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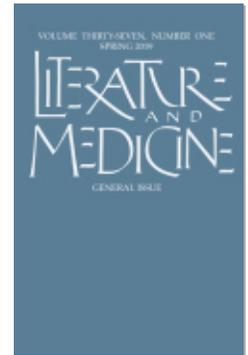
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Rash Reading: Rethinking Virginia Woolf's *On Being Ill*

Sarah Pett

Though John Ruskin touches on the theme in “Fiction, Fair and Foul” (1880), Virginia Woolf's *On Being Ill* is the first published essay devoted to the representation of illness in English literature.¹ Written from Woolf's sickbed in 1925 and published in various forms over the course of the following year, *On Being Ill* appears to have had limited contemporary impact, but today the piece is well known amongst Woolf scholars and those working on literary and other representations of illness.² It is also regularly cited in illness memoirs of the late twentieth and early twenty-first centuries, particularly those by doctors, academics, and writers already established in other genres. Renewed interest in the essay has been driven by two main factors, which represent two distinct approaches. Within literary studies, the essay has primarily benefited from a wider drive, beginning in the 1980s, to reappraise Woolf's nonfiction writing. Outside of literary studies, its revival has been driven by the establishment of the medical humanities as a major academic field, with the essay finding favor amongst those interested in the biomedical model of disease and its alternatives; the cultural scripting of illness and the expansion of the illness memoir genre; and the introduction of a more holistic understanding of illness into healthcare practice, policy, and pedagogy.

The essay's republication by Paris Press in 2002 and 2012 engages with both trends. Featuring the original Vanessa Bell cover art and an introduction by prominent Woolf biographer and scholar Hermione Lee, the 2002 edition reflects efforts to recuperate Woolf's nonfiction writing in literary studies. In contrast, by placing *On Being Ill* in conversation with a short instructive piece on nursing by Woolf's mother Julia Stephen, and with the inclusion of an epilogue by Rita Charon—Professor of Medicine and the founder-director of the Narrative Medicine program at Columbia University—the 2012 edition speaks more directly to a medical humanities audience. But this most recent phase in the

afterlife of *On Being Ill* offers more than just a useful index of key shifts in scholarly, popular, and medical attitudes to illness and its representation. Comparing engagements with the essay in literary studies and the medical humanities gives a useful sense of the fault lines that divide these disciplines, and allows us to home in on their divergent principles, practices, and purposes. Reading the essay in the light of present-day debates over the treatment of illness in literature, moreover, not only allows us to tease out Woolf's underlying critical agenda, but also shows up one of the major blind spots in these debates: namely, Western literature's long history of instrumentalizing illness. Using *On Being Ill* as its lodestar, this essay asks scholars and teachers in literary studies to acknowledge the persistent limiting of illness in literature, and to take seriously, for perhaps the first time, Woolf's commitment to imagining what a more capacious understanding of illness in literature might look like.

On Being Ill at Ninety: An Unexploited Mine?³

On Being Ill is an expansive, idiosyncratic essay. It covers a range of issues, many of which have nothing—or at least nothing obvious—to do with illness. And, like much of Woolf's nonfiction writing, its style of argumentation is subtle, circuitous, at times even obtuse: characteristics the essay self-reflexively foregrounds in images of hallucination and mirage, of "curtains of light and shade," the "buffeting of clouds," the "veiling" and "unveiling" of the sun.⁴ Referring to her nonfiction oeuvre in general, Lee, for example, writes of "the essays' tactics of apparent looseness and spontaneity, of interruptive open-endedness and refusal of authority."⁵ In the case of *On Being Ill*, these qualities pose obstacles to both literary studies scholars and those in other disciplines. While Woolf specialists are typically attuned to her distinctive writing style, others tend to find it frustratingly opaque. Medical doctor and poet Jack Coulehan, for instance, opens his commentary on the essay for the NYU Literature, Arts, and Medicine Database with the assertion that "[f]or the casual reader, this essay suffers from Virginia Woolf's elliptical style and page-long paragraphs."⁶ Citations of the essay in illness memoir and critical work support this assertion, indicating that Woolf's stylistic choices often prevent sustained engagement with her argument. The writings of Elaine Scarry, Hilary Mantel, Melanie Thernstrom, and Kathlyn Conway are cases in point—all reproduce one or more of the essay's more provocative statements

in direct quotation, but not one engages with the piece as a whole in any depth.⁷ Harvesting from its pages a few pithy axioms about the occlusion of illness from the literary sphere, the ineffability of pain, and the relationship between suffering and creativity: these texts excise Woolf's words from their broader context, the better to advance the memoirist's or critic's narrative agenda. Atomizing the essay in this way allows it to be used as a springboard for further reflection and analysis on the part of the memoirist or critic, but gives little sense of how Woolf's statements about illness and literature are developed and interrogated in the piece as a whole.

A more prosaic version of this atomizing approach can be found in the essay's use as pseudo-historical proof. Coulehan's annotation for the NYU database illustrates this phenomenon well. *On Being Ill* opens with a long, complex sentence, full of vividly descriptive language and provocative imagery. Its apparent purpose, however, is to bemoan the exclusion of illness—an experience Woolf describes as exceptionally “common” and profoundly transformative—from literature's “prime themes” (3–4). The shorter sentences that follow passionately reiterate this claim and create a powerful sense of thwarted potential through the construction and subsequent negation of a rich imaginary archive of literature about illness. She writes: “novels, one would have thought, would have been devoted to influenza; epic poems to typhoid; odes to pneumonia; lyrics to toothache. But no . . .” (4). As we will see below, there are good reasons not to take these statements at face value. But this is exactly what Coulehan does when he asserts that, due to the proliferation of writing about illness in the decades after the essay's publication, Woolf's central premise is “no longer true.”⁸ Likewise, in her study of the influenza epidemic and its aftermath, Laura Spinney proposes that Woolf's opening question “could not be asked now, because starting in the 1920s disease moved centre-stage in literature.”⁹ In doing so, both use the essay—unwisely—as evidence of the absence of illness from literature prior to 1926, and thus as a means of shoring up a more general scholarly narrative in which representations of illness are seen to have emerged in a meaningful way only in the mid-twentieth century.

Rhetorical device or pseudo-historical proof: in these modes of citation, *On Being Ill* is regularly invoked, but never engaged with in any sustained way. Somewhat surprisingly, the piece has fared little better amongst literary studies scholars, albeit for different reasons. As a general rule, critical reappraisal of Woolf's essays in recent decades has led to a more sophisticated understanding of their intel-

lectual and stylistic idiosyncrasies. For the most part, however, *On Being Ill* has remained on the periphery of these discussions. Lee, for instance, primarily sees the essay as an extension of ongoing themes in Woolf's creative and critical writing, rather than an incursion into new territory—a view shared by Rachel Bowlby, who reads the essay as part of Woolf's wider concern with the multiplicity of selfhood.¹⁰ And, although more recent scholarship has begun to examine the essay's connections to Woolf's political and aesthetic projects in greater detail, this way of thinking continues to hold sway. Kimberly Engdahl Coates, for instance, finds in the essay a framing of illness as “the quintessential aesthetic experience”—a view that Eve Sorum broadly shares in her analysis of the essay as an emblem of high modernism's “masochistic aesthetics”—while Daniel T. O'Hara reads the piece as a kind of “doctrine on modern revisionism.”¹¹ However, though these readings acknowledge the complexity with which Woolf depicts illness in the essay and its resonances with her own lived experience, their interpretive efforts tend to focus on reading this depiction as a cipher for her artistic vision more generally.

In *On Being Ill*, Woolf certainly uses illness to pose more general questions about the aesthetics and politics of literature. Moreover, the piece's inherent ambiguity, its topical range, and its entanglement with Woolf's fiction and nonfiction writing more widely make possible interesting and productive readings in which illness need hardly feature: it is, as Lee notes, “as much about reading and writing as it is about illness.”¹² And of course, contextual detail is central to unpicking its intricacies: like all of Woolf's writing, this piece is profoundly shaped by the moment in which it was written and first published. My point here is not to undermine these readings of *On Being Ill*, but to make the case for reading the piece on its own terms. What happens, I ask, when we take Woolf's essay seriously as both critical and creative intervention; when we keep illness in the foreground, rather than subsuming it under a broader modernist framework? How can the essay's descriptions of writing and reading while ill contribute to our understanding of the issues at stake in the literary representation of illness in the present day? And, more specifically, in what ways does this piece encourage us to rethink the reading practices we bring to representations of illness? In exploring these questions, I seek to open up new ways of reading *On Being Ill*, and to show, in turn, how these readings can open up new ways of thinking about illness in literature.

In Praise of Rashness: Illness and the Institutionalization of Literature

Given rising interest in the intersections between illness and literature, the expansion of the illness memoir genre, and the essay's recent reissues, it is surprising that so few attempts have been made to connect *On Being Ill* to later texts and debates. Thus far, only two substantial examples exist: Stella Bolaki's rich but brief exploration of the resonances between *On Being Ill* and contemporary novelist Hilary Mantel's hospital diary, *Ink in the Blood* (2010), and Janine Utell's longer study, on Woolf and Dorothy Wordsworth. Both pieces buck the trend described above, by seeking to reorient understanding of the essay around the attempt to represent illness in textual form. For Utell, *On Being Ill* represents an important contribution to the "theorisation of writing illness," while Bolaki, in a similar vein, interprets the essay as a call for writers and readers to "take seriously the aesthetic dimension and imaginative work underlying illness narratives."¹³ Most importantly, both consider how Woolf's piece anticipates later texts, genres, and debates. I share this interest in the essay's engagement with what it means to write and read about illness not as metaphor or device, but as the thing itself. Woolf's descriptions evoke a sense of illness as a complex lived experience shaped by profound paradoxes: an experience that, though embodied, is rarely just physical; an experience shaped by the very social, cultural, and political spheres it estranges individuals from; an experience that is difficult—at times, it seems, impossible—to articulate, yet simultaneously, and intensely, overdetermined. Like Bolaki and Utell, then, I see *On Being Ill* as an attempt to theorize both the rich possibilities and the knotty problems of giving this experience textual form. And, like Bolaki and Utell, I see Woolf's essay as a major forerunner of more recent literary forms and debates, and one whose relevance to the present has thus far been overlooked. Taking this mode of reading *On Being Ill* in a new direction, my study focuses on the essay's critique of illness in Western literature. It attends to Woolf's concern with the ways in which the textual representation of illness is shaped by what has come before: by literary tradition and the kinds of habits, conventions, and expectations this tradition engenders in writers, in critics, and—perhaps most importantly, for Woolf—in ordinary readers. It also attends, however, to the ways in which this critique looks forward as well as back. In *On Being Ill*, Woolf interweaves her analysis of illness's literary legacy with suggestions as to what an alternative literature of illness might

look like, exploring in particular how life writing and poetry might offer fertile ground for new modes of representing illness. The latter sections of my study examine these creative speculations in more detail, considering their links both to Woolf's fiction and to more recent writing about illness.

