Title of Paper: **Illness and Identity in W. E. Henley’s *In Hospital***
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Abstract:

This essay traces W. E. Henley’s exploration and reconstitution of selfhood in his twenty-eight-poem sequence, *In Hospital*. I argue that Henley portrays his disrupted identity as resulting from two forces that work to silence the hospital patient: both the voice of the disease (speaking through the body) and the voice of the doctors usurp the voice of the patient, whose life story becomes fragmented as a result. Yet while Henley’s *In Hospital* probes the negative effects of disease as well as the detrimental effects of the doctor’s voice upon the patient’s voice, it also suggests a means by which a patient may reclaim his voice—namely, by constructing a coherent, communal illness narrative.

Keywords: disability; illness; sickness; disease; pain; suffering; patient; hospital; identity; communal narrative; stigmatization; Henley

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During his childhood, William Ernest Henley developed tuberculosis of the bones, which manifested itself in his hands and feet. His illness necessitated the amputation of his left foot, but even after this loss, the infection continued to spread. In 1873 he checked himself into the Royal Infirmary of Edinburgh, where Joseph Lister was experimenting with antiseptic surgery. After two operations on his right foot, Henley spent twenty months recovering in the wards of the Royal Infirmary, where he ruminated upon his experience as a patient, turning his meditations into the twenty-eight poems that form *In Hospital* (1888) (Cohen, “The Patient” 29). Clear from the outset of the poem sequence—from the Balzac epigraph, which reads, “On ne saurait dire à quel point un homme, seul dans son lit et malade, devient personnel”—is the poet’s preoccupation with selfhood. The first poem, “Enter Patient,” discloses Henley’s damaged sense of self: “I limp behind, my confidence all gone” (9), but the poems that follow trace his attempts to recover a stable identity. I argue that Henley portrays his disrupted identity as resulting from two forces that work to silence the hospital patient: both the voice of the disease (speaking through the body) and the voice of the doctors usurp the voice of the patient, whose life story becomes fragmented as a result. Yet while Henley’s *In Hospital* probes the negative effects of disease as well as the detrimental effects of the doctor’s voice upon the patient’s voice, it also suggests a means by which a patient may reclaim his voice—namely, by constructing a coherent, communal illness narrative. In addition, by locating himself within a community of patients from varying social spheres, Henley launches a critique of the Victorian stigmatization of “poor” bodies, ultimately revealing the way in which all human beings are essentially equalized by suffering and illness.

**The Voice of Pain: Illness as Fragmenting Life Stories**

Illness has its own voice, one that, at times, can supersedes the patient’s voice. While Elaine Scarry suggests that physical pain “has no voice” (3), critics such as Susan Sontag and Arthur W. Frank convincingly postulate a pre-linguistic voice of the body—a voice so powerful that it disrupts the patient’s (and sometimes even the greater community’s) language. In fact, Sontag’s research reveals the way in which disease has spoiled language: “the plague that broke out in Athens in 430 B.C.,” she writes, “corrupted language itself” (41). Frank also identifies the damaging effects of illness upon language: “[s]eriously ill people are wounded not just in body but in voice” (xii). Disease is so detrimental to language because it “disrupts the [patient’s] old stories” (Frank 2). Taken together, the interruptions of these stories form the language of disease. Sontag thus evaluates illness in the following way: “[d]isease is what speaks through the body, a language for dramatizing the mental: a form of self-

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1 “One couldn’t say at what point a man, alone on his sick-bed, becomes an individual.”
expression” (44). Similarly, Frank conceives of the diseased body as quite vocal in its own right:

The ill body is certainly not mute—it speaks eloquently in pains and symptoms—but it is inarticulate. We must speak for the body, and such speech is quickly frustrated: speech presents itself as being about the body rather than of it. The body is often alienated, literally “made strange,” as it is told in stories that are instigated to make it familiar. (2)

