serves as the brightest focal point in the image. Her long,

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83   Elizabeth H. Bigelow, "A Thesis on Pulmonary Consumption" (Senior thesis, Women's Medical College of Pennsylvania, 1876), 4-8.

flowing hair is carefully placed around her pillow to frame her face, and its delicate features are clearly rendered and precise. There is a suggestion of romance or intimacy between the two figures which is communicated through their hand placement and physical closeness in the space. The dramatized tragedy of the sickbed image is underscored in Barnard's engraving, and is repeated as a trope in countless other sickbed motifs.

Many of the late-nineteenth century sickbed images in digitized archives are etchings or illustrations produced for books, newspapers, and journals by unknown or uncredited artists.[84] The anonymity of the artists demonstrates the limitations of the archive, but also how popular these types of images were at the time. Within the seriality of the sickbed image, a distinct formatting of the scene emerges. Most of the time the consumptive is a woman or child who is surrounded by friends, family, nurses, or a lover. The composition is broken into two distinct sections: the horizontal bed which stretches across the lower half of the image with the consumptive lying down, and the caregivers standing or sitting upright along the sides, framing the victim. This schema is seen in an 1883 etching for the Religious Tract Society of London's publication "Sunday at Home – A Family Magazine for Sabbath Reading" where a mother, sister, and housemaid surround the sickbed of a dying child (*plate 13*). Like the Fred Barnard engraving, the consumptive child is depicted as a delicate young woman holding the hand of a loved one.

Hand holding is another common trope within the sickbed iconography. In an 1867 etching for a London magazine, the young consumptive woman holds the hand of a friend at her bedside (*plate 14*). Both figures look off into the rays of heavenly light flooding the room from the beyond the picture plane. In this image, the gesture of hand holding may suggest the experience of a consumptive caught between two worlds of life and afterlife through religious undertones. For example, one of her hand's gestures up towards the rays of light shining down from above, while the other hand is holding on to her bedside companion. This etching shares many visual tropes from Christian iconography such as disembodied light pouring in from an unknown source (a window is suggested, yet we may read this light as angelic or heavenly).

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[84]   I have chosen to focus on these engravings instead of artworks from museum collections because they were more widely encountered in everyday life. In a sense, these images became a part of Victorian popular culture and were more widely circulated. For the purpose of this thesis, which seeks to examine the consumptive in the collective imaginary, I believe they give a better sense of the general public's relationship to and understanding of the sickbed.

Moreover, the consumptive is positioned as a Christ-like figure, accompanied by a Pietá- like Madonna at her bedside.

Similar religious themes are presented rather overtly in R. Pistoni's painting *A woman in bed in a sick-room, attended by a physician, receiving the blessing of the Madonna del Parto* (1872), wherein the Madonna and Christ are seen directly in a divine vision as they cast down rays of light over the sick woman (*plate 15*). Although the 1867 etching omits a corporeal representation of Madonna or Christ, the receiving gesture and celestial light place the work in iconographical religious motif. In countless sickbed scenes, the consumptive is cast in the role of Christ at the hour of death; the women are heroines of their respective scenes and are dying in selfless and innocent form.

Not only did nineteenth-century sickbed images often draw upon religious iconography of the dying Christ (and the moral qualities that accompany it), but they also constricted the experience of illness to something attractive and visually acceptable for women. Consumptive women primarily were depicted as beautiful, sexually desirable, delicate, innocent and/or virtuous, but never exhibiting unflattering symptoms of illness. The reality of consumption could be a gruesome experience: patients coughed up thick fluids and experienced extreme weight loss and greying skin tones.[85] Moreover, being bedridden could lead to risks such as bedsores, infections, muscular atrophy, and poor personal hygiene.[86] Yet most sickbed images remove the grotesque, dirty, and unattractive qualities of illness from the consumptive because such signs disrupted the projection of a romanticized and attractive femininity onto illness. Ultimately, sickbed scenes provided an image of illness and death that complied with the spiritual values of Victorian society and reinforced the expectations of beauty and innocence for middle and upper-class women.