Woolf's concern with literature as a historical and social entity cuts across her nonfiction writing and was at the forefront of her mind in the period leading up to the writing and publication of *On Being Ill*.¹⁴ Though not terms that Woolf herself uses, her work hinges on a conception of literature's dual identity as both artform and what Paula Moya calls "a trans-historical and trans-individual social institution" that "influences, and is influenced by, the ideas, practices, and behaviours of all the actors within its sphere."¹⁵ Writers, critics, and "common readers" litter the pages of her essays, and *On Being Ill* is no exception.¹⁶ In this essay, "literature" is at once a monolithic entity unto itself and a dynamic, multi-participant system. Woolf's first mentions of literature identify its "prime themes," major forms—the novel, the epic poem, the ode, the lyric—and central focus (4). Here, literature has its own agency, and polices its own boundaries: it is described as "doing its best to maintain that its concern is with the mind; that the body is a sheet of plain glass through which the soul looks straight and clear, . . . is null, and negligible, and non-existent" (4). Human actors come later. Woolf moves from "people who write" to "the public" to "the merest schoolgirl," "the sufferer," and "the invalid," then onto a series of stock names and random initials, including "Mrs. Jones," "Mr. Smith," "C. L.," "A. R.," and "K. T." (5, 6, 7, 8, 16, 10). Specific, recognizable individuals are scattered amongst these more generic figures, in Woolf's many references to canonical European writers—individuals, then, who are more than just individuals, but who occupy a peculiarly iconic status within the institution of literature, as the essay acknowledges at several points.¹⁷ Casts of characters like this one are a repeated motif in Woolf's essays, where they work to chart the social landscape of English literature and to trace the impact of writers and readers on its contours.

In *On Being Ill*, Woolf's concern with literature as social institution takes a very particular focus. Opening with an elaborate performance of surprise and disappointment at the absence of illness from literature's prime themes and major forms, the essay unfolds as an explanation for this absence, which Woolf attributes to three interconnected factors. The first is the kind of subject matter deemed appropriate—or not—for literature, and particularly the belief that the "daily drama of

the body" should not feature prominently in its pages (5). The second Woolf describes in terms of reader expectations about content and form, suggesting that "the public would say that a novel devoted to influenza lacked plot" and "would complain that there was no love in it" (6). The third and final barrier is identified in one of the essay's best known lines, which describes the "poverty" of the English language, its lack of "words for the shiver or the headache" (6). Interestingly, the lack of an established vocabulary for illness sits at the bottom of the hierarchy of obstacles sketched out in *On Being Ill*, for Woolf sees illness—and particularly its physical components, such as pain—as a powerful creative catalyst. With "nothing ready made for him," the sufferer "is forced to coin words himself, and, taking his pain in one hand, and a lump of pure sound in the other (as perhaps the people of Babel did in the beginning), so to crush them together that a brand new word in the end drops out" (7). The problem, Woolf suggests, lies not so much in the need for a "new language" capable of conveying the lived experience of illness, but in the resistance of writers and readers—and specifically of *English* writers and readers—to innovation (7). Of a language inspired by illness, she writes: "Probably it will be something laughable. For who of English birth can take liberties with the language? To us it is a sacred thing and therefore doomed to die, unless the Americans, whose genius is so much happier in the making of new words than in the disposition of the old, will come to our help and set the springs aflow" (7). "Take liberties" here draws on both senses of the phrase, thus apportioning responsibility to writers and readers in equal measure: while writers are reticent, Woolf suggests, to explore the full scope of their creativity, readers are unwilling to engage with—unable, perhaps, to tolerate—the possible results.

Woolf draws on a range of strategies to implicate herself and her readers in this conundrum. The essay is full of powerfully affective language and vivid sensory descriptions, from the sense of astonishment and outrage that characterizes the essay's opening sentence to the awe, "civic ardour," and "sympathy" invoked in the passage on sky-gazing, roughly halfway through (12–14). The essay's regular shifts in perspective also contribute to this implication, as does its use of singular and collective pronouns, and especially the tension between "us" and "them" that runs through its pages. It reaches its apotheosis, however, in the essay's second half. Beginning with a description of reading while ill, this section segues into a call for a more widespread revolution in reading practices, before culminating—somewhat unexpectedly—in a short, impressionistic summary of *Two Noble Lives*, Augustus

Hare's monumental 1893 biography of Louisa Beresford, Marchioness of Waterford, and Countess Charlotte Canning. The central motif of this section is "rashness." "One of the properties of illness," in *On Being Ill* "rashness" signifies both a sense of detachment, even liberation, from social norms and an unmediated, profoundly phenomenological engagement with the world and its inhabitants (22). The first stirrings of rashness in the essay substantially preempt Woolf's first use of the word (on page 22), in her account of how, in illness, the habits and conventions of everyday life are revealed as "make believe," nothing more than a "genial pretense" (12). Released from this pretense, the ill person, she writes, is "able, perhaps for the first time for years, to look round, to look up" and to see things with fresh, unfettered eyes (12).

She writes of how illness "makes us disinclined for the long campaigns that prose exacts," and instills in readers an affinity for poetry instead:

With responsibility shelved and reason in the abeyance—for who is going to exact criticism from an invalid or sound sense from the bed-ridden?—other tastes assert themselves; sudden, fitful, intense. We rifle the poets of their flowers. We break off a line or two and let them open in the depths of the mind In illness words seem to possess a mystic quality. We grasp what is beyond their surface meaning, gather instinctively this, that, and the other—a sound, a colour, here a stress, there a pause—which the poet, knowing words to be meagre in comparison with ideas, has strewn about his page to evoke, when collected, a state of mind which neither words can express nor the reason explain. (19–21)

In this description of reading while ill, Woolf circles back to the essay's initial hobbyhorse: literature as institution. One of the chief benefits of rashness, she argues, is its capacity to distance one from the ideas and practices through which this institution is upheld. Divested of "responsibility" and "reason," she proposes, in illness one experiences literature quite differently:

Incomprehensibility has an enormous power over us in illness, more legitimately perhaps than the upright will allow. In health meaning has encroached upon sound. Our intelligence domineers over our senses. But in illness, with the police off duty, we creep beneath some obscure poem by Mallarmé or Donne, some phrase in Latin or Greek, and the words give out their scent and distil their flavour,

and then, if at last we grasp the meaning, it is all the richer for having come to us sensually first, by way of the palate and the nostrils, like some queer odour. (21–22)

In *On Being Ill*, then, Woolf envisions the sickroom as a space in which one might approach literature without inhibition and with an openness to interpretive potential that exceeds the constraints of tradition.

In illness, rashness spreads from one's engagement with the world to one's engagement with literature. In this regard, Woolf's word choice is particularly ingenious, as the impetuous, carefree attitude or behavior that "rashness" signifies takes on the contagious properties with which it is homonymically associated. Accordingly, the essay's final pages move out of the sickroom and back out into the world of the upright. Woolf uses Shakespeare, that most canonical of literary figures, to engineer this shift. She writes:

It is rashness we need in reading Shakespeare. It is not that we should doze in reading him, but that, fully conscious and aware, his fame intimidates and bores, and all the views of all the critics dull in us that thunder clap of conviction, which, if an illusion, is still so helpful an illusion, so prodigious a pleasure, so keen a stimulus in reading the great. . . . With all this buzz of criticism about, one may hazard one's conjectures privately, make one's notes in the margin; but, knowing that someone has said it before, or said it better, the zest is gone. (22–23)

"Illness," she asserts, "sweeps all that aside and leaves nothing but Shakespeare and oneself": "the barriers go down, the knots run smooth, the brain rings and resounds with *Lear* or *Macbeth*, and even Coleridge himself squeaks like a distant mouse" (23). Rather than suggesting that only the ill can appreciate Shakespeare, however, here she asks whether it might instead be possible to harness the insights of illness and carry these through into the mainstream, at least insofar as the literary is concerned. Crucially, what this section indicates is that, though Woolf presents rashness as "one of the properties of illness," she does not see it as exclusive to illness. Rather, she suggests that rashness, and specifically the practice that Lee, in a riff on Woolf's phrasing, calls "rash reading,"¹⁸ can be—*must* be—sustained through the transition back to health, should this transition occur.

But why is rash reading so important to Woolf, and why is it so critical to her thinking about illness in literature? Placing *On Being Ill's*

opening claim about the absence of illness from literature in context can help us to answer this question. Doing so challenges the idea that, due to the proliferation of writing about illness in the decades since its formulation, the essay's central premise is "no longer true." What the contextual backdrop to *On Being Ill* instead reveals is that its opening statement has never been true—a revelation that demands we think more carefully about what Woolf is trying to achieve with this essay. James Fenton makes exactly this point in his review of the first Paris Press edition, which places *On Being Ill* alongside a selection of auto/biographical writing about illness reissued around the same time, ranging from John Donne's *Devotions Upon Emergent Occasions, and Severall Steps in my Sicknes* (1624), to Alphonse Daudet's account of syphilitic myelopathy (1887–95, not published until 1930). Using these and other examples to counter Woolf's claim, Fenton's agenda is not so much to dismiss the essay outright—he seems rather to admire "the cantering exclusivity of Woolf's thought"—as it is to criticize those taken in by her opening thesis, noting that "no one seems to have asked, perhaps no one thought it quite idiomatic to ask, whether this notion of illness as a subject without a literature . . . really bore examination."¹⁹ Fenton is, without question, correct that Woolf's claim about the absence of illness from literature should not be taken at face value. Over and above the examples he cites, extensive literary scholarship demonstrates clearly that illness certainly *wasn't* absent from literature at the time Woolf wrote *On Being Ill*.²⁰ Though both fictional and auto/biographical texts focused entirely on illness were rarely found in print before the mid-twentieth century, illness itself was a popular trope in eighteenth-, nineteenth-, and early twentieth-century literature, and especially prose fiction. Speaking of nineteenth-century novels, for instance, Erika Wright writes that "disease and death are everywhere."²¹ As a central figure in the London literary scene and a voracious reader, Woolf is likely to have been familiar with the literary landscape of illness; though no guarantee of reading, a significant number of the texts on which studies on illness in literature have focused can be found in the library she shared with her husband Leonard.²² Even without this more extensive literary backdrop, the disjunction between Woolf's conjecture and her own fictional and semi-fictional writing—in which illness regularly makes an appearance²³—is sufficient to cast doubt on the sincerity of her initial claim about the absence of illness from literature.