Frank pinpoints the challenge faced by patients who desire their own voices to be heard: their narratives are fragmented, broken, and often chaotic because of the interruptions caused by their illnesses. In “Waiting,” Henley remarks upon this idea when he writes, “Life is (I think) a blunder and a shame” (12). The parenthetical “I think” breaks up the subject of the sentence, “life,” indicating the greater fragmentation of one’s life story caused by illness. The interruptions of illness emerge from within the sick body, for the body and the voice are intricately linked. As Frank rightly surmises, “Only a caricature Cartesianism would imagine a head, compartmentalized away from the disease, talking about the sick body beneath it. The head is tied to that body through pathways that science is only beginning to comprehend, but the general principle is clear: the mind does not rest above the body but is diffused throughout it” (2). Thus, a sick person’s voice may disclose the changes occurring within his body.

Illness narratives, through which a patient attempts to reconstitute a coherent sense of self, often reveal the disrupted language of the patient. Henley’s pain surfaces in his illness narrative in the form of textual gaps. Take, for instance, the dashes that disrupt “Vigil”: “Shoulders and loins / Ache - - -! / Ache . . . ” (5–7). In this excerpt, the three dashes that follow the first usage of “Ache” serve as an extension of the word. It is almost as if the textual referent for pain (“Ache”) cannot fully encapsulate his experience; rather, the poet-patient’s bodily sufferings emerge in the form of dashes that attempt to voice themselves. Yet because pain is inarticulate, as Frank contends (2), it can only disrupt, and not emerge into, language. Thus, Henley’s only recourse is to the same textual referent, “Ache” (7). Unable to capture his pain with language, the poet continues his narrative by reflecting on concrete objects such as mattresses and bedclothes. These lines in “Vigil” thus reveal the way in which illness may usurp a patient’s voice and prevent him from forming a coherent narrative.

The poem preceding “Vigil,” “After,” also demystifies the effects of pain on one’s life story. In this poem, Henley describes the way in which pain fractures his sense of linear time: “All were a blank, save for this dull, new pain / That grinds my leg and foot; and brokenly / Time and place glimpse on to me again” (9–11). Significantly, the words “pain” and “brokenly” conclude their respective lines, a poetic effect that emphasizes the way in which pain breaks, or disrupts, linear time. In addition, as a result of the line breaks, the word “pain” is removed from its bodily
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origins, while “brokenly” is severed from “[t]ime and place.” Such sentence-level ruptures speak to the fragmentation wrought by pain: although it may express itself through the corporeal body, pain also affects the mind, challenging one’s conception of time, space, and—perhaps most importantly—self. For if a person conceptualizes his life story in terms of a linear narrative, when disease interrupts that narrative it forces a reconsideration of his “old” stories and necessitates a re-envisioning of his future stories: past scenes of health contrast with the prospect of a future marked by disease. In “Vigil,” Henley reflects on his past and his future—appropriately, in the stanza following his attempt to linguistically represent his pain:

All the old time
Surges malignant before me;
Old voices, old kisses, old songs
Blossom derisive about me;
While the new days
Pass me in endless procession:
A pageant of shadows
Silently, leeringly wending
On . . . and still on . . . still on. (16–24)

Old/new, past/present—these temporal severances underscore the splicing of Henley’s life story, a story ruptured by his fragmented body and by the ensuing pain. The poet envisions his new life, altered by disease, as a never-ending, but fragmentary, journey: “On . . . and still on . . . still on” (24). The ellipses encode the fragmentation he foresees as characterizing his future. However, the continuous nature of this procession excludes the possibility of death. This stanza therefore suggests that Henley does not fear death as much as he fears the continuation of his damaged life story. Indeed, in “Ave, Caesar!,” Henley describes death as a welcome release: “Death, the lover of Life, / Frees us for ever” (3–4). Thus, in “Vigil” and “After,” Henley provides his reader with a glimpse of the effects of illness upon a patient’s sense of self: when disease fragments a patient’s life story, it requires him to reconsider both his past and his future. What results is an illness narrative, and yet because pain cannot be fully disclosed by or captured within language, the writer must revert to other textual signifiers like dashes and ellipses.

