

“WITHOUT THE CAMP”: LEPROSY AND NINETEENTH-CENTURY WRITING

By Rod Edmond

FOUCAULT WAS PROBABLY RIGHT WHEN he argued in the first chapter of *Madness and Civilization* that the asylum replaced the leprosy house at the end of the Middle Ages, but he exaggerated in claiming that leprosy had disappeared from the western world. The decline of leprosy in early modern Europe did not mean that fear of it vanished or that Europe lost all contact with the disease. From the sixteenth century it became involved in the debate about the origin of syphilis, which at first was widely believed to be a new form of leprosy. A later, converse theory claimed that leprosy was a common terminal stage of syphilis, particularly in hot climates (*Leprosy in India* 353). This was given circulation and respectability at the turn of the nineteenth century by William Jones when he wrote that “The Persian, or venereal, fire generally ends in this malady” (qtd. in Crook and Guiton 91). The *Collected Works* of this distinguished Orientalist were published in 1799 and widely discussed. Britain’s steady colonial expansion in the late eighteenth century had brought renewed contact with leprosy and the consequent fear of its reintroduction into Europe. Although the disease had remained available to writers as a figure for horror throughout the early modern period, it was to take on renewed force in the century or so following the publication of *Lyrical Ballads* (1798).

Jones, in his essay “On the cure of the elephantiasis and other disorders of the blood,” refuted the belief that leprosy was confined to the Nile, arguing instead that: “It has certainly been imported from Africa into the West India Islands by the black slaves, who carried with them their resentment and their revenge” (qtd. in Crook and Guiton 91). This paranoid view of infection as retribution for the injuries of colonialism, with leprosy as its focus, is already apparent in some Romantic writing. Coleridge’s “The Rime of the Ancient Mariner” is an early example. The association between the skeleton ship with its crew of Death (“a fleshless Man”) and Life-in-Death (“Her skin was as white as leprosy”), and the plankless hulks of slaving vessels has been established by William Empson.¹ Of particular interest here is the figure of Life-in-Death who dices with her “mate,” Death, for the mariner and the ship’s crew. Empson describes her as “among other things . . . the bad girl sailors meet in port” (29):

Her lips were red, her looks were free,
 Her locks were yellow as gold;
 Her skin was as white as leprosy . . . (190–92)

However he passes over the way in which slavery, leprosy, and sexuality are brought together in this figure into a densely packed image of guilt and retribution as well as its wider significance in a poem which includes one of the main evils of colonialism among its catalogue of horrors.²

Such associations are found elsewhere in Romantic writing, in Southey's *The Curse of Kehama* for example, and also in De Quincey's preoccupation with the threat of infection from the East (Barrell 7, 15–16). Shelley, in particular, was sensitive to leprosy. Crook and Guiton have shown that his well-documented and apparently inexplicable elephantiasis scare of 1813–14 was concerned with elephantiasis graecorum, or leprosy, rather than filiaris, commonly known as “Barbados leg.” Two cases of leprosy had appeared in London at the time and were widely reported; both were treated by doctors Shelley knew personally (one was H. H. Southey, the poet's brother, the other William Lawrence, Shelley's physician). The first involved a boy of European parentage recently arrived from the Bahamas; the second, a daughter of an English officer and a Hindu woman (94). The threat from “without” is clear in both cases, and the idea that people of mixed race were a potent bridge for the transmission of leprosy was to become a recurring element in later nineteenth-century writing on the disease (Edmond 198, 201). Crook and Guiton explain Shelley's alarm in terms of a fear of having contracted syphilis which was degenerating into leprosy. They also suggest that the pathological imagery of “Ozymandias” — in which the “passions . . . yet survive, stamped on these lifeless things,” and “Two vast and trunkless legs of stone” remain — can be read as drawing together disease and the ruins of empire (99). Although Shelley's paranoid delusions were very much his own, the elephantiasis episode and the literary evidence of his obsession with leprosy can also be read as symptomatic of an intensifying cultural anxiety in the period of reconstruction and expansion of empire following the loss of the American colonies and the Seven Years War with France.