The literary backdrop to *On Being Ill* is hugely valuable, but not for the reasons Fenton gives—i.e., not because it contradicts Woolf's

argument and, in doing so, confirms her as someone willing to massage the truth for rhetorical ends. It is valuable because it allows us to see the essay's initial premise as more complex than it first appears, and in this way to read it as a provocation, or opening gambit, rather than a statement of "fact." And indeed, with this backdrop in mind, Woolf's description of surprise and revelation in the essay's opening passage comes into focus not as a device for persuasion so much as an exercise in reverse psychology: a strategy that prompts readers to think first of exceptions to the rule with which they have just been presented, and then, through these exceptions, to begin reflecting on the status of illness in the literary texts with which they are familiar. By invoking this knowledge in the essay's opening pages, Woolf not only prompts readers to reflect consciously on illness in literature. In doing so, she also begins the process of enabling them to see it, like the sky-gazing invalid described later in the essay, "perhaps for the first time" (12).

Thinking about illness's literary life as something Woolf expects her readers to bring to *On Being Ill*, rather than something she demands they ignore, is crucial to understanding the essay's critical intent. As already noted, in recent decades, extensive scholarship has charted the representation of illness in Western literature from the medieval to the modern. Moving back and forth between literary representation, political discourse, and social reality, these studies explore the meanings that come to accrue around illness, often focusing on specific illnesses, and consider the kinds of social, political, and cultural work that representations of illness undertake. As a whole, this body of work describes illness in Western literature as a rich and wide-ranging topos, with individual studies providing detailed portraits of the discourses, narratives, genres, and strategies to which it has historically been harnessed. In doing so, however, they also attest to the fact that, in Western fiction, illness rarely presents as an attempt to give voice to lived experience, but is typically rather an instrument that authors deploy for a range of structural, social, and aesthetic effects. Illness in Western fiction, then, is consistently not a phenomenon with which to engage but a trope that requires interpretation, ideally in ways that distance it from the very phenomenon it purports to represent, even within broadly realist texts: a trope whose association with ulteriority is so close and consistent that it occludes all other modes of signification, including the lived experience of being ill. This backdrop gives us fresh insight into *On Being Ill*, revealing the true target of Woolf's

critique to be not the literal absence of illness from Western literature, but the occlusion of its actuality by its symbolic currency.

Critical attitudes to illness in literature in the late nineteenth and early twentieth centuries can help us to flesh out Woolf's frame of reference even further, though, unfortunately, such sources are few and far between. A rare example can be found in John Ruskin's "Fiction, Fair and Foul" (1880), an essay that oscillates back and forth between descriptions of material dirt and "moral disease."²⁴ Here, among many other things, Ruskin criticizes contemporary writers' overreliance on descriptions of illness, which he sees as a form of laziness—a melodramatic surrogate for more demanding literary feats, whether realist or allegorical. Of the "mortal phenomena of the sick-room," he writes:

The temptation, to weak writers, of this order of subject is especially great, because the study of it from the living—or dying—model is so easy . . . [I]f the description be given even with mediocre accuracy, a very large section of readers will admire its truth, and cherish its melancholy. Few authors of second or third rate genius can either record or invent a probable conversation in ordinary life; but few, on the other hand, are so destitute of observant faculty as to be unable to chronicle the broken syllables and languid movements of an invalid. The easily rendered, and too surely recognized, image of familiar suffering is felt at once to be real where all else had been false; and the historian of the gestures of fever and the words of delirium can count on the applause of a gratified audience as surely as the dramatist who introduces on the stage of his flagging action a carriage that can be driven or a fountain that will flow.²⁵

As the essay progresses, Ruskin's critique of illness in fiction becomes increasingly biographical, moving away from the idea of illness as a kind of artistic shortcut to a damning discussion of the impact of an author's illness on their creative output. Using the life and work of Walter Scott to illustrate his argument, Ruskin writes of how the author "never gains anything by sickness," but is instead "blinded and stultified by it."²⁶ Scott, he asserts, "never has a fit of the cramp without spoiling a chapter, and is perhaps the only author of vivid imagination who never wrote a foolish word but when he was ill."²⁷ For Ruskin, it seems, whole sections of his oeuvre—"the *Bride of Lammermuir*, *Ivanhoe*, the *Monastery*, the *Abbot*, *Kenilworth*, and the *Pirate*"—are disfigured by "the marks of broken health," in the form of "prevailing melancholy, and fantastic improbability."²⁸

Ruskin's disparaging attitude to fictional representations of illness was, Wright notes, something that critics of the period tended to share.²⁹ Woolf does not directly identify or engage with "Fiction, Fair and Foul" nor the broader trend it represents, either in *On Being Ill* or elsewhere. While ignorance might seem the most obvious explanation for this omission, Woolf's essays, letters, and diaries not only hint at a more complex backstory, but also give a sense of why, in *On Being Ill*, she might have intentionally chosen to hold the opinions of Ruskin and his peers at arm's length. Revealing Woolf's in-depth familiarity with Ruskin's oeuvre, her essays "Old Bloomsbury" (1922) and "Praeterita" (1927) cast serious doubt on the possibility that she simply had not read "Fiction, Fair and Foul" before writing *On Being Ill*. Rather, they indicate that Ruskin's writing was very much on her mind in the years surrounding the essay's composition. "Praeterita" is particularly suggestive. This brief review of Ruskin's eponymous autobiography gives us insight into Woolf's ambivalence towards the man, as well as the faintest indication of resistance to the criticisms leveled in "Fiction, Fair and Foul."³⁰ Her high regard for his writing is qualified here with disapproval, centering on his penchant for "scolding," his "outbursts of rather petulant eloquence," and "tremendous arrogance and self confidence"—descriptions that chime with her disparaging comments elsewhere about earlier generations of domineering critics.³¹ And, whether intentional or not, her singling out in this essay of *Praeterita*—a text whose writing was interrupted and influenced by attacks of "brain fever"—as Ruskin's most accomplished work ironically undercuts the thesis on illness and authorship put forward in "Fiction, Fair and Foul." Of *Praeterita*, she writes,

[Ruskin] has ceased to preach or to teach or to scourge. He is writing for the last time before he enters the prolonged season of death, and his mood is still perfectly clear, more sustained than usual, and unflinchingly benignant. Compared with much of his writing, it is extremely simple in style; but the simplicity is the flower of perfect skill. The words lie like a transparent veil upon his meaning. And the passage with which the book ends, though it was written when he could hardly write, is surely more beautiful than those more elaborate and gilded ones which we are apt to cut out and admire . . .³²

In Woolf's estimation, illness is thus a positive influence on Ruskin's writing, not a disfiguring one. It strips away petulance, authoritarianism,

and rebuke, to reveal “unalloyed good”—a sharp contrast to Ruskin’s belief in its stultifying effects, and to the critical narrative that “Fiction, Fair and Foul” represents more broadly.³³ And, if we look back over the many literary references that litter *On Being Ill* in light of this resistance, we find that Woolf’s seemingly haphazard selection of authors and works is in fact often underpinned by a shared history of illness: Edward Gibbon’s hydrocele testis, De Quincey’s trigeminal neuralgia, Rimbaud’s fatal bone cancer, Henry James’s chronic back pain and other health problems.³⁴ To this we might also add their attempts to represent illness, for instance in James’s novel *The Wings of the Dove*, or Mallarmé’s unfinished epic poem *For Anatole’s Tomb*, an elegy to his son who died after a long illness in 1879.

This glimmer of resistance grows brighter when we consider the role that illness played in Woolf’s personal and professional life. Lyndall Gordon, Jane Marcus, and others are right to point out that we should be wary of reducing her, and especially her creative achievements, to illness, as some critics have done.³⁵ However, at the same time, illness was, as Lee notes, “one of the main stories” of this life, and one intimately connected to her creative practice.³⁶ In both her published fiction and her diaries, Lee argues, Woolf worked to “create an original language of her own . . . which could explain her illness to her and give it value”—a language, crucially, that was distinct from “the competing narratives” of illness with which she was familiar in her daily life.³⁷ Utell’s recent reading of Woolf’s *On Being Ill*, her essay on Dorothy Wordsworth, and *Flush*, her biography of Elizabeth Barrett Browning’s spaniel, as experiments in life writing about illness adds new ballast to this analysis. When, in “Professions for Women” (1931), Woolf describes “telling the truth about my own experiences as a body” as one of the main “adventures of my professional life,” she is talking about a body defined not just by gender, but by illness, and positioning her writing in relation to these experiences.³⁸ Ruskin’s perception of illness as antithetical to good writing from both a thematic and an authorial perspective, therefore, directly undermines Woolf’s work as a writer. These sources give us a sense of how close to the bone Ruskin’s comments in “Fiction, Fair and Foul” would have cut, and the extent to which Woolf is invested in resisting them. Like the vast literary archive of illness that inspired it, “Fiction, Fair and Foul” thus offers valuable insight into *On Being Ill*’s interlocutors.

Woolf’s nonfiction writing is known for its rapid movement between provocative statement and veiled style, and it is beneath the latter that its real intent often lies. In the case of *On Being Ill*,

detailed understanding of context, along with a keener sense of her personal investment in the issues discussed, helps to render this veil more transparent. Reading the essay against this backdrop attunes us to clues and cues that would otherwise be meaningless—enabling us to track Woolf's train of thought across the essay's many "deviations and divagations," and in doing so to apprehend the sustained and specific argument that lurks beneath its haphazard surface.³⁹ This mode of reading brings into focus the double edge of Woolf's critique, in which the long history of instrumentalizing illness in Western literature is set alongside more recent critical conventions that work to undermine illness as both a literary theme and a condition of production. In doing so, it also gives us a clearer sense of what, in advocating for rash reading in an essay on illness in literature, Woolf is asking readers to recognize and resist.