The Voice of the Doctors: Privileging Medical Histories over Personal Histories

But In Hospital not only communicates the way in which illness and pain disrupt a person’s life story; it also demonstrates the way in which the doctor’s words affect a patient’s sense of self. In “The Patient as Object and Spectacle in W. E. Henley’s Hospital Poems,” Edward H. Cohen locates the anatomizing gaze at work in Henley’s poem sequence. For evidence of this, he points specifically to “Operation,” in which the patient is represented as “an object, an instrument of scientific knowledge” (35). Certainly, poems like “Operation” evince a depersonalizing force at work within the hospital, which Henley describes as “half-workhouse and half-jail” (“Enter Patient” 14). Yet it is more than just the atmosphere of the hospital that negatively influences the patient: the doctors’ treatment of patients’ life stories
additionally upsets their sense of self. Henley juxtaposes two types of “histories” in “Lady-Probationer” and “Clinical” and, in so doing, comments upon the word’s double signification: to the doctors, the patient has a medical history, but he also requires a personal history, a coherent life narrative through which he may locate meaning and purpose in life.

In “Lady-Probationer,” Henley discourses blazon-style on a nurse’s physical features before wondering about her interiority. This meditation upon her external figure leads him to conclude the following: “Somehow, I rather think she has a history” (14). Yet this “history” the poet references denotes a past filled with personal details, rather than merely a matrix of symptoms. Henley contrasts the nurse’s history with that of a patient, who, to the doctors, only has a medical history. The first line of “Clinical,” a poem about the patient’s experience of medical rounds, reads as follows: “Hist? . . .” (1). In Recovering Bodies: Illness, Disability, and Life Writing, G. Thomas Couser contends that “autobiographical accounts of medical training and personal narratives of illness reveal how medical discourse may alienate doctors from patients and patients from their bodies and bodily experience” (19). Couser thus discerns the way in which medical jargon negatively affects a patient’s conception of his or her body. However, he also suggests that patient-doctor dialogues can achieve the same (unfortunate) ends: when doctors interrupt patients who are detailing their histories, the patients are forced to divorce their bodily and personal experiences, which in turn causes a fracturing of identity. Thus, by excluding the second half of the word “history,” Henley comments upon the way in which doctors, interested in only “relevant” medical details, interrupt patients when they are providing their clinical histories.

Perhaps more significantly, though, the break in the word, coupled with the ensuing ellipses, also reveals the fragmentation of a patient’s life story caused by disease and by the doctors’ treatment of the patients’ stories. To the doctors, patients are only numbers, a concept suggested by the concluding stanza of “Clinical”:

Now one can see.  
Case Number One  
Sits (rather pale) with his bed-clothes  
Stripped up, and showing his foot. (41–44)

Following the “inspection” (22) of the amputee, the doctors move away, subjecting “Case Number One” (42) to the depersonalized gaze of “one” (41). The shift in point of view to the ambiguous “one” mirrors another such transition, this time to the second-person pronoun “you,” in “Operation.” Both alterations in viewpoint underscore the depersonalization of the patient: the doctors’ treatment of their patients takes for granted the fact that they have identities apart from their illnesses. Such treatment limits the patients’ ability to wield the first-person pronoun “I” when telling their own stories. Moreover, the parenthetical “(rather pale)” (43) in “Clinical” here again reveals the disruption of the (amputated, hence physically fragmented) patient’s life. Because of this interruption and the doctors’ unsympathetic treatment of him, the
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patient loses a coherent sense of self and becomes merely a number. Thus, in “Operation” and “Clinical,” Henley represents the way in which the trauma of medical (mis)treatment and surgery may render a patient silent: unable to conceptualize a coherent self, the patient begins to see himself as more aligned with the material objects around him—mattresses, bedclothes—and thus loses the ability to speak in the first person.