Although the role of the consumptive in literary and visual culture often left the represented women with little room for individuality and autonomy, it is important to note that these visual and textual representations did not present a totalizing understanding of female illness. In many cases, visual depictions of 'invalidism', as a broader experience, de-dramatized

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[85]   Katherine Ott, "Sickbed and Symptoms in the 1870s and 1880s," 20.

[86]   For an extensive list of terrible things that could happen to a consumptive in the sickroom see Dr. Anthony Todd Thomson, *The Domestic Management of the Sick-Room: Necessary, in Aid of Medical Treatment, for the Cure of Diseases*, (London: Longman, Brown, Green, and Longmans, 1845) 139 – 147.

the image of sickness and opened new possibilities for sick women beyond the role of the consumptive. Invalidism within the context of the nineteenth century, designated a wide array of medical conditions; unlike the critically ill consumptive or the recovering convalescent, invalids occupied a space between sickness and health. Literary historian Maria Frawley frames her study of invalids in the nineteenth century as lingering in a state of inertia, suspended in an extended or chronic illness that could be considered inconclusive.[87] In many ways, the invalid a social type signified a particular role in nineteenth-century Britain, as one could self-identify as an invalid or be declared by society an invalid. This generated a complex dimension of identity that is worth comparing to consumptives in visual works.

For example, Michael Ancher's painting *Sick Girl* (1882) depicts invalidism as a more singular, personal, and isolated experience of illness (*plate 16*). This painting shows Ancher's model, Tine Normand, as an invalid, consumed in thought as she stares off into the distant corners of her room. Diverging from the conventional high-drama image of the sickbed, Ancher shows Tine in a calm and quiet moment on her own; the bottles of medicine and spoon on the chair by her bedside suggests that she is being taken care of by a mother, nurse, or sister, but she is ultimately left in isolation. The pictorial treatment of Tine contrasts visual accounts of consumption insofar as the lack of theatricality and outward display of affliction undermines the visual indicators of sickness. If not for the title and medicine bottles, Tine's scene could easily be mistaken for an, albeit unusual (given the location of a bed), portrait of a healthy young woman.

Solitude was a major facet of invalidism in the nineteenth century. Frawley argues that invalidism provided people with boundless space and time which in many ways made it a liberating experience.[88] It gave women time to create, read, write, draw, transcribe, or just daydream. Perhaps Ancher was representing such an experience, as the painting shows Tine taking a break from reading, with her book still in hand, to look out the window and daydream for a moment. In this sense, Tine seems to encompass Frawley's understanding of the figure of the invalid as an agent of both productivity and work, fatigue/waste, and uncertainty/liminality. Indeed, Ancher's depiction of Tine in her sickroom illustrates these themes, especially of liminality. Tine's scene presses on the stretching of time that encompassed invalidism and issues

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[87] Maria Frawley, "All My Afflictions," In *Invalidism and Identity in Nineteenth-Century Britain* (Chicago: University of Chicago Press, 2004), 2-3.

[88] Maria Frawley, *Invalidism and Identity in Nineteenth-Century Britain* (Chicago: University of Chicago Press, 2004).

of medical waiting that took place in the sickroom: her time would have been spent waiting for a visitor, waiting for treatment, waiting to recover.[89]

Although Ancher's painting pushes back against the romanticized drama of most nineteenth-century sickbed images by demonstrating placid individual reflection, it is important to note that Tine is still placed in the 'sick role' insofar as she is still rendered as young and beautiful. This is evinced by her soft features, glowing skin, and lack of visible symptoms of illness. Through the pictorial treatment of Tine, we may understand invalids more broadly to embody multiple identities shaped by both Victorian social expectations of gender and class. For example, resignation to the home was deemed appropriate for middle-class women who were expected to be there anyways and squared with ideals of femininity just as Tine is cast as an acceptable invalid figure.[90] Ultimately, Tine's sick role is both scripted by various visual cues and iconography, such as her slack posture and committal to the sickbed, and subverted by her de-dramatized isolation which underscores her individuality.

