

Cynthia Harris

Last month, I wrote about the third-person narrator's miasmatic thinking in *Bleak House*. This month, I will examine Esther's opposing understanding of disease and human bodies as well as how these two modes of transmission converge narratively around Esther's illness.

The two narrators offer strikingly different descriptions of London, grounded in their competing understandings of disease spread through contaminated locations (miasmatic thinking) versus through physical contact with a sick body (contagionist thinking). The third-person narrator describes London as a "great (and dirty) city" full of fog: "Fog everywhere. Fog up the river, where it flows among green aits and meadows; fog down the river, where it rolls defiled among the tiers of shipping and the waterside pollutions" (5). For the narrator, the city is a decidedly unwholesome place full of "pollutions," "dirt," and with "fog everywhere," that is, "pestilential air" made visible (5, 553). Indeed, the city has a "general infection of ill temper" in its "pestilential air" (5).

When Esther first arrives in London, she too remarks on the fog, describing it as "dense brown smoke," but rather than connecting the fog with a diffuse, miasmatic "general infection," as the third-person narrator does, Esther's first thought is that it comes from "a great fire" (29). The fog has a non-pathological cause and is itself not pathological. Moreover, just like the narrator, Esther sees crowds in London, but for her they are "crowds of people" rather than a "crowd of foul existence" (197). For Esther, speaking of the collective does not cause the individual bodies to fade from view as it did for the third-person narrator, rather it reinforces the existence of those bodies by reminding the reader that the crowds are composed of actual people.

It is not simply that Esther does not see London as sick, rather for Esther there is no fixed space of disease, and therefore, bodies do not become ill by going to or being in specific places. When Esther walks with Mr. Guppy up Chancery Lane in the midst of a "very dense" fog, following the logic of the third-person narrator, Esther should—like Mr. Snagsby—"sicken[...] in body and mind" (277). She is, after all, walking in thick, noxious air through the Chancery district, which is where the pathological places of Chancery, Tom-all-Alone's, and the graveyard are located. But as if to match Esther's refusal to think miasmatically, Esther's physical body resists the notion that this place—or the "pestilential air" of this place—is contagious: Mr. Guppy tells her, "Not that [the fog]

affects you, though...On the contrary, it seems to do you good, miss, judging from your appearance” (36). Her body responds directly contrary to the prediction of miasmatic thinking.

But though she may be immune to miasmatic transmission, Esther does fall ill following contact with the infected Charley, her maid, who had contracted her illness after caring for the infected Jo. When Esther feels herself becoming sick, she writes, “I felt I was stricken cold. Happily for both of us, it was not until Charley was safe in bed again and placidly asleep, that I began to think her illness was upon me” (390). This moment shows us two things. First, Esther does not see herself as fading away behind her disease—the contagion rests “upon” her body, affecting it with a “curious sense of fullness, as if I were becoming too large altogether” (390). For Esther, the illness and the person are not coterminous—a person is not simply “fever”—as is the case for the third-person narrator. The narrator’s focus on sickness being confined to places has the effect of flattening individuals whose bodies are inhabit/are continuous with those places. In the metonymy that is created between person and place, the person fades away into a diffuse, general collective. They are all the same because they are all sick with the same disease: they “fetch[] and carry[] fever,” thus they are “fever” (197). In contrast, Esther’s focus on the transmission of disease between particular bodies means that distinct persons never lose their individual significance. For Esther, interestingly, illness *adds* to the person. Esther remains herself plus whatever more is “upon” her, making her “too large,” too “full.” Second, Esther is aware that the contagion has a clear chain of transmission from Jo to Charley to herself. It is Charley’s sickness (“*her* illness”) that Esther contracts, not the plague of Tom-all-Alone’s or the graveyard (“the fever of the country”) (157). Moreover, Esther has not contracted disease in a sick place—not at Chancery or the graveyard—but at home at Bleak House, which (despite its name) is depicted as a place of warmth and wholesomeness. Yet it is in this happy oasis, seemingly far away from the sickness and despair of the other truly bleak places of the novel, where Esther and Charley contract their life-threatening disease. By thus removing the possibility of a space-specific justification for this illness, the person-to-person transmission of disease is brought into direct conflict with the third-person narrator’s miasmatic thinking.

Although the disease is unnamed in the book, many critics have argued persuasively that Esther contracts smallpox. Much of the scholarship around smallpox in *Bleak House* has focused on its symbolic significance of social connectedness, but I think smallpox’s importance in the novel comes from the very unique mode of transmission ascribed to it. The Victorian understanding of smallpox was that it could be contracted miasmatically in a place and then transmitted through contact between bodies. Indeed, it was the *only* disease that Victorian science believed could be contracted through miasma but then spread through person-to-person contact.^[1] In other words, outside of the novel, smallpox was already dual-natured, compatible with both spatialized and contact-based understandings of contagion. Smallpox, then, allows for a reconciliation of the two narrators’ visions of disease in *Bleak House*.

Jo contracts the disease miasmatically from a sick place in the third-person narrator’s narrative; there is no mention of direct contact between Jo and a sick body. We can speculate on where Jo contracted his disease. While the graveyard is a reasonable location for Jo to have breathed in

miasma and contracted smallpox, it might equally have been any of the other sick places of London. Tom-all-Alone's, after all, is where unspecified fever is "fetch[ed] and carr[ied]" (197). When Jo travels—literally and figuratively—into Esther's narrative he spreads the contagion through direct contact: Jo is infected, and he infects Charley, and through her, Esther, all by means of physical contact. This established duality of smallpox within *Bleak House*—first contracted from the air and then spread from body to body—shows the third-person narrator's views and Esther's views operating in tandem. *Bleak House* thus shows that both modes of transmission occur and that both modes of thought have value. Dickens uses the duality of smallpox and the two narrators in *Bleak House* to emphasize the necessity of both miasmatic and contagionist thinking in a complete and comprehensive model of disease.

[1] See Michael Gurney and F.S. Schwarzbach for further details on the contemporary medical understanding of smallpox

Gurney, Michael S. "Disease as Device: The Role of Smallpox in *Bleak House*." *Literature and Medicine* 9.1 (1990): 79-92. Print.

Schwarzbach, F.S. "*Bleak House*: The Social Pathology of Urban Life." *Literature and Medicine* 9.1 (1990): 93-104. Print.

Schwarzbach, F.S. "The Fever of *Bleak House*." *English Language Notes* 20.3/4 (1983): 21-27.

Dickens, Charles. *Bleak House*. Penguin, 2007.