BY THE SECOND HALF OF THE NINETEENTH CENTURY, leprosy was perceived as an imperial problem, and the allusive literary discourse sketched above was joined by a plethora of official and public reports.³ The first of these was the 1867 *Report on Leprosy by the Royal College of Physicians*. Prompted by a letter from the Governor of Barbados about the spread of leprosy, the Government commissioned the Royal College of Physicians to inquire into the problem in all the colonies of the empire. In particular, the Government wanted to know about its causation, transmission, inherent character, and spread. Was it contagious or hereditary? Were all races equally vulnerable? Did segregation prevent its spread? Was it really increasing? The Report raised more questions than it answered. Even its most definite conclusion — that leprosy was hereditary rather than contagious — was hedged with qualifications and enough contradictory evidence to undermine the reassurance to colonial officials and settlers it was intended to provide. The Report also suggested that other European countries with colonial dependencies should carry out similar inquiries. The need to describe, measure, analyze, and categorize was becoming urgent, and Hansen's identification of the leprosy bacillus in the early 1870s did

nothing to ease this. Hansen’s discovery implied that the disease was contagious, not hereditary, and undermined the optimistic belief in western immunity. It also left unexplained the nature of its transmission and the degree of its contagion, with no prospect of a cure yet in sight. In such conditions anxiety flourished and theories multiplied.

By the 1880s Hawaii had become the center of attention. This was because of the high incidence of leprosy on the Hawaiian islands, and the publicity given to the leper colony on one of these, Molokai, as a result of the pastoral work of Father Damien. Molokai had also been put on the map by the visits and subsequent writing of the American Charles Warren Stoddard, which in turn inspired later visits by Robert Louis Stevenson and Jack London.⁴ Towards the end of the century writing on the subject of leprosy had become a flood. Stevenson had sounded one particular alarm: “To our own syphilis we are inured, but the syphilis of eastern Asia slays us; and a new variety of leprosy, cultivated in the virgin soil of Polynesian races, might prove more fatal than we dream” (Day 84). Behind this lay the fear prompted by ignorance about the transmission of leprosy. Age-old explanations of touch, saliva, and sexual intercourse among other means of transmission had multiplied in the modern colonial period. Dutch settlers in Ceylon at the end of the eighteenth century had concluded it was caused by eating breadfruit and ordered all the trees to be cut down (Ker[r?] to Banks, 1793).⁵ On Hawaii it was first known as *mai pake* — the Chinese disease — because it was thought to have been introduced by indentured laborers from China, and as long as the hereditary theory held sway it was believed to attack only non-European peoples. However, cases of infection among the settler population around the same time as Hansen’s identification of the leprosy bacillus heightened the anxiety caused by the continuing failure to explain its transmission. The Boston Puritan Rev. Dr. Hyde, whom Stevenson was to attack so brilliantly for suggesting that Father Damien had contracted leprosy through sexual intercourse with patients, feared he had been infected from a pair of socks returned from a Chinese laundry in Honolulu (Hyde to Clark, 1884).⁶ William Tebb, author of *The Recrudescence of Leprosy and its Causation* (1893), believed that leprosy was caused by vaccination. J. Hutchinson, former president of the Royal College of Physicians, put it down to eating fish.

Damien’s death in 1889 was widely publicized in Britain and led to the setting up of a National Leprosy Fund, which in turn established the India Leprosy Commission. The Commission’s Report refuted the 1867 finding that leprosy was hereditary and further declared that leprosy was not highly contagious either.⁷ Although this is now accepted as medically accurate, the 1892 Report had a clear agenda, being concerned throughout its length to deny that leprosy had become an imperial danger. Henry Press Wright’s *Leprosy: An Imperial Danger* (1889) had argued that the world-wide movement of trade and labor created by late nineteenth-century imperialism was producing a free trade in disease, with infection travelling back along the trade routes to metropolitan centers. Narratives as well as diseases can be contagious, and the Report was determined to put this one to bed. This it failed to do. The 1893 edition of the Report included a dissenting opinion from the Special Committee of the National Leprosy Fund, which took a much harder line on contagion and segregation; and the First International Leprosy conference at Berlin in 1897 declared the disease to be highly contagious and gave strong support to segregation. Compulsory segregation legislation followed in many countries and a world-wide increase in the number of leper colonies followed. The search for a treatment resulted in a number of short-lived and ineffective “fad cures” in the early twentieth century, and it was not

until the introduction of sulfone drugs in the 1940s that an effective cure was discovered; segregation policies, however, often persisted. Even now the precise mode of transmission and the specific portal of entry is uncertain (Walton, Barondess, Lock 465).

