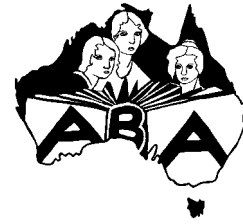


The Australian Brontë Association Newsletter



Issue no. 3 — August 1999

DID CHARLOTTE BRONTË MURDER HER SIBLINGS?

This rather startling headline appeared across the top of the front page of an issue of the English *Daily Express* in June of this year. Further details were to be found on page 3.

Imagine Charlotte being a page 3 item in one of the tabloids, a space traditionally reserved for scantily clad bimbos! But worse, imagine Charlotte's name being sullied with claims such as 'money and jealousy drove the novelist to help poison her family'.

A criminologist and expert on 19th century poisons, James Tully, has written a book called *The Crimes of Charlotte Brontë* to be published this month in which he claims that Arthur Bell Nicholls poisoned Branwell, Emily and Anne and that Charlotte helped administer the fatal doses.

It is sure to sell well since it follows the well-known skeleton-in-the-cupboard recipe. A revered cultural icon — someone that everyone has heard of and knows just a little about, then find, or claim to find, something scandalous or sinister about them and you have a best seller! Even better, take the one fact about that person that is universally known and offer a new and shocking explanation. 'I always wondered why they died so quickly one after the other.'

What should our reaction be to all this as lovers of the Brontës? Of course we need to keep an open mind. As unlikely as it might seem, they were a strange family! But what on earth can have been the motive? This is where the theory slips from being merely far-fetched to being downright ludicrous. Charlotte was, we

are told, intensely jealous of Emily and Anne and wanted to inherit the royalties from *Wuthering Heights* and *The Tenant*! Well, yes, there is *some* evidence of a little jealousy. (Why did they seem to have less trouble publishing their work than she did?) But *such* jealousy,

and why jealous of Branwell? The claim goes on to suggest that Arthur Bell Nicholls did away with his accomplice soon after they were married so that he could retire to Ireland and live handsomely on the profits of his four murders!

But wait, there's more.

Tully 'spins a web of intrigue involving illicit sexual relations, alcoholism and blackmail.' The old stories about Branwell and Mrs Robinson are brought out of the cupboard and aired yet again.

But is there any hard evidence for this new claim? Apart from the observation that 'the symptoms were consistent with antimony poisoning', there is supposedly a secret manuscript by Martha Brown, a servant in the Brontë household, claiming "she did 'em all in". But the book is written as a novel 'with dialogue imagined by the author' so perhaps the secret manuscript is simply a literary device. And despite the author's claim to believe in his theory, I wonder whether the whole thing is simply a piece of fiction with some clever marketing to promote it.

Should you rush out and buy a copy? No don't. We don't want someone making lots of money dragging our literary heroine through the mud, do we? Why not wait and read the



review in a future newsletter and then decide for

HAWORTH, JUNE 1999

The ABA was represented by Elisabeth and Christopher Cooper at the Brontë Society's annual weekend in Haworth this June.

The entertainment on Friday evening consisted of a concert in the Haworth Church, featuring the Steeton Male Voice. The programme was varied and included a setting of one of Anne's poems and also the Cobbler's Song sung by one of the choir members who still had quite a voice at the age of 96!



THE OLD HAWORTH CHURCH

On Saturday the members attended St Michael's and All the Angels Church for the Annual Service and a lecture by Edward Chitham. The AGM in the evening was a long and controversial affair and was still going strong after 2½ hours when the buses arrived to take the members to the dinner at the "Three Sisters Restaurant".

For anyone living in or around Sydney the name *Three Sisters* conjures up images of the Blue Mountains, Echo Point and stunning views across the Megalong valley. So it seemed a little strange to be travelling on the top of an double-decker bus through very narrow lanes to a restaurant of that name. But, of course, it's a very appropriate name for one on the outskirts of Haworth.

Advertised as 'vintage' the buses were simply old buses from the 60's and 70's and on the return journey nearly didn't make it up the steep drive out of the restaurant car park. After slipping back several times the passengers were finally asked to get off until the bus could be coaxed up into the lane.

Dinner was very pleasant. Good food, good company (plenty of Brontë gossip) and wonderful views right across to the valley with Haworth village and Main Street struggling up the hill in the far distance. The long summer

yourself!

evening meant that the view could be enjoyed almost until it was time to head back.

On the Sunday morning some did the walk to Top Withins and were soaked for their pains. Your representatives chose to visit the Three Graces Lodge, of which Branwell was once Secretary.

Just before 9 at breakfast in our B&B a couple of German Brontë Society members discovered that they were in danger of missing the bus for the outing to Scarborough. Having noticed your president with his ABA PRESIDENT badge they had presumed that he was the organiser of the trip and if he was in no hurry, they could take their time too!

