Death and Disease: Medical Issues in the Life and Writing of Mary Shelley

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“I saw—with shut eyes, but acute mental vision—I saw the pale student of unhallowed arts kneeling beside the thing he had put together. I saw the hideous phantasm of a man stretched out, and then, on the working of some powerful engine, show signs of life, and stir with an uneasy, half-vital motion ...the spark of life” (author’s introduction, p. 55). Mary Shelley had this “waking dream” on 16 June 1816, when she was 18 years old, the result of which would be her novel, Frankenstein, which was published in March 1818.

This is not the only time that Mary Shelley wrote about the “spark of life.” Another time that she discussed reanimation was a year earlier in her journal, on 20 March 1815, regarding the death of her first child, Clara.

“Dream that my little baby came to life again—that it had only been cold and that we rubbed it by the fire and it lived—I awake and find no baby—I think about the little thing all day...(not in good spirits)...” (Journal, 20 March 1815)

Tonight I plan to explore the general medical context from roughly 1750 to 1850 in Britain and to focus on Mary Shelley’s personal experience with health, healing, and death during her 53 year life from 1797-1851.

Now for my disclaimer, this presentation is impressionistic rather than definitive. I attempt accuracy but my conclusions are open to interpretation. I am not an expert in Mary Shelley but take a keen interest in her medical context. Many alternative approaches are possible when discussing this. I am merely adding to the mix.

The 19th century was a time of great transition in medical and scientific theory in Britain. There was growing acceptance of Newton’s mechanistic theory that described the universe as a clock that was composed of universal laws of motion with god as the clock maker. But god’s continuing involvement in the design was more open to interpretation. On the one hand, it was argued that when god created the clock all of it workings or species were perfect and unchanging (fixity of species), on the other hand, it was proposed that
transmutation or change of the workings or species was possible. In 1796, Erasmus Darwin published *Zoonomia* which argued that species could transform due to environmental changes and were not fixed and immutable. Mary Shelley read and contemplated these views.

The possibility that transmutation was possible begged the question what was “the spark of life” and fueled two theories: vitalism and mechanism. Vitalists maintained that living organisms were fundamentally different from non-living things because they contained some vital force that could not be measured or seen. Mechanists disagreed and proposed that all organisms were constituted of the same substances so it was their organization that determined whether they were alive or dead. A mouse could become a rock and a rock a mouse.

When discussing the “powerful engine” that gave the monster life the question became was it essentially a reorganizing of basic components or an imbuing of a “spark of life?” Could Mary, in fact, reanimate her child by rubbing her and reorganizing her structure or would the rubbing administer the vital spark?

In the late 18th century, Rev. William Jones recorded his musings on this issue “I was still-born. The mid-wife blew up the dormant spark of life...she stimulated or excited “my excitability.””—he kept a coffin in his study as a *memento mori*; unfortunately he also subscribed to the English proverb: “they are digging their graves with their teeth” and he grew too fat to be placed in his coffin when his time came.

Before we explore Mary Shelley’s personal experience with disease and death, let’s develop her cultural context a briefly.

Britain enjoyed naval supremacy in Europe and was experiencing rapid material progress and a profusion of wealth through a massively increased scale of manufacturing and commercial activity as well as availability and speed of transport. The standards of comfort for all but manual laborers were described as “a degree of wealth and luxury which surpasses all that can be seen in other nations.” In 1820, Simonde de Sismondi, a French historian and economist, while visiting England, chose as the opening lines of his publication, *New Principles of Political Economy*, “this astonishing country, which seems to be submitted to a great experiment for the instruction of the rest of the world.”
In 1750 British population was fairly stable at 140 million but by 1850 it had grown to 266 million. Statistics regarding death as well as birth were just beginning to be kept by 1750 and a census became mandatory in Britain in 1800. In 1812, in London, the Bills of Mortality were passed which made it mandatory to record cause of death and whether the death was natural or unnatural, as well as age, gender and marital status. Fines were imposed if deaths were not registered.

Britain was rapidly changing from an agricultural to an industrial economy. The 17th century was characterized by the scientific revolution, the 18th by the enlightenment and introduction of nosology, classification of disease, which was beginning to be described as an entity, like a plant, and not the result of an toxic miasma or environmental influence.

Medicine had been fairly stable from 1740 to 1840. John Stuart Mill, the English political economist, defined health as good physical and moral education, proper control of noxious influences and a “more remote wish” for the progress of science.

