humanities

MDPI

Article

The Lady on the Sofa: Revisiting Elizabeth Barrett Browning's Illness

Isadora Quirarte-Ruvalcaba

School of Media, Arts and Humanities, University of Sussex, Brighton BN1 9RH, UK; m.i.quirarte-ruvalcaba@sussex.ac.uk

Abstract: If there is one poet who has been widely represented under a legendary light, it is Elizabeth Barrett Browning (1806–1861), mostly through the figure of a secluded invalid. Barrett Browning's illness and death have been romanticised ever since her own time, with multiple rumours and theories mostly focusing on the fact that her illness was 'miraculously dispelled' by 'love' and only reappeared gradually to take the poet's life. This article proposes yet another and quite different diagnosis for Barrett Browning's illness, theorising on the possibility that Barrett Browning's ailment was a pulmonary congenital malformation, which remained misdiagnosed due to the lack of medical technology at the time. Several of the diagnoses given to Barrett Browning by her medical practitioners, contemporary and posthumous biographers and other scholars are presented and compared, alongside my own hypothesis. In addition, Barrett Browning's arguable morphine dependency is reassessed in order to explore its impact on her illness, with the possibility that it exacerbated or even caused some of her symptoms. This reassessment also explores the role that morphine played in Barrett Browning's death, suggesting an accidental overdose possibly overlooked by Robert Browning.

Keywords: Elizabeth Barrett Browning; illness; pulmonary; Victorian; morphine; laudanum

1. Introduction

Elizabeth Barrett Browning (1806–1861) is a poet whose life and legend are well known in popular culture, while her poetry has been the subject of a feminist revival. One of the main interests in studies about Barrett Browning's life, from Victorian contemporary biographical accounts to the present day, has been her health. Particular emphasis has been given to the illness the poet suffered throughout her life. The nature of this illness has not been yet clarified, regardless of the speculations made by several scholars throughout the years. Part of the role of several of Barrett Browning's posthumous biographers, such as Margaret Forster, Barbara Dennis, Dorothy Hewlett, Peter Dally, Daniel Karlin, Alethea Hayter and Fiona Sampson, has been to reconstruct (and deconstruct somehow) that legendary image, while suggesting diagnoses for the illness.

Another possible diagnosis for Barrett Browning's illness is pursued and suggested in this paper: pulmonary sequestration (PS). While impossible to prove, this hypothesis of Barrett Browning's illness opens a perspective to consider congenital lung malformations as probable causes of her ailment, explaining its ambiguity and contemporary elusiveness to diagnosis. As explored in this paper, this approach could illuminate some of the ambiguities the illness presented, and answer the question of the impossibility of finding a fitting treatment and a possible cure. At the same time, it is important to consider that due to PS being a chronic condition, it was probably not the main and only cause of Barrett Browning's death. This also leads to a reassessment of the poet's misuse of morphine, to place it at the same level of significance as her illness. This issue has been downplayed by some biographers, seen sometimes as an isolated circumstance in Barrett Browning's life. Morphine played a major role in Barrett Browning's illness, possibly causing and/or intensifying some of her symptoms. This paper seeks to place Barrett Browning's misuse of

check for updates

Citation: Quirarte-Ruvalcaba, Isadora. 2024. The Lady on the Sofa: Revisiting Elizabeth Barrett Browning's Illness. *Humanities* 13: 94. https://doi.org/10.3390/h13040094

Received: 3 February 2024
Revised: 14 July 2024
Accepted: 15 July 2024
Published: 17 July 2024

morphine as a circumstance derived from her medical treatment, rather than downplaying her intake or victimising her arguable addiction. Interestingly, Barrett Browning also stands as an interesting medical case, for during her lifetime the medical use of opium went through a major change after the discovery and isolation of morphine. This must be taken into consideration when tracing the history of Barrett Browning's illness, for the shift from laudanum to morphine had an impact over the years, finally becoming a decisive factor in the poet's death.

2. The Barrett Browning Legend

Elizabeth Barrett Browning's image is rooted in the idea of a gifted and secluded poet who suffered from grief and an ambiguous illness. While it is true that before meeting Robert Browning, Elizabeth Barrett Browning led an almost secluded life and her health was poor, much of the myth of her illness had been constructed. This was initiated by Barrett Browning and her editor R. H. Horne, with later additions by Robert Browning. Daniel Karlin has suggested that a hyperbolic sanctification of facts placed Elizabeth Barrett Browning on a pedestal, turning her into a spiritual icon rather than a flesh-and-blood poet (Karlin 1987, p. 3). This became stronger after Barrett Browning's death. For instance, in 1885, Anne Thackeray Ritchie's biographical entry for Barrett Browning in the *Dictionary of National Biography* included topics which fascinated the Victorian audience: the ailing ethereal lady on the sofa, the mystical poet, grief-stricken and in mourning. The entry also highlights motherhood and Barrett Browning's spiritual qualities, along with her sudden and quiet death (Ritchie 1885, pp. 78–82). Of high importance is the arguable source of Barrett Browning's semi-invalidism at the age of fifteen: "[Barrett Browning] tried to saddle her pony [. . .] fell with the saddle upon her, in some way injuring her spine [. . .], delicacy [of health] kept her for months at a time prisoner to her room" (p. 78). Ritchie's text was based upon word-of-mouth information, printed biographical accounts and first-hand experience through her own recollections. The entry therefore became official in spite of its factual inaccuracies, and the mythologies and rumours that had circled around Elizabeth Barrett Browning since the 1840s. Her death in this entry was drawn in Byronic tints, with patriotism covering her with a heroic shroud: "It has been said that the news of the death of Cavour, coming when she was very ill, hastened her own" (p. 82). This was interwoven with a spiritual ideal which her contemporaries, such as Thomas Trollope, brother of the novelist Anthony Trollope, used to describe her: "in mind and hearth she was White-stainless" (Mermin 1989, p. 248). Furthermore, her death was treated with a factual tone in *The Encyclopaedia Britannica*: "in the summer of 1861 Browning suffered a severe chill and died" (Britannica 1998).