Control, Observation, and Gender in the Construction of the Sickroom

The visual expression of sanitary reform and iconographies of illness encourage us to question the ways in which standardized health has an impact on women, and what the implications of surveilling the body within a home had on women's lives. Architectural historian Didem Ekici has argued that in many ways, the house became an analogue to the human body within physiological theories of domestic hygiene throughout nineteenth-century Europe.[91] As she explains, the home was understood to be entangled with the physical in ways that formed a symbiotic relationship—a healthy home would lead to a healthy body. Medical inventions, such as Max von Pettenkofer's experimental respiratory apparatus (which sought to quantify the

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[89] Other scholars have engaged with the topic of medical waiting and liminality. See for example, Mary Hunter, "The Waiting Time of Prostitution: Gynecology and Temporality in Henri de Toulouse-Lautrec's *Rue des Moulins*, 1894," *Art History* 42, no. 1 (February 2019): 68 – 93; Hollis Clayson, "Threshold Space: Parisian Modernism betwixt and between (1869-1891)," in *Impressionist Interiors*, ed. Janet McLean, (Dublin: The National Gallery of Ireland, 2008), 14 - 29.

[90] Invalidism in this context was also used as a rhetorical tool to demark the middle class from working class as indicated in an ability to avoid work yet not be perceived as idle or shirking.

[91] Didem Ekici, "The Physiology of the House: Modern Architecture and the Science of Hygiene," in *Healing Spaces, Modern Architecture, and the Body*, (Oxfordshire: Routledge, 2017), 47 – 64.

cleanliness of air by monitoring carbon dioxide and water vapor discharged in a model room), synthesized the biological function of human lungs and kidneys by means of mechanical air filtration systems. Ekici explains that Pettenkofer's interest in environmental sanitation demonstrates wider trends in European hygiene theory wherein domestic spaces were seen as spatial extensions of the body.[92]

During the hygiene movement, houses were mapped in similar ways to biological dissections: ventilation, heating, plumbing, waste management, etc. were diagrammed and represented as functions of the human body such as respiration, nervous systems, waste excretion, circulation, and skin. As the hygiene movement abstracted houses into biological parts, the human body underwent a similar transformation into what Ekici describes as a standardised and mechanised entity.[93] For example, German sanitation reformers such as Pettenkofer contributed to the field of biostatistics (the prevalent means of analysing the living environment in the hygiene movement), which provided categorical ways of abstracting the home and human body alike.[94] As Ekici explains, physicians during the nineteenth century came to describe the human body using the metaphor of a machine. This, of course, holds many implications concerning bioethics, and the alienation of autonomy within the practice of modern medicine.

The links between healthy body and home are also prevalent in Gilman's "The Yellow Wall-Paper." Gilman's story twists the biological analogy into a phantasmagorical display of mental and physical illness by pressing on the issue of medical autonomy of female invalids. This is evident through Gilman's description of the narrator's psychosis, where the character's experience of the boundaries between the body and the home start to blur in ways that mimic the biological analogy Ekici explores. This is demonstrated on p. 649 where she describes a "recurrent spots [in the wallpaper] where the pattern lolls like a broken neck and two bulbous eyes stare" down on her.[95] Later in the text, she believes a figure is trapped behind the paper

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92   Ekici, "The Physiology of the House: Modern Architecture and the Science of Hygiene," 50 – 51.

93   Ekici, 49.

94   For an example of Pettenkofer's theory in a text translated to English, see Max von Pettenkofer and Clinton Hall Association, *The Relations of the Air to the Clothes We Wear, the Houses We Live in, and the Soil We Dwell on: Three Popular Lectures*, (London: N. Trübner, 1873).