THE PUBLIC, "SCIENTIFIC" DISCOURSE of the later nineteenth century was therefore no more immune from traditional ways of understanding and responding to leprosy than had been its literary manifestations in the first half of the century. One mid-century text which looks back in this way while also feeding into late Victorian literary treatments of the subject is Swinburne's poem "The Leper." First published in *Poems and Ballads* (1865), it includes a hoax prose note, purporting to come from an early sixteenth century French text, telling the story of a lascivious noble Lady cursed with leprosy, cast out by her family and former lovers, and tended until her death by a clerk, her servant. The note takes us back into a late medieval world in which leprosy was rife, sexualized and rigorously segregated. The King, we learn, is "greatly displeased" by the large number of lepers in his country, "since because of them God must have been grievously angered." But the clerk is no saint, and the poem is given a modern inflection which places it in a tradition running from Browning's "Porphyria's Lover" and Tennyson's *Maud* to John Fowles's novel *The Collector*, in which obsessive love becomes diseased and necrotic. According to the note, the clerk, "remembering this woman's former great beauty, [now] ravaged, often delighted in kissing her foul and leprous mouth and in caressing her gently with his loving hands." In the poem itself, which is spoken by the clerk, the leprous woman becomes a figure for the morbid love of the monologist. When the Lady was in health the clerk was fixated on particular parts of her body: the space "between her brows," "Her curled-up lips and amorous hair," and her feet. These repeated descriptions suggest the displaced or transposed objects of the fetishist. Her feet, both of which "could lie into my hand," are imaginatively transposed into breasts, and the fixation on her brows becomes vaginal. As the Lady decomposes and dies the clerk continues "For joy to kiss between her brows" and to hold "In two cold palms her cold two feet":

Love bites and stings me through, to see
Her keen face made of sunken bones.
Her worn-off eyelids madden me,
That were shot through with purple once. (105–08)

The speaker is sexually excited by the Lady's purulent state: "keen" compresses emaciation, fervor, coldness, and death into one packed adjective; the toe-curling "worn-off eyelids," once adjacent to that space between her brows, are simultaneously arousing and frustrating. The horror of the poem is in the lack of horror felt by its speaker. This needs to be explored.

"The Leper" is a poem about transgression. The most obvious form this takes is the transgression of social rank, that stock feature of romance. But overwhelmingly, and in total contrast to the romance plot, is the transgression of the fundamental boundary separating life from death. Julia Kristeva has argued that the human corpse, which is almost universally surrounded by rituals and taboos to prevent contamination of the living, is the most vivid and horrifying manifestation of the impossibility of a clear distinction between the clean and unclean, order and disorder. The corpse "is a border that has

encroached upon everything. . . . It is death infecting life[,] . . . something rejected from which one does not part.” It is the primary example of what she terms the “abject body,” which challenges the maintenance of the symbolic order (3–4). The body of the leper can be understood as the most disturbing variant of this category of the abject. Alive but putrefying, decomposing while still able to reproduce, even more than the corpse it challenges the distinction between life and death (Coleridge’s “Life-in-Death” is a very precise description of the condition of the leper). This is a fundamental reason why leprosy has horrified and fascinated Judeo-Christian cultures since Biblical times, and the segregation practiced by these cultures, for which there is little or no medical justification, can be understood as akin to the rituals surrounding the treatment of the dead.⁸