One of the shopkeepers in Haworth noticed the same badge with its map of Australia and seemed almost offended at the juxtaposition of Brontë and Australia.

The same badge elicited several enquiries from other BS members including one from USA. It seems that although we are quite young and relatively small, when it comes to regular meetings in a particular city we are one of the most active of the Brontë groups in the world. For example there is at least as much Brontë activity in Sydney than there is in London or New York!

OUR FORTHCOMING MEETINGS in 1999

*** THE MANY 'LIVES' OF CHARLOTTE BRONTË**

Six of our members will report briefly on one of the many biographies and there will be some discussion on the value that having such biographies has for us.

SATURDAY 4th SEPTEMBER at 2pm
in the Meeting Room, New College
University of New South Wales
Anzac Parade, Kensington

*** CHRISTMAS LUNCH**
SATURDAY 4th DECEMBER at 12 noon
St Jude's Parish Centre, Anzac Parade
Kensington.

THE HEALTH OF THE BRONTËS

Abridged version of a talk given at the ABA meeting on 27th February 1999 by the President, Dr Christopher Cooper.

The Brontës are almost as well known for their deaths as for their lives and their writings. In fact one friend said to me, when I told him I was interested in the Brontës, “Oh, weren’t they those writers who died?”

It was the way in which the Brontës died that seems to stick in people’s minds. Not so much the circumstances of each individual death as the cumulative effect of one dying after the other in such quick succession, culminating in the scene of great pathos as their old father contemplates how it came to be that he outlived his wife and all six of his children (not to mention Aunt Branwell).

We could dwell on each cough and struggle for breath as I retell the all-too-familiar accounts of the various Brontë deaths, but I think that would be too gloomy. What I intend to do is to take a much broader sweep. I’d like to begin by looking at the state of medicine and the medical profession in the early nineteenth century and how this is reflected in the novels.

The structure of the medical profession was revolutionised during the lifetime of the Brontës. In 1830, J. W. Willcock in his *Laws Relating to the Medical Profession* outlined the legal state of affairs at the time. “The law recognises only three orders of the medical profession: physicians, surgeons and apothecaries.” This has come to be known as the “tripartite division of the medical profession”. Each of these orders had their own governing body and their own specific role.

The physician examined the patient, diagnosed the illness and prescribed the treatment. If the treatment involved a physical

procedure such as blood letting, or in more extreme cases, amputation, the surgeon performed the procedure. If the cure required the administration of drugs, the apothecary dispensed them. That, at least, was the legal position in England. Things were somewhat different on the continent and Scotland and in the more remote parts of England, the distinctions were somewhat blurred. However we should not think that the terms “apothecary”, “surgeon” and “physician” were used interchangeably.



The physician had more status than his colleagues from the other two branches of the profession. He was a member of the Royal College of Physicians, which had operated under its Royal Charter since 1518. The powers of this college were codified in an act of 1522 which decreed

that it was “expedient and necessary to provide that no person ... be suffered to exercise and practise physic but only those that be profound, sad and discreet, groundedly learned, and deeply studied in physic.” His qualifications were normally required to be a good degree from Oxford or Cambridge with a good understanding of the classics, philosophy and literature. The *Gentleman’s Magazine* pointed out in 1834 that an English physician should have “sound religious principles as a Christian ... practical worth and virtue as a good member of society, and ... polished manners as a well-bred gentleman.” (Vol. 1, March 1834, p334).

Although Scottish universities were teaching medicine at the beginning of the nineteenth century there was no specific medical training at any of the English universities. Medical knowledge was acquired after graduation by being apprenticed. The physician’s status came partly from his superior

education and partly from the fact that he used his brain and not his hands.

The only doctor to play a major part in any of the novels is Dr John in *Villette*. We are told that “he was no less skilled in surgery than in medicine”.

In England, the surgeon had been regarded as a craftsman, on a par with the carpenter, though that was beginning to change in the early nineteenth century. His training was practical, not theoretical. Until 1745 he would have belonged to a guild, the Company of Barbers and Surgeons and might have practised both trades. In 1745 the separate Company of Surgeons was formed, but it wasn't until 1800 that they received the royal charter under which they became the Royal College of Surgeons. This raised their status, but even by 1830 their status in England was still inferior to that of physicians.

The situation was different in Belgium, as we see in *Villette*. Dr Pillule, summoned when Fifine falls down the stairs, is described as the “family-surgeon”. In Pillule's absence, Dr John is summoned and continues to call on the Pensionnat morning and evening.