Along with the heroic tone by Ritchie and the suddenness of her death depicted by the *The Encyclopaedia Britannica*, Barrett Browning's decease, from a mysterious, painless ailment, happening in her husband's arms, was treated as the ultimate proof of the love between them. Such narration echoed the tone of Horne's early text, in which the then younger Elizabeth Barrett Browning was "hopeful waiting for the time when this mortal frame 'putteth on immortality'" (Horne 1844, p. 134). Robert Browning's narration of Elizabeth's death enhanced these ideas, for "she looked. . . like a young girl; all her outlines rounded and filled up, all traces of disease effaced, and a smile on her face so living" (Finlayson 2005, p. 488). This recurs in several of his letters to different correspondents, as does the claim that there had been no sign of Elizabeth becoming dangerously ill, but that she was suffering from her *usual ailment* (Forster 1988, pp. 396–98). Naturally, Browning could have clung to the idea of a peaceful and highly spiritual transition to relieve the burden of guilt from an inability to prevent Elizabeth Barrett Browning's death. Furthermore, the lack of a death certificate (Forster 1988, p. 386) added ambiguity and an emphasis on Barrett Browning's spiritual virtues. In addition, Linda M. Lewis accurately notes that "[Horne's] rather grandiose depiction was influential, augmenting Barrett's fame as idealized woman, combining the fervency of St. Teresa and the long-suffering of a

martyr" (Lewis 1997, p. 183), giving emphasis to the spiritual, masking the private Barrett Browning while surrounding her death with an aura of mystical mystery.

3. "Some Extremely Delicate State of Health"

By 1843, at the age of thirty-seven, Elizabeth Barrett Browning had an established reputation as a poet. In October of the same year, the editor R. H. Horne wrote to her, suggesting both a biographical sketch and a likeness to be included in his upcoming work *A New Spirit of the Age* (1844). She agreed and replied on 5 October 1843, disclosing her illness and her grief at the death of her brother: "And then came the failure of my health which never had been strong (at fifteen I nearly died) [. . .] & then the enforced exile to Torquay,.. [sic] With the prophecy in the fear & grief & reluctance of it—a dreadful dream of an exile, which gave me a nightmare to my life for ever, & robbed it of more than I can speak of here" (1393. Barrett Browning to R.H. Horne, *The Browning's Correspondence*). Horne's text appealed to the Victorian audience: Elizabeth Barrett Browning was presented with "some extremely delicate state of health" (Horne 1844, p. 134), in extreme seclusion "during weeks at a time, in darkness almost as equal to that of night" (p. 134); nevertheless, she "found means by extraordinary inherent energies to develop her inward nature; to give vent to the soul in a successful struggle with its destiny while on earth" (p. 134). Horne portrayed her with a poetic vocation equal to a mystical calling, "with indefatigable 'work' by thought, by book, by the pen, and with devout faith, and adoration" (p. 134). Barrett Browning reacted to the hyperbolic treatment: "You are guilty of certain exaggerations [. . .] For instance, I have not been 'shut up in one room for six or seven years'—four or five would be nearer; & then, except on one occasion, I have not been for 'several weeks together in the dark', during the course of them" (p. 134). For certain, Elizabeth Barrett Browning gave her authorization for the text to be published. Horne's style therefore set the atmospheric tone around which Barrett Browning's poetic persona would revolve, fascinating the Victorians and reverberating to our present day.

Barrett Browning was not specific to Horne about her illness. Gossip stated that she had fallen off a horse, a fact dismissed by Forster. What actually happened was an episode of illness suffered during the spring of 1821, when Barrett Browning was thirteen, which triggered an obsession with her own health, considering herself from then onwards of "natural ill health" (Forster 1988, p. 22). It was also then that Barrett Browning was first prescribed opium (in laudanum form). Dr. Cocker, consulted during Barrett Browning's illness (and quoted later by almost all of her biographers), provides details about the lack of evidence of a spinal injury (Browning 1958, pp. 344–46). He recommended, nevertheless, that Miss Barrett's case should be treated as that of a "diseased spine" (Browning 1958, pp. 34–36) based upon the similarities in both cases. Dennis confirms this treatment, which suggests the possible fixation with the fall from the horse (Dennis 1996, p. 41). A similar medical case, examined by E. C. Skye, published in 1867, 'The Mimicry of Hysteria' (Taylor and Shuttleworth 1998, pp. 193–95), presents a young woman with back pain, who, after exhausting revisions, is diagnosed with a spinal disease. The case is unclear and her symptoms are considered to be produced by hysteria, similar to a case presented by Philip Burrowes in 1856 (Burrowes 1856, p. 274). For some authorities in England, hysteria was the source for dozens of other conditions apart from those of the womb: indigestion, coughing fits, or any sort of unexplained irregularity in the heart's action which could not otherwise by explained after medical examination: "diagnosis of such cases must arise from his [the medical practitioner] observation of the transient and occasional character of the symptoms, and from his knowledge of the patient's constitution" (*The Cyclopaedia of Practical Medicine*, Forbes et al. 1833–1835, p. 559). Under these criteria, almost any malady suffered by women which could not be clearly or fully explained would be attributed to hysteria.

Elizabeth Barrett Browning, in spite of the ambiguity of her illness, escaped the diagnosis of hysteria, possibly due to her regular menstrual cycle (Forster 1988, p. 24). Her response to laudanum was quick, keeping her emotions in a tranquil state, giving the

illusion of her nerves being 'under control'. Semi-invalidism as the result of illness was, in these cases, equated with luxury and wealth. Dennis points out that Barrett Browning appeared to choose ill health to relieve herself from domestic or household responsibilities which were then relegated to her sister, Henrietta. This resulted in intellectual freedom for the invalid (Dennis 1996, p. 40), in spite of Barrett Browning's mother suspicion of this first illness having an element of the psychosomatic (Dennis 1996, p. 43). Barrett Browning's morbid personality fitted the possibility disclosed by this first illness: a semi-invalid state to explore creative freedom. Solitude, isolation, and endless hours of reading and writing would become available, while being totally supported and accepted by her family.