What was disease? Through the 18th century, disease was described as imbalance, either external or internal. External causes consisted of climate, food, humidity and miasmas or the toxic effect of emanations from stagnant water, rotting vegetation, putrefaction, etc. Internal causes were described as humoral imbalance. The four humors of blood, phlegm, yellow (choler) and black (melancholy) bile all needed to be kept in balance. These bodily fluids determined temperament, disposition, constitution, and complexion. When Mary’s third child died of convulsions and fever it was described as “exhaustion of vital energy” possibly due to an excess of phlegm. A diagnosis of disease included the examination of appetite, pulse, eyes, tongue, urine, and feces, in that order.

Causes of death have changed dramatically in Britain since the early 19th century. Deadly infectious diseases, especially in childhood, have been spectacularly reduced. Today death strikes most commonly later in life and is the result of chronic and degenerative afflictions—notably cancer and cardiovascular disturbances. Only Mary Shelley, herself, and her father, William Godwin, succumbed to these diseases. She died of brain cancer and her father died of cardiovascular disease.

Otherwise, those close to Mary Shelley succumbed to the most common illnesses of her time. Her mother died of puerperal fever at Mary’s birth. Of Mary’s five births (from 1815-1822), in seven short
years, she lost: a daughter born prematurely, a three-year old son to malaria, a one year old daughter to dysentery, and her last child to miscarriage. Only her surviving son, Percy, died of advanced age after a long, unspecified illness (5 December 1899). She also lost a niece to typhoid; a half-brother to cholera; another half-brother was stillborn (William I, 4 June 1802); and a half-sister committed suicide by laudanum overdose. Her husband, Percy Shelley (8 July 1822) and his first wife, Harriet, both drowned (neither could swim).

Here is a brief biography of Mary Shelley (1797-1851). She was the daughter of Mary Wollstonecraft, feminist theoretician (Vindication of the Rights of Women, 1792) and William Godwin, rationalist philosopher (Enquiry Concerning Political Justice, 1793). On 11 November, 1812, Mary met the aristocratic poet, Percy Bysshe Shelley (1792-1822), when she was 15 and he was 20. They eloped in 1814 and married in December 1816, when Percy’s first wife, Harriet, committed suicide by drowning herself. Percy and Mary were estranged from his affluent family who approved of neither of his marriages. Although they sought a comfortable existence and the best medical aid of their time, they were plagued with debt. One of the reasons they traveled so much was to escape creditors as well as to seek a healthy environment. Percy drowned in 1822, leaving Mary a widow at the age of 24. During their 8 year and one week relationship, Mary was pregnant five times and lost all but one of these children. Mary succumbed to brain cancer at age 53 in 1851 after a physically and emotionally trying life.

Illness was treated in the 19th century either by relying on family and friends or by visiting medical practitioners and taking whatever medicines or advised treatments they offered. Mary and Shelley used both regularly. They traveled to spas for months at a time, regularly experimented with their diet, exercised daily (sea swims and long brisk walks), used purging, vomiting, sweating, bloodletting, and self-medicating.

Mary’s own life began with a medical emergency that lead to the death of her mother, Mary Wollstonecraft, to puerperal fever on 10 September, 1797. In 1797, puerperal or childbed fever was the single greatest cause of death in childbirth. When it was time for Mary’s birth, Mary Wollstonecraft was in excellent health and had three years earlier borne without complications a first daughter, Fanny, the offspring of her passionate affair with the American businessman and gambler, Gilbert Imlay. She chose to give birth to this second baby at home, attended only by a midwife, Mrs. Blenkinsop. But when Mary
Wollstonecraft failed to expel the placenta, Mrs. Blenkinsop hastily summoned Dr. Poignard, who cut up and removed the undelivered placenta from Mary. In this process he most-likely introduced the infection that twelve days later killed Mary Wollstonecraft. The evidence suggests that Dr. Poignard had conducted a post mortem before visiting Mary and we can conclude that no hand-washing (which was not considered necessary) occurred in the intervening interval.

Unfortunately, Mary Wollstonecraft’s death may have been avoided because in 1795, Dr. Alexander Gordon had published the theory that puerperal fever was due to infection of the mother by putrid hands of midwives or doctors during the delivery of the newborn. Oliver Wendal Holmes (Boston poet/physician, 1809-1894) held the same view and advocated a policy of rigorous hand washing. In 1847, when Dr. Ignaz Semmelweis (1818-1865, Vienese Doctor) ordered hand washing in chlorinated water prior to delivering infants at the University of Vienna Medical School, as a result puerperal fever was greatly reduced. Dr. Semmelweis was subsequently fired the following year in 1848.

The reduction of death to puerperal fever was greatly reduced through experimental science, which was seen as a method to achieve enlightenment. The view was that application of reason and Newton’s scientific method would create a better future and that science and technology would improve human control over disease. Social progress and prosperity were the vision of the enlightenment. Mary Shelley’s father, William Godwin, was a proponent of such a view.