In *Shirley*, Mr Helstone prefers MacTurk to attend Caroline rather than Dr Riles (“he's less of a humbug”) despite the fact that MacTurk is described elsewhere as a surgeon and Caroline's ailment clearly called for a physician. But MacTurk was probably trained north of the border where the boundary between physician and surgeon had always been more fluid. When both MacTurks, senior and junior, are called on to treat Robert Moore's gunshot wound, they would be acting more as surgeons than physicians. You can see why it was difficult to maintain the distinction in medical practice despite the many demarcation disputes judged by the courts. Robert's injury would initially require the services of a surgeon to clean and dress the wound. But as the infection set in, a physician would be more appropriate.

The only surgeon in the novels fitting into the old role of medical tradesman is Mr Carter in *Jane Eyre*, who is called on to treat Mr Mason after Bertha's attack. Rochester shows no deference to the authority of the doctor. “Now Carter, be on the alert. I give you but half an hour for dressing the wound, fastening the

bandages, getting the patient downstairs and all”, Rochester commands. “But is he fit to move?” asks Carter. Notice how Rochester has taken on the role of physician, to diagnose and direct. “It is nothing serious”, he replies, “he is nervous, his spirits must be kept up.” And it is Rochester who prescribes and administers twelve drops of a crimson liquid in water to the patient.

The lowest stratum of the profession consisted of the apothecaries. As the surgeons were once tied to the barber, so the apothecary was originally lumped in with other shopkeepers. In 1617 James I granted the apothecaries a charter to form the Worshipful Society of Apothecaries.

The law prescribed the activities of the three classes of doctor. The physician was licensed to practise physic in all its forms, including surgery, but could not dispense his own medicines. Until the early 1800's, surgery was considered manual work, beneath the dignity of the physician.

A surgeon was permitted only to cure “outward diseases”, whether by surgical instruments or by internal medicines. He was allowed to treat such “external diseases” as burns and scalds, broken bones, sore nipples, external tumours and so on without the need for a physician. Internal diseases with a clear outward manifestation, such as syphilis, were included. But beyond that, they performed work such as bloodletting at the direction of the physician.

Apothecaries were at first only permitted to dispense medicines but in the early eighteenth century they were given the legal right to prescribe, as well as to dispense. Apothecaries began to visit patients, however as they were of a lower class than physicians and were possibly cheaper, a gentleman would call the physician to attend himself and his family but call the apothecary to attend his servants. Jane Eyre's lowly status in the Reed household is confirmed when her Aunt calls Mr Lloyd the apothecary to attend Jane after her fit in the Red Room. “For herself and her children Mrs Reed employed a physician.”

This strict division was how things were in law. In practice, particularly in the country and away from London, the distinctions were

much more blurred. The doctor who was called in might be referred to as a physician but he might also perform simple surgical procedures and dispense his own medicines, even though this was not strictly legal. And others who performed much the same tasks would be described as surgeon-apothecaries.

Infringements on these legal boundaries were not normally enforced unless the practitioner found himself in court for other reasons.

While the right to practice physic was allowed to the apothecary well before the time of the Brontës, the surgeons had to wait longer. In 1828 there was a case of a surgeon who treated a patient for typhus then took his patient to court for not paying his bill. The court ruled against him on the grounds that typhus was a medical and not a surgical disease and therefore not within the province of the surgeon. (Ivan Waddington, *The Medical Profession in the Industrial Revolution*, Gill and Macmillan Humanities Press, 1984, page 7)

Legally, there was no such person as a “general practitioner” until the Medical Act of 1858, though by 1830 the term was used regularly in medical journals. Large parts of the medical profession were in fact practising as GPs even though they retained one of the tripartite titles.

The adjective “general” in the title of GP refers to the bringing together of the three branches of medicine. Today we think of the “general practitioner” in contrast to the “specialist”. But in the early part of last century there were very few practitioners who confined themselves to only certain conditions or parts of the body. Those who did were generally considered inferior to the less specialised practitioner. The one notable exception was the oculist. While this was technically the job of a surgeon in that it required “hands-on” treatment, it required a much gentler touch than was considered suitable for a surgeon. While the physician was expected to have superior intellect, the surgeon was expected to have above average strength so that he could hold down his patient with one hand while amputating with the other!

Rochester recovered the sight in one of his eyes through the treatment of an unnamed

oculist, and of course Charlotte took her father to an oculist for cataract surgery.

Missing from this discussion are dentists, nurses and midwives. The modern term “dental surgeon” indicates which of the tripartite profession, if any performed dentistry. Nowhere in any of the Brontë novels does anyone suffer the toothache. This is curious since dental hygiene isn’t what it is today. We know from books on domestic remedies for simple ailments that toothache was indeed quite common, far more common than consumption, but far less interesting from a literary point of view. And the normal treatment for toothache would have been extraction, sometimes performed by a surgeon, but more usually by a family member.