4. An Elusive Malady

From that episode of ambiguous illness, a clear path was traced in Barrett Browning's life: that of broken health. That path would be one of uncertainty for her attending medical practitioners. Later in life, she would reflect: "It is the old story—they don't know my case—I have been tapped and sounded so, and condemned so, repeatedly; this time it is said the right is the affected lung while the left is free—Dr. Chambers said just the contrary" (Hewlett 1953, p. 338). Dr. Chambers used a monaural stethoscope, but like other Victorian medical authorities carried medical examinations mostly based upon enquiries into general health, past illnesses, examination of the pulse, the general state of the appetite and evacuation (Youngson 1979, p. 19). Since X-rays, blood tests and antibiotics were not yet developed, detailed research and diagnosis of certain pulmonary diseases was impossible. Tuberculosis, known as pulmonary consumption, for example, was not acknowledged as a bacterial infection until as late as 1882 ('The History of Tuberculosis. Schorstein Lecture', Anonymous 1922, p. 987).

During the winter of 1837–38, Elizabeth Barrett Browning suffered a haemorrhage from a torn blood-vessel in the left lung: "this last haemorrhage which was very bad for some days, proves the weak state of the pulmonary vessels" (660. Barrett Browning to Mary Russell Mitford, *The Brownings' Correspondence* 2024). Dr Chambers pronounced his patient's lungs as "affected, not tubercular"(Forster 1988, p. 91). It did not recur, and prognosis for recovery was good (Mitford 1855, p. 170). Mary Russell Mitford, close friend to Barrett Browning, wrote that consumption had by no means rooted in the poet (p. 30). D. A. B. Young later suggested that "the ruptured vessel was very likely not in the lungs but in the nose, or probably in the throat or the mouth" (Young 1989, p. 422), making it less risky and prone to easier recovery. However, from this episode, two characteristics of the ailment remained constant: the respiratory problem was settled in one lung, as expressed later in a letter to Julia Martin: "one lung is very slightly affected" (2057. Barrett Browning to Julia Martin, *The Brownings' Correspondence*), and the problem was acknowledged as having a possible vascular origin.

Barrett Browning wrote about her illness minutely, as evidenced in the following letter to her friend Fanny Douglas, in 1850: "'extensive tubercular' was declared by one physician while by two or three others the existence of anything beside congestion has been steadfastly denied, positively denied—& circumstances at present seem to confirm the softer judgement" (Hewlett 1953, p. 32). This observation suggests a chronic ailment, similar to chronic obstructive pulmonary disease (COPD) (Terzikhan 2016, pp. 785–92), which groups together certain chronic conditions, such emphysema and bronchitis. The highest risk factor for developing COPD is smoking, followed by a prolonged exposure to certain substances within dust and chemicals produced by environmental factors: air pollution and prolonged occurrence in workplaces. A genetic factor is possible, usually traced in a relative. The Barretts settled in London in 1833, which was then heavily polluted, yet Barrett Browning's exposure to air pollution at that time would have been indirect due to her secluded condition. Had she suffered from COPD, her condition would have deteriorated continuously, rather than following a pattern of ups and downs between long dormant periods.

Barrett Browning recovered from this acute illness. Barbara Dennis acknowledges this illness as chronic, echoing present-day medical opinion that defines it as either bronchiectasis or tuberculous ulceration of the lung. The latter occurs mostly due to exposure to coal dust (a common condition during the Victorian period among workers in coal mines and chimney sweeps). This condition could have evolved into heart disease (Dennis 1996, pp. 43, 49), eventually killing Barrett Browning (Hayter 1962, p. 59). Bronchiectasis is also "a progressive disease characterized by a permanent dilatation of bronchi, retention of mucus and ciliary clearance impairment" (Suarez-Cuartin 2016, p. 71), with clear signs: recurrent localised medium or coarse crepitations, fibrosis, sinusitis and recurrent infections often triggered by pneumonia (Crofton 1966, pp. 721–23). Classic Bronchiectasis, often linked to COPD, presents haemoptysis (blood-streaking sputum), which is a clear symptom (Crofton 1966, pp. 721–73). Perhaps because of the presence of haemoptysis, Fiona Sampson, in the latest biography of Barrett Browning, suggests asthma (Sampson 2021, p. 100) as a possible illness. Had asthma been the case, however, attending doctors would have diagnosed Barrett Browning, for in her correspondence there is evidence of relatives (her father and grandmother) and friends (John Kenyon) (3776. Barrett Browning to Arabella Moulton-Barrett, *The Browning's Correspondence*) suffering from asthma, which was a well-known and clearly diagnosed disease at the time. Barrett Browning's illness was elusive to diagnosis, was not severe and seemed to have no cure, as explained in 1845 to Julia Martin: "without any mortal disease, or any disease of the equivalent seriousness, I am thrown out of life. . .[sic] [. . .] I do need a proof that the evil is irremediable" (2057. Barrett Browning to Julia Martin, *The Browning's Correspondence*).