Intertextuality and Innovation: Imagining a New Literature of Illness

While recognizing the problems inherent in Woolf's apparent characterization of illness as a twentieth-century phenomenon with no significant precursors,⁴⁰ it is important to note that *On Being Ill* was composed at a transitional moment in the history of illness and its representation in Britain and beyond. In the early decades of the twentieth century, illness and its management came to occupy a particularly prominent and complicated place in private and public life. There is substantial scope for further research into this issue, particularly in relation to experiences of illness recorded in diaries and private correspondence. However, in public discourse at least, this period saw illness emerge as a topic bounded on the one hand by silence and by sensation on the other. Present-day scholarship, for instance, emphasizes what Sontag calls the "near total historical amnesia" that followed the 1918–1919 influenza pandemic and subsequent encephalitis lethargica outbreak—events which would have rekindled in Woolf traumatic memories of her mother's and sister's deaths from the illness in 1895 and 1897 respectively, as well as her own experience of the disease in 1922, and which are referenced twice in *On Being Ill*.⁴¹ Alongside this silence, however, existed a livelier discursive culture of illness, in which many of the illness tropes that circulate today either emerged or were consolidated—a discourse that remains under-researched even today. In February 1925, for example, the "heroic" Victorian archetype of disease vanquished by medical science and human endeavor—an

archetype that the flu pandemic undermined—was reasserted by the successful race to transport supplies of diphtheria antitoxin by train and dog sled to the remote Alaskan town of Nome.⁴² The late summer and early autumn of 1926 saw running reportage on the final illnesses of celebrities Harry Houdini and Rudolph Valentino, and illness activism was also on the rise, typified not just by the emergence of politician and future United States President Franklin D. Roosevelt—described by Nancy Tomes as “one of the most famous celebrity patients of the twentieth century”—as an advocate for polio survivors in the aftermath of his recovery from the disease in 1921, but also by the attention with which the press covered this emergence.⁴³

The tension between silence and sensation that characterizes Woolf’s elaborate opening sentence is evocative of these shifts. Full of intensifying clauses and affective language, it interweaves rich experiential descriptions of fever and flu with the spectacular imagery of exploration and the theater, foregrounding throughout a sense of astonishment, revelation, and surprise: strategies that contrast sharply with its central point about the absence of illness from literature. Ultimately, however, we can only speculate whether, and to what extent, Woolf would have been aware of these changes in the social and cultural status of illness. What we do know, however, is that she perceived herself to be living and writing in a period of radical and wide-reaching change more generally, and thought long and hard about the literary implications of this change. Her essays routinely revisit these themes, but their most famous articulation appears in 1924, about a year before she starts work on *On Being Ill*. Here, she writes of how, “on or about December 1910, human character changed,” bringing with it changes in “human relations” but also “religion, conduct, politics, and literature.”⁴⁴ Unsurprisingly, Woolf is particularly preoccupied with the last of these, and discusses at length the relevance and responsibilities of literature in the first decades of the twentieth century. Her essays identify a gap between modern lived experience and its representation in literature, and emphasize the shared accountability of writers and readers—both ordinary and critical—in the development of a literature capable of bridging this gap. In “Modern Fiction” (1919), for instance, she argues that, though the resulting work is “well constructed and solid in its craftsmanship,” John Galsworthy, H. G. Wells, Arnold Bennett, and their fellow “materialists . . . write of unimportant things; . . . they spend immense skill and immense industry making the trivial and the transitory appear the true and the enduring.”⁴⁵ “For us at this moment,” she goes on,

the form of fiction most in vogue more often misses than secures the thing we seek So much of the enormous labour of proving the solidity, the likeness to life, of the story is not merely labour thrown away but labour misplaced to the extent of obscuring and blotting out the light of the conception. The writer seems constrained, not by his own free will but by some powerful and unscrupulous tyrant who has him in thrall, to provide a plot, to provide comedy, tragedy, love interest, and an air of probability embalming the whole so impeccable that if all his figures were to come to life they would find themselves dressed down to the last button of their coats in the fashion of the hour. The tyrant is obeyed; the novel is done to a turn. But sometimes, more and more often as time goes by, we suspect a momentary doubt, a spasm of rebellion, as the pages fill themselves in the customary way. Is life like this? Must novels be like this?⁴⁶

On Being Ill's opening statement places illness—that most “common” of experiences—at the center of everyday life. Reading this piece alongside essays like “Modern Fiction” and “Mr Bennett” continues this work of framing illness as coextensive with, rather than distinct from, lived experience more generally. It reveals a tight overlap between her descriptions of illness in *On Being Ill* and her descriptions of lived experience more generally—both, for Woolf, are impressionistic, protean, unstructured phenomena.⁴⁷ Reading *On Being Ill* alongside these essays also shows us that she saw illness and its literary representation as subject to the same kind of disjuncture as lived experience post-1910. The section cited above concludes that a writer “if he could base his work upon his own feeling and not upon convention” would produce work with “no plot, no comedy, no tragedy, no love interest or catastrophe in the accepted style, and perhaps not a single button sewn on as the Bond Street tailors would have it”⁴⁸—exactly the criticisms that Woolf anticipates readers to level at “a novel devoted to influenza.”

Like “Modern Fiction” and “Mr Bennett,” *On Being Ill* holds both writers and readers responsible for the emergence of this disjuncture between life and literature. It also holds both parties responsible for its future remediation, in the form of the development of a more capacious understanding of illness in literature. In this light, the essay's alternative title of *Illness—An Unexploited Mine* becomes particularly suggestive, evoking at once the rich literary potential of illness and the inadequacy of the tools currently used to exploit it. Implicit in this metaphor is a call for new tools: a call, therefore, for writers to

devise languages and forms better suited to the representation of illness than those currently in circulation, like the “sufferer . . . forced to coin words” to describe a pain in his head. Here, then, Woolf invites her readers—many of whom are themselves writers, like her editor T. S. Eliot—to imagine what these languages and forms might look and sound like: to imagine a literature of illness free from the representational and interpretive traditions of previous generations. But she does not stop there. Regardless of the title, the essay’s various versions are bound together and to other of Woolf’s works by the act of responding to this invitation—by her attempts, therefore, to imagine new ways of representing illness.

Woolf’s essays tend to use critical commentary on existing and often well-known literary works as a springboard for more general pronouncements on the craft of writing. The novels of Arnold Bennett, John Galsworthy, H. G. Wells, and James Joyce, for instance, are amongst those that feature in her pieces from the early 1920s. But *On Being Ill* deviates from this paradigm. The surface logic of the essay’s opening statement precludes direct commentary on literary representations of illness (though it is, I argue above, itself a critique of these representations), and the more general pronouncements on writing it contains are limited to the suggestion that new words need to be forged for illness, and the related speculation that the Americans might be better set up for such innovation than the British. The scarcity of explicit statements on writing illness in *On Being Ill* has deflected scholars interested in this aspect of her work away from the essay towards other sources.⁴⁹ This approach has been productive, particularly when we think about Woolf’s longstanding interest in the possibilities and limitations of prose fiction as a medium through which to explore issues of embodiment, including illness. But there is still more on writing illness in *On Being Ill* than these readings credit. The essay does not simply set out the problem of illness’s limited literary life, but responds to this problem. This response takes shape in a series of internal cues—some subtle, some less so—the piecing together of which gives us a sense of what Woolf envisages a modern, more capacious literature of illness might look like.

Understanding the relationship in Woolf’s mind between writing and reading is key to identifying and interpreting these cues. So too is an appreciation of her tendency to speak at a tangent, particularly on topics of personal relevance. For Woolf, reading and writing are intimately entangled. This entanglement is especially pronounced in *On Being Ill*, which ends with a written account of a readerly engage-

ment with Augustus Hare's *Two Noble Lives*—an account of reading intended for publication, and so for yet further rounds of reading and re-reading. So, when in *On Being Ill* she talks about reading, she is also talking about writing, a fact that most critical accounts of the piece overlook. An exception can be found in Lee's introduction to the essay, which suggests that, for Woolf, rash reading "seems also to allow for rash writing": writing characterized by "the apparent wilful inconsequentiality and inconclusiveness" that defines the essay's style as a whole.⁵⁰ In many of her essays, Woolf advocates for writing without inhibition, writing that escapes the habits and conventions of the literary status quo. And yet, in stopping at inconsequentiality and inconclusiveness, Lee's account fails to do justice to the relationship between writing, reading, and rashness that Woolf sets up in *On Being Ill*, and thus misses altogether the critical intention that lies behind the essay's use of intertextuality.

In her commentary on reading Shakespeare rashly, Woolf seems to suggest two things. First, that readers can transcend the assumptions and interpretive habits that are typically brought to bear upon certain themes, and second, that this transcendent state need not be wholly contingent on the reader's exposure to spontaneous transformative experiences such as illness, but can also be brought about through individual acts of conscious and sustained resistance. This suggestion carries with it the implication that all writing can, in theory at least, be read rashly. However, in both *On Being Ill* and other essays, she sets this version of rash reading alongside one in which writers have a more active role to play in the interpretation of their work. Interestingly, though *On Being Ill* demonstrates an early preference for prose fiction, as it progresses, references to the "novel devoted to influenza" drop away, resurfacing only once in a passing mention of *The Golden Bowl* and *Madame Bovary* (19–20). In their stead, descriptions of reading poetry and life writing come to the fore, interwoven with extensive direct and indirect quotations from these forms. Though these intertextual gestures rarely light on writing specifically about illness, they are by no means haphazard.⁵¹ Each citation is carefully considered, and, as such, significant to the essay's underlying argument. Ultimately, the net of allusions Woolf weaves in the essay constitutes an important extension of her central argument, from literary critique to creative manifesto.

This manifesto calls on writers to explore and develop modes of writing that actively deconstruct the habits and preconceptions that readers bring to certain images and themes, and in doing so to open

up the scope of meaning with which they are associated. In essays like "Modern Fiction" and "Mr Bennett," Woolf's descriptions of reading invoke writers such as Joyce and Eliot, but in *On Being Ill* she takes a different tack. Broadly speaking, poetry dominates the essay, with Woolf eschewing her contemporaries in favour of previous generations, ranging from Donne to Mallarmé. The English Romantics also play a particularly prominent role—the essay is replete with references to De Quincey, Keats, Hazlitt, Lamb, Coleridge, and Shelley, either in (anonymous) quotation or in direct mention. That Woolf sees in the Romantics a potential model for rash writing is clear. In 1919, for instance, she writes of how "the supreme felicities of Keats and Shelley seem to come when the engine of the brain is shut off and the mind glides serene but unconscious, or more truly perhaps, is exalted to a different sphere of consciousness."⁵² This assessment foreshadows her descriptions of rash reading in *On Being Ill*, but, like Lee's celebration of "inconsequentiality" and "inconclusiveness," does not give us much sense of the kinds of writerly practices that, for Woolf, facilitate rash reading: the kinds of practices, therefore, on which the development of a new literature of illness—a literature unbounded by the interpretive habits and assumptions typically brought to bear on its central theme—depends.