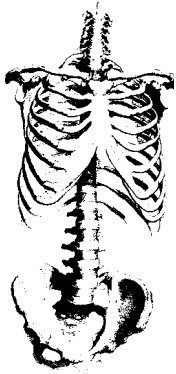
Nursing was mostly a part-time activity performed by a relative or neighbour. In her book, *Notes on Nursing*, published in 1859, Florence Nightingale wrote “almost every woman in England has, at one time or another ... charge of the personal health of somebody, whether child or invalid, in other words, every woman is a nurse”. Mrs Prior so wonderfully undertook this role in *Shirley*, as did Helen Huntingdon, though with less success. Mrs Linton was even less successful. When Cathy took a chill after chasing Heathcliff on the moors, the Lintons took her to Thrushcross Grange. She survived but they died for their pains. One would imagine that the bulk of the close-contact nursing would have been performed by a servant, rather than by Mrs Linton herself. Yet no mention is made here or in the other novels of a servant even getting sick (though the reference in *Jane Eyre* to the apothecary being the appropriate doctor for the servants, shows that they did).

There were professional nurses, often employed by a doctor, such as Mrs Horsfall in *Shirley*. Their main function seemed to be to sit with the patient, day and night and to carry out very basic nursing duties. They were mostly untrained and it wasn’t until the middle of the century, largely as a result of the efforts of Florence Nightingale, that nursing training was formalised.

The local nurse often doubled as the village midwife. In England at the turn of the

eighteenth century midwifery was not considered to be part of medicine, but a natural function that was generally performed by an older woman on a part-time basis. A surgeon would be called for only if things went seriously wrong. But as the century progressed, surgeons became more involved in childbirth resulting in a new class of medical practitioner, the man-midwife. The only Brontë novel to include childbirth is *Wuthering Heights* where the large time frame allows scope for several births. Dame Archer attends to Cathy as midwife and Mr Kenneth attends to her as apothecary-physician. Cathy dies of brain fever just after successfully giving birth to her daughter-namesake.

There are many recorded instances of the clergy, both of the established church and dissenters, who would regularly treat their



parishioners medically, as well as spiritually. By the early 1800's, access to regular medical advice was sufficiently available for Patrick Brontë not to have presumed to encroach on the domain of the professional medical profession but, on his visits to his parishioners, it is quite probable he interspersed his spiritual

advice with sound medical advice. Hopefully, he did not do this out of self-interest, like Mr Hatfield in *Agnes Grey*, who advised Nancy Brown to make the effort to go to church to avoid the necessity of him having to visit her. "It'll do your rheumatiz good to hobble to church," she reported him saying, "there's nothing like exercise for the rheumatiz".

Mr Brontë had a wide and deep knowledge of medicine, as well as a keen interest in keeping abreast of modern developments. He wrote to the local surgeon, John Milligan, "I profess to have no great skill in medicine, though I have studied it both at the university, and since I left." The studies at university would have been informal, since medicine was not taught as part of a Cambridge degree at the time. He possessed a copy of *Graham's Domestic Medicine* ("intended for the use of clergymen, families, and students in medicine") and virtually every page is covered

with annotations, noting the success of remedies, disputing interpretations, and recording alternative theories from other medical experts (Sally Shuttleworth, *Charlotte Brontë and Victorian Psychology*, Cambridge University Press, 1996). All the ailments of the family are noted and explored; Anne's consumption, his own eye problems, Branwell's drinking, Emily's dog-bite and Charlotte's tic douloureux. The latter described by Mr Brontë as, "a dreadfully painful affection of the nerves of the face".

Mr Brontë's medical practice was probably mainly confined to his own household, where preventative medicine, in accordance with the latest scientific theories, was paramount. He supervised the diet and sleeping habits of the family. He wrote that "nervous people, from polar attraction, sleep best with their heads towards the north - this might not suit apoplectic persons, owing to the properties of iron in the blood."

Mr Brontë was also concerned about sanitation, a necessary preoccupation of the Victorians. As a result of his petition for pure water, a Board of Health enquiry into the sanitary conditions of Haworth found that the mortality rate was on a par with the worst parts of the London slums. The average life span was 25.8. The Brontë family managed marginally less than this (their average was 25.2). They did somewhat better than those around them in terms of infant mortality, however, as all six Brontë children lived well beyond the age of 6, whereas more than 40% of children born in the Parish of Haworth failed to reach that age.

Of all the ailments and diseases, consumption and typhus feature most prominently in the Brontë novels. Jane Eyre's parents and also many of the girls at Lowood succumbed to typhus fever. This was considered a low-class disease, associated with crowded insanitary conditions normally found in slum areas of large cities. Lowood, while situated in the country, was considered an unhealthy site. Added to this problem, were the crowded conditions, the quantity and quality of the food, brackish fetid water and wretched clothing and accommodation. Typhus is quite infectious and gentlefolk could catch it by mixing with the poor even if their own living

conditions were healthy. Jane's father caught typhus while administering to the poor and he and his wife both died of the disease.