As suggested by biographers and as evidenced by Barrett Browning and Mary Russell Mitford's own testimonials, Barrett Browning's illness was neither consumption (TB), COPD, Bronchiectasis nor asthma. The possibility of Barrett Browning's respiratory ailment being one unacknowledged by medical science at the time therefore becomes plausible. The possibility arises of the illness being a congenital lung malformation. One example of these malformations is Pulmonary Sequestration (PS). PS is divided into two types: intra lobar sequestration (ILS), which is the more common type, where the lesion lies within the pleural layer surrounding the lobar lung, and extra lobar sequestration (ELS), which has its own pleural covering, maintaining complete anatomic separation from the adjacent normal lung. Most patients with ILS present symptoms in adolescence or early adulthood (Song 2022, p. 3877), the age range at which Barrett Browning presented her first period of respiratory illness. Patients with PS can also be asymptomatic and the diagnosis can be achieved incidentally; the condition is also prone to misdiagnosis based merely upon symptoms (Shafiq 2021, p. 1). Symptoms may include cough, hemoptysis, chest pain and dyspnea. ELS rarely becomes infected because it is separated from the tracheo-bronchial tree by its own pleural investment (Alsumrain and Ryu 2018, p. 97). Diagnosis of PS evades mere auscultation and requires CT, and sometimes there is need for angiography (Al-Timimy and Al-Shamseei 2016, p. 145). When pain presents in the patient it is usually located in the affected lung (Barrett Browning's problem was in one lung, as agreed by both Dr. Chambers and Dr. Wilson). The congenital malformation compromises the blood vessels, which suggests Dr. Chambers' idea that the problem was vascular. The attending doctor for Barrett Browning in Italy, Dr. Wilson—quite renowned at the time—suggested that Barrett Browning had a lung abscess, which could suggest a pulmonary sequestration, which shows as a mass or an opacity in CT and X-rays.

Barrett Browning's relapses between dormant periods could have been caused by chest infections triggered by the PS (Fiorotto et al. 2012, p. 99), present throughout her life, elusive to diagnosis, mystifying doctors, family and herself. Barrett Browning's sporadic haemoptysis—with the haemorrhagic episode acknowledged as a ruptured blood vessel—matches another characteristic of PS, "moderate haemoptysis associated with vague chest pain and chest tightness" (Shafiq 2021, p. 1), symptoms depicted by Barrett Browning: "the wind always gives me a sort of strangling sensation, which is the effect, I suppose, of having weak lungs" (2494. Barrett Browning to Robert Browning, *The Brownings' Correspondence*).

The symptoms were never so severe as to prevent her from reading or writing, and covered a long period of her life between 1837 and 1861, with a significant period of 'good health' between 1846 and 1849.

The suggestion of PS as a possible diagnosis provides a different perspective in the understanding of how the illness behaved in Barrett Browning's case. For instance, the period of good health Barrett Browning experienced during her courtship can be read differently. While her health started to improve slightly during this period, it was likely as a result of changing habits and emotional well-being, added to a stronger immune system that kept infections at bay. On the other hand, during the last years of her life in Italy, in spite of the milder weather—and Robert Browning's love—the gap between relapses shortened, to the point of no return during the summer of 1861. Barrett Browning was also struggling against depression, and that could have had a negative impact on her health: her estranged father had died without ever writing or seeing her again, and Wilson, her life-long maid and carer, was no longer part of the household. Barrett Browning fell again into her semi-invalid routine, as in the old days: "she lay in bed or on a sofa all day, took morphine, ate virtually nothing. [. . .] She said she did not want a doctor, that there was nothing a doctor could do" (Forster 1988, p. 363). On 26 June 1861, Robert Browning wrote to his friends, the Storys: "Ba has been very ill indeed but is better I hope and think, to-day [. . .] but her weakness is extreme" (Finlayson 2005, p. 481). Neither Barrett Browning nor Robert Browning nor Wilson considered her state as alarming, as it was no different from what they had lived through before. Both Forster (p. 363) and Finlayson (p. 481) acknowledge Wilson's final visit as important in supporting Barrett Browning's own diagnosis, while Robert Browning omits that detail from his letter to his sister Sarianna, in which he narrates the last days of his wife. That letter is revealing, disclosing that Barrett Browning lacked the will and strength to engage in life ("she did *nothing* at Rome") (Browning et al. 1933, p. 59) and that she was having extra medication ("Cooper's pills and Ipecacuanha wine") (p. 60) in addition to the morphine. She refused to eat any solid foods and insisted that her husband was overreacting. Elizabeth Barrett Browning died in Robert Browning's arms on 29 June 1861. Alethea Hayter suggests the cause of death was "heart failure after an attack of bronchitis" (Hayter 1962, p. 59). Forster adds that "she might have had a heart attack, it is more likely that the heavy doses of morphine paralysed her breathing [. . .] It is extremely unlikely that her death was the result of the burst abscess in the lung, as Dr. Wilson diagnosed" (Forster 1988, p. 386). Dr. Peter Dally notes accurately that "Robert Browning's description of her death, 'smiling happily,' suggests that she might have died as a result of an overdose" (Dally 1989b, p. 298), a tragic, yet unsurprising ending, easily mistaken for a respiratory ailment, disguised later as a "severe chill" (Britannica 1998). The cold Elizabeth Barrett Browning had caught (and which in her words was not alarming) could have been symptomatic of a series of recurrent infections produced by PS. While not initially life-threatening, her own neglect and extra doses of morphine could have turned a regular chest infection into a fatal one.

Certain amounts of evidence suggest that inflammatory affections of the chest can exacerbate the effects of morphine, as Dr. Christison noted: "medicinal doses of opium have been known to act with unusual energy, and to have caused death, [. . .] similar coincidence between inflammation of the lung and poisoning by an unusually small quantity of morphia prescribed for its relief" (Paterson 1846, pp. 195–96). The biographers who claim that Barrett Browning died of heart failure caused by a morphine overdose point towards that medical fact. Therefore, the hypothesis that the respiratory ailment was not the sole cause of death becomes stronger when considering the effects that morphine had in the severity of the illness.