Robert Young's analysis of Romantic poetry can help us to unpack more fully why Woolf might have chosen the movement, along with its inheritors, the French Symbolists Mallarmé and Rimbaud, as a possible model for this new literature of illness. For Young, Romantic poetry, and specifically that of Shelley and Coleridge, deploys a range of techniques that actively work to influence the reader's interpretation of the text. In Romantic poetry, he writes, "the interpreting or framing process has already been begun within the text itself," with the result that "the poems effectively read themselves."⁵³ Crucially, Young draws attention to the strategies through which these texts solicit and/or resist particular interpretive modes. Of Coleridge's "Kubla Khan," he writes, "the poem becomes a poem whose subject is its own reading; it achieves its effects precisely by the marginal devices through which the poet controls the ways in the poem is read and interpreted."⁵⁴ These devices include the establishment of contrasting narrative positions within the same poem; repeated gestures to the work of writing and reading; reflections on the value of incomprehensibility, the instability of meaning, and the inevitability of historical change; and recurring themes of fragmentation, circularity, the unreadable sign, and the sublime.⁵⁵ Woolf's intention in citing inventive poetry,

whether Romantic or Symbolist, is never made manifest in *On Being Ill*. But, as this dimension of the essay develops, the preference for poetic language that Woolf attributes to the ill reader comes to look less like an account of the shifts in taste that illness engenders, and more like an exploration of a possible model on which to base a new literature of illness. There are some obvious reasons why the Romantics and the Symbolists might appeal. Their emphasis on subjectivity fits closely with Woolf's own investment in the development of literary modes capable of expressing lived experience, including illness, while their rejection of objectivity and scientific rationalism—or, in the case of the Symbolists, of naturalism and realism—mirrors Woolf's critique of the "materialism" of Galsworthy, Bennett, Wells et al. However, by replicating in miniature many of the devices of Romantic poetry in her descriptions of reading while ill—including patterns of fragmentation and circularity, the "mystic quality" of words, and the "enormous power" of "incomprehensibility" (20–21)—Woolf places the aesthetic sophistication associated with these poets right at the heart of this model. The strategies described by Young, and invoked by Woolf, offer a clear counter to the reductive metaphoric and narrative uses of illness that dominate Western literature, allowing us to translate this section of the essay into a call for writers to extend to the representation of illness the kind of aesthetic complexity accorded to other themes. That this call can be readily extended to her contemporaries, whose modernist project draws on similar strategies of meta-discursivity and defamiliarization, is unlikely to be a coincidence.

The final section of *On Being Ill* sees the essay's focus on poetry eclipsed by life writing, in the form of a loose account of Hare's biography of Lady Waterford and Countess Canning. This shift is, perhaps, an indication of Woolf's awareness of the limitations of poetry, and particularly of the kind of poetry she cites in the essay. As Young notes, at points the strategies deployed by Shelley and Coleridge set up "a virtually impenetrable set of obstacles to reading," rendering the poem "all frame with no content": a tendency that puts them in conflict with the kind of rash, uninhibited reading that Woolf advocates.⁵⁶ Woolf's primary agenda, after all, is to distance illness in literature from its history of instrumentalization in order that it might be taken seriously as a lived experience, not to divorce it from all meaning nor to render it inexpressible. Throwing meaning and intention so far into question that all hope of interpretive purchase is lost, the strategies deployed in these poems might come to work at cross-purposes to Woolf's attempt to create "an original language of her own . . . which

could explain her illness to her and give it value."⁵⁷ In this regard, life writing would have two major advantages over other forms: its lack of a substantial history of representing illness, and its relative accessibility.⁵⁸ Her turn to Hare, then, offers an alternative model for writing illness that, as Utell argues, Woolf herself takes up some years later in her essay on Dorothy Wordsworth and in *Flush*.

One of the things that makes *On Being Ill* particularly fascinating in relation to illness and life writing is the fact that the essay was composed and published during a period in which life writing was undergoing a series of radical and far-reaching changes, changes that laid much of the groundwork for the flourishing of illness memoir later in the century. Scholars including Trev Broughton, Matt Houlbrook, and Max Saunders describe in detail the nature and impact of these changes, ranging from the professionalization of biography in the late Victorian period to the interest of late nineteenth- and early twentieth-century British writers in "the fictional possibilities of life-writing-forms" to the flourishing of popular autobiographical crime writing in the 1920s.⁵⁹ And from essays like "The Art of Biography" (1939), alongside work by Broughton, Saunders, and others, we learn too that though Woolf either ignored or was ignorant of some of these changes, she was acutely aware of and invested in others, at least as they transpired within elite social and cultural spheres.⁶⁰ Indeed, life writing was part of her paternal heritage. Initiating a family tradition, her great-grandfather James Stephen began a volume of memoirs intended for his children in 1819.⁶¹ Her father Sir Leslie Stephen not only continued this private tradition, for example in his *Mausoleum Book*, but took it into the public sphere to become a renowned "connoisseur and revered exponent of the art of Life-writing" and the founding editor of the *Dictionary of National Biography*.⁶² In her own writing, Woolf repeatedly challenges and reworks the tradition Stephen had done so much to shape, working alongside and in conversation with other similarly occupied artists such as Lytton Strachey, for instance as part of the "Memoir Club" established in 1920 by Molly MacCarthy.⁶³ As Saunders notes, "her family and friendships connected her in a unique way with the defining and redefining of biography from the late nineteenth to the early twentieth centuries."⁶⁴

Woolf's essays give us further insight into the literary potential she sees in life writing. In "Hours in a Library," for instance, she writes of how "memoir writers and autobiographers . . . have created almost a fresh branch of literature in our age."⁶⁵ But it is Barbara Lounsberry's rich studies of Woolf's diaries and the diaries she read

that do most to inscribe the centrality of life writing to Woolf's critical and creative work.⁶⁶ Tracing the tight links in Woolf's worldview between illness, life writing, and fiction, these studies illuminate *On Being Ill* and are indispensable to the re-evaluation of its neglected final section. For Lounsberry, Woolf's diaries "are the doorway to her fiction and nonfiction," a claim epitomized in *On Being Ill*.⁶⁷ Lounsberry's research reveals the extent to which Woolf's life work was bound up with both illness and diary-writing. It not only flags the symbiotic relationship Woolf constructs between the two phenomena, but also highlights the diary's role as testing ground for Woolf's published fiction.⁶⁸ Most crucially, reading Lounsberry's second study, which covers 1919 through to 1929, alongside *On Being Ill* enables us to see how closely this essay mirrors Woolf's diaries from the period. One of the tropes Lounsberry picks up on is Woolf's repeated use in her diaries of the very same "mine metaphor" that appears in the title of a revised version of the essay published *The Forum*, an American magazine, in April 1926, which is "Illness: An Unexploited Mine." "[T]he interior mine to be tunneled" is, according to Lounsberry, "her favored diary figure of the early 1920s."⁶⁹ As the decade progresses, this metaphor expands to include other natural resources. In 1925, for instance, she writes "I have at last . . . bored down into my oil well, & can't scribble fast enough to bring it all to the surface. I have now at least 6 stories welling up in me, & feel, at last, that I can coin all my thoughts into words"—a description that also shares with *On Being Ill* the use of "coin" to denote the process of translating experience into language.⁷⁰ We also learn from Lounsberry that by 1926, the year of *On Being Ill*'s publication, Woolf felt "totally at ease with her diary, and ready to expand it and press it toward 'serious literature'; and that, in the continuation of a passion for diary reading, she was absorbed in Beatrice Potter Webb's recently published autobiographical work, *My Apprenticeship* (1926).⁷¹

Lounsberry's research provides a platform from which to rethink *On Being Ill*'s concluding section on Hare, which has acted as a real sticking point in both popular and scholarly readings of the essay. It was cut entirely from *The Forum* version, though Woolf reintroduced it in the 1930 Hogarth Press edition.⁷² For the most part, scholars have simply ignored it, and the few exceptions to this rule are uninspiring in their analysis. Calling it a "peculiar coda," Lee, for example, finds meaning only in fleeting moments: the "startling echo" that the final image—of Lady Waterford crushing a curtain in her hands as she watches her husband's coffin depart (28)—makes of the ill person who,

earlier in the essay, is depicted in the act of crushing pain and sound together to forge a language for illness, which, for Lee, acts as a kind of figurative signature leading back to Woolf herself.⁷³ O'Hara suggests an alternative biographical link, connecting the sisters' separation and written correspondence to Woolf's anxieties about the upcoming departure of Vita Sackville-West to Tehran.⁷⁴ But to ignore or otherwise downplay the concluding section of an essay Woolf described as "one of my best" is a mistake, as her turn to Hare's *Two Noble Lives* not only represents an important and final step in the essay's search for a model of writing better suited to the experience of illness, but is also Woolf's last published word on the matter.⁷⁵

Woolf mentions several better-known examples of life writing in *On Being Ill*, citing De Quincey's *Confessions*, imagining "Pepys in Heaven," and comparing Hare unfavorably to Boswell (4, 18, 23). Woolf's preference for *Two Noble Lives* over these canonical texts is undeniably odd, and even illness provides only a tenuous explanation: while the topic surfaces from time to time in the lives of Countess Canning and Lady Waterford, it is most definitely not a central concern of Hare's study. Woolf's impressionistic synopsis of this colossal text marks a departure from the imagery of linguistic creation—of the sufferer as he forges "brand new" words—presented earlier in the essay. While Hare's text is certainly eccentric, and in some ways perhaps even radical in its own way, it is entirely lacking in the word-coining department, and has little in common with the other, more obviously literary, works Woolf cites in the essay.⁷⁶ (It is about as unlike the poetry of Shelley and Coleridge, Mallarmé and Rimbaud, as a text can get.) And yet, in some ways Hare's text constitutes an accessible version of exactly the characteristics Woolf values in these works, and achieves a similar set of effects, evoking in the reader images and emotions of comparable intensity and persistence.

