

THE PATIENT AS OBJECT AND SPECTACLE IN W. E. HENLEY'S *HOSPITAL* POEMS

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Can pain be a spectacle? Not only can it be, but it must be, by virtue of a subtle right that resides in the fact that no one is alone, the poor man less so than others, since he can obtain assistance only through the mediation of the rich. Since disease can be cured only if others intervene with their knowledge, their resources, their pity, since a patient can be cured only in society, it is just that the illnesses of some should be transformed into the experience of others; and that pain should be enabled to manifest itself. (Foucault, *The Birth of the Clinic*, 84)

In *The Birth of the Clinic* Michel Foucault maps the process by which medicine in the eighteenth and nineteenth centuries transformed itself into a science “free at last of theories and chimeras” (195). He revisits the “strange” and “hidden” contract negotiated “between the hospital, where the poor were treated, and the clinic, in which doctors were trained” (*Birth* 83). In such a domain, he reflects, an “entirely new medicine was practiced” and an “important moral problem” arose: “By what right can one transform into an object of clinical observation a patient whose poverty has compelled him to seek assistance at the hospital? He had asked for help of which he was the absolute subject, insofar as it had been conceived specifically for him; he was now required to be the object of a gaze, indeed, a relative object, since what was being deciphered in him was seen as contributing to a better knowledge of others” (*Birth* 83).

Of the 312 patients admitted to the Royal Infirmary of Edinburgh in August 1873, thirty-two were children aged twelve or younger, 110 were adult women, and 170 were adult men. Nearly all were working-class people. The women were domestic servants, seamstresses, laundresses, prostitutes, charwomen, factory girls, a schoolteacher, a slater, a book folder, and a paper stainer. The men were labourers, farmers, porters, drivers, bakers, gardeners, clerks, joiners, colliers, ironmoulders, seamen, salesmen, fishermen, machine men, furnace men, two shepherds, a coach painter, a house painter, an oil worker, a leather worker, a brewery worker, a shoemaker, a spring maker, a boilermaker, a plumber, a bleacher, a plasterer, a fishcurer, a stone cutter, a coal weigher, a brass finisher, a madman, and a writer.

The writer – whose name and occupation are inscribed in the Infirmary’s “Admission Register” – was William Ernest Henley (*General Register* 139).

Born in Gloucester, in 1849, Henley in his youth had contracted tuberculosis of the bones in his hands and feet, and his early life was a sad chronicle of medical mistreatment and literary misadventure. He spent ten months at St. Bartholomew’s Hospital in London, where he suffered the amputation of his left leg; three years in East End coffeehouses, where he dashed off imitations of Swinburne’s *Poems and Ballads*; and a year at the Royal Sea Bathing Infirmary at Margate, where the physicians were unable to arrest his infection. In 1873 he was admitted to the Royal Infirmary of Edinburgh, to be treated by Joseph Lister as a test case for antiseptic surgery, and survived two tedious but successful operations on his right foot. It was during his convalescence in the dreary wards, where he lay for twenty months, that Henley began to transform his hospital episode into poetry.

In Hospital is a sequence of twenty-eight poems, arranged from “Enter Patient” to “Discharged,” in which Henley weaves accounts of personal experiences, sketches of infirmary life, and portraits of physicians, nurses, and fellow patients. Some of the poems are cast in conventional forms, others in free verse. Some are composed as dramatic occasions, others as lyric expressions. Henley situates himself as the poet in the poems, and represents himself as both poet and patient, but he limits his horizon to the patient’s perspective. The result is a tension between subjectivity and objectivity that is characteristic of Victorian poetry. In other respects, however, *In Hospital* challenges Victorian canons of taste. Henley selects grim details – “the gaunt brown walls,” “the clutch of chloral,” “this dull new pain that grinds my leg and foot” – to signify the reality of hospital life and to illustrate what Foucault calls the “truth” of debility and disease (*Birth* 95). When the sequence was published, in 1888, Wilde, Shaw, Symons, Hutton, Saintsbury, and other reviewers praised it as a challenge to the limits of literary realism.¹ And in the twentieth century *In Hospital* has been commended as “the first resolute attempt in English to use ugliness, meanness, and pain as subjects of poetry” (De Sola Pinto 28).