95   Gilman, "The Yellow Wall-Paper," 649.

trying to get out, and that this figure eventually becomes the narrator herself trying to get out from behind the walls. She writes:

> There are things in [the] paper that nobody knows but [her], or ever will. Behind that outside pattern the dim shapes get clearer every day. It is always the same shape, only very numerous. And it is like a woman stooping down and creeping about behind that pattern.[96]

She goes on to describe this strange apparition emerge from behind the wallpaper and "creep all over the house."[97] Gradually her account of the spectre's movement turns into a description of her own act of creeping through the house, and the distinction between the narrator's identity and the phantom's are blurred:

> I suppose I shall have to get back behind the pattern when it comes night, and that is hard! It is so pleasant to be out in this great room and creep about as I please![98]

As a reader, it is hard to discern what is reality and what is an expression of her psychosis—and by extension—what is happening to the room and what is happening to her actual body. Looking to the quotation above, her body has become a part of the wallpaper that she is able to move freely in and out of between the day and night. Ultimately, her narration exemplifies the melding of the spatial and the corporeal under disturbing medical conditions.

Amanda Caleb, a scholar of medical humanities, proposes that there is a relationship between the sickroom as a contested space and site of medical authority and autonomy within the framework of Foucault's theory of heterotopias (a space suspended from the ordinary that is radically 'Other'). [99] Caleb investigates the function of sickrooms as heterotopias in three ways: (1) represented through medical authority, (2) contested through invalid narratives, and (3) inverted through figurative mapping of the sickroom space onto the physical body of the invalid

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96   Gilman, 652.
97   Ibid., 654.
98   Ibid., 656.
99   Amanda Caleb, "Contested Spaces: The Heterotopias of the Victorian Sickroom," *Humanities* 8, no. 2 (2019): 1-9.

themselves. In many ways, "The Yellow Wall-Paper" frames the sickroom as a heterotopia. The narrator experiences the medical authority of her husband, John, as an oppressive force within the sickroom (1). She states that the fact that John is a physician is perhaps why she does not recover sooner and is kept in confinement:

> You see he does not believe I am sick! And what can one do? If a physician of high standing, and one's own husband, assures friends and relative that there is really nothing the matter with one but temporary nervous depression—a slight hysterical tendency— what is one to do? My brother is also a physician, and also of high standing, and he says the same thing.[100]

Although John does not directly surveil her in a Foucauldian explanation of the heterotopia, the implication of the sickroom is that the inhabitant is monitored and confined. The narrator has hourly prescriptions administered by John, he controls when and what she eats, and when and under what conditions she can leave the sickroom.

As a space characterized by medical authority, Caleb argues that the sickroom was a space meant to be controlled, and used to maintain social and spatial order. Yet this process removed the invalid from the normative world, denied her autonomy, and turned her into a passive subject of medical gaze. Indeed, the spatial configuration of sickrooms, Caleb argues, were beneficial to the health of the invalid, but curtailed any means of individualism, personal preference, or authority within the space. Caleb uses the examples of the removal of mirrors, curated language (such as John Gardner's advice on the cheery disposition of caregivers), and medically constricted configurations of private space (such as Gardner's rules for the arrangement of a sickroom) to illustrate this process.[101] By arranging rooms according to medical standards that optimised recovery, patients were left with no opportunity for modification, or the expression of personal-preference within the space.

We see this illustrated in the spatial arrange and design of the sickroom in "The Yellow Wall-Paper." The narrator's room is big and airy, with windows in all directions to let in natural

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[100]   Gilman, "The Yellow Wall-Paper," 647-8.
[101]   Caleb, "Contested Spaces: The Heterotopias of the Victorian Sickroom," 2-3.

light.[102] Yet these windows have bars over them which are evocative of a prison (this is presumably a function of its past use as a nursery to keep children safe). The bedstead is thick, heavy, and oppressively nailed to the floor as to not allow for personal modification of the space. Furthermore, the gate at the top of the stairs acts a means to restrict her movements and curtails the freedom to leave the space.