Drawing on a line of argument set out in Alan Radley's *Works of Illness: Narrative, Picturing, and the Social Response to Serious Disease* (2011), Bolaki's reading of *On Being Ill* outlines the ways in which creative activity is foregrounded in the essay—a phenomenon she calls "aesthetics as work"—and reads into this foregrounding a call to "tak[e] seriously the aesthetic dimension and imaginative work underlying illness narratives": to take seriously, therefore, the ways in which the authors of these narratives translate the illness experience into words, and in doing so to make this experience accessible to others.⁷⁷ As Bolaki points out, Woolf's prose is replete with the imagery of creative labor, of translating lived experience into textual form. And, though Bolaki's

analysis stops short of the essay's final section, this is where the idea of aesthetics as work reaches its apotheosis, as Woolf, with the power of an industrial compactor, condenses Hare's mammoth biography into a single paragraph. By interpreting and translating Hare's biography, moreover, Woolf is not acting alone, but in response to the acts of interpretation and translation that shape her source text. A curation of the many documents that sisters Canning and Waterford left behind rather than a formal biography *per se*, the three volumes of Hare's biography combine excerpts from letters, journals, and sketch-books alongside an omniscient framing narrative. From the outset, it cultivates in its readers a profound awareness of the processes undertaken in its production: the painstaking work involved in its construction from "scattered letters" and the memories of "surviving friends and relations."⁷⁸ The acts of interpretation and translation that transformed the Canning-Waterford archive into *Two Noble Lives* leave fingerprints all over the latter's pages, most obviously in the form of frequent quotation marks and sudden shifts in narrative voice, but also in paratextual material such as Hare's preface and illustrations. And, for all its looseness and brevity, Woolf's synopsis not only reproduces Hare's account "in accurate detail," but registers the process of its production.⁷⁹ It describes how, after the sisters' marriages, "letters begin to cross vast spaces in slow sailing ships," followed by "thousands of notebooks . . . filled with pen and ink drawings": images that add a strong textual undercurrent to the "web" of interconnected lives that springs across Hare's pages (26, 27, 25).

Both writing and reading are paramount in Woolf's version of *Two Noble Lives*. A written account of a readerly engagement with Hare's text, and specifically an account intended for publication, this passage is produced with an awareness of further rounds of reading and re-reading to come. Its pronounced emphasis on reading is significant for several reasons: as a creative, rather than critical, response, for instance, it challenges the kind of authoritative thinking about literature that Woolf takes to task earlier in the essay, as well as in her more general essays on the literary marketplace. Moreover, as a text in which an archive is transformed into a biography, *Two Noble Lives* is predicated on Hare's reading of the Canning-Waterford materials, rendering it a work that quite literally comes into being through reading. It is also, however, a work shaped by processes of framing and interpretation: in his role as curator of and ambassador for the Canning-Waterford archive, Hare's creative energies are invested not only in the processes of writing, reading, and editing, but also in imagining

the ways in which this archive could be read, and how it might *best* be read. In attempting to distill out of the Canning-Waterford archive an accessible, coherent biographical narrative without eliding entirely the impressionistic, fragmentary nature of this archive, Hare ultimately produces a text in which meaning is suggested, but not prescribed. Woolf's version of *Two Noble Lives* highlights this element of Hare's text, enabling us to read it not simply as an account of rash reading in action, but as a demonstration of the capacity of certain modes of writing to facilitating rash reading. Following Hare's lead, in the final passage of *On Being Ill*, Woolf gestures to the kinds of interpretive conventions that *Two Noble Lives* might invite, without collapsing into them: conventions that draw on a range of sentimental tropes common to Victorian writing, including the impoverished aristocracy, the colonial diaspora, and the female artist. When read against Woolf's wider oeuvre and biography, moreover, we see in her version of *Two Noble Lives* a rash writing of its own, in which Woolf anticipates the ways in which her response to Hare might well be read, and endeavors not simply to reject these readings, but simultaneously to solicit and disarm them. In this complex play, the figure of Lady Waterford is key, representing both the Angel in the House that Woolf rails against in "Professions for Women" and the forgotten women artists she seeks in her ongoing search "for female inspiration within a patriarchal tradition."⁸⁰ Moreover, Waterford is not merely the focus for, but a resplendent signal of, this conscious play. The essay's final image of her hands crushing a curtain is not only an echo of the ill person who, earlier on, we see depicted in the act of crushing pain and sound together to forge a language for illness, but a reflection of Woolf herself, the female artist and invalid. This reflection is both ironic and entirely sincere, and thus acts as a potent symbol of how, in her rash reading of *Two Noble Lives*, Woolf presents her readers with a text that both solicits and resists interpretation—an effect achieved by offering them a series of fragments that, when pieced together, create something richly suggestive, but frustratingly incomplete.

Ultimately, then, in the closing paragraphs of *On Being Ill*, Woolf cultivates in her readers an awareness of the ways in which texts can stage and resist interpretation—the ways in which they seek to read themselves, and so to open up, rather than shut down, the meanings they might make—while simultaneously offering writers a model of how this work might be done. As a general rule, to those in literary studies, these principles will seem neither particularly radical nor particularly new: as Young points out, the idea of criticism as art is

well entrenched in Western thought, and has been for several centuries, though that of art as criticism is perhaps less well established.⁸¹ Nevertheless, that these strategies constitute, for Woolf, a way forward for writing and reading illness is crucial not only to our understanding of the critical and creative project at work in *On Being Ill*, but also to our appreciation of the essay's relevance to current scholarship at the intersection of illness and literature, and particularly the rich insights it has to offer those who are keen to move beyond the limitations of this scholarship and to develop more inclusive and sophisticated approaches to narratives of illness. Woolf's juxtaposition of works that sit on either side of a literary divide, with the sophisticated aesthetics of Romantic poetry explored alongside Hare's more middlebrow practice, is significant. Implicit in this juxtaposition is Woolf's desire to encourage experimentation without appearing prescriptive, and her conviction that writers and readers need to consider, explore, and tolerate multiple strategies and modes of representation in the search for a more capacious literature of illness.

Woolf's Inheritors

On Being Ill challenges Western traditions of representing and interpreting illness in literature, as well as wider assumptions and expectations about literature, and directs attention to the restrictions of established practices of writing and reading illness. Implicating writers, critics, and ordinary readers in this history of limitation, it also offers them hope and advice, sketching out how practices of writing and reading might shift to enable the development of a more accommodating and sophisticated literature of illness. In the decades since the essay's publication, the literary landscape of illness has changed substantially. Though it has seen some new developments, illness in fiction has, as a whole, become less commonplace.⁸² Autobiographical accounts of illness, on the other hand, have grown into a significant and widely read genre over the twentieth century, spanning both print and digital media: by 1997, Nancy Mairs would write of how "her shelves groan under the weight" of the "dozens" of illness memoirs that "have poured forth from publishers large and small in the United Kingdom as well as the States."⁸³ Illness in literature, along with the representation of medicine and other health-related experiences and practices more generally, has also become a topic of increased academic attention and debate, as part of a wider flourishing of scholarly and

pedagogical interest in the intersection of the arts and humanities and healthcare.⁸⁴ And yet, in spite—and perhaps even because—of these changes, Woolf's insistence that the representation and interpretation of illness in literature lack the capaciousness attributed to other themes, such as "love and battle and jealousy," is in many ways as relevant today as it was in 1926.

The tidy rubric of the medical humanities belies a baggy and often fraught relationship between the two fields it seeks to unite. As Anne Whitehead and Angela Woods note, one of its most "well-worn debates" involves "the pitting of the humanities against medicine."⁸⁵ This debate has its origins in the idea that conventional Western medical education fails to cultivate "humanistic" qualities in its students, but that this failing can be redressed by the integration of humanities subjects, such as history, philosophy, and literary studies, into the curriculum—an idea that is not without its opponents.⁸⁶ Literature has come to occupy an important place in this integration, with fiction, poetry, memoir, and drama about illness, allopathic medicine, and alternative cultures of health increasingly incorporated into medical education in the UK, US, and beyond. In the wake of these changes, profound anxieties about the failure of this literary branch of medical education to take seriously the principles and practices of humanities subjects have emerged. These tensions, however, are by no means new. In a 1982 "state-of-the-union essay" for the inaugural issue of this journal, Joanne Trautmann—who was, incidentally, also a Woolf scholar—describes the relationship between literature and medicine to be "presently tenuous."⁸⁷ She attributes this tenuousness to a range of factors, including the difficulty of meaningful and productive interdisciplinary work. Chief amongst these, however, is the failure of those outside the discipline to take literary studies seriously. She writes: "The link between literature and medicine has been devised by those from one side who wish to assume a veneer of acquaintance with the other. To some medical people literature is a refinement, a field one need not study in the same laborious way as medicine, but which one may pick up delicately, as one does an *hors d'oeuvre*."⁸⁸

Trautmann's reservations have not stopped the growth of teaching and research at the intersection of literature and medicine. In the intervening decades, what Ann Jurecic calls "the literary branch of medical humanism" has flourished.⁸⁹ The teaching of literature and other humanities subjects in medical schools has increased, new journals have been established, and distinct sub-fields—such as narrative

medicine—have not only emerged, but gained significant traction in public discussions of illness and health care.

This flourishing could be seen to indicate that Trautmann's reservations about the "use and abuse of literary concepts in medicine" were misplaced. The growth of the medical humanities, however, has been accompanied by a rising chorus of voices that echo and expand on exactly these misgivings. Interventions in this vein range from the specific to the general, and include commentaries on both the choice of sources and the interpretive methods associated with research and teaching on literature in the medical humanities. In "The Unruly Text and the Rule of Literature," for instance, Arnold Weinstein contrasts the rigor of scholarship published in *Literature and Medicine*—its "impressively wide range of literary texts from distinct periods and cultures" and "close attention to issues of literary theory"—with university-level courses on literature and medicine, the vast majority of which are targeted at medical students.⁹⁰ These courses, he suggests, are simplistic in their choice of texts and simplifying in their interpretive practices. Eschewing "experimental, avant-garde, or postmodernist texts" in favor of realist fictions and conventional memoir that take illness and medical practice as their main subject matter, he argues, they mistakenly focus on the attitudes, behaviors, and experiences that texts explicitly describe, rather than on the more complex meanings that emerge through close attention to their aesthetic and discursive strategies.⁹¹ Weinstein is particularly concerned about the latter, for, he argues, "the notion of a literature that might be easily accessed, even transparent, is more of a dream than a reality."⁹² Literature, he writes, "cannot be cleansed of its ambiguities, its excesses, its meta-consciousness as a verbal artifact, its incessant trafficking in fantasy, desire, fear, folklore, myth, and the like," no matter how transparent it at first appears.⁹³ As such, he concludes, for literature to have any real value in the medical classroom, teachers and students must resist the impulse towards simplification, and instead learn to treat "the text as endowed with the same richness, indeterminacy, and dignity that we (should and must) take for granted in human beings, especially in their relations to their bodies."⁹⁴