5. Morphine's Ghost

The romanticised death of Barrett Browning had a deep impact on her poetic persona, as the text by Anne Thackeray Ritchie evidenced. This presented challenges to future biographers, who have dealt with the deconstruction of that legendary aspect by presenting

the woman poet under a less sanctified and more human perspective. Part of this deconstruction has dealt with the poet's use/misuse of morphine. Alethea Hayter discusses the use and influence of the opiate in Barrett Browning's life and work in *Mrs. Browning: A Poet's Work and its Setting* (1962) and *Elizabeth Barrett Browning* (1965), to conclude that the drug did not play a decisive role, notwithstanding the evident opium imagery in 'A True Dream' (1833), with its "effects of hyperaesthesia and synaesthesia, its cosmic infinities, its sudden chills and rotting apparitions, stony faces and cloudy temples, the unexpected juxtaposition of its imagery" (Hayter 1962, p. 299). Moreover, in her *Opium and the Romantic Imagination* (1968), Hayter underplays Barrett Browning's arguable drug dependence by stating that due to her literary success, strong will, wealthy position and family love, the poet did not fall into addiction (Hayter 2009, p. 299). Perhaps one of the main reasons why Barrett Browning's drug dependence has been underplayed, apart from the apparent lack of *opium imagery*, is Barrett Browning's documented low dosage, which was also clearly taken at fixed times and in fixed doses. While it has not been easy for biographers to determine the precise dosage, calculations have been made. Hayter comments that by 1845, Barrett Browning took "morphine [. . .] by mouth and [. . .] forty drops of laudanum a day, [. . .] 1.6 grains (around 103 mg) a day being a mild dose" (Hayter 1962, p. 61). Peter Dally suggests that after Barrett Browning left Torquay in 1841, her daily dosage was somewhere between three and four grains (180–240 mg/194–259 mg) (Dally 1989a, p. 86). Initially, Barrett Browning took opium in the form of laudanum, but by 1842, she had switched to muriate of morphine (combined with aether). As she detailed to Mary Russell Mitford, the effects of the muriate of morphine agreed with her, for the drug "quiets my mind, calms my pulse . . .[sic] spirits away any strange headache—gives me an appetite—relieves my chest" (904. Barrett Browning to Mary Russell Mitford, *The Browning's Correspondence*). Morphine soon became an extravagance, and although Barrett Browning found that embarrassing, she justified herself on medical grounds (Dally 1989a, p. 87). The muriate of morphine produces specific effects: "a state of delightful tranquillity [. . .] on waking there is no uneasiness, nausea or confusion of ideas [. . .] judiciously administered, [it] is preferable to other forms of opium, chiefly on account of causing less subsequent disorder of the system" (Robertson 1832, pp. 283, 288).

Much of Barrett Browning's semi-invalidism has been assumed as symptomatic of the respiratory ailment. Nevertheless, her persistent weakness could also have been a side effect of the morphine, as female morphine users have "reported a significantly higher 'heavy sluggish feeling'" (Zacny 2001, p. 26). Her inclination to seclusion and social isolation have been pointed out as a result of grief after the tragic death of her brother in 1840, as she became "morbidly shy" (Dennis 1996, p. 45) to the point of social phobia (Dally 1989a, pp. 27–28). This trait could have been exacerbated by the morphine intake, for the "real opium eater is always a recluse [. . .] he lives in the dark [photo-phobia]; he shrinks [from] social engagements [. . .] he looses [sic] appetite for food [. . .] he lies in bed all day [. . .] he looses [sic] flesh and looks grey and anaemic" (Clouston 1890, p. 796). Opium and its derivatives, such as morphine, can alter perception: "sight, like hearing, becomes intensely acute, so that bright lights and pronounced patterns are painful" (Hayter 2009, p. 54). Barrett Browning's inclination for dark, enclosed spaces, while usually linked to her seclusion in Wimpole Street, appeared much earlier in her life, as stated in a letter to Hugh Stuart Boyd: "My eyes are not very strong,—but they don't inconvenience me to any unpleasant extent- they only make me like to read in the dark. I am sometimes stared at, on account of my drawn curtains, and dusky rooms -and distant candle at night" (Barrett Browning and McCarthy 1955, p. 29). This habit (which fitted her life-long morphine habit) remained unchanged according to recollections of her friends both in England and Italy, who usually describe their meetings with Barrett Browning semi-lying on a chair within dimly illuminated rooms at any time of the year.

Not a single member of the Barrett family questioned Barrett Browning's morphine intake, for it was under medical supervision. Robert Browning was concerned with her morphine use, and she explained to him how "it would be dangerous to leave off the calming

remedy, Mr Jago says, except very slowly & gradually" (2197. Barrett Browning to Robert Browning, *The Browning's Correspondence*). Browning was able to convince her to make an effort, and while she never gave up, she succeeded in slowly diminishing the dosage to a third for about three years, between 1846 and 1849. In Barrett Browning's own words to her sister, Arabel (9 March 1847), she was "gradually diminish[ing] . . .[sic] to seventeen days for twenty two doses, . . .[sic] which I used to take in eight days" (2660. Barrett Browning to Arabella Moulton-Barrett, *The Browning's Correspondence*). To Henrietta, she wrote on 31 March 1847: "I am going to do my very best to leave off the morphine, but gradually" (2664. Barrett Browning to Henrietta Moulton-Barrett, *The Browning's Correspondence*). Two years later, in January 1849, she wrote again to Arabel: "The last morphine ends with the fortieth day" (2768. Barrett Browning to Arabella Moulton-Barrett, *The Brownings' Correspondence*). This period covered her courtship with Robert Browning, their marriage, her pregnancies, consecutive miscarriages, and the birth of their son. Unable to give it up entirely, Barrett Browning feared that morphine could harm her baby, expressing "unspeakable rapture" (Forster 1988, p. 382) when her son Pen was born perfectly healthy on 9 March 1849. After Pen's birth there is no further recollection in her letters about quitting or even of keeping up with the lowest dosage recorded in her correspondence after 1849.