The Voice of the Patients: The Power of Communal Storytelling

By highlighting the ways in which illness and doctors silence a patient, In Hospital may tempt readers to despair. Fortunately, Henley provides a means for the patient to reclaim his lost voice—an illness narrative, which here takes the form of a poem sequence. Struggling with a fragmented life story and an incoherent sense of self, the poet seeks out the voices of others to fill the gaps of his narrative. Cohen criticizes Henley’s narrative voice for subsuming the voices of the other patients: rather than providing a heteroglossia in which the patients’ voices might be heard, Henley manipulates the same anatomizing gaze of the doctors, describing them as though they were medical objects ("The Patient" 34). However, Cohen acknowledges that when the poet hears the stories of his fellow patients, a “tension arises between the objective rendering of the characters and Henley’s subjective participation in their lives” ("The Patient" 34). For Cohen, the poet’s voice masks the voices of the other patients while also enabling their stories to be heard. In contrast, I argue that these moments of storytelling and hearing speak to the poet’s formation of a communal self—a self that, because fragmented by disease, seeks definition by and in relation to a community of fellow patients.

Henley’s reflections and the stories of his fellow sufferers generally share the theme of a failure to fully connect with other human beings. While the poet evinces relief at not having a family to burden with his illness—“I have no wife, / No innocent child, to think of as I near / The fateful minute” (“Before” 5–7)—he elsewhere discloses a sense of loneliness. In “Pastoral,” for example, Henley imagines a youthful romance blossoming in the springtime and then contrasts the happiness of the couple with his own depressed condition:

Under the rare, shy stars,
Boy and girl wander,
Dreaming in darkness and dew.

It’s the Spring.
A sprightliness feeble and squalid
Wakes in the ward, and I sicken,
Impotent, winter at heart. (28–34)

The stanza break mirrors the hospital walls that separate the poet from nature, but it also represents the barrier between himself and other (even, as in here, imagined) people. In this poem, Henley also contrasts the fruitfulness—the pairings and bonds
formed—outside the hospital (“O the brilliance of the blossoming orchards!” [21]) with the impotence—the lack of relationships—found within the hospital. Inside the sick wards, the poem “Interior” reveals, the patients and hospital personnel seem disconnected:

The patients yawn,  
Or lie in training for shroud and coffin.  
A nurse in the corridor scolds and wrangles.  
It’s grim and strange. (9–12)

The unnaturalness of this scene contrasts with the “natural” romance described in “Pastoral.” Other patients, too, feel the pain of not being able to fully connect with people. For instance, in “Etching,” Henley provides his readers with a portrait of a ploughman whose wife “[f]ails to write” (15); in “Casualty,” the poet tells the story of a man who, injured after being dragged by a train, faces a fiancée who is unable to speak to him (13–16). Such poems characterize the hospital as housing a number of people who, often through no fault of their own, suffer from relational impotence and are unable to connect with visiting loved ones, other patients, or the hospital staff.

Yet within the hospital, patients also may form a community, exchanging stories and developing relationships with each other. Henley remarks upon this potential for community in an unpublished essay about hospital life:

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 an 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. (qtd. in Cohen, “The Patient” 31)