Cognizant of the exigencies of teaching literature within a medical curriculum, more recent critiques home in on the methodological issues that Weinstein alludes to, and in doing so develop insightful and productive alternatives to the pedagogical model he describes—a particularly good example being Catherine Belling's discussion of teaching Margaret Edson's play *Wit* alongside more conventional

medical texts.⁹⁵ But, in spite of these developments, the issues raised by Trautmann remain a source of concern. In the editorial to a 2013 *Journal of Literature and Science* special issue on “Rethinking Approaches to Illness Narratives,” for instance, Keir Waddington and Martin Willis admonish medical humanities scholarship for neglecting the principles and practices of the disciplines on which it claims to depend—philosophy, literary studies, history, and so on—in favor of those “from the sociological and health disciplines.”⁹⁶ “Whilst scholarship in the Medical Humanities frequently presents its approach to illness narrative as essentially interdisciplinary in nature,” they write, “there are a significant number of perspectives yet to be properly used to elucidate narratives of health.” Consequently, they suggest, “the limited range of methods presently employed [in the medical humanities] unnecessarily restricts what illness narratives might be allowed to mean, and even what they might look like.” They continue:

Narratives of illness, in the present critical consensus, are restricted to narratives of a certain type: the linear, progressive, story framed with the context of biomedicine and the doctor-patient encounter. Surely it is possible to acknowledge, as literary critics have, that narratives need not be linear, they need not be structured as traditional story-telling forms (as dramas, poetries, and prose), nor need they offer logic, coherence, or temporal movement. Yet literary postmodernity—as an intellectual position or set of theories most capable of posing questions of the meaning and nature of narrative—has had little involvement in illness narrative research and therefore has made no impression upon the potential research opportunities on the structures and philosophical insights of different forms of narrative. Even this is an excessive case. More traditional literary methods—of close reading and textual analysis—are, with exceptions, rarely put to work on illness narratives in any methodological way.⁹⁷

This stance is echoed in Whitehead and Woods’s introduction to the *Edinburgh Companion to the Critical Medical Humanities* (2016), in which they call for a new, more critically engaged approach to medical humanities research and teaching. Fundamentally integrative, this call is driven by an “ambition to see the humanities more fully embedded into biomedical research, beyond the clinical encounter per se,” and an impetus to link medical humanities scholarship more closely to “broader developments across the arts and humanities.”⁹⁸ Of literature specifically, they write: “If the field has so far been chiefly interested

in literature's capacity to represent experiences of health and illness and thus have moral, pedagogic and therapeutic value for readers as well as writers, the literary critical medical humanities, as envisaged here, is concerned more with opening up new perspectives on the history of ideas (including about the nature of mind, imagination and affect), and examining in detail the aesthetic and narrative strategies through which literary texts model cognitive and affective processes."⁹⁹

As a literary studies scholar who works on illness in contemporary fiction and life writing, I am broadly sympathetic not only to the reservations put forward by Trautmann, and by Waddington and Willis, but also to Weinstein's investment in the rich possibilities of literature as a medium for exploring the complexity of lived experience and in Whitehead and Woods's vision of the literary critical medical humanities. However, I am also wary of how, in celebrating the principles and practices of the humanities, and particularly those of literary studies, this school of critique risks portraying both literature and literary studies as more sophisticated and more capacious in its approach to representing and interpreting illness than it really is. My analysis of *On Being Ill* aims not only to re-evaluate the essay in its own right, but also to use its insights to counter this narrative and to draw attention to the widespread reluctance within literary studies to acknowledge its long and deeply problematic history in relation to illness—a reluctance thrown into sharp relief by the essay's after-life, in which its most quotable lines are repeatedly recycled, but its complexities and provocations ignored. Nowhere is this neglect more troubling than in the failure of literary studies to notice the emergence in recent decades of a body of literature about illness defined by exactly the kinds of self-referentiality and performativity that Woolf describes. Cutting across fiction, poetry, and life writing, and ranging from the popular to the experimental, contemporary writing about illness takes the strategies explored in *On Being Ill* in a range of new directions. Novels like J. M. Coetzee's *Age of Iron* (1990); Marlene Van Niekerk's *Agaat* (2004, published in the UK and US as *The Way of the Women*) and *Memorandum* (2006), an experimental "story with pictures"; Samantha Schwebelin's *Distancia de Rescate* (2014, published in English translation as *Fever Dream*, 2016); and Deborah Levy's *Hot Milk* (2016), for instance, rework fiction's legacy of instrumentalizing illness by simultaneously invoking and rejecting allegorical frames of interpretation—a strategy that invites readers to think deeply about the relationship between lived experience and the metaphoric imaginary. This reworking is particularly striking in Coetzee and Van Niekerk's

works, which share with Woolf's essay a simultaneous soliciting of and resistance to metaphoric uses of illness. Set in late-twentieth-century South Africa, these texts explore the allegorical potential with which illness inevitably becomes charged in fictions dealing with fraught socio-political settings, and specifically that of late apartheid and the transition to democracy. As such, one productive way in which these texts can be read is as complex and focused literary experiments in the tradition of *On Being Ill*. Life writing about illness has proved equally innovative, with authors including Audre Lorde, Hilary Mantel, Gillian Rose, Ann Oakley, Jackie Stacey, Lucia Perillo, and Sarah Manguso producing complex, aesthetically active accounts of illness that not only play with cultural scripts of illness, but with conventions of genre, form, and voice. Poetry, too, is in the process of developing an archive of illness, with Jo Shapcott's award-winning 2010 collection *Of Mutability* and Charles Bards's prose poem *Diary of Our Fatal Illness* (2017) some of the most recent examples.

And yet, for the most part, these texts have been, and continue to be, overlooked. For those in the medical humanities, and especially those focused on teaching literature within a medical curriculum, this neglect is not surprising: the length and complexity of these works pose a range of issues within a pedagogical context, particularly for students whose study thus far has not equipped them with the basic principles and practices of literary analysis. For those in literary studies, however, it is more puzzling. While some valuable exceptions exist, on the whole it looks increasingly as if a substantial and growing body of work is simply passing the discipline by.¹⁰⁰ This situation is especially strange because the bulk of this work is so explicitly and self-consciously *literary* in style and form. Hyper-aware of illness's representational legacy, much contemporary writing about illness labors to interrogate and resist the overdetermination of illness as a literary theme. At the same time, this writing engages with the challenges of representing illness beyond the limits of its literary legacy, using a range of approaches to convey the difficulty of giving meaningful textual form to lived experiences of illness. In Stacey's *Teratologies* (1997) and Oakley's *Fracture* (2007), for instance, tropes commonly associated with illness are simultaneously staged and critiqued through regular generic and narrative shifts. These texts move through recursive acts of rewriting and rereading, in which specific events, encounters, and understandings are presented and interpreted from multiple angles. Crucially, these reinterpretations go with and against the grain of familiar illness tropes—a strategy that invokes both the

narrative vacuum illness engenders in these accounts, and the literary and cultural scripts that crowd to fill it, without collapsing into either. Over this shifting narrative terrain, both Stacey and Oakley use complex figurative language alongside visual materials, such as home photographs and medical images, to convey the ways in which their ill bodies attract specific kinds of meaning. Making use of domestic, natural, and mechanical metaphors, their bodily descriptions range across a familiar repertoire of illness tropes, focusing especially on those in which illness intersects with femininity. By rapidly cycling through these tropes, and never lighting for too long on one, these texts portray the body as a blank canvas onto which meaning can be only temporarily projected—a strategy that again simultaneously invokes and resists the overdetermination of illness, both in literature and in wider public discourse, while also foregrounding the role of literature and literary language in its overdetermination. These are, of course, just two brief examples, but similar techniques and effects can be found throughout contemporary writing about illness.

My aim here is not to reignite interdisciplinary tensions by calling for literary studies scholars to reclaim literature about illness from those working in the medical humanities. Indeed—and in spite of the challenges noted above—currently some of the most sophisticated and sustained engagements with contemporary writing about illness take place outside literary studies departments, including from scholars and teachers affiliated with the medical humanities and with the integration of literature into medical education: a reality that complicates critical narratives about the field's failure to take the principles and practices of the humanities seriously.¹⁰¹ Rather, my purpose in this article has been to think through the relationship between literary studies and the medical humanities from a different angle, and to consider why literary studies has failed so dramatically to engage with contemporary writing about illness, which is fast becoming a modern-day version of Woolf's "unexploited mine." That so many insights into this failure lie in *On Being Ill*, a text that has itself been overlooked, is perhaps a coincidence, but a fruitful one nonetheless. Exploring the critical and creative agendas at work in Woolf's essay not only draws attention to the roles that literature and literary study have played in limiting the scope and meaning of representations of illness, but also allows us to see more clearly the conventions and constraints that contemporary writing about illness seeks to challenge and, in doing so, to move beyond. My closing invitation, then, is to ask those in literary studies not simply to engage more enthusiastically with contemporary

writing about illness, but to think more deeply about the discipline's history of containing illness within a very limited field of meaning and about the obstacles this history presents both to reading contemporary writing about illness and to meaningful and productive conversation with those in the medical humanities.

NOTES

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1. Earlier explorations of the relationship between illness, writing, and creativity more generally exist, many of which center on the idea of the *furor poeticus* or poetic madness (see, for example, Whitehead, *Madness*). These earlier works do not, however, put forward the kind of institutional critique Woolf attempts in *On Being Ill*.

2. This article uses the 1930 Hogarth Press edition of *On Being Ill*, as reprinted by Paris Press in 2002 and 2012. Though Woolf's friends and husband admired the essay, the response of her commissioning editor, T. S. Eliot, was "unenthusiastic," and the piece appears to have no tangible influence on early twentieth-century literature (Lee, Introduction, xx; Jurecic, *Illness as Narrative*).

3. A revised version of the essay was printed under the title *Illness—An Unexploited Mine* in *Forum* in April 1926.

4. Woolf, *On Being Ill*, 13. Subsequent references to the essay are cited parenthetically in the body of the article.

5. Lee, Introduction, xxv.

6. Coulehan, annotation.

7. See Conway, *Illness*, 87; Mantel, *Ink*; Scarry, *Body*, 4–5, 11; and Thernstrom, *Pain Chronicles*, 135.

8. Coulehan, annotation.

9. Spinney, *Pale Rider*, 263.

10. Bowlby, *Feminist Destinations*, 259.

11. Coates finds in the essay a framing of illness as "the quintessential aesthetic experience" ("Exposing," 242). Sorum broadly shares this view in her analysis of the essay as an emblem of high modernism's "masochistic aesthetics" ("Masochistic," 25), while O'Hara reads the piece as a kind of "doctrine on modern revisionism" ("Revisionary Muse," 297).

12. Lee, Introduction, xxxi.

13. Utell, "View," 31; Bolaki, "When the Lights," 420.

14. At this time, Woolf was in the early stages of preparing a "book on the history of literature and on reading" (Lee, "Essays," 90). This book eventually became three long essays entitled "Phases of Fiction," which were first published in *The Bookman* in the spring of 1929 and later included in the 1958 collection *Granite and Rainbow*, published after Woolf's death in 1941 (Goldman, *Feminist Aesthetics*, 276 n.9).

