Illness and Identity in W. E. Henley’s *In Hospital*

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 in to 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 (translated) reads, “One couldn’t say at what point a man, alone on his sick-bed, becomes an individual”—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.

Illness indeed has its own voice—one that at times can supersede 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.
According to Frank, disease is so detrimental to language because it “disrupts the [patient’s] old stories” (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-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” (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 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—apositely, 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 a 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.

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 reflects upon 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 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 forwarded 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 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 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.

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:

It’s the Spring.

A sprightliness feeble and squalid

Wakes in the ward, and I sicken,

Impotent, winter at heart. (28–34)

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, 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 the [hospital] becomes not only tolerable but, in a certain limited sense, enjoyable also. With what seemed at first disgustful, he is soon on terms of familiarity an even affection . . . . 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 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 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 gleans the value of community—in effect, he realizes the importance of positioning oneself in a group of human beings.
Works Cited