When Mary was young he applied two new scientific techniques to aid in his understanding and nurturing of his new daughter. When she was three weeks old, he had Franz Gall “read” her skull. Phrenology was the process of reading the skull to determine moral character. Mary’s skull size was interpreted to portray considerable memory and intelligence; her forehead, eyes, and eyebrows showed quick sensibility and irritability.

Godwin also had Mary vaccinated for smallpox in her first year of life. She suffered mild cases in 1804 and 1828 but she did not succumb during the English epidemic of 1838. Vaccination was a controversial technique introduced in 1798 by Edward Jenner, who through careful empirical work as a country doctor, showed that Smallpox could be prevented by vaccination in An Inquiry into the Causes and Effects of Variolae Vaccine. Vaccination remains one of the most potent weapons against infectious disease.
Godwin also encouraged his daughter to read and write. Mary Shelley interpreted her experiences in her journals, letters, *Frankenstein* and additional publications. What is most notable in her journals is her commitment to health through routine and her relentless pursuit of erudition through a rigorous reading program. Her journals are most concerned with her extraordinary reading program (already outlined by Scott Abbott). Her reading lists show that she kept current on medical theories.

Mary practiced an orderly routine to promote health. She maintained that an orderly life=health. Germ theory had yet to be proposed so she subscribed to miasma or environmental theory. Health had to be earned through strict routine. She wrote and studied each morning, then she dined, and in the afternoons she visited and exercised. After dinner, she read and entertained with Percy and friends.

Her journals reveal that strict routine did not always stave off unbalance. On 30 March, 1823, "Day after day I suffer the most tremendous agitation. I cannot write, or read, or think—there is a whirlwind within me that shakes every nerve. I take exercise and do every thing that may prevent my body from influencing evilly my mind...whether it be my regrets, my sorrows, and despair, or all these—I know not, but I am a wreck."

Mary may have cultivated a strict daily routine of reading and writing but she spent the best part of her married life struggling from place to place in Europe, with her husband, her step-sister, her babies, her books and her friends, and all their endless financial problems. Percy had been cut-off financially when he eloped with Mary and Mary’s father had money issues of his own. She and Percy traveled widely to escape creditors but also in search of a healthy environment. Percy was perpetually ailing. He and Mary both conceptualized disease as induced by the environment. It was hoped that noxious miasmas could be fled or ventilated. Surrounded by a dangerous macro-environment the vigilant could stockade themselves within a safer micro-environment or flee to another one. The health conscious person had to negotiate the physical environment with great judgment. Only a fool ignored the hazards of living in a dangerous milieu. For this reason, Italy’s salubrious climate was sought, especially to aid Shelley’s constant health problems.

Shelley dosed himself with violent drugs like arsenic and vitriol. He was absorbed with his own disintegrating health and often traveled
long distances to visit famous doctors and healthy environments. He took frequent doses of laudanum, a tincture composed of opium, alcohol, and other ingredients, used as a pain killer and sedative. Mary’s half-sister, Fanny Imlay (October 1816), overdosed on this commonly prescribed drug to commit suicide. [Eugene O’Neill’s, *A Long Day’s Journey into Night* poignantly portrays laudanum addiction in the character, Mary, who was addicted to the drug due to post-partum pain.]

Shelley was solicitous of his own health but could rightly be accused of not being as diligent regarding the health of his own children. During the Shelley’s eight-year relationship, four of their five children died by the age of three. Mary conceived the first at age seventeen and delivered a seven months preemie who was not expected to live. Fortunately, she delivered before Dr. John Clarke arrived, the same one who was probably instrumental in her mother’s death. When Clara was born, Shelley immediately sickened (as he did after each of his children’s births) and Mary was left to nurse the tiny infant on her own.

In the 19th century only half of children born in Britain lived until the age of three and 43% of British marriages produced 7 or more children. Half of William Godwin’s twelve siblings survived to adulthood. Childhood deaths were considered unfortunate but inevitable. Frequently losing children had always been the case. In 1817, John Bunnell Davis, in a statistical analysis in London of infant mortality concluded that “children have an obscure and fatal nature.” Human life was cheap and infant life was cheaper. Those who could afford it often sent their children to the country to be raised until the age of six. London was considered unhealthy due to “evil smelling and contagious miasmas.” High infant mortality did not drop significantly until the first third of the 20th century due to decrease in infectious diseases.