Swinburne’s clerk accompanies the Lady “without the camp,” defying the rule of segregation, but the most disturbing of his transgressions is the lascivious pleasure in her wasting, rotting body. He delights in her incompleteness, scorning the idea of wholeness upon which, Mary Douglas has argued, our fundamental ideas of purity and order are based (65–70). The integrity of the body, and its importance as an expression of cherished, fundamental distinctions and categories, is challenged and undermined by the clerk’s pleasure in the Lady’s imperfections. She is no longer the perfect container. As a “syphilitic leper” her body is turning inside out, revealing its contents as another fundamental boundary — that between the visceral self and the world — erodes. Swinburne’s poem lays all this bare. Rather than concealing or displacing the source of our fear of leprosy, the clerk makes it visible by transforming fascinated horror into perverse pleasure, by revelling in danger, not purity. In doing this, the poem confronts and mocks the Judeo-Christian response to the figure of the leper. It also anticipates, shadows, and parodies the sacrifices of Father Damien, Albert Schweitzer, Graham Greene’s Dr. Colin, and other modern saints. Morally “burnt out,” the clerk is perversely attentive, meticulous and scrupulous, a diseased saint dissolving yet another cherished distinction, and ironizing one of the stock redeeming types of the modern colonial period. In these and other ways the clerk’s necrotic fantasies and obsessions allow us to deconstruct less singular treatments of leprosy in the writing of the high imperialist period. I shall read Kipling’s story “The Mark of the Beast,” published in the collection *Life’s Handicap* (1900), and Conan Doyle’s “The Adventure of the Blanched Soldier,” published in 1926 but set in 1903 in the aftermath of the Boer War, against Swinburne’s poem.

THESE STORIES ARE, ABOVE ALL, CONCERNED to maintain boundaries. In both, the border between health and illness, purity and danger, colonizer and colonized is threatened but survives, and is strengthened as a result. Kipling’s treatment of this is altogether more edgy than Doyle’s. “The Mark of the Beast” opens at the liminal moment of New Year’s Eve. The setting is a station club, somewhere in the Himalayas. As the anonymous narrator puts it: “When men foregather from the uttermost ends of the Empire they have a right to be riotous” (241). After a night of heavy drinking, schoolboy revels, and maudlin nostalgia the main protagonist, Fleete, “gorgeously drunk” (244), is helped home by the narrator and by Strickland of the Police (who figures in other Kipling stories). Passing the temple of Hanuman, the Monkey-god, Fleete rushes inside and stubs out his cigar on the forehead of the image of the god, declaring, “Mark of the B-beasht! I made it. Ishn’t it fine?” In response, a Silver Man appears from a recess behind the image: “He was perfectly naked . . . and his body shone like frosted silver, for he was what the Bible calls

‘a leper as white as snow.’ Also he had no face, because he was a leper of some years’ standing, and his disease was heavy upon him.” The Silver Man holds Fleete, “nuzzling” his head on the Englishman’s breast, mewing like an otter (243).

Fleete is immediately taken with shivering fits, sweating, and repeated scratching of his left breast. Next morning he is strangely marked and keeps demanding underdone chops which he eats like an animal; his proximity to the horses drives them into a frenzy. His increasingly bestial actions are set against the civilized behavior of the other two who smoke pipes, inspect horses, and go riding as they ponder Fleete’s transformation. Passing the temple, the Silver Man comes out and mews at them. Back at Strickland’s house, Fleete has been rolling in the garden and begun to howl like a wolf. The black leopard-rossette mark on his breast has blistered, and mewing is now heard outside the house. Fleete (now “it,” the personal pronoun is temporarily dropped) is tied up and gagged, and a doctor is summoned who diagnoses hydrophobia. However Strickland and the narrator know that this case is beyond medicine. Desperate situations require desperate measures.