Working-Class Distress

Although Foucault trains his lens upon “the lesson of the hospitals” in eighteenth-century France, the phenomenon that he describes – the distressed patient as object and subject – persisted in Britain through the Victorian period. Indeed, in *Making a Social Body*, Mary Poovey recounts how James Phillips Kay, serving as senior physician at the Ardwick and Ancoats Dispensary in Manchester in the early 1830s, gathered and interpreted empirical observations of instances of working-class

¹ See Edward H. Cohen, “Henley’s *In Hospital*, Literary Realism, and the Late-Victorian Periodical Press,” *Victorian Periodicals Review* 28 (1995): 1-10.

distress. These observations, Poovey suggests, led him to understand distress “not primarily as an individual, physiological problem [. . .] but as a sign of social disorder” (57). For Poovey, as a social historian, the source of that disorder is the tyranny of cultural authority. For Henley, as poet and patient, its centre is the institution itself:

Enter Patient

The morning mists still haunt the stony street;
 The northern summer air is shrill and cold;
 And lo, the Hospital, gray, quiet, old,
 Where Life and death like friendly chafferers meet.
 Thro' the loud spaciousness and draughty gloom
 A small, strange child – so aged yet so young! –
 Her little arm besplinted and beslung,
 Precedes me gravely to the waiting-room.
 I limp behind, my confidence all gone.
 The gray-haired soldier-porter waves me on,
 And on I crawl, and still my spirits fail:
 A tragic meanness seems so to environ
 These corridors and stairs of stone and iron,
 Cold, naked, clean-half-workhouse and half-jail.

Foucault and Poovey theorise the mechanisms of social discipline and the comparability of social institutions. Intuitively, Henley has embraced the same metaphor. From the first poem in his sequence, he iconifies the hospital as “half-workhouse and half-jail.”

How Henley came to the Royal Infirmary has mystified his biographers. One suggests that he overheard his English physicians denigrating Lister's work and left Margate in an act of defiance (Cornford 25-26); another, that he read newspaper accounts of Lister's controversial system of treatment and elected in a leap of faith to go to Edinburgh (Connell 47-48). Neither view, however, considers the fact that gaining admission to a voluntary hospital in Britain in the nineteenth century was not a simple matter of choice. Founded and supported by private subscribers – under royal charter or by the authority of Parliament – public hospitals served a well-defined population: working people who were too poor to afford medical

attention at home or in the home of a physician.² To be admitted, a qualifying patient had to be recommended by a subscriber, by a local clergyman, or by one of the infirmary managers. Physicians and surgeons could admit their own patients, and many did so when the cases posed practical or theoretical challenges in medical and surgical treatment. In a report to the infirmary managers, in which he accounted for several patients who had been “extremely long” in his wards, Lister wrote of Henley: “The poor man [. . .] was recommended to my special attention by a Lady in the South of England who was induced to send him here because she knew of another patient in whom a perfectly serviceable foot had been retained by means of an operation performed here by myself, when it was regarded elsewhere as hopeless” (*Managers’ Minutes* 39). Years later, in a letter to J. M. Barrie, Henley recalled: “I was a patient in the Old Infirmary. I had heard of Lister and Listerism, and went to Edinburgh, as a sort of forlorn hope, on the chance of saving my foot. The great surgeon received me [. . .] and for twenty months I lay in one or other ward of the old place in Infirmary Road under his care. It was a desperate business” (*Selected Letters* 176).