By 1853, Barrett Browing's habit was much more than a rumour within her literary circle, as documented by her friend Mrs. Kinney, the American poet and journalist: "she had now only one lung and spoke with difficulty above a whisper [. . .], her spinal trouble caused her shoulders to stoop [. . .], for many years she had been kept alive by opium, and she had to take it at stated intervals" (Bosco 1976, pp. 62–63). Kinney's recollections, while exaggerated, evidence that the opiate had become entwined with Barrett Browning's personality and life history. William Story—friend to the Brownings—described Barrett Browning's voice as "insistent" (Forster 1988, p. 337) and her eye as "fixed" (p. 337). Evidence proves that she fell into states of apathy with no creative output: "The completion of her greatest work had bred a sense of anti-climax which depressed her", while with her poetry [she] 'had no idea where she wanted to go next'" (p. 318). Her father's death in 1857 plunged her into a deep state of unexpressed grief, as she remained lying "on her sofa, shocked, incapable at first of crying or even talking" (Dally 1989a, p. 178). These feelings, wrapped with a self-perception of being "fit for nothing" (Forster 1988, p. 353), "only a rag" (p. 353), and "only a shadow" (p. 353), were intensified by the morphine. By 1858, the morphine intake became a concern to her family, as a failed final attempt by Robert Browning, Arabel and Sarianna Browning to make Barrett Browning quit the morphine showed. They suggested to her, based on their experience, that she *could* try homoeopathic remedies to treat her ailments. She declined their offer, and while a decade earlier she had complied in an attempt to quit (succeeding in diminishing her dose), this time her response was entirely negative and her own acknowledgement of her dependence was disclosed as never before:

> to make a trial of throwing over my morphine—only I do feel shy of some illness, some sudden breaking down if I did it,—the medecine [sic] having becoming [sic] such a second nature with me after all these years (4148. Barrett Browning to Arabella Moulton-Barrett, *The Brownings' Correspondence*).

> [. . .] But I am bound, you see, to my horrible morphine,—without which I fall to pieces, . . .[sic] & with which, globules are impotent—To leave off the morphine, all agree, would be too great an experiment after this protracted habit—(4171. Barrett Browning and Robert Browning to Sarianna Browning, *The Brownings' Correspondence*).

Barrett Browning was fully aware of the prison morphine had become. By the spring of 1861, there were no signs of improvement. Her writing of poetry was scarce. She refused medical care on the grounds that she was perfectly aware of her familiar symptoms: a permanent weakness, so similar to that of the morphinomaniac who "has not enough energy to throw off his torpor, [. . .] often he has not even force enough to leave his bed"

(Ball 1887, p. 4). Her decline was gradual. Barrett Browning was having hallucinations and had been nourished merely by broth and ass's milk (Browning et al. 1933, p. 61). While written in 1846, an observation made by Barrett Browning of the differences between the morphine preparations in England and in Italy must be noted at this point:

> Our Italian explained afterward [sic], with a multitude of apologies, that the English preparation of morphine being nearly always of an inferior strength to what they are able to procure here, he conscientiously thought it right to make allowances for that difference—! Which was wrong, of course! In every case he shd [sic] have explained the matter to Robert! I doubt the motive a little. Still, it has been right ever since, & Dr Cook observed to Mrs Jameson that the people here were in general distinguished for the excellence of their drugs & the fidelity of their attention to prescriptions, & that in his opinion, the man was startled at the quantity in my case.—(2645. Barrett Browning to Arabella Moulton-Barrett, *The Brownings' Correspondence*).

Any change in strength, no matter how minute, in the dosage of an opiate carries the possibility of intoxication and overdose. As her maid Wilson was no longer part of the Browning household, others had to deal with the chemists. The possibility of a confusion in the prescription could have led to an even stronger dosage than intended, hallucinations being a sign of severe intoxication. Robert Browning narrates Barrett Browning's final days to his sister. Barrett Browning only complained of a cough and a cold (20 June 1861), relieved that "the cushion at the back of the chair prevents my suffering" (p. 58). Struggles began during that night when she was restless, and Dr. Wilson—a highly rated eminence for chest complaints, who nevertheless was not the Brownings' attending doctor—had to be called for. Wilson's diagnosis that "one lung was condensed (the right) and that he suspected an abscess in it" (p. 60). It did not seem life-threatening, for Wilson mentioned the possibility of a long but possible recovery (p. 62). Browning's recollection from that moment on seems rather focused on describing his wife's hallucinatory mental state: "about the windows which 'seemed to be hung in the Hungarian colours'" (p. 62). The day after, Barrett Browning seemed better and several days passed, which she spent sat up in a chair, with no immediate worry of her life coming to an end. On Friday, 28 June her condition worsened during the night after Browning had been kept awake at her bedside by her broken sleep. Hallucinations continued: "what a fine steamer—how comfortable!" (Forster 1988, p. 366). Her hands and feet became icy cold and had to be put in basins of hot water, as Dr. Wilson had done (Browning et al. 1933, p. 63).

Morphine overdose has several key signs which appear gradually and match Barrett Browning's final hours: cold skin, pinpoint pupils, extreme somnolence (sleepiness), severe respiratory depression, slow and shallow breathing and stupor (Forster 1988, p. 365). Medical testimonies of the time about morphine and laudanum poisoning reverberate in Browning's recollection of his wife's final hours: "She was then lying quite insensible; her face very pale and cold, the pupil of the eye contracted, and her breathing slow and stertorous" ('Death from Laudanum given by mistake', Anonymous 1841, p. 334). Robert Browning recalls his wife's final moments: "and she began to sleep again -the last, . . .[sic] I saw. I felt she must be raised, took her in my arms—I felt the struggle to cough begin, and end unavailingly—no pain, no sigh,—only a quiet sigh—her head fell on me" (Browning et al. 1933, p. 63). While Robert Browning's words could be read as circumstances happening within minutes, it is relevant to read the whole letter to his sister, in which we can realise that through his narrative, the events—from the complaint of the cold to her final moments—*seemed* to have occurred over a couple of days, while the truth is that the elapsed time was much longer. Therefore, these final lines could correspond to several hours, somewhere between one and three, after days of severe morphine intoxication: "When the patient withstands the direct toxic effect, he falls gradually into a decline, and dies of consumption, unless some incidental disease, sometimes something slight, comes to carry him off" (Ball 1887, p. 7). As it affects the heart and breathing mechanism, producing respiratory arrest, morphine overdose can seem

similar to a severe respiratory illness. Barrett Browning's 'usual illness', when becoming severe, could have been masked by the almost identical symptoms of a morphine overdose. A possible lack of Browing's experience as a carer, a different medical practitioner (one foreign to Barrett Browning), the emotional stress and Barrett Browning's reassurance could have made it difficult for Robert Browning to realise the severity of the issue and take prompt action.