Consumption, or tuberculosis as we know it, was a rather different condition. Like typhus, it is an ancient disease which was associated with the poor and with the crowded, dirty living conditions of the cities. However in the nineteenth century it went "up market" and became quite fashionable. In the public imagination and in the imaginations of the writers, painters and composers of the period, it was associated with youth, sensitivity and beauty. In *Jane Eyre*, while many of the other girls at Lowood were lying in the fever room, dying of typhus, Helen Burns is in Miss Temple's room fading away with consumption.

Consumption was considered to be a disease of the young refined female. That is not to say that old, working-class men were immune. Agnes Grey visits a poor labourer who is in the last stages of consumption. However nineteenth century physicians regarded being female as a condition favourable to the disease. "The tubercular state was the female ideal taken to the limit. Romantic fashions expected ladies to be slim -- their delicacy expressed a child-like air." (Roy Porter (ed.), *The Cambridge History of Medicine*, Cambridge University Press 1996). Porter quotes the English physician Thomas Beddoes, who wrote in 1800, "Consumption has become *à la mode* among the fair sex.

Writers of romance exhibit the slow decline of the consumptive as a state ... in which not much more misery is felt than is expressed by a blossom, nipped by untimely frosts". A consumptive was considered too good for this world. This is how Jane describes Helen Burns' demise in *Jane Eyre*. Though Jane mentions the coughing fits, the impression is generally of one who, far from suffering, expresses joy in the experience. "I am very happy, Jane." She has already glimpsed heaven and is looking forward to entering this "region of happiness".

Apart from the poor cottager, the other consumptive death in the novels was Frances, the wife of Hindley in *Wuthering Heights*. She

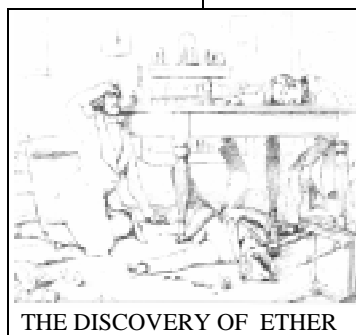
fits into the mould by being young and female, though she is not necessarily too good for this world. And, of course, Emily and Anne succumbed to this disease.

I haven't time to look in detail at how illnesses were diagnosed and treated in the Victorian era. However there is a wonderful list in *Wuthering Heights* where Lockwood regards Heathcliff's company as superior to that of "dilatatory country surgeons" because he would talk on subjects other than "pills, draughts and blisters." And to Nelly Dean "Away with all your medicines and powders and that bitter phalanx of vials."

There were some interesting medical developments in the nineteenth century. In 1816 Laënnec discovered the stethoscope. It was some time before it became widely used, but by the time Anne was exhibiting the same symptoms as Emily and Branwell she was examined by a physician using a stethoscope and this revealed that both lungs were affected.

In 1846 the first operation was performed under ether. It was hailed as a great boon to mankind until the fear arose that a doctor might "have his way" with a woman patient while she was unconscious. Charlotte wrote to Ellen Nussey in 1847 "What you say about the effects of ether on Catherine Swaine rather startled me -- I had always consoled myself with the idea of having my front teeth extracted and rearranged some day under its soothing influence -- but now I should think twice before I consented to inhale; one would not like to make a fool of oneself."

Mesmerism fascinated Mr Brontë and he read and summarised treatises on the subject. Whether he experimented on Charlotte is not known, but she did allow herself to undergo a "personal experiment" while staying with Harriet Martineau in December 1850. She wrote that although "the result was not



absolutely clear, it was inferred that in time I should prove an excellent subject.”

The Victorians had moved well beyond the belief that illness was a punishment from God. They were very conscious of infection, particularly resulting from close physical contact. But they also believed in medical meteorology. A sudden outbreak of some disease was explained by a poisoned wind that carried the seeds of disease from some far-off country. Caroline Helstone “had caught the fever, sweet poisoned breeze, redolent of honeydew and miasma had passed into her lungs and veins.” And Robert Moore accounts for his illness by the fact that “this is autumn, a season fertile in fevers.”

Genetics, considered one of the major factors today, received little attention by medical practitioners at the time. Although the science of genetics had begun it was concerned only with crossing strains of plants and breeding animals. The tools that would make human genetics possible were still a long way off. Nevertheless it did not go unnoticed that certain conditions had a tendency to run in families, particularly haemophilia and madness. Bertha Mason, in *Jane Eyre*, went mad because most of her family went mad according to Rochester.