Images of hospital patients are uncommon in Victorian literature. Even rarer are accounts of hospital episodes written by patients themselves. In an uncollected essay in which he endeavoured to record the “tenour of infirmary life,” Henley wrote:

I believe that to anyone, no matter what his habits and associations may be, the entry into hospital is a very painful experience. I believe, too, that to anyone the place becomes not only tolerable but, in a certain limited sense, enjoyable also. With what seemed at first disgusting, he is soon on terms of familiarity and even affection. He learns to take an interest in the politics of the tiny republic of which he is for the moment a citizen. He discovers acquaintances everywhere and among them there are sure to be some with whom he can be sociable and friendly. (Connell 46)

At first, Henley’s English origins and substantial education distinguished him from his fellow patients of Scottish birth and humbler background. But in the public infirmary, where he suffered side by side with struggling tradesmen and unskilled labourers, such distinctions quickly dissipated.

² Admission was generally denied to incurables, to lunatics (who were confined, unless otherwise afflicted, in asylums), to paupers (who were cared for in workhouses), and to servants (for whom their masters were responsible).

The World so Black a Riddle

In Reserved Ward B Henley's companions shared their hopes and fears with him, and as the months passed he came to feel compassion for them. Half way through his stay, he sketched the stories of three sad cases:

Etching

Two and thirty is the ploughman.
 He's a man of gallant inches,
 And his hair is close and curly,
 And his beard;
 But his face is wan and sunken,
 And his eyes are large and brilliant,
 And his shoulder-blades are sharp,
 And his knees.

He is weak of wits, religious,
 Full of sentiment and yearning,
 Gentle, faded—with a cough
 And a snore.
 When his wife (who was a widow,
 And is many years his elder)
 Fails to write, and that is always,
 He desponds.

Let his melancholy wander,
 And he'll tell you pretty stories
 Of the women that have wooed him
 Long ago;
 Or he'll sing of bonnie lasses
 Keeping sheep among the heather,
 With a crackling, hackling click
 In his voice.

Casualty

As with varnish red and glistening
 Dripped his hair; his feet looked rigid;
 Raised, he settled stiffly sideways;

You could see his hurts were spinal.

He had fallen from an engine,
And been dragged along the metals.
It was hopeless, and they knew it;
So they covered him, and left him.

As he lay, by fits half sentient,
Inarticulately moaning,
With his stockinged soles protruded
Stark and awkward from the blankets,

To his bed there came a woman,
Stood and looked and sighed a little,
And departed without speaking,
As himself a few hours after.

I was told it was his sweetheart.
They were on the eve of marriage.
She was quiet as a statue,
But her lip was gray and writhen.

Suicide

Staring corpselike at the ceiling,
See his harsh, unrazored features,
Ghastly brown against the pillow,
And his throat—so strangely bandaged!

Lack of work and lack of victuals,
A debauch of smuggled whisky,
And his children in the workhouse
Made the world so black a riddle

That he plunged for a solution;
And, although his knife was edgeless,
He was sinking fast towards one,
When they came, and found, and saved him.

Stupid now with shame and sorrow,
In the night I hear him sobbing.

But sometimes he talks a little.
He has told me all his troubles.

In his broad face, tanned and bloodless,
White and wild his eyeballs glisten;
And his smile, occult and tragic,
Yet so slavish, makes you shudder!

From his vantage point as poet and patient, in these three poems, Henley figures the ploughman, the railway man, and the suicide as victims of a newly industrialised society. "Etching" captures the conflict between past and present, rural and urban. The ploughman's "pretty stories" are but reminiscences, and the decline of his emotional life is signalled in his separation from the natural world. There he was tall and handsome, noble in his rusticity; here in the hospital "his face is wan and sunken" and "his shoulder-blades are sharp." In "Casualty" a navy has been mutilated in a fall from an engine. His case is hopeless. The precise details – his "rigid" feet, his "stockinged soles," his "red and glistening" hair – signify his distress. His sweetheart's impassivity suggests the essential shape of the hospital experience, the course of life and death. "Suicide" – informed by the victim's "strangely bandaged" throat – is a study in Victorian poverty. The man has been saved, but his sobs of "shame and sorrow" suggest no expectation of relief. There is no cure for "lack of work," and the unexpressed but inevitable prognosis is that he, like his children, must now be consigned to the workhouse.

