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## Melville's Unknown Pathology: The Humoral Theory of Disease and Low Grade Lead Poisoning in Bartleby the Scrivener

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Melville's Unknown Pathology:  
The Humoral Theory of Disease and Low Grade Lead Poisoning  
in *Bartleby the Scrivener*

by

Gerard Bogin

A thesis submitted in partial fulfillment  
of the requirements for the degree of  
Master of Arts  
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## Abstract

Melville wrote *Bartleby the Scrivener* as a literary portrayal of the Humoral theory of disease. Virchow disproved that theory five years after the novella was published, suggesting Melville was humanizing an unknown pathology. A clinical assessment of the text reveals low-grade lead poisoning, which best explains the strange behavior, abnormal appearance, and premature death of the character Bartleby as depicted by the author. In conjunction with the textual substantiation, historical evidence indicates that at the time Melville wrote the work, one in ten people he encountered suffered from the effects of the same disease. Informed with the identity of Melville's unknown pathology, the work can be critically read in terms of the Kubler-Ross Grief Cycle as an archetypal first-person account of a population whose societal norms are disrupted when confronted with the victims of undiagnosed lead poisoning.

## Chapter 1: Introduction

This critical reading of Herman Melville's *Bartleby the Scrivener* demonstrates that the narrative can be viewed in terms of the Kubler-Ross Grief Cycle as an archetypal first-person account of a population whose societal norms are disrupted when confronted with the victims of undiagnosed low-grade lead poisoning. To date, there have been many numerous interpretations of *Bartleby the Scrivener*. Early criticism centered on identifying the inspiration for the namesake character. Critics such as Lewis Mumford and Egbert Oliver sought to identify the source of inspiration for the character of Bartleby. Mumford suggests the origin of the character is autobiographical and lie with Melville himself while Felheim argues that Bartleby stems from "Thoreau's withdrawal from society" (Felheim 432). Post-World War II critics widened their lenses to more diverse possibilities of meaning. One such critic, Nathalia Wright, argues that *Bartleby the Scrivener* is a scientifically orientated work informed by the Humoral theory of disease (Wright 3). The Humoral theory was disproven and replaced by the Germ Theory five years after Melville published his work. If Melville was utilizing the antiquated Humoral theory, then he was portraying the effects of a pathology without knowing its actual causation. Literary critics such as Morris Beja have attempted to identify the unknown disease described by Melville. Many hypothesize mental illness as the cause, with specific diagnoses offered such as schizophrenia and autism. A clinical analysis of the text shows that low-grade lead poisoning better explains the observed appearance, behavior, and fatality of the character Bartleby, as depicted by Melville.

Historical evidence discussed later in this work reveals that, following the 1848 completion of the Croton aqueduct, New York City was affected by cases of widespread lead poisoning. Tests show that in the years after the Croton aqueduct became operational, New York City tap water often exceeded the modern EPA guidelines by a factor between 100 and 200. This thesis links the pathological consequences of that construction project to Melville's novella and proposes that the author was humanizing the effects of plumbism with his characterization of Bartleby and also created the narrator to reflect the stages of emotional response negotiated by society when confronted with undiagnosed victims of disease.



## Chapter 2: Pathological Reading

The behavior and appearance of Bartleby has lent itself to many interpretations. Critics have suggested that Melville's portrayal is reflective of Marxism (Foley 87) while others suggest it is an expression of Existentialism (Rogin 2). An alternative to these readings is that the narrative is driven by pathology. The Narrator's tale is one that reflects the confusion, frustration, and guilt when a person is forced to deal with a fatal undiagnosed illness.

The strongest evidence for an illness driven reading of the text is the ending. Bartleby dies a premature and non-traumatic death. Although the Narrator is providing a subjective retelling and is therefore unreliable, the fact of Bartleby's death is concrete. Melville opens different aspects of the work for interpretation, such as Bartleby's possible loss of sight, but his death is not debatable. The Narrator views the lifeless corpse. Due to its form, all the related details are informed by the knowledge of this final event. As a result Melville's Narrator can be seen as engaged in an exculpatory confession to relieve himself of guilt over the final outcome. On a basic level, *Bartleby the Scrivener* can be read as a retrospective first person narrative of a non-medical lay person forced to deal with a fatal illness in a stranger. That elemental reading can be extrapolated based on historical context to infer a greater significance that is discussed later.

As a pathology driven narrative, *Bartleby the Scrivener* can be seen as occurring in four parts. The first part consists of the introduction where the Narrator defines

himself and his world as he perceives it. The second part begins with Bartleby's employment and ends with the Narrator's understanding that Bartleby is ill. The third part proceeds from this epiphanic moment to Bartleby's premature death as the Narrator struggles with his own fear and guilt over the sick stranger who will not leave. The final part of the narrative comes in the form of a literary post script and serves as a type of self-absolution. The Narrator rationalizes his innocence in Bartleby's death. He implies his action or inaction ultimately did not matter because Bartleby had previously worked in the Dead Letter office and anyone who could do that work was somehow destined to suffer like Bartleby.