Armed with polo sticks they capture the Silver Man, now described as “the leper,” and tie him down. The problem is how to assault something you cannot touch. When the narrator places his foot on the leper’s neck, “even through my riding-boots I could feel that his flesh was not the flesh of a clean man” (255). Strickland has had the barrels of his shot-gun heating in the fire, and the leper is tortured into removing “the evil spirit” from Fleete. In assisting with this, the narrator comes to understand how it must have been to see a witch burnt alive: “though the Silver Man had no face, you could see horrible feelings passing through the slab that took its place, exactly as waves of heat play across red-hot iron — gun-barrels for instance” (256). Fleete’s mark disappears, the leper departs no longer mewing, Strickland has a fit of hysterics, and the narrator, struck that we “had fought for Fleete’s soul . . . and had disgraced ourselves as Englishmen for ever, . . . laughed and gasped and gurgled just as shamefully as Strickland” (258). The story’s resolution is both sadistic and guilty. Fleete’s plight justifies the savage attack on the leper but leaves the assailants feeling they have crossed the divide separating the Englishman from the Oriental. The infected other can only be defeated by letting go of one’s Englishness and becoming a version of that other. Fear of the invisible or the unknown, whether in the form of disease, religion, or, more broadly, that region “East of Suez” (the story’s opening words, 240), provokes a desire for revenge in the mind of the colonizer. However, this in turn is brought up against the impossible task of destroying what cannot be understood or even touched. In Kipling’s story, the Silver Man capitulates but his power remains; indeed, it is confirmed by the touch of his hands which cures Fleete and renders the Englishmen’s victory pyrrhic. Strickland’s suggestion, years after the event, that the incident should now be put before the public suggests, not unlike the ancient mariner’s tale, the guilt of the witness and the survivor.

One element that might seem to be missing is the sexualization of leprosy. However, an approach to this is suggested by the story’s projection of the different futures of those who gather for the New Year’s Eve celebrations: “some of us went away and annexed Burma, and some tried to open up the Soudan and were opened up by Fuzzies in that cruel scrub outside Suakim, . . . and some were married, which was bad, and some did other things which were worse” (241–42). This is a story without women, in which masculinity is identified with imperialism and femininity is seen as inimical to it. There is a long and well-documented tradition of representing colonized peoples, and Hindus in particular, as

feminine. Typically, this is seen as a way of representing the docility of the indigene.⁹ The Silver Man in Kipling's story is similarly feminized, though to opposite effect. The Biblical leper "white as snow" was Miriam (Num. 12), and the Silver Man's action of taking Fleete "round the body" (243) and dropping his head on his victim's breast underlines this feminization. It is also reinforced by the repeated mewling sound uttered by the leper, which is compared to that of a she-otter, and the feline leopard-markings that disfigure Fleete. Leprosy, therefore, comes from the temple in the form of a feminized native, and this diseased femininity prompts Fleete's animalistic behavior. The antidote to all this comes from a pair of male friends, apparently bachelors who, in the narrator's words, fight for Fleete's soul with the Silver Man. Clearly there is more than the soul of one man at stake.

Conan Doyle's "The Adventure of the Blanched Soldier" is set "just after the conclusion of the Boer War" (1000).¹⁰ James Dodd, late of the Imperial Yeomanry, has been seeking his former "mate" and comrade in arms, Godfrey Emsworth, shot in action outside Pretoria and now disappeared, said by his family to have gone on a voyage round the world. While visiting the Emsworths' country house, Dodd has seen his friend's face pressed against the window, a "ghastly face glimmering as white as cheese in the darkness . . . [with] something slinking, something furtive, something guilty — something very unlike the frank, manly lad that I had known" about it (1004). This leads him to a building in the garden where he catches a rear view of his friend, sitting in the company of a man in a black coat. Caught spying by Emsworth's father, a Crimean V.C. (good imperial pedigree is important here), Dodd is expelled from the house and comes straight to Holmes.

In this story Holmes is for once on his own: "The good Watson . . . had deserted me for a wife, the only selfish action which I can recall in our association. I was alone" (1000). Without his amanuensis Holmes is obliged to tell his own story, and in trying to avoid what he describes as Watson's "meretricious finales" (1008), he concentrates instead on the inner narrative related by Emsworth once the secret (leprosy, of course) has been exposed. Shot through the shoulder with an elephant bullet and left for dead, Emsworth had staggered into a remote house and collapsed into an empty, unmade bed. He woke to find himself in a "bare, whitewashed dormitory" with "a small, dwarf-like man with a huge, bulbous head, . . . waving two horrible hands which looked . . . like brown sponges" standing over him (1009). Arrayed round him was a group of laughing people: "Not one of them was a normal human being. Every one was twisted or swollen or disfigured in some strange way. The laughter of these strange monstrosities was a dreadful thing to hear" (1009). Emsworth has strayed into a Leper Hospital and, still bleeding from his wounds, had spent the night in a leper's bed.