Even though Shelley’s journal records that Clara was not expected to live, Mary diligently nursed her first-born. On the eleventh night, she assumed the baby was sleeping and did not wake her to suckle; next morning, on 6 March 1815, she found that Clara’s body was contorted and she was dead. She recorded, “From its appearance, it evidently died of convulsions.”

Mary’s stoicism discouraged indulgence in mourning, yet she found herself grieving and wrote a week later, on 13 March: “...think of my little dead baby, this is foolish I suppose yet whenever I am left alone
to my own thoughts and do not read to divert them they always come back to the same point—that I was a mother and am so no longer.”

Six days later: “Dream that my little baby came to life again—that it had only been cold and that we rubbed it by the fire and it lived—I awake and find no baby—I think about the little thing all day...not in good spirits—Shelley is very unwell—read Gibbon.”

Eighteen months later she would experience her “waking dream” of a student of unhallowed arts reanimating a corpse by warming it with a “spark of life”. Six months before this she had given birth to her second child, William, on 24 January, 1816, who was described by his parents as “the offspring of freedom and love, of beauty and strength (16 September 1838). Their third child, Clara Everina, was welcomed on 2 September, 1817.

Their family continued to travel constantly, on a particularly grueling journey across Italy, one-year-old Clara contracted dysentery and was suffering mild convulsions. Shelley (on Byron’s recommendation) arranged an appointment for her with the famous Venetian doctor, Francesco Aglietti. Percy insisted Mary and Clara travel to Venice instead of consulting a local doctor. Unfortunately, this necessitated that Mary make a five-hour long journey beginning at 3 in the morning in order to make the appointment. Tragically, their daughter died en route to Venice (24 September 1818). Mary was upset with Shelley.

Then, without warning, on 25 May 1818, William, a strong rosy 3 ½ year old, who had rarely been ill, came down with a serious case of worms. Dr. John Bell, a British ex-pat practicing in Florence, purged the worms but advised that William was now in delicate health. On 2 June, William fell desperately ill with malaria. Mary wrote, “The misery of these hours is beyond calculation—the hopes of my life are bound up in him.” At noon on the 7th, William died.

“We came to Italy thinking to do Percy’s health good—but the Climate...has destroyed my two children...I never know one moments ease from...wretchedness and despair...to lose two only and lovely children in one year—to watch their dying moments...I feel that I am not fit for any thing and therefore not fit to live...” Mary sat in her room with William’s portrait, marble-pale in black, withdrawn, weak, trembling, “so melancholy and sickly”.

When William died, Mary was already expecting another child in late autumn. Mary would later recognize William’s death as a watershed of
her life: on the far side had been anticipation, certainty, a sense of trust and fearlessness; after, “this world seemed only quicksand, sinking beneath me.” She was only 22.

Percy Florence Shelley was born on 12 November, 1818. Mary wrote, “I have not kept my journal all this time but I have little to say... expect that on the morning of Friday, November 12, little Percy Florence was born.” Dr. Bell, her British physician, had died five weeks earlier and she did not want to be cared for by Italian doctors whom she blamed, along with her husband, for her two children’s deaths.

Percy Florence’s birth alleviated her most acute depression and she was soon pregnant again. On 16 June, three and a half months into her pregnancy, Mary miscarried, hemorrhaging uncontrollably. She was kept conscious with vinegar massages and brandy. Shelley saved her from bleeding to death by lifting her from bed and sitting her in a tub of ice. She believed she was dying and she felt what she described as “a passive satisfaction in death.” The physician arrived after the bleeding stopped. Shelley stated “the physician had nothing to do but applaud me for my boldness. She is now doing well, and the sea-baths will soon restore her.” (18 June 1822)

Mary begged Percy to take them to the Baths of Pisa. He chose instead to sail to Leghorn on 1 July while Mary was still bedfast. Percy Shelley drowned six days later, on 7 July 1822. After his cremation on the beach where his body washed up (due to contagious plague concerns), Mary wrote “My life is chalked out to me...it will be one of study only—expect for my poor boy.” She devoted herself to raising Percy and writing to support them. In her eight years with Percy she had born five children and lost four of them. Statistically this was just under average.

Shelley was not the only death Mary experienced in 1822. Mary’s half-sister, Claire, had a daughter, Allegra Alba on 12 January 1817 by Lord Byron. At age 5, Allegra Alba succumbed (18 April 1822) to typhoid in the Italian convent school where Byron boarded her. Typhoid, an acute infectious disease that is sewage based and water born, was a major killer of this era.