6. Conclusions

Barrett Browning's cause of death, referred to as a "severe chill", provided a definite ambiguity for the undiagnosed ailment, giving perfect closure to the legendary poetic persona. The possible morphine overdose, if acknowledged and disclosed at the time, would have damaged the sanctified image, labelling Barrett Browning as weak, self-indulgent and with a self-destructive vein. It could have damaged if not destroyed the image of her spiritual integrity, while shattering Robert Browning's chivalric strength: love, spiritual purity and poetry would have crumbled into pieces.

As discussed in this paper, by presenting the evidence compiled by Barrett Browning's biographers and through her own letters, another possible diagnosis has been suggested. While any attempt to diagnose Elizabeth Barrett Browning must remain a mere hypothesis, it is important to consider any congenital malformations of the lung as a source for the symptoms Barrett Browning presented during her lifetime, explaining, therefore, the mystifying nature the illness presented to Victorian medical practitioners. As explored by Barbara Dennis and Margaret Forster, illness and semi-invalidism presented a golden opportunity for Barrett Browning to access creative freedom while escaping household duties. Dennis highlights that after Barrett Browning's first illness, in 1821, when she was treated for a suspected diseased spine, she still carried out, in spite of the acknowledgement of general frail health, a normal social life, with outdoor activities, excursions with her family, churchgoing and visits to the scholar Hugh Stuart Boyd (Dennis 1996, p. 42) in parallel to her poetic development. Without this mysterious and undiagnosed episode of that first illness, which resulted in Barrett Browning's and her family's acceptance of her poor health, the next period of severe, respiratory, illness (1837–1838) would not have resulted so naturally in the secluded state the poet decided to live in.

It was during this first illness that Barrett Browning switched from laudanum to morphine under medical supervision. The biographers who address the opiate issue seem to make no significant distinction between laudanum and morphine, apart from the strength (Hayter, for instance, equates opium to laudanum and morphine). As discussed, the effects of the muriate of morphine are quite specific and agreed with Barrett Browning's personality. Would her medical/poetic/personal history have been different had she stuck to laudanum? Would the ghost of overdose have loomed above her had she never tried morphine? While documented, fatal laudanum poisonings were less common than morphine deaths. As discussed in this paper, the possibility of morphine adding severity to the symptoms of Barrett Browning's respiratory infection could have pushed her to death. In this sense, neither respiratory illness nor morphine intake took the poet's life individually. It was rather the unfortunate combination of both in a moment in which Barrett Browning's organism could not cope. Had Barrett Browning indeed suffered, as suggested, from PS, the possibilities of that malformation killing her could have been remote. Had she stuck with laudanum as her main medicine, perhaps the chances of overdosing could have been lower. But, as someone interested in the latest medical advances, she tried morphine after medical advice. This shift in medication corresponds, as well, to an important cultural moment for opium, moving from the Romantic 'opium eater' perceived as a visionary to the *fin-de-siècle* 'morphinomaniac' who was a figure with traits of weakness and deceit. Elizabeth Barrett Browning's deep and lifelong spiritual interests made her heir to the Romantic opium visionaries, while her possible accidental overdose and death suggest the tragic end of a morphinomaniac. This severe intoxication, which seems her most likely cause of death, may have resulted from a possible error in the strength of the prescription,

as suggested. Due to the specific characteristics of the morphine effect, as well as Barrett Browning's discipline regarding its dosage, its influence should be traced through another route, different from that of the Romantic opium eaters. Perhaps Barrett Browning was not a direct heir to the Romantic tradition of the opium eaters, but a Spiritual Morphine Visionary in her own right.

Funding: This research was funded by CONACyT, Mexico, under grant number 440770.

Data Availability Statement: No new data were created or analyzed in this study. Data sharing is not applicable to this article.

Conflicts of Interest: The author declares no conflict of interest.

References

Alsumrain, Mohammad, and Jay H. Ryu. 2018. Pulmonary Sequestration in Adults: A Retrospective Review of Resected and Unresected Cases. *BMC Pulmonary Medicine* 18: 97. [CrossRef] [PubMed]

Al-Timimy, Qays Ahmed Hassan, and Hind Fadhil Al-Shamseei. 2016. Intralobar Pulmonary Sequestration in Elderly Woman: A Rare Case Report with Emphasis on Imaging Findings. *Radiology Case Reports* 11: 144–47. [CrossRef]

Anonymous. 1841. Death from Laudanum: Given by mistake. *Provincial Medical & Surgical Journal* 1: 334–5.

Anonymous. 1922. The History Of Tuberculosis. Schorstein Lecture. *The British Medical Journal* 2: 987–88.

Ball, Benjamin. 1887. *The Morphine Habit (Morphinomania): With Four Lectures on the Border-Land of Insanity, Cerebral Dualism, Prolonged Dreams, Insanity in Twins*. New York: Fitzgerald.

Bosco, Ronald A. 1976. The Brownings and Mrs. Kinney: A Record of Their Friendship. *Browning Institute Studies* 4: 57–124. [CrossRef]

Britannica. 1998. The Editors of Encyclopaedia. Elizabeth Barrett Browning. *Encyclopedia Britannica*, April 29. Available online: https://www.britannica.com/biography/Elizabeth-Barrett-Browning (accessed on 1 June 2024).