This nightmare scene of waking in an infected bed surrounded by the diseased suggests a related upper-class male horror of waking after a night on the town to discover a syphilitic prostitute alongside.¹¹ It has several other interesting features. The "creature with the big head" whose sheets Emsworth has been sleeping in makes furious attempts to drag the intruder from his bed, "uttering wild-beast cries" (1010). Emsworth is rescued by the hospital doctor, an anticipation of the story's denouement. As in "The Mark of the Beast," leprosy is animalistic, grotesquely violent rather than abjectly passive; the detail of the elephant gun also gains resonance in this context. Unlike Kipling's story, however, the infecting agent seems to be Dutch rather than native. This is a war between competing

colonizing powers, and although disease thrives in warm latitudes and colonial terrains (Holmes's knowledge that leprosy is common in South Africa helps him to solve the mystery), in this particular setting the main problem is not with native subjects but colonial rivals.

When Emsworth is exposed by Holmes and forced to come out of hiding, leprosy seems self-evident: "One could see that he had indeed been a handsome man with clear-cut features sunburned by an African sun, but mottled in patches over this darker surface were curious whitish patches which had bleached his skin" (1009). Not for the first time, however, Emsworth is to be rescued by a doctor. An unnamed third person has travelled with Holmes and Dodd from London and remained outside in the carriage while Holmes confronts the family. He proves to be Sir James Saunders, "the great dermatologist," of "austere figure . . . [and] sphinx-like features," who is able to diagnose the affliction as "pseudo-leprosy or ichthyosis, . . . unsightly, obstinate, but possibly curable, and certainly noninfective" (1012).

Doctors are particularly significant in this story. Emsworth is rescued by one, guarded by another, and saved from a living death by a third. The first, in the Leper Hospital, offers help and some comfort; the second maintains the cordon sanitaire placed around Emsworth by his family; the third is able to dispel the horror through his specialized knowledge and expertise. The detached, taciturn, all-knowing medical specialist who is able to diagnose and explain the unknown is a recurring figure in later nineteenth-century writing. Dr. Mosgrave in Mary E. Braddon's *Lady Audley's Secret* (1862) is an early example, exposing his unwilling patient's secret with a diagnosis of her latent insanity. A more developed example of the physician as mage and confessor is Sir Luke Strett in Henry James's *The Wings of the Dove* (1902). This "great man" (150) reads Milly Theale with all the prescience and insight of Sherlock Holmes solving a case. His injunction that Milly should "live" (161) bears superficial resemblance to Sir James Saunders's commutation of the death sentence at the end of "The Adventure of the Blanched Soldier." The ordinary doctor can provide some comfort and assistance, but the specialist in the carriage waiting to be called upon to resolve the mystery is, for Doyle at least, a modern *deus ex machina*.

The figure of the detective is another. Recent criticism has drawn attention to the ways in which Holmes's ability to decipher the human body is crucial to the defence of the social body.¹² This was understood by G. K. Chesterton at the time:

the romance of police activity keeps . . . before the mind the fact that civilisation itself is the most sensational of departures and the most romantic of rebellions. By dealing with the unsleeping sentinels who guard the outposts of society, it tends to remind us that we live in an armed camp, making war with a chaotic world, and that the criminals, the children of chaos, are nothing but the traitors within our gates. (161)

The threat from without is as great, and harder to contain. Holmes's cases often involve characters that have lived abroad in colonial settings, and leprosy figures in at least one other story. In "The Yellow Face" (1893) the secret offspring of a remarried widow is disguised and hidden in a picturesque cottage close to her mother's new home, a villa at Norbury, on the edge of London. The startling face of this child — first described as "a livid chalky white" (355), later as "yellow livid" (357) — leads to Holmes being called in