Mary lost her half-brother, William, to Asiatic cholera, another sewage based, water born infectious disease that plagued Britain. The water closet was invented at the turn of the century and the resulting sewage was dumped directly into the Thames, London’s water supply.
In 1833 10,000 died of cholera in London alone. This disease attacked all classes, “it struck terror into the minds of the middle and upper classes.” By the 1840s drinking water was separated from the general water system due to the growing commitment to disease as a discreet entity and not miasmic vapors.

Cholera attracted a great deal of attention because it was a disease that was associated with filth and believed to be contagious only to those that were filthy, namely the poor. It was shocking that it struck across class lines. What was even more disturbing was that the suffering the disease inflicted seemed equally intense for all classes. One of the symptoms was described as “tingling”. It was thought that the tingling which defined refined pain could not be felt by the lower classes.

After Shelley’s death, Mary was prone to illness periodically for the rest of her life. In part, her capacity for exquisite feeling was considered the real hallmark of a superior person. The ability to sustain and even nourish intense suffering, emotional and/or physical defined the sensitive, ennobled soul. Mary was described as highly strung and it was believed that only those in high society could be highly strung, they were thought to have more refined nervous constitutions. Eliza Rennec describes Mary as “settled sadness, a grave gentle melancholy in her face, and voice and gait”.

Locke stated “nothing is more full than the imagination of man”. Imagination shaped consciousness and imagination could make you sick or better because the organism was seen to be vulnerable to intense suggestibility. In a letter to her father in 1798, Mary describes “a lowness of spirits, which I can’t conquer, leaves me at the mercy of my imagination and only painful recollection and expectations assail me”.

She maintained her duty lay in mustering good spirits to drive away disease. Symptoms such as “swimming” in the head, partial paralysis, convulsions, and various, fluxuating symptoms characterized her nervous disorder. Mary once described her condition as “my nerves are all alive...as if the spine would altogether give up the ghost.” Her various treatments consisted of hefty doses of cod-liver oil, bathing in the sea, spa treatments, walks in brisk weather, and rest cures, such as spending July 1835 in Dover.

From age 48 to her death at age 53 (1 Feb 1851) Mary spent a great deal of time as an invalid. Her condition was described as a humoral
distemper with a tumor that visibly manifested disorder within. Wasting was the critical symptom. Her rapid weight loss further defined her imbalance. In November 1850 paralysis began it set in starting with a numb right leg and minor speech impairment. On 17 December, Dr. Richard Bright, an eminent brain specialist, was consulted. He diagnosed a brain tumor. She was bedfast, paralyzed and fell into unconsciousness in 2 Jan, 1851, passing away on 1 Feb. 1851.

Mary died of a brain tumor and her father of heart disease. But her children and young relations died of the common infectious killers of cholera (William), malaria (William), dysentery (Clara Everina), and typhoid (Allegra).

At the time of Mary’s death, in 1851, brain surgery was considered too risky to help her. Ether in 1846 and chloroform in 1853 began to be used to induce sleep during surgery. In 1867, the British doctor, Joseph Lister, introduced the concept of antiseptic operation by spraying carbolic acid on wounds to kill germs. By the 1930s, penicillin was in use and now we have access to a wide-range of antibiotics.

Cholera, dysentery and typhoid began to be controlled as leaders of public health movements insisted on separating drinking water from sewage infected water and communities gradually paid greater attention to ventilation and cleanliness. In 1902, malaria prevention began when Ronald Ross Nobel described the life cycle of malaria parasite in mosquito and human hosts.

A decade after Mary Shelley’s death, in 1860, the debate between the cause of disease being miasma or contagion (a disease is a distinct entity and can transform) continued to be controversial. Florence Nightingale in her Notes on Nursing (1859) included vague classifications (nosologies) of disease and stressed trusting the patient and paying attention to hygiene. “The causes of the enormous child mortality are perfectly well known; they are chiefly want of cleanliness, want of ventilation, want of whitewashing; in one word, defective household hygiene.”

Germ theory was introduced in the 1870s and 1880s. Louis Pasteur and Robert Koch clearly demonstrated that bacteria, viruses, and other microorganisms caused infectious diseases. The theory that disease was caused by miasma or humoral imbalance was gradually eclipsed and germ theory was gradually accepted with epidemic disease being explained by invasive microorganisms. Due to germ theory we
currently test and treat our water supplies and sewage systems, we sterilize our operating environments and wounds, we practice quarantine. Cotton clothes have gradually replaced handed down woolen clothes that were hard to clean and often agents of contagion themselves.

Due, in part to the theoretical investigations and technological discoveries of Mary Shelley’s era, in this, the 21st century, children have a much better chance of surviving past the age of three. Life expectancy in Mary Shelley’s Britain was 40 and is currently 76. May those of the modern era enjoy these extra years.