Although physical spaces were difficult to escape, writing and artworks provided ways in which ill people could potentially subvert medical oppression and surveillance. In a sense, we can locate a meaningful representation of selfhood and authorial power in "The Yellow Wall-paper"'s main character/narrator's gesture of writing (in this case keeping a diary) about her own experience as an invalid (2). Through writing, the narrator is given a chance to reclaim and redefine her identity. As Caleb argues, heterotopias can be created through linguistic or textual space (despite often only being associated with physical space) by creating a fluid narrative which blurs the lines between the real and imagined.[103] Indeed, the blending of reality and psychosis in the narrator's tale demonstrates the *full* spectrum of her lived experience as an invalid of both the real and imagined horrors of medical confinement. Within this context, we may read "The Yellow Wall-Paper" as a textual account of invalidism that pushes back on the sterilization of space and recast the sickroom as a space both individually perceived and embodied.

In "The Yellow Wall-Paper," the narrator's body becomes its own sort of heterotopia through the pathologizing of her body as an integrated part of the sickroom (3). At the height of the narrator's delusions this is seen overtly: her body and the paper of the sickroom meld together until indistinguishable, making her body a heterotopia itself. For example, the pigment of the paper starts to bleed onto the narrator's clothes; her sister-in-law and housekeeper, Jennie, notices "that the paper stained everything it touched, [and] that she had found yellow smooches on all [of the narrator's] clothes."[104] As the colour marks her, a symbolic connection is made between her body and the paper. Later, as she tears down the wallpaper in a frenzy, the narrator states that she had come out from behind the paper itself, writing: "I suppose I shall have to get back behind the pattern when it comes night, and that is hard!".[105] In this moment, her body has

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[102]   Gilman, 648.
[103]   Caleb, 3.
[104]   Gilman, 653.
[105]   Gilman, 656.

become deeply entangled in both the material (as physically encased in the wall) and symbolic function (as constrained by patriarchal and medical control) of the paper: rendering her body-as-room and room-as-body a key component of the narrative. This is supported in Caleb's argument that the body of the invalid within the sickroom is what defines the sickroom altogether, and paradoxically the sickroom is what defines the invalid. Moreover, the invalid body is displaced from everyday life, and placed outside of the boundaries of normalcy—it becomes a pathological space of its own through the medical gaze, and an insistence on the categorisation/organisation of diseased bodies.

Conclusion

The heterotopia analogy of Victorian sickrooms holds profound relevance within an analysis of sanitary design. Heterotopias are disturbing places which are simultaneously familiar (being once the bedroom of a home) and unsettling in their new role as the site of illness. Ultimately sickrooms were contested spaces. On the one hand, they were physically demarcated by medical design and distinguished healthy bodies from ill bodies through their boundaries. On the other, they were spaces that could be reclaimed by the so-called invalids living within them who had their own subjective views of their experiences and their own agencies. I have argued that we see this reclamation of identity in Ancher's painting *Sick Girl* (1882), and in Gilman's "The Yellow Wall-Paper." As demonstrated in this chapter, the reimagining of the home as a site of health and recovery demonstrates the complexities and complications of gender in the Victorian home. While some women were implementing radical design changes in order to make the home healthier, their experiences of illness were often simultaneously constricted by medical control.

Conclusion

In many ways, illness destabilised the domestic security of middle-class nineteenth-century homes. The lack of consensus among medical professionals concerning the cause, diagnosis, and treatment of illnesses and diseases, such as arsenic poisoning or consumption, stoked confusion and fear. The threat of a disease taking over a household and spreading to each member of a family created an anxiety about cleanliness that had a great impact on domestic design in profound ways. The sanitary reform movement's response to these concerns over the

health and safety of homes was demonstrated by their rejection of Victorian dust traps and use of more hygienic design materials and easily cleaned spaces. Efforts by reformers, such as E.W. Godwin and Dr. John Gardner, may have made the home a safer place in terms of reducing harmful materials and controlling the spread of disease, but at the same time created an environment where women were at times more closely monitored and controlled within domestic spaces.