In these poems the tone is inflexibly dispassionate. In "Suicide" and "Casualty" the persistence of the falling metre expresses starkness and impersonality. In "Etching" the obtusion of a single amphimacer, at the end of each quatrain, flattens the rhythm and compels a sense of finality. But all three lyrics include dramatic elements that engage the poet-patient. He hears the ploughman's singing. He observes the casualty's visitor and learns that she was his sweetheart. The suicide tells him "all his troubles." To each tableau these elements add a personal note, and tension arises between the objective rendering of the characters and Henley's subjective participation in their lives.

The Anatomising Gaze

The Birth of the Clinic traces the transitions from an eighteenth-century classificatory medicine to a medicine of symptoms to a medicine which addresses itself, at last, to the body of the patient. Medicine becomes "the science of the individual" (197), and the Foucauldian anatomising gaze parallels the imagery of illumination in literary expression:

Operation

You are carried in a basket,
 Like a carcase from the shambles,
 To the theatre, a cockpit
 Where they stretch you on a table.

Then they bid you close your eyelids,
 And they mask you with a napkin,
 And the anaesthetic reaches
 Hot and subtle through your being.

And you gasp and reel and shudder
 In a rushing, swaying rapture,
 While the voices at your elbow
 Fade—receding—fainter—farther.

Lights about you shower and tumble,
 And your blood seems crystallising —
 Edged and vibrant, yet within you
 Racked and hurried back and forward.

Then the lights go fast and furious,
 And you hear a noise of waters,
 And you wrestle, blind and dizzy,
 In an agony of effort,

Till a sudden lull accepts you,
 And you sound an utter darkness . . .
 And awaken . . . with a struggle . . .
 On a hushed, attentive audience.

This poem relates from the patient's perspective the experience of being acted upon: borne to the theatre in a basket, stretched upon the table, chloroformed, and at length awakened in the gaze of the audience. He is an object, an instrument of scientific knowledge. The repetition of the "you" objectifies his experience, universalises his ordeal as a patient, and engages the reader for whom disease and distress have heretofore remained hidden behind the ceremonial gates and the imposing façade of the hospital.

In *Victorian and Modern Poetics*, Carol Christ reads the tensions in Victorian monologues as ways of mediating between subjective and objective elements. The

dramatic lyric, she suggests, provides “an objectivity and a range of experience” by which the Victorian poet overcomes fears of Romantic authority by objectifying the speaker of the poem” (25). Henley’s “Operation” thus marks the crossroads where the dramatic and the lyrical – the visible and the expressible³ – intersect. This convergence also informs his most extraordinary experiment in narrative perspective:

Clinical

Hist? . . .
 Through the corridor’s echoes
 Louder and nearer
 Comes a great shuffling of feet.
 Quick, every one of you,
 Straight your quilts, and be decent!
 Here’s the Professor.

In he comes first
 With the bright look we know,
 From the broad, white brows the kind eyes
 Soothing yet nerving you. Here at his elbow,
 White-capped, white-aproned, the Nurse,
 Towel on her arm and her inkstand
 Fretful with quills.
 Here in the ruck, anyhow,
 Surging along,
 Louts, duffers, exquisites, students, and prigs –
 Whiskers and foreheads, scarf-pins and spectacles –
 Hustle the Class! And they ring themselves
 Round the first bed, where the Chief
 (His dressers and clerks at attention),
 Bends in inspection already.

So shows the ring
 Seen from behind round a conjurer
 Doing his pitch in the street.
 High shoulders, low shoulders, broad shoulders, narrow ones,

³ Foucault suggests that the process “by which man obtained positive knowledge of himself” is one and the same as “the movement that sustained lyricism in the nineteenth century” (*Birth* 198).