The concept of a purely psychosomatic illness had not yet arrived, but Victorians believed that one’s mental state could bring about, or at least predispose, many physical conditions. In particular grief or unrequited love could fertilise the seeds of disease that might be latent in one’s body. Charlotte explains this in *Shirley*, writing, “If Caroline’s constitution had the seeds of consumption, decline, or slow fever, those diseases would have been rapidly developed. People never die of love or grief alone, though some die of inherent maladies which the tortures of those passions prematurely force into destructive action.”

Although psychosomatic illnesses were not acknowledged at the time, one can see them

from our modern perspective. Numerous books have been written on the subject, including *Somatic Fictions: Imagining Illness in Victorian Culture* (Athena Vrettos, Stanford University Press 1995). Vrettos discusses at length the illness of Lucy Snowe in *Villette* and Gwendolyn’s neurosis in *Daniel Deronda* by George Eliot.

What is interesting, is the analysis of an extended illness an important literary device, enabling the author to concentrate on the heroine’s inner world. In fact the sickroom became a theatre for a play within a novel.

The theatrical analogy impressed me greatly. The action is confined to a single place. The sickroom becomes the stage. We have entrances and exits. Tension is built up. Will she survive or won’t she? There is a climax, both medically and artistically. Sometimes, on those old four-poster beds there were even curtains! But perhaps that is taking the theatrical analogy too far.

The major Brontë sickroom scenes are Caroline’s in *Shirley*, and Cathy’s in *Wuthering Heights*. Lucy Snowe doesn’t stay in bed and her sickroom extends across the city. The minor ones are Jane’s as a child and later at the house of St John Rivers. In each of these cases there is some psychological struggle that precipitates the physical illness. There are extended accounts of the recovery of Robert Moore in *Shirley* and the false recovery and eventual death of Arthur Huntingdon in *The Tenant of Wildfell Hall*. But these were men and men are not supposed to have inner worlds. Here the focus is not on the patient but on the female visitor, Caroline or nurse, Helen.

Some commentators go so far as to suggest that for the young Victorian woman, the illness itself was a literary genre in which the patient is the author. It was possible to say, through one’s illness, what one was not permitted to say directly. Subconsciously the young lovesick woman, wasting away for love, was sending a message to her beloved. “This is how much I love you. Please respond.” Unfortunately the beloved doesn’t always get the message, hence Robert Moore conveniently acts on the doctor’s advice that Caroline shouldn’t have too many visitors.

There have been numerous articles in the *Transactions* and other sources regarding the health of the Brontës. I do not have room here to discuss them all, however I would like to close by looking at Charlotte's death. It is commonly believed that Charlotte died from pregnancy related complications. However, her death certificate records, "Phthisis -- duration two months". Phthisis is a wasting disease, a form of pulmonary consumption. One might speculate that the doctor who signed the certificate assumed that because the other five died of consumption, the disease must have caused Charlotte's death. But the medical broadcaster J.H. Leavesley author of *Medical By-Ways* comes down on the side of popular belief and I will let him have the last say:

She did not present like the other five, and most likely died of a pregnancy-related condition called hyperemesis gravidarum ... or excessive vomiting in a pregnant woman. It

characteristically begins as a slowly progressive exaggeration of common morning sickness. ... It establishes itself in the third or fourth month of pregnancy to a degree that the mere sight or smell of food may touch off a distressing attack ... Charlotte became emaciated, partly due to starvation and partly due to dehydration. She would have had a dry skin, which was muddy in appearance, sunken eyes, a brown cracked tongue and a breath smelling strongly of acetone given off by the body trying to sustain itself by breaking down its own tissues. The urine would have been scanty, and the vomitus eventually resembling coffee-grounds due to its blood content. It used to be said the malady was of a neurotic origin consequent on a feeling of repugnance about pregnancy. ... Characteristically of the condition, about two days before death, the symptoms settle and the poor girl may ask for nourishment.



INVITATION FROM THE BRONTË SOCIETY

The Brontë Society Australian representative, Owen Loney, wishes to invite members of the Australian Brontë Association to join with the Brontë Society members in a social evening.

"MEMORIES OF HAWORTH" SLIDE EVENING

7:30 pm on Friday 13th August

at the home of the ABA president, Christopher Cooper

31 Epping Ave EASTWOOD 2122

RSVP Christopher Cooper 9804-7473 by Wednesday 11th

Now many of you will be members of both societies and will have heard of this meeting from Owen. As you know the Brontë Society and the ABA are distinct organisations but with complementary roles. The ABA has taken on the responsibility for organising meetings in Sydney and hence there is no longer the need for the Brontë Society representative to organise any local Brontë events. Nevertheless he and I thought that it would be a good idea to organise a get-together of Brontë Society members, with ABA members as guests.