The shape of women's lives in the home was multifaceted and complex. As I explored in Chapter One, the experience of illness was greatly shaped by the environment as wallpapers affected both physical and mental health in profound ways. On the one hand, the social expectation for middle-class women to spend most of their time in the home meant that they had higher exposure to arsenical wallpapers compared to men. Moreover, confinement within wall-papered rooms could alter women's psychological health, as was explored by Gilman in "The Yellow Wall-Paper." Yet, on the other hand, women were given a degree of power: they oversaw the health and wellness of the house and the people in it. As explored in Chapter Two, women were tasked with being the primary overseers of wellness in the home. Through their roles as wives and mothers, they were expected to educate and nurture children and keep the family unit healthy. Furthermore, they were at the centre of many economic consumer markets through their roles as buyers of domestic goods and services. They also implemented healthy design choices through their education in the new field of domestic science which was disseminated through guidebooks directed as middle-class female audiences. Despite this, it is reasonable to assume that not all women felt satisfied in caregiving roles, and did not fit into the category of a 'natural caregiver' as so many guidebooks described.

The issues raised in this thesis are in no way a totalizing explaination of women's roles in the home as overseers of illness and wellness. Rather, I have attempted to demonstrate the depth, and at times opposing forms, that women's lives took during the nineteenth century particularly as they were conceived as both victims of design and leaders of reform. Women were regularly cast into the fragile 'sick role', as is evident in many sickbed scenes that were prevalent in Victorian textual and visual culture. Yet they also served as primary caregivers and nurses with new professionalised responsibilities. On the sickbed, they were controlled by medical observation, yet liberated by the available free time, where they could pursue creative endeavours in solitude. This time alone could be both liberating, as Maria Frawley discusses, as