Browning, Elizabeth Barrett, and Barbara P. McCarthy. 1955. *Elizabeth Barrett to Mr. Boyd: Unpublished Letters of Elizabeth Barrett/Browning to Hugh Stuart Boyd*. Boston: Yale University Press.

Browning, Robert. 1958. *Letters Of The Brownings To George Barrett*. Urbana: University of Illinois Press.

Browning, Robert, Thomas James Wise, and Thurman Losson Hood. 1933. *Letters of Robert Browning*. London: John Murray.

Burrowes, Philip. 1856. On a case of Hysteria, simulating heart disease. *The Lancet* 68: 273–74. [CrossRef]

Clouston, Thomas Smith. 1890. Diseased Cravings and Paralysed Control: Dipsomania; Morphinomania; Chloralism; Cocainism. *Edinburgh Medical Journal* 35: 793–809.

Crofton, John. 1966. Respiratory Tract Disease: Diagnosis and Treatment of Bronchiectasis: I. Diagnosis. *The British Medical Journal* 1: 721–23. [CrossRef] [PubMed]

Dally, Peter. 1989a. *Elizabeth Barrett Browning: A Psychological Portrait*. London: Macmillan.

Dally, Peter. 1989b. The Illnesses of Elizabeth Barrett Browning. *BMJ: British Medical Journal* 298: 963. [CrossRef] [PubMed]

Dennis, Barbara. 1996. *Elizabeth Barrett Browning: The Hope End Years*. Bridgend: Seren Books.

Finlayson, Iain. 2005. *Browning*. London: Harper Perennial.

Fiorotto, Walter Beneduzzi, Leandro Zacarias, Marcio Ricardo dos Santos, Flavio Borges de Oliveira, Jamil Elias Dib Filho, and Gilson Cassen Ramos. 2012. A Patient with Intralobar Pulmonary Sequestration: A Rare Congenital Anomaly. *Revista Brasileira de Cardiologia Invasiva (English Edition)* 20: 99–102. [CrossRef]

Forbes, John, Alexander Tweedie, and John Conolly, eds. 1833–1835. *The Cyclopaedia of Practical Medicine: Comprising Treatises on the Nature and Treatment of Diseases, Materia Medica and Therapeutics, Medical Jurisprudence, Etc., Etc*. London: Sherwood, Gilbert, and Piper & Baldwin and Craddock.

Forster, Margaret. 1988. *Elizabeth Barrett Browning: A Biography*. London: Chatto & Windus.

Hayter, Alethea. 1962. *Mrs Browning: A Poet's Work and Its Setting*. London: Faber and Faber.

Hayter, Alethea. 2009. *Opium and the Romantic Imagination*. London: Faber and Faber.

Hewlett, Dorothy. 1953. *Elizabeth Barrett Browning*. London: Cassell.

Horne, Richard Henghist. 1844. *A New Spirit of the Age*. London: Smith, Elder and Co.

Karlin, Daniel. 1987. *The Courtship of Robert Browning and Elizabeth Barrett*. Oxford: Oxford Paperbacks.

Lewis, Linda M. 1997. *Elizabeth Barrett Browning's Spiritual Progress: Face to Face with God*. Columbia: University of Missouri Press.

Mermin, Dorothy. 1989. *Elizabeth Barrett Browning: The Origins of a New Poetry*. Chicago and London: University Of Chicago Press.

Mitford, Mary Russell. 1855. *Recollections of a Literary Life*. New York: Harper.

Paterson, George. 1846. Two Cases of Poisoning—I. By King's Yellow.—II. By Muriate of Morphia—With Observations. *Monthly Journal of Medical Science* 1: 183–96.

Ritchie, Anne Thackeray. 1885. Elizabeth Barrett Browning. In *Dictionary of National Biography*. Edited by Leslie Stephen. New York: Macmillan.

Robertson, Montgomery. 1832. On the Medicinal Effects of the Salts of Morphia, Especially the Muriate, with a New Mode of Preparing It. *Edinburgh Medical and Surgical Journal* 37: 278–95.

Sampson, Fiona. 2021. *Two-Way Mirror: The Life of Elizabeth Barrett Browning*. London: Profile Books.

Shafiq, Muhammad. 2021. Rare cause of haemoptysis: Bronchopulmonary sequestration. *BMJ Case Reports* 14: e239140. [CrossRef]
Song, Ju Yeun. 2022. Comparison of clinical outcomes of pulmonary sequestration in adults between surgery and non-surgery groups. *Journal of Thoracic Disease* 14: 3876–85. [CrossRef] [PubMed]
Suarez-Cuartin, Guillermo. 2016. Diagnostic Challenges of Bronchiectasis. *Respiratory Medicine* 116: 70–77. [CrossRef]
Taylor, Jenny Bourne, and Sally Shuttleworth, eds. 1998. *Embodied Selves: An Anthology of Psychological Texts 1830–1890*. Oxford: Oxford University Press.
Terzikhan, Natalie. 2016. Prevalence and Incidence of COPD in Smokers and Non-Smokers: The Rotterdam Study. *European Journal of Epidemiology* 31: 785–92. [CrossRef] [PubMed]
The Brownings' Correspondence—An Online Edition. 2024. Available online: https://www.browningscorrespondence.com (accessed on 29 May 2024).
Young, D. A. B. 1989. The Illnesses of Elizabeth Barrett Browning. *BMJ: British Medical Journal* 298: 439–43. [CrossRef]
Youngson, Alexander John. 1979. *The Scientific Revolution in Victorian Medicine*. London: Croom Helm Ltd.
Zacny, James P. 2001. Morphine Responses in Humans: A Retrospective Analysis of Sex Differences. *Drug and Alcohol Dependence* 63: 23–28. [CrossRef]