15. Moya, *Social Imperative*, 6.

16. Woolf published two volumes of essays under the title *The Common Reader*, the first in 1925 and the second in 1932.

17. The most obvious example of this acknowledgement can be found in the essay's penultimate section on Shakespeare (22–23).

18. Lee, Introduction, xxxi.

19. Fenton, "Turgenev's Banana," 45. Several others have made the same point. In *Illness as Narrative*, for instance, Ann Jurecic notes that Woolf's opening

claim not only “ignores the presence of illness in the works of Chaucer, the Brontës, Dostoyevsky, and more,” but also “the ubiquitous Romantic association of tuberculosis and madness with creativity” (5). Judith Shulevitz is more blunt, writing that *On Being Ill* “opens with a silly question,” for “by 1925” illness “was and had been for some time” a “great theme” of literature—though her two counter-examples, Mann’s *The Magic Mountain* and Woolf’s own *Mrs Dalloway*, do little to support her point (“Poetry of Illness,” para. 3).

20. See, for example, the work of Miriam Bailin, Catherine Belling, Saul Brody, Janis Caldwell, Miriam Marty Clark, Mary DeShazer, Lisa Diedrich, Jane Elizabeth Fisher, Rebecca Garden, Pamela Gilbert, Byron Lee Grigsby, Diane Price Herndl, Jeffrey Meyers, Sarah Marsh, Laurence Rothfield, David Shuttleton, Elaine Showalter, Susan Sontag, and Erika Wright.

21. Wright, *Reading for Health*.

22. For a list of its contents, see King and Miletic-Vejzovic, *The Library of Virginia and Leonard Woolf*.

23. See, for example, Utell on *Flush* and Fisher’s discussion of *Mrs Dalloway* in *Envisioning Disease*.

24. Ruskin, “Fiction,” 155. Sabine Schülting provides a detailed reading of this dynamic in the essay in her introduction to *Dirt in Victorian Literature and Culture*.

25. Ruskin, “Fiction,” 161.

26. Ruskin, “Fiction,” 172–73.

27. Ruskin, “Fiction,” 173.

28. Ruskin, 173.

29. Wright, *Reading*.

30. For more on Woolf’s feelings about Ruskin, see Sally Greene’s *Virginia Woolf: Reading the Renaissance* and Andrew Leng’s “Enduring Ruskin.”

31. Woolf, “Praeterita,” 49–50.

32. Woolf, “Praeterita,” 52.

33. Woolf, “Praeterita,” 52.

34. For more on James’s illness, see Colm Tóibín, “A Man with My Trouble.”

35. Thomas Caramagno’s work on Woolf and “manic-depressive illness” is a case in point. Both Marcus and Gordon warn against this strand of interpretation, in “Pathographies” and “This Loose, Drifting Material,” respectively.

36. Lee, Introduction, xiv.

37. Lee, *Virginia Woolf*, 191.

38. Woolf, “Professions,” 241.

39. Lee, Introduction, xxvii.

40. As Keir Waddington and Martin Willis note, illness narratives “have been written for as long as illness has been felt and then mediated through some form of lasting communicative act” (Introduction, v).

41. Sontag, 71. For more on the influenza epidemic and its literary record, see also Belling, “Overwhelming”; Hovanec, “Of Bodies”; Fisher, *Envisioning Disease*; and Spinney, *Pale Rider*.

42. Lawrence, *Medicine*, 66.

43. For further reading on celebrity illness, see Barron Lerner, *When Illness Goes Public*, and Nancy Tomes, “Celebrity Diseases”; and on the politicized patient, see Lisa Diedrich, *Treatments*. These texts all focus on the American context, indicating a need for further research into accounts of illness in the British press and in popular culture more widely during the early twentieth century.

44. This statement is usually attributed to the version of “Mr Bennett” published in 1925 as both a Hogarth pamphlet and a two-part essay for the *New York Herald Tribune*, but first appears in an earlier version of the piece, published in *The Nation* in 1923 (Kenney, “Moment,” 43).

45. Woolf, “Modern Fiction,” 188.

46. Woolf, "Modern Fiction," 188–89.
47. See, for instance, Woolf, "Modern Fiction," 212; *Mr Bennett*, 23.
48. Woolf, "Modern Fiction," 189.
49. For examples of this approach, see Coates, "Exposing" and "Phantoms"; Utell, "View from the Sickroom"; Bolaki, "When the Lights." These comparative readings of *On Being Ill* look both within Woolf's oeuvre and beyond, drawing on sources ranging from the work of Charles Mauron and Julia Stephen's *Notes on Sick Rooms* (Coates) to Hilary Mantel (Bolaki, "When the Lights").
50. Lee, Introduction, xxxi.
51. Though at the time of the essay's writing illness appears in these forms less frequently than in fiction, examples do exist—see, for example, Corinna Wagner and Andy Brown's poetry anthology *Body of Work: An Anthology of Poetry and Medicine* (2016). There is evidence, too, to suggest that Woolf would have been familiar with at least some of these works, most obviously in her essays on De Quincey's *Confessions*, Ruskin's *Praeterita*, and Dorothy Wordsworth.
52. Woolf, "Intellectual Imagination," 90.
53. Young, "Poems," 22–23.
54. Young, "Poems," 13.
55. Young, "Poems," 2, 5, 22, 17.
56. Young, 23, 21.
57. Lee, *Virginia Woolf*, 191.
58. The history of life writing about illness is, in fact, rich. But, scattered as it is across diverse published and unpublished forms, including letters, diaries, poetry, and more formal autobiography, its contours are not always obvious. Recent work, such as David Thorley's *Writing Illness and Identity in Seventeenth-Century Britain*, has helped to bring this archive into clearer light, and more study is needed.
59. Saunders, *Self Impression*, 11.
60. Juliette Atkinson's excellent *Victorian Biography Reconsidered*, for instance, shows clearly how some of Woolf's claims about the elitism of life writing ring hollow.
61. Broughton, *Men of Letters*, 10.
62. Broughton, *Men of Letters*, 3.
63. Saunders, *Self Impression*, 438–39. For more on the Memoir Club, see Rosenbaum, *Bloomsbury Group Memoir Club*.
64. Saunders, *Self Impression*, 438.
65. Woolf, "Hours," 28.
66. Jeanne Schulkind's edition of Woolf's autobiographical writings, *Moments of Being*, is also a useful resource.
67. Lounsberry, *Virginia Woolf's*, 1.
68. Lounsberry observes that "suddenly, in 1917, inordinate diary-writing begins—the most intensive period in Woolf's entire forty-four-year diary history," and one that coincides with her emergence "from a lengthy illness" (9). Woolf subsequently "writes her way back into the world through her diary," Lounsberry argues, and continues to do so after each of her "long periods of ill health" (56). The connection between Woolf's fiction and her diaries is also writ large in these studies. Referring to *To the Lighthouse*, which appears in sketch form in Woolf's 1925 diary, Lounsberry notes that "on finishing *Mrs. Dalloway* on October 17, 1924, Woolf declared she would invent her next book in her diary—and now she has" (119).
69. Lounsberry, *Virginia Woolf's*, 3.
70. Woolf's diary entry for April 20, 1925; cited in Lounsberry, *Virginia Woolf's*, 117–18.
71. Lounsberry, *Virginia Woolf's*, 148–49.
72. Lee, Introduction, xxxiii.
73. Lee, Introduction, xxxiii.
74. Lee, Introduction, xxxiv; O'Hara, "Revisionary Muse," 298–99.

75. Woolf, *Diary*, 49.
76. Interestingly, Hare's textual bricolage, which appears to leave very little out, not only goes against the grain of Victorian biography, but in doing so meets the call Woolf makes, over a decade later, for forms of life writing better able to incorporate "the failures as well as the successes, the humble as well as the illustrious," though of course in the overall scheme of things Countess Canning and Lady Waterford fall more towards the illustrious end of the spectrum than the humble (Woolf, "Art of Biography," 150).
77. Bolaki, "When the Lights," 120.
78. Hare, *Two Noble Lives*, vol. 3: vi, v.
79. Lee, Introduction, xxxiii.
80. Lee, "Virginia Woolf's Essays," 93.
81. Young, "Poems," 1.
82. The novels of neuroscientist Lisa Genova, which use fiction as a vehicle for raising awareness about neurological conditions such as Alzheimer's, Huntington's, autism, and left neglect, are a case in point. As Genova notes, her realist fictions seek "to put a human face and voice" to such conditions, and to promote the idea that those who experience them can still live rich and fulfilling lives (Genova, "Early Onset").
83. Mairs, Foreword, xi.
84. As Des Fitzgerald and Felicity Callard note, this flourishing is perhaps most evident in the emergence of specific and self-identifying "journals, conferences, centres, funding streams and students" in the field of medical humanities ("Entangling," 35). A detailed timeline of key developments in this vein can be found in *Medicine, Health and the Arts: Approaches to the Medical Humanities* (see Alan Bleakley and Therese Jones, "Appendix," 281–84).
85. Whitehead and Woods, Introduction, 9.
86. Robin Downie, for instance, responds to the question of whether literature can "help in developing ethical sensitivity in medical students with "caution" and "pessimism," writing that "literature cannot always help, and perhaps poetry least of all the varieties of literature" ("Role," 529). For an interesting and up-to-date discussion of the rationale for integrating the medical humanities into medical education, see Charlotte Blease, "In Defence of Utility").
87. Trautmann, "Can We Resurrect Apollo?" 1.
88. Trautmann, "Can We Resurrect Apollo?" 1. Trautmann also notes the strategic appeal the medical humanities might have to literary studies scholars. "Similarly," she writes, "some people from literature find that an interest in the solidly helpful field of medicine is a security against being cast by a philistine society onto the growing pile of useless English professors" (1).
89. Jurecic, *Illness as Narrative*, 2.
90. Weinstein, "Unruly Text," 1.
91. Weinstein, "Unruly Text," 1.
92. Weinstein, "Unruly Text," 2.
93. Weinstein, 2.
94. Weinstein, 19.
95. Belling, "Begin with a Text."
96. Waddington and Willis, Introduction, iv.
97. Waddington and Willis, iv.
98. Whitehead and Woods, Introduction, 9, 14.
99. Whitehead and Woods, Introduction, 17.
100. See, for example, Einat Avrahami's *Invoading Body* (2007), Ross Chamber's *Untimely Interventions* (2004), and Ann Jurecic's *Illness as Narrative* (2012).
101. The work of Catherine Belling, in particular, comes to mind here.

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