it gave women time to think and create. However, this time could also be oppressive, as evinced by the narrator of "The Yellow Wall-Paper," where she is driven mad by the banality of isolation when confined to a single room. More than anything else, illness greatly impacted women's relationship to the home and domestic design during the nineteenth century.
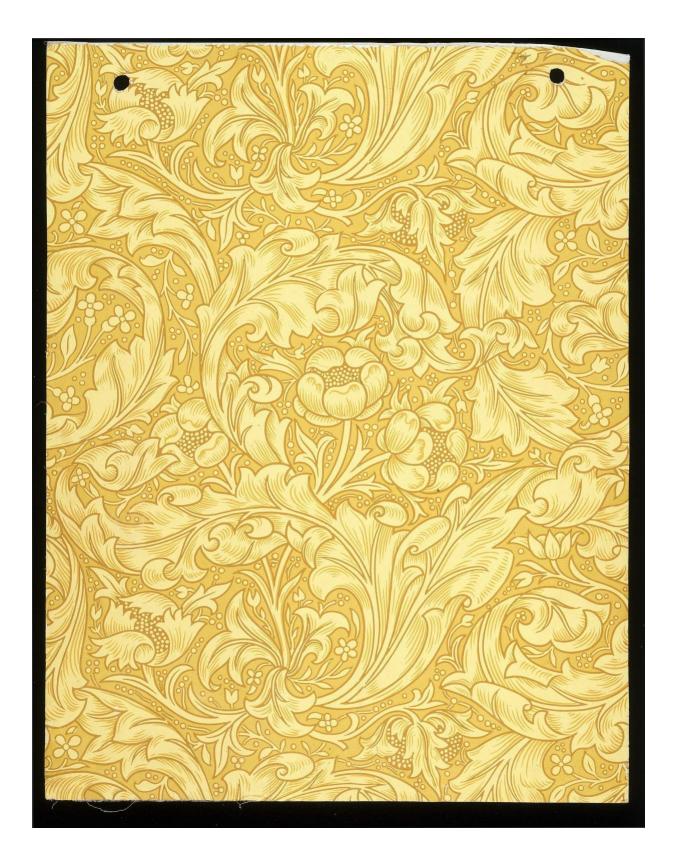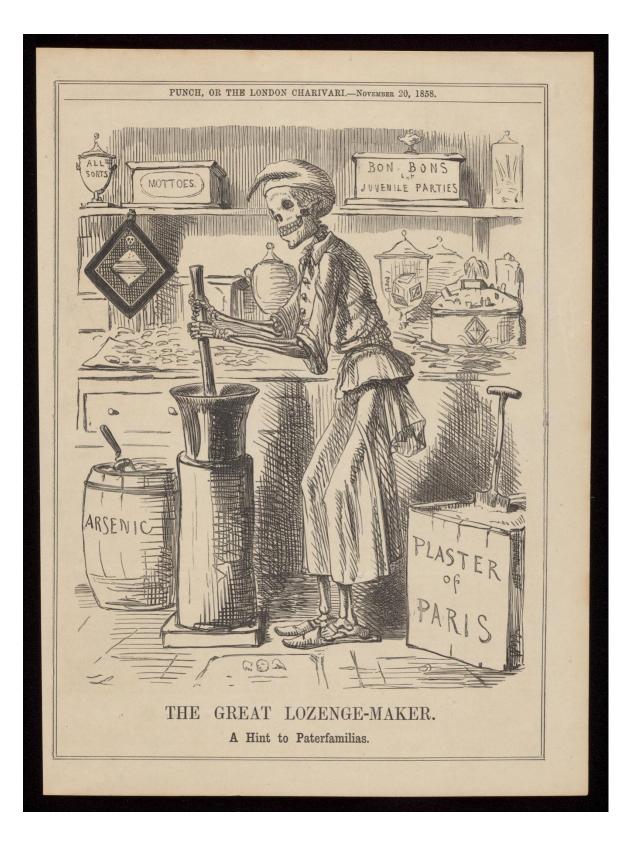
Plates

1   Léon Marcotte, Armchair, ca. 1860. Maple and gilt bronze. New York, New
     York City: The Metropolitan Museum of Art. Photo: The MET Collection.

2   William Morris, *Willow Bough*, 1887. Colour block print on paper, 84.7 x 66.7 cm. London, England: Victorian and Albert Museum. Photo: V&A BETA Collections.

3   William Morris, *Bachelor's Button*, 1892. Colour block print on paper, 68.5 x 53.3 cm. London, England: Victorian and Albert Museum. Photo: V&A BETA Collections.

THE GREAT LOZENGE-MAKER.

A Hint to Paterfamilias.

4   John Leech, untitled engraving for *Punch, or The London Charivari,* 1858.
Wood engraving, 24.7 x 17.8 cm. London: Wellcome Collection.

5   William Morris, *Acanthus*, 1875. Colour block print on paper, 68 x 52.3 cm. London, England: Victorian and Albert Museum. Photo: V&A BETA Collections.

6   William Morris, *Vine*, 1873 (designed), 1874 (published). Colour block print on paper, 68.5 x 53..3 cm. London, England: Victorian and Albert Museum. Photo: V&A BETA Collections.