to perform his ritual unmasking. Significantly perhaps, this is one of the few cases Holmes gets wrong. He surmises that the face is of the woman's first husband who has "contracted some loathsome disease and become a leper or an imbecile" (359). When he peels off the literal mask of this story, however, he reveals "a little coal-black negress, with all her white teeth flashing" (361). As in "The Blanched Soldier," the threat of leprosy is dispelled but the resolution is uneasy. Although the second husband accepts his responsibility as a step-parent, the black face behind the yellow mask discovered in this "pretty two-storied place, with an old-fashioned porch and a honeysuckle about it" (354) continues to disturb. In both these stories the country house, or the house in the country, acts as a last line of defence, aided by the vigilance of the detective and, where necessary, the expertise of the medical specialist. Although in both cases the threat of leprosy is imaginary, it serves nevertheless as a reminder that the arbitrary and invisible menace of disease is the hardest of all foreign bodies to guard against and detect. If it were to get beyond the country house into the teeming modern city, it would cause untold damage at the heart of empire.

Kipling's story, set at the frontier of empire, must do without the protection of the detective and the specialist and has none of Doyle's faith in medicine. The doctor in "The Mark of the Beast," Dr. Dumoise, is mistaken in his diagnosis and rather put out when Fleete recovers, feeling that his professional reputation had been injured. Medical science, especially when practiced by a Frenchman, is found wanting; instead we have the rough medicine and justice of the English colonists. But, of course, the confidence in science which Doyle's story seems to express is also ill-founded. If it really were leprosy that Emsworth had contracted, then modern medicine would have been helpless. His story dramatizes the modern colonial horror of leprosy, the mystery of its transmission, and the absence of treatment or cure rather than the conquest of leprosy by medical science. In the closing paragraph the great dermatologist suggests a psychological basis for Emsworth's infection. Fear of contagion has resulted in a simulation of its symptoms. If this is so, then although medical science can allay some of the phobias of colonialism, it is helpless when faced with real infection.

A final point of comparison underlines this. In Kipling's story the infection of Fleete is provoked and therefore, in a sense, justified. Sacrilege is committed, even though it is presented as a drunken prank and quickly forgotten as the story comes to focus on saving the Englishman. Revenge stories only make sense within some kind of moral scheme. In Doyle's story, however, infection is arbitrary and inadvertent. Emsworth is fighting valiantly for the British Empire and does nothing to disgrace himself as an Englishman. His supposed infection is, within the terms and assumptions of the story, quite arbitrary, and his deliverance at the end of the story equally capricious. "The Adventure of the Blanched Soldier" is more concerned than "The Mark of the Beast" to dispel uncertainty and restore order, but it remains visibly troubled by the disorder it seeks to contain.

Ultimately both stories are fantasies. Leprosy is understood as both an unavoidable imperial risk and an intolerable imperial burden. Kipling's story is concerned with its danger in a colonial setting; Doyle's with the danger it would present if brought back to the metropolitan center. Its threat, however, is conquered, through violent retribution in one and through the authority of modern medicine in the other. Common to both is the importance of male friends in offering relief. Sir James Saunders clears up the mistake, but this would never have happened without the loyal, loving friendship of Dodd. As he explains to Holmes (who is himself without his friend and chronicler Watson): "We

formed a friendship — the sort of friendship which can only be made when one lives the same life and shares the same joys and sorrows” (1001). A more complex version of this kind of relationship binds the narrator of Kipling’s story to Strickland and Fleete. Based on the codes and practices of the public school, the army, and the colonial service, and reinforced by the isolation and incipient paranoia of living as a dominant but minority group, both authors pit male comradeship against the invisible or unrecognized dangers of imperialism, calling it up to ease the anxieties and guilt of that project.