Melville begins his work with the Narrator informing the reader of his particulars. He is an older man, self-described as "rather elderly" (3) who is a lawyer that sees himself as "eminently safe man" (4). He also imparts the fact that the story he is about to relate has already happened and is therefore a retrospective, so immediately two important facts are established. The Narrator is educated but not medically trained and he knows the final outcome. Melville's Narrator proceeds to describe his office and his staff. His description of his employees establishes another important aspect of the work. The Narrator is an observant man who is unlikely to search for causation. He is the anti-detective and content if things just work. For example, the Narrator explains at length the odd appearance and behaviors of Nippers, Turkey, and Ginger Nut, but does not offer any explanations for them. The Narrator does not hypothesize that Turkey's face which "blazed like a grate full of Christmas coals" (5) was the result of drinking alcohol at lunch, instead the Narrator just accepts this daily odd occurrence, as well as those peculiar to Nippers and Ginger Nut, as a matter of course. The Narrator considers the

arrangement of two odd employees who only provide the work of one as “a good natural arrangement, under the circumstances” (10). Only behavior far from societal norms, like Bartleby’s, is sufficient to coerce the Narrator into the escalating responses which drive the story. With the introductory section of the narrative, Melville sets up the remaining action. He creates the Narrator as a respectable and observant non-doctor who is the position to describe the signs and symptoms of the title character lead up to the turning point of the narrative

The second part begins with Bartleby’s hiring and ends with the Narrator’s epiphany. The Narrator admits he does not recognize Bartleby’s situation until later, but the retrospective nature of the retelling suggests the Narrator is foreshadowing his later discovery. A closer look reveals the many textual clues that suggest the end stages of a progressive pathology in Bartleby. A series of proverbial red flags paint the picture of a young male exhibiting numerous signs and symptoms consistent with that of a wasting disease such as weight loss, pale skin, loss of appetite, a manic like episode, flat affect, failure to thrive, and altered behavior

Despite the brevity of text, *Bartleby the Scrivener* provides the reader with a large amount of information regarding the behaviors and appearance of Bartleby. Any informed reader must take into account the unreliability of the narrator; however, the subjectivity of the narrator is offset by corroborating observations by other characters such as Turkey, Nippers, Ginger Nut, the Client, and the Grub-man.

According to the observations of the Narrator, Bartleby is a young, approximately twenty-five-year-old male who is single and believed to have no children. Although his age is never specified, the narrator describes Bartleby as “a motionless young man” (11).

At another point, the narrator describes Nippers as a “whiskered sallow, and upon the whole, rather piratical looking young man of about five and twenty” (7). While they do not necessarily need to be analogous, the description of Nipper’s reveals that the narrator’s concept of young is approximately “five and twenty.” (7).

The Narrator’s first impression upon meeting Bartleby is telling. He recalls “I can see that figure now-pallidly neat, pitiably respectful, incurably forlorn!” (11). Two themes seen throughout the work from this point forward are Bartleby’s weight and complexion. Repeatedly, the Narrator comments on how pale and how thin Bartleby appears, often at the same time. When the Narrator discovers that Bartleby lives at the office, he notes “that so thin and pale, he never complained of ill health” (24). Both pale skin and weight loss are common symptoms in a wasting disease.

The most common observation made by the narrative’s characters about Bartleby’s appearance is his pale complexion. In its current forty-six-page form, as published by Viking Penguin, the terms “pallid,” pallor,” and/or “pale” are used ten times by the Narrator to describe Bartleby. The Narrator consistently remarks about how pale

The second most common observation regarding Bartleby pertains to his weight. The terms “thin”, “lean”, “cadaverous”, and/or “wasted” are used eight times in the text. The use of “cadaverous” is most revealing as it foreshadows Bartleby’s fate. The term is used twice by the Narrator while discussing Bartleby. After discovering Bartleby in his chambers on a Sunday, the Narrator is forced to walk around the block while waiting for Bartleby to vacate which results in him ruminating on the situation and describing his employee’s behavior as “cadaverously gentlemanly *nonchalance*” (21). Later in the narrative, the Narrator struggles with the fact that Bartleby will not leave his office and

vows to not “permit him to enjoy his cadaverous triumph” (32). Ultimately, the totality of Bartleby’s physical deterioration is imparted to the reader through the Narrator’s description of Bartleby’s body shortly after his death: “Strangely huddled at the base of the wall, his knees drawn up and lying on his sides, his head touching the cold stones, I saw the wasted Bartleby” (45).