7   William Morris, *Ceiling*, 1877 (registered), 1883 (printed). Colour block print on paper, 68.5 x 53.3 cm. London, England: Victorian and Albert Museum. Photo: V&A BETA Collections.
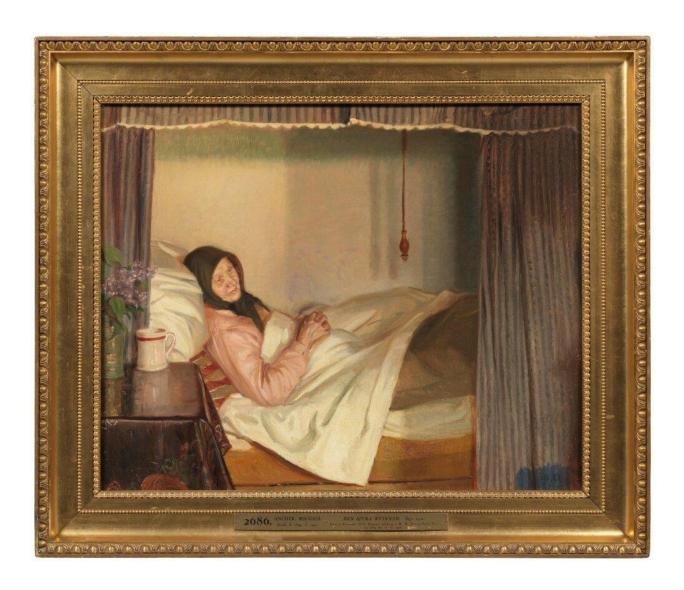
8   William Morris, *Sunflower 108*, 1879 (registered), 1881 (printed). Colour block print on paper, 68.5 x 53.3 cm. London, England: Victorian and Albert Museum. Photo: V&A BETA Collections.
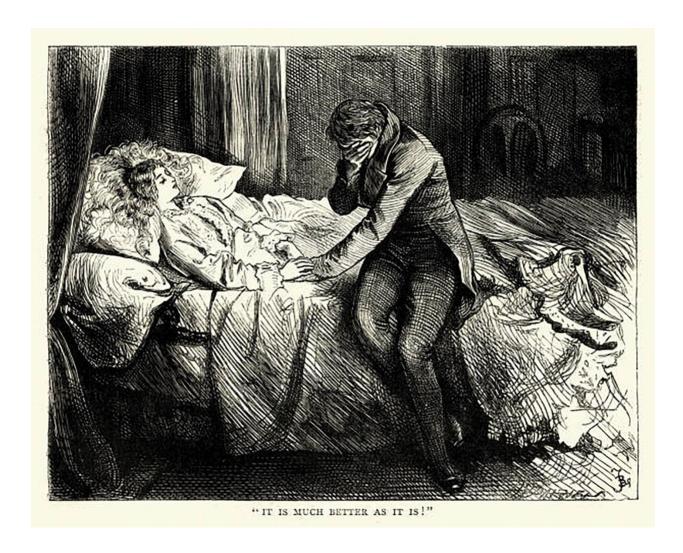
9   E.W. Godwin, *Design*, 1872. Pen and ink and water-colour on paper, 20 x 29.8 cm. London, England: Victoria and Albert Museum. Photo: V&A BETA Collections.

10   James Tissot, *Hide and Seek*, 1877. Oil on wood, 73.4 x 53.9 cm. Washington, DC: Chester Dale Fund, National Gallery of Art. Photo: National Gallery of Art Collections.

11   Michael Ancher, *The Sick Woman*, 1900. Oil on canvas, 53 x 65 cm. Stockholm: Nationalmuseum.

"IT IS MUCH BETTER AS IT IS!"

12   Fred Barnard, *Illustration*, 1872. David Copperfield Household Edition, p. 369. Photo: Victorian Web.

13   Unknown, *Family surrounding a dying Victorian child's bed*, 1883. London, England: Religious Tract Society of London. Photo: iStock.

14   Unknown, *A young woman in death bed with friend at bedside*, 1867.
     Photo: iStock.

15   R. G. Pistoni, *A woman in bed in a sick-room, attended by a physician, receiving the blessing of the Madonna del Parto*, 1872. Oil on canvas, 36 x 46 cm. London: Wellcome Collection.

16   Michael Ancher, *Sick Girl*, 1892. Oil on canvas, 80.5 x 85.5 cm. Copenhagen, Denmark: National Gallery of Art. Photo: National Gallery of Denmark.

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