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On October 24, 1840, the British *Provincial Medical and Surgical Journal* published a piece by physician James Eager on “continued fevers”: afflictions which he insists “more justly merit the patient investigations of observers” than any other known disease (57). What makes these maladies so difficult to diagnose or treat, according to Eager, are their malignant mutations of the major internal organs: metamorphoses which include disease, lesions, and “acute inflammation” (such as the swelling of a kidney to “twice its natural size”) and which sometimes go entirely unnoticed by either physician or patient (57). That the body can be invisibly and irremediably transformed into a state unlike its original constitutes, for Eager and for others, much of fever’s significance. Both the dynamic changeability of continued fever and the changes wrought by fever in the human form rendered the affliction a matter of serious moment—not only for the work of medical practitioners, but more broadly for Victorian notions and representations of bodily integrity.

Throughout the first half of the nineteenth century, continued or chronic fever resisted monolithic understanding in Western discourses of medicine and health. Early Victorian medical manuals and nursing handbooks recommend a variety of diagnostic interpretations and corresponding remedies, which in turn denote ranging and ever-evolving theories of human physiology. In a general sense, however, the tendency was to view fever as something to be rapidly and even violently expelled from the body, via purgative therapies as well as frequent operations of bloodletting, which were believed to reduce inflammation, remove contamination, and restore balance to the system.¹

Yet this period also saw the development of a comparatively Hippocratic take on fever: one that treated the disorder as a natural occurrence and saw nature itself as the best remedy. In his *Simple*

Treatment of Disease (1842), for instance, Victorian physician James Manby Gully advocates permitting the body to undergo its constitutional mutations with the aid of gentler remedies, rather than attempting to arrest these changes by force. Stridently critiquing the practice of bloodletting, Gully reports having been informed by patients stricken with chronic fever that “they were going on very well until they were bled” and “have never been well since” (40). For Gully, these are “facts which speak trumpet-mouthed as to the destructive agency” of bloodletting, which depletes the body of “nutritive liquid” and renders the blood-vessels “unable to carry on the vital chemistry in a healthy manner” (40). Far better, he argues, would be for caregivers to “abandon the treatment to Nature” and allow the fever to run its course (42).

The logic behind this more permissive approach to continued fever signals a divergence between the burgeoning mid-century understanding of physiology emblemized by Gully’s work and the more traditional views buttressing the treatment of fever by brutally purgative means. Whereas the one implicitly conceives of bodily being as naturally transformative and transformed, the other shores up a sense of the healthy body as necessarily static and stable—and, accordingly, a strong aversion to allowing such feverish influences to transmute the embodied self. Fever, then, can be read as a marker not only for physiological but also for affective susceptibility to change, as well as for Victorian anxiety around both forms of vulnerability.

This twin anxiety finds expression in cultural objects beyond the medical handbook; fever proliferates across the period’s literary fiction, including Charlotte Brontë’s *Jane Eyre* (1847). Although Brontë’s eponymous narrator is resistant to the bouts of actual fever that fell other characters, Jane is repeatedly characterized as passionately “feverish.”² The febrile migrations of Jane’s hot blood are a source of constant commentary from the narrator herself as well as from Jane’s various companions, who remark not only on her occasional outbursts of passion, but also on the alternating blushes and blanches that betray Jane’s feverish feeling despite her best efforts to bleed it out. Socialized from childhood to bear her passions stoically, Jane nevertheless possesses nerves easily stirred, shocked and frayed, her early (de)formative “fit” in the so-called “red room” foregrounding the degree to which she can be taken “out of [her]self” by fevered experiences (17, 11). In particular, Jane’s long and strange courtship at the hands of Mr. Rochester registers as a continued fever that eventually breaks out in an “acute distress” (256), whose physical symptoms mimic the pattern of protracted illness at least as convincingly as they resemble romantic love.

The kind of “feverish influence” that afflicts Jane Eyre is clearly linked with her heightened responsiveness to the influence of other bodies, feelings and minds (399): her inability, as she puts it, to find a “medium ... between absolute submission and determined revolt,” each of which designates a state of extreme changeability (407). Jane’s efforts to deny and repress her own feverish tendencies thus model a purgative approach to illness at the same time that they perform the Victorian norm of self-effacing femininity. Yet the final crisis of Jane’s personal development, which pits her inherent “fire” against aloof St. John Rivers’s antithetical “ice” (390), suggests a strikingly affirmative attitude toward the heroine’s hot-headed disposition. That Jane rejects both

St. John's offer of marriage and his call for her to renounce her passions suggests that to be fevered, for Jane, is a far preferable ontological orientation to the world.

If *Jane Eyre* draws out a subtly recuperative dimension of so-called continued fever, then it is worth reconsidering the significance of fever in its myriad manifestations across other mid-century literature. In both medical and metaphorical terms, the elusive variability of fever would have evoked for many Victorians the radical inconstancy of bodily being, as well as the vulnerability of this inconstant, embodied self to an equally mercurial world. Figures for disease in nineteenth-century fiction are thus often and easily read as symptoms of xenophobic dread and, toward the end of the century especially, as characteristic of anxieties of degeneration.³ Yet the notable ambivalence with which Brontë imagines the feverishly mutating body presents merely one example of what I take to be an important counter-trend in Victorian representations of infirmity: a current of writing which imagines the body as always already fevered, its health in a state of continuous flux, and its very nature as indeterminately co-constituted by contact with other bodies beyond the self.

¹Such perspectives and practices were holdovers from the humoralist system of medicine that predominated through the eighteenth century, and whose traces were still visible in treatments of fever by at least the middle of the nineteenth century.

²Brontë's inclination to link fever with the passions could be symptomatic of a pseudo-humoralist theory of personality, as also evidenced by Jane's early description of Rochester as identifiably choleric (122).

³In *Sexual Anarchy* (1990), Elaine Showalter famously reads Dracula's metaphors of infection as representative of degenerative terror at the fin-de-siècle.

Featured Image: A medical practitioner administers leeches to a patient. Colour lithograph after L. Boilly, 1827. Cropped. Wellcome Collection. Public Domain Mark

Works Cited

Brontë, Charlotte. *Jane Eyre*. Penguin Putnam, 1997.

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