This present event is a slide evening focussing on Haworth and its surrounding districts. This will help those who have visited Haworth to relive their memories and will perhaps make those who have not yet been, more eager to visit. Those with suitable slides are asked to contact Christopher Cooper in advance so that we can avoid showing lots of slides of the same thing.



Book Reviews

Charlotte Brontë by Jane Sellars

The British Library Writers' Lives 1997

Ever since her death in 1855, the world and writings of Charlotte Brontë have fascinated scholars and academics who, through a plethora of biographies on Charlotte Brontë have helped to secure an enthusiastic and ever growing following of this giant of English literature. One of the latest attempts to further unravel the enduring mysteries surrounding the oldest of the three Brontë authors is *Charlotte Brontë*, published in 1997 in The British Library Writers' Lives series. Its author, Jane Sellars, after no less than seven years as head of the Brontë Parsonage Museum in Yorkshire, England and as co-author of a number of other works on the Brontës, can be assumed to know her subject well and intimately. She rewards her readership with a succinctly and comprehensively compiled account of Charlotte Brontë's life and writings. It seems that Sellars dealt with every aspect of Charlotte Brontë's world – her family background, her materially frugal upbringing, the few and only barely endured years of formal education, her reluctant and half-hearted attempts to earn a living as teacher and governess, the intense bonding to her father and siblings - though at times overshadowed by a troublesome relationship to her brother Branwell - the initially few and meagre fruits of success as a writer, finally the acknowledgement of her genius and her rapidly spreading fame, the fulfilment of her life-long yearning to be loved and her early death at the age of only 39 years.

It's all there and movingly narrated, interspersed with pictorial reproductions of Charlotte Brontë's own sketches, extracts of her letters and writings, places where she lived and that she would have visited, items she would have handled. This biography provides such a well-rounded and complete account that it must be regarded as essential reading for any would-be-enthusiast of Charlotte Brontë and her family.

The already converted follower of Charlotte Brontë also gets his/her reward. There are many instances where Sellars draws attention to parallels between events in

Charlotte Brontë's life and plots in her novels. Complex personalities in Charlotte's life, such as her sister Emily and Monsieur Heger are immortalised in Shirley and The Professor/Jane Eyre/Villette respectively, to mention only two. These parallels will prompt many to re-read all of CB's novels to get closer to the real Charlotte.

Though I thoroughly enjoyed Jane Sellars depiction of Charlotte Brontë, I do not concur with her conclusion of Charlotte Brontë's and Monsieur Heger's relationship. Monsieur Heger awakened in Charlotte for the first time the urge for a truly loving attachment outside her immediate family. It was not to be, he being married and not responding to Charlotte's many love letters. Sellars regrets this as "...the saddest fact...". No one will ever know, but was it not rather a fortuitous fact that Heger saved Charlotte from her own temptation and thus inflicted on her only temporary pain and anguish? Had she been encouraged to succumb to her emotions, Charlotte would not really have been true to herself, her mystique would have been shattered for us and she would certainly have caused an immeasurable rift in her family.

Jane Sellars acknowledges that also her biography stands in the shadow of an earlier account of Charlotte Brontë's life. Elizabeth Gaskell (1810-1865), an eminent Victorian novelist in her own right, friend and confidant of Charlotte Brontë, wrote Charlotte's first biography two years after her death in 1857. The fact that she was a contemporary with a close personal relationship to Charlotte Brontë made her a very credible authority on everything Charlotte for many years. Every subsequent biography to this very day is automatically compared with Gaskell's account of a near saint-like human being. In later years Gaskell's biography was regarded as being highly subjective. The pendulum then swung the other way, depicting Charlotte in many accounts as overbearing, calculating, cold, "manipulative" and "cynical".

Sellars stays well clear of both of these camps; she is to be highly commended for her well-balanced and objective portrait of Charlotte Brontë. It rightly deserves a keen readership.

Brigitte Lucey

The White Death: A History of Tuberculosis by Thomas Dormandy
Hambleton Press, London 1999

Many great writers have suffered from tuberculosis – the Brontës, Keats, Robert Louis Stevenson, D.H. Lawrence, Katherine Mansfield, Chekhov, George Orwell, Novalis, Shelley, Schiller, Lawrence Sterne, Franz Kafka, Smollett and Ralph Waldo Emerson are just some of them. The disease, often referred to as consumption or ‘the White Death’, was a killer on a huge scale. Other artists such as Chopin, Modigliani, Aubrey Beardsley, Franz Liszt, Watteau, Schubert, Paganini and the actress Rachel (whose performance was described by Charlotte Brontë) also succumbed to the awful disease.