The reader of In Hospital certainly may locate evidence of the sociability of the patients, especially as Henley portrays himself as becoming part of a hospital family, serving as a surrogate father to a group of young patients: “Here in this dim, dull, double-bedded room, / I play a father to a brace of boys” (“Children: Private Ward” 1–2). The starkness of the scene (the “dim, dull . . . room” [1]) enhances, through contrast, the warmth of the surrogate father-son relationships formed within the children’s ward. Even the scrubber, who has lost her husband and at least seven of her children and whose friends and family have deserted her, enters into this community by “[t]elling her dreams, taking her patients’ part” (“Scrubber” 12). Crammed together in grim, trying conditions, the patients and some of the lower-class hospital employees form a community of sufferers and find pleasure in their togetherness.
Cut off from the outside world and forced to work through the disruptions to their life stories caused by illness, the patients in Henley’s *In Hospital* find solace in the community they form. But one patient in particular, the poet himself, gains from this community the ability to recover his voice. With the help of his fellow patients, the poet pieces together his fragmented life story through his poem sequence, an illness narrative that reveals a coherent self that now locates itself within a community of human beings. For while the restructuring of one’s story is an intensely personal process, it also may provide the patient with a communal experience. As Diane Price Herndl contends in “Our Breasts, Our Selves: Identity, Community, and Ethics in Cancer Autobiographies,” “The realizations that one both is and is not one’s body, and that one’s bodily identity and integrity can be severely compromised, may open up new possibilities for understanding oneself as part of a group rather than simply as an individual” (228). Price Herndl further suggests that “narratives of breast cancer rebuild a sense of self by building that self into a community” (228). Although Price Herndl deals explicitly with breast cancer in her essay, her argument that patients who narrate their experiences with illness may gain a sense of responsibility to their audiences applies to patients with other types of disorders. And as an amputee, Henley certainly would have been forced to reconsider the relationship between his self and his body in a similar manner to someone who had a mastectomy performed on her.

Fragmented in body and in story, the poet recovers a coherent identity within a community of human beings by stitching together his old and new stories alongside the stories of other patients. His acknowledgement of their tragedies enables him to appreciate how “wonderful” the world is: whereas he enters the hospital seeing only grey, dismal surroundings, he exits “[d]izzy, hysterical, [and] faint,” appreciating the beauty within his surroundings (“Discharged” 27, 25). While readers might be tempted to attribute his change in tone solely to his recovery and release from the hospital, I propose that readers should be careful to also acknowledge the impact of the poet’s hospital family on his life: his fellow patients have provided him with words where he has had none (revealed, as previously discussed, by ellipses, dashes, and the like) and have enabled him to piece together his own life story. One may locate evidence of Henley’s accomplishment in his repeated use of the first-person pronoun “I” in the final poem, “Discharged.” While he depicts himself as emerging onto the streets alone, his employment of the first-person pronoun indicates his development of a stable identity. Despite its singularity, this self emerged from its placement within a community, a feat represented metaphorically by the image of the magic lantern in “Music”:

> And, as when you change
> Pictures in a magic lantern,
> Books, beds, bottles, floor, and ceiling
> Fade and vanish. (5–8)

Significant here is the line break between “as when you change” and “[p]ictures in a magic lantern” (5–6): the magic lantern thus symbolizes his change, his reclamation
of selfhood from the blending together of “images,” of life stories provided by the
other patients. Because “bodily dysfunction tends to heighten consciousness of self
and of contingency” (Couser 5), Henley must reconsider what constitutes his “self.”
From his reflections he glean the value of community—in effect, he realizes the
importance of positioning oneself in a group of human beings.

**Breaking Down Barriers Inside and Outside of the Hospital**

Thus, departing from Cohen, who contends that “Henley offers neither moral
nor meaning in his [Hospital] poems” (“Henley’s In Hospital” 2), I suggest that many
important issues regarding illness and recovery surface within the poem sequence.
One may read Henley’s In Hospital as a Victorian illness narrative that
simultaneously explores the effects of illness on language; problematizes the
anatomizing, depersonalizing discourse (and gaze) of the medical doctor; and
provides an example of the means by which a person may reconstruct a coherent
identity after becoming ill or injured. But as Couser and other critics assert, illness
narratives are inherently political, performing a greater cultural work than just the
recounting of one patient’s experience with his or her disease: “At their best
narratives of illness and disability acknowledge that our bodies are not ultimately in
our control. At the same time, however, they remind us that we do have considerable
influence over the way our bodies, healthy or not, are viewed” (Couser 289).2 While
Couser focuses his study on twenty- and twenty-first-century narratives of illness,
Victorian writers also wrote about disease and injury in order to enlighten the reading
public about the sufferings of the ill. As Maria H. Frawley demonstrates in Invalidism
and Identity in Nineteenth-Century Britain, there was “an array of texts written in the
nineteenth century that sought to identify and depict the distinctive psychological
attributes of the chronically ill or bedridden,” granting the isolated patient a voice that
would be heard by a middle-class readership (Frawley 201).3 Yet such texts often
“resist[ed] a narrative model directed toward recovery, reintegration, and resolution,
[rather] depict[ing] the invalid as fundamentally static and immobile” (Frawley 210).
Frawley includes within this assessment In Hospital; however, as we have already
seen, Henley’s poem sequence not only portrays the poet as recovering a stable
identity but also shows him as integrating himself into a community of sufferers.