Round, square, and angular, serry and shove;
 While from within a voice,
 Gravely and weightily fluent,
 Sounds; and then ceases; and suddenly
 (Look at the stress of the shoulders!)
 Out of a quiver of silence,
 Over the hiss of the spray,
 Comes a low cry, and the sound
 Of breath quick intaken through teeth
 Clenched in resolve. And the Master
 Breaks from the crowd, and goes,
 Wiping his hands,
 To the next bed, with his pupils
 Flocking and whispering behind him.

Now one can see.
 Case Number One
 Sits (rather pale) with his bedclothes
 Stripped up, and showing his foot
 (Alas for God's Image!)
 Swaddled in wet, white lint
 Brilliantly hideous with red.

"In the hospital today," wrote a medical student at Edinburgh in November 1873, "I went round with Professor Lister and was not a little struck with his manner of setting to work. All the important cases he dresses himself, and many that are of less consequence. Time does not appear to be at a great discount with him" (Gray 48). A stimulating teacher, but never a brilliant lecturer, Lister loved to present clinical demonstrations. Every Sunday afternoon he would arrive at the Infirmary at two o'clock and would lead a procession of clerks and dressers and students through his wards. He endeavoured to see every patient, and the visit might last three or four hours. Going from bed to bed, sometimes changing a dressing or performing a minor operation, often conversing with the patients and discussing their cases with the house surgeon, he constantly directed his pupils' attention to clinical facts and procedures.

The experience in "Clinical" is heightened by a spectacular shift in perspective. At first, the speaker observes the clinic with amused, objective interest; he ridicules the surgeon's entourage of "louts, duffers, exquisites, students, and prigs" and distinguishes Lister's place among them. But at the end, when "the Master / Breaks from the crowd" and proceeds "to the next bed," the poem springs a grim surprise:

Now one can see.
 Case Number One
 Sits (rather pale) with his bed-clothes
 Stripped up, and showing his foot
 (Alas for God's image!)
 Swaddled in wet, white lint
 Brilliantly hideous with red.

The circle of shoulders has been pursuing its course around the ward, and until this moment the poet-patient has been steadily viewing it from without. Suddenly, he is within the circle. *He* is "Case Number One." He not only sees but is seen. A brilliant rush of colour – the object of the medical gaze – signifies Henley's own distress. And the intensity reinforces his presence and expression as simultaneous conditions of his hospital experience.

Disciplinary Individualism

One of the projects of Poovey's *Making a Social Body* is to examine the forces that "installed disciplinary individualism as the normative model for most British subjects for most of the nineteenth century" (112). The concept of "disciplinary individualism" originates in Foucault's *Discipline and Punish*, where he theorises the repressive and *objectivising* – as well as the productive and *subjectivising* – forces of power. What Foucault has in mind when he deconstructs social forces is the paramount importance of institutions. "Is it surprising," he asks, "that prisons resemble factories, schools, barracks, hospitals which all resemble prisons?" (*Discipline* 228). For most patients in Victorian hospitals the forces of institutional power were highly repressive. For Henley they were also curiously productive. Several months after he was discharged from Lister's wards, he submitted an early version of his hospital lyrics to John Blackwood: "I was twenty months or so in the Infirmary, and I wished in writing these verses to treat the matter as subjectively as I could. And this I have done" (Cohen 81). As he revised the poems Henley embraced the "truth" of his hospital episode. And when the sequence was published in its final form, Arthur Symons read in it the paradox of disciplinary individualism, whereby individuals are created through their compliance with institutions: "To be shut up in hospital, drawn out of the rapid current of life into a sordid and exasperating inaction – to wait, for a time, in the ante-room of death: it is such things as these that make for poetry. The poet to whom such an experience has come, the man, perhaps, whom such an experience has made a poet, must be accounted singularly fortunate" (185).

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