When she was sick Emily Brontë refused to see a doctor and perhaps this prolonged her life. Remedies of the time were useless or worse than useless – the excreta of a boa constrictor in a gallon of water, hydrocyanic acid, or Indian hemp mixed with mercury are unlikely to have done her much good! The disease was believed to be hereditary, but doctors still prescribed an astonishing range of treatments, from the plausible to the bizarre.

The White Death is a history of tuberculosis as a whole, including its social, artistic and human impact. The Brontës illness is only a small part of this fascinating book. Thomas Dormandy provides a graphic account of the search for a cure, interspersed with portraits of individual sufferers whose lives were shaped and often tragically curtailed by the disease and whose work was frequently inspired by it.

Tuberculosis is not just a disease of the past. In many parts of the world it is still a bigger killer than AIDS and, even more worryingly, the emergence of drug-resistant strains threatens its resurgence.

This is an informative, unusual and extremely interesting book. While it does not make cheerful reading, it cannot fail to be of interest to any Brontë enthusiast.

Susannah Fullerton

New in the Library

Jane Eyre is now available on Cover to Cover audio tapes. This is the only unabridged version of *Jane Eyre* on audio tape and it is superbly read by English actress Maureen O’Brien. The ABA ordered these tapes from England (they are unavailable in Australia) especially for members to enjoy.

The British Library Writers’ Lives Series biography of Charlotte Brontë, by Jane Sellars (see the review in this newsletter).

The Letters of Charlotte Brontë on audio tape starring Imogen Stubbs as Charlotte.

Brontë Trivia Answers

(from page 12)

1. Maria and Elizabeth died as children.
2. Charlotte is generally thought to have died as a result of complications in early pregnancy.
3. b. *Shirley*
4. Helen Huntingdon
5. A letter from Jane’s uncle.
6. *Agnes Grey*

A BRONTË GHOST STORY

Sitting around with other guests at our bed-and-breakfast in Haworth we found ourselves, as one often does in England, exchanging ghost stories. Our host, Stephen Whitehead, who also works at the Parsonage, told us about the return of the manuscript of *Jane Eyre* to the British Museum after being on exhibition at the parsonage for 6 months. The British Museum representative collected it and returned to London by train. As he alighted from his taxi, clutching the valuable manuscript, the driver asked, “and where’s that old-fashioned-looking young lady who got into the taxi with you at the station?”

Christopher Cooper

ANSWER TO THE PICTURE QUIZ ON PAGE 12

Outside the Black Bull in Haworth

Brontë Trivia

The questions in this newsletter are in keeping with the theme of health and the Brontës. Test your knowledge of the Brontës' lives and novels! The answers are on page 11.

1. Of the six children born to the Reverend and Mrs Brontë, two died as children. Can you name them?
2. Charlotte died only a few months after her marriage. What is the presumed cause of her death?
3. 'My dear,' said Mrs Pryor, 'you are very young to be a governess, and not sufficiently robust: the duties a governess undertakes are often severe.' Is this quote from:
 - a. *Villette*
 - b. *Shirley*
 - c. *Jane Eyre*?
4. Can you name the character who runs away from her husband only to return later to nurse him?
5. On her deathbed, Mrs Reed gives Jane something to read. What is it?
6. 'Of six children, my sister Mary and myself were the only two that survived the perils of infancy and early childhood.' Which of Anne Brontë's novels is this quote from?



BRONTË WATERFALL

Picture Quiz

Where is this? Answer on page 11.



Postcard

from your Editor

I am writing this newsletter from Atherstone in England (not far from the birthplace of George Eliot). I am spending three weeks in the UK, fitting in as many literary sight as possible!

I visited Haworth and the Parsonage for the first time last week and was very moved by the blustery wildness of the moors but less than thrilled at the sheer number of tourists also enjoying the village. I also went to the Lakes District, including Ambleside (where Branwell spent a memorable day with Hartley Coleridge) and Broughton-in-Furness (where Branwell worked as tutor to the two sons of Robert Postlethwaite

in 1840).

Unfortunately this edition has been somewhat delayed as I was ill for several weeks before coming away, appropriate given the theme of the newsletter!

Vanessa Benson.

A PREVIEW OF OUR YEAR 2000 PROGRAM

Plans for next years' ABA program are well under way. Full details will be announced in the next newsletter. Please note that the following details are subject to change.

On **Friday 11th February at 6pm** we will be having a Brontë "Happening" in the Collins Bookshop on Broadway. This will involve some dramatic readings from the Brontës as well as some wine and cheese and a browse around the bookshop.

On **Saturday 29th April at 2pm** we will hold our AGM, after which Dr Jack Nelson will talk to us on "Emily the Victim". Then on **Saturday 22nd July at 2pm** we are planning a workshop afternoon on *The Tenant of Wildfell Hall*. Both of these events will be in the Meeting Room at New College at the University of New South Wales.