Fear and uncertainty are the keynotes, as they had been in writing about leprosy within Judeo-Christian cultures since Biblical times. Chapters 13 and 14 of the Book of Leviticus are an intricately detailed medical handbook for priests enabling them to diagnose leprosy and to distinguish it from less serious skin afflictions. As chapter 14 concludes: “To teach when it is unclean, and when it is clean: this is the law of leprosy” (verse 57). Shelley’s fears were an idiosyncratic version of this ancient one, but also characteristic of an era in which imperial expansion had raised the prospect of a reverse invasion threatening the health of metropolitan centers. Swinburne’s poem consciously exploits the uncertainty around definition and diagnosis. Although the prose note tells us the clerk dies of leprosy, the poem itself leaves this ambiguous. He is “grown blind with all these things” (137), but in the context of the poem’s conclusion this could as easily refer to a moral or psychological condition as a physical one. In “The Mark of the Beast,” the agency, transmission, and cure of the disease remains mysterious in a region where “Man . . . [is] handed over to the power of the Gods and Devils of Asia, . . . Church of England Providence only exercising an occasional and modified supervision in the case of Englishmen” (240). Only the Silver Man has the power to lift the curse, though colonial torture provides the incentive. And in “The Adventure of the Balanced Soldier” Emsworth, according to medical opinion of the time, should be infected, believes he has been, but is discovered to have had a miraculous escape. The doctor in the Leper Hospital considers himself immune to the disease but makes clear he would never have dared to lie in a leper’s sheets. With its transmission unclear, its treatment unknown, and two thousand years of accumulated horror behind it, leprosy had become a focus for many of the troubling tensions of imperial expansion.

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NOTES

1. Empson quotes Coleridge’s denunciation of the slave trade in *The Watchman* in 1796, with its description of slaves “crammed into the hold of a ship with so many fellow-victims, that the heat and stench arising from your diseased bodies rot the very planks,” and remarks: “Everybody in Bristol knew that you could smell a Slaver five (or ten) miles to windward, and that planks only lasted for five (or ten) voyages” (28–30).
2. See also Anna Laetitia Barbauld’s anti-slavery poem “Epistle to William Wilberforce” (1791), where leprosy is used to image the corrupting effect of the slave trade on British society: “The spreading leprosy taints every part, / Infects each limb, and sickens at the heart” (98–99).
3. See, for example, *Leprosy in India*, a report by T. R. Lewis and D. D. Cunningham, 1877; John D. Hillis, *Leprosy in British Guiana: An Account of West Indian Leprosy*, 1881; *Leprosy*

in India: A Summary of Reports Furnished by the Government of British India to His Hawaiian Majesty's Government, 1886.

4. Stoddard visited the colony in 1869 and 1884. His collection of stories *Summer Cruising in the South Seas* (1874) and an account of his second visit *The Lepers of Molokai* (1886) drew Stevenson's attention to the place. Stevenson spent a week at the colony in 1889, soon after Father Damien's death; London visited there in 1906. For a detailed account of these visits and the writing they prompted, see Edmond (ch. 7).
5. I am indebted to Dr. Nigel Rigby for this reference.
6. For the attack on Hyde, see Stevenson (350–66).
7. Under “ordinary human surroundings the amount of contagion . . . is so small that it may be disregarded, and no legislation is called for on the lines either of segregation, or of interdiction of marriage with lepers” (*Leprosy in India* 289–90).
8. On differences between Christian and Muslim conceptions of leprosy, see Watts (46). The refusal of native Hawaiians to cooperate with the United States Government's policy of segregation was deplored by officials and settlers alike.
9. See, for example, Guest (36–38).
10. Doyle served in the war as a volunteer doctor at the front, managing a hospital at Bloemfontein where he dealt with an epidemic of enteric fever in which 5000 soldiers died in two months: the dead “were wrapped in khaki blankets and huddled into shallow troughs. . . . From Bloemfontein rose such a smell as could be caught . . . six miles away” (Carr 161). The symptoms of enteric fever, or typhoid, include vile smelling bowel pollution and ulcerated intestines. Doyle's experience of this informs his picture of the leper camp in “The Adventure of the Blanched Soldier.” It is another interesting example of leprosy as a floating signifier of disease.
11. In particular it recalls Frank Harris's account of Randolph Churchill: “I woke up with a dreadful taste in my mouth, and . . . was thunder-struck. The paper on the walls was hideous — dirty — and . . . there was an old woman lying beside me; one thin strand of dirty grey hair was on the pillow. . . . She had one long yellow tooth in her top jaw that waggled as she spoke.” Churchill rushed straight to his doctor terrified that he had contracted syphilis (Harris 483–84). Randolph Churchill eventually died of the disease, and although his biographer R. F. Foster describes Harris's story as an “unlikely assertion of the manner in which he contracted syphilis” (389), it nevertheless has representative if not particular truth.
12. See Jann (705) and Thomas (661–62).

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