Moreover, Henley’s narrative performs an important work by attending to
Victorian stereotypes of the body. In “Under Victorian Skins: The Bodies Beneath,”
Helena Michie proffers that

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2 Illness narratives encourage responses to their authors’ stories. Audre Lorde emphasizes
the importance of responses to such narratives, particularly cancer narratives, when she writes, “[W]here
the words of women [and men] are crying to be heard, we must each of us recognize our responsibility
to seek those words out, to read them and share them and examine them in their pertinence to our lives”
(21). Frank similarly proposes an “ethics of listening”—for “healthy” people to reject the stigmas
surrounding serious illnesses and learn from the narratives written by the ill (25).

3 Aside from Henley’s In Hospital, other such Victorian texts include Harriet Martineau’s Life
of Sickness,” Wilkie Collins’s “Laid Up in Lodgings,” George Whyte-Melville’s “A Week in Bed,” and
the anonymously published Letters from a Sick Room.
while during the nineteenth century scientists, doctors, philosophers, artists, and moralists sought universal laws that applied to all bodies, they also helped to construct a culture of separate corporeal realities where the bodies of men and women, the poor, the aristocracy, and the middle class were not only treated differently but were thought to have radically different needs and desires coming out of different bodily configurations. (409)

In contrast with the bourgeois body, which was conceptualized as more sealed and coherent, the lower-class body was considered to be permeable, grotesque, and, as a carrier of disease, dangerous (Michie 408–09). As Cohen notes, the Royal Infirmary of Edinburgh housed mostly working-class people (“The Patient” 28), the portraits of whom the reader of In Hospital receives. Patients whose stories the reader hears range from injured soldiers to an indebted man who attempted suicide. Additionally, Henley depicts the various strata of the hospital staff, from the experienced doctor to the lowly scrubber. By combining the stories of healthy and ill people of various social strata into a coherent poem sequence, Henley undertakes a critique of the stigmatization of the bodies of the lower classes. Whether healthy or ill, those within the hospital walls share an interiority—a self that seeks definition in relation to other human beings. As such, the poet’s use of multiple points of view (first, second, and third) not only points to the depersonalization of the patients, but it also indicates a social leveling that illness enacts.

The reader of In Hospital may thus locate within the poem sequence a positive portrayal of the Victorian sickroom, in which people from various social strata may form a community through their shared sufferings. Although writing about Victorian fiction, Miriam Bailin attests to the unique opportunities for connection provided by the sickroom: in this space, “[d]ifferences of rank, profession, and family identity [are] masked in order to reveal their common humanity and purpose” (127). Writers of Victorian illness narratives often acknowledge the hierarchical leveling caused by illness, revealing the way in which death functions as the great universalizing force. Henley certainly affirms death as an equalizer when he writes, “Death, the mother of Life, / Mingles all men for ever” (“Ave, Caesar!” 17–18). Perhaps this explains why many readers of In Hospital reacted so negatively to the sequence’s publication—not because of the inclusion of grotesque details of hospital life, as Cohen suggests (“Henley’s In Hospital” 2–3), but because the people described by Henley overcome their personal struggles by forming nontraditional communal bonds. Ultimately, what Henley forces his reader to consider is not only the productive links between patients that enable them to reconstitute a stable identity, but also the ties that bind human beings inside and outside the hospital.