The descriptions of Bartleby’s appearance strongly suggest an ill person but just as compelling is the depiction of his behavior. Following his employment, Bartleby does something odd; he works for an entire day and night without stopping. This episode reveals two things. It is consistent with a manic like episode often seen in diseases that alter behavior but it also highlights the Narrator’s role as the anti-detective. He thinks nothing about the odd occurrence except to comment on Bartleby’s mechanical disposition. It is on the third day of Bartleby’s employment when the Narrator first observes behavior he considers bothersome. Bartleby refuses work for the first time. It is here that the Narrator first comments on the pathological flat affect that Bartleby would maintain until his death. The Narrator notes “His face was leanly composed; his gray eye dimly calm. Not a wrinkle of agitation rippled him” (13). Dismissing the incident as a singular occurrence, the Narrator attempts to engage Bartleby again a few days later. Again, Bartleby refuses which leads the Narrator to reflect on Bartleby’s behavior. It is here that the Narrator realizes that Bartleby seldom eats. The text of *Bartleby the Scrivener* reveals that Bartleby’s ectomorphic appearance is most likely due to a lack of appetite. The Narrator notes, “I observed that he never went to dinner; indeed, that he never went anywhere” (16). He also notes that the only sustenance Bartleby is observed to eat is a peculiar kind of biscuit called a ginger nut whose significance to gastrointestinal

symptoms is discussed later. The Narrator contemplates the implications of what he has seen: “He lives then on gingernuts thought I; he never eats a dinner, properly speaking; he must be vegetarian then; but no he never eats even vegetables, he eats nothing but ginger nuts” (17). Bartleby confirms that his lack of appetite is the result of gastrointestinal symptoms when he responds to the Grubman’s offer of dinner with “I prefer not to dine today,” (44) and explains why, “it would disagree with me; I am unused to dinners” (44). Loss of appetite is another symptom associated with a wasting disease.

To this point in the narrative, Melville establishes that Bartleby shows signs of a pathological appearance consistent with a wasting disease that the Narrator has failed to recognize. Bartleby also exhibits several episodes of varied altered behavior and a flat affect. Melville continues with the Narrator resolved to indulge Bartleby as an act of charity but then giving into human nature the Narrator backpedals and incites a confrontation with Bartleby. Bartleby refuses that request and an even simpler request. This latest refusal forces the Narrator to contemplate the situation which brings to light, Bartleby’s dissociative episodes. It is here that the Narrator first mentions that his scrivener would “throw himself into a standing revery behind his screen” (20). While certain critics, like Beja, suggest that Bartleby’s dead wall reveries are psychological in nature, it is also possible to view these episodes as neurological. Numerous pathologies can alter behavior. One classic cause of behavior similar to Bartleby’s is a particular type of seizure called a petit mal or absence seizure.

“A petit mal seizure is the term commonly given to a staring spell, most commonly called an ‘absence seizure.’ It is a brief (usually less than 15 seconds) disturbance of brain function due to abnormal electrical activity in the brain”

Symptoms of a typical petit mal seizure include the following: “Sudden halt in conscious activity (movement, talking, etc.), No movement, Staring episodes (unintentional), Lack of awareness of surroundings , Hand fumbling (especially with longer spells), Fluttering eyelids, Lip smacking (especially with longer spells), and Chewing (especially with longer spells)” (Medline Plus).

While the typical petit mal seizure is generally short in duration, there are atypical ones that begin slower, last longer, and result in the patient having a short period of confusion or bizarre behavior as well as no memory of the seizure. A petit mal seizure is just one possible cause for a neurological episode.

Despite Bartleby’s ill appearance and increasingly pathological behavior, the Narrator has not considered that Bartleby may be suffering from a disease.

The third part of the story begins with the Narrator’s epiphany. After discovering that Bartleby lives at the office, the Narrator comes to the realization that he is dealing with an ill man. He declares “What I saw that morning persuaded me that the scrivener was the victim of innate and incurable disorder” (25). He is forced to consider the difficulties involved in attempting to help a person such as Bartleby. He states, “They err who would assert that invariably this is owing to the inherent selfishness of the human heart. It rather proceeds from a certain hopelessness of remedying excessive and organic ill.” (24) The Narrator contemplates the limits of pity. He codifies his position suggesting that pity serves a purpose but only to a certain point. The remainder of the narrative reveals the struggle to define that point.

The Narrator’s first response is that he has exceeded his limit of pity and decides to fire Bartleby but is interrupted by Nippers. The following day as Bartleby’s symptoms

progress, evidenced by longer dissociative episodes, he refuses to even copy anymore. The Narrator, struggling with his emotions, steels himself and resolutely fires Bartleby but attempts to assuage his guilt by giving his fired employee twenty extra dollars. Bartleby does not leave forcing the Narrator to recalibrate his pity point while he oscillates between violent anger and charity. He resets his pity tolerance higher and decides to buy some Christian indulgence and tolerate Bartleby's presence for the sake of his own soul. He states: "At last I see it, I feel it; I penetrate to the predestined purpose of my life. I am content. Others may have loftier parts to enact; but my mission in this world, Bartleby, is to furnish you with office-room for such a period as you may see fit to remain" (35). The Narrator's new found Christian attitude lasts until he is the target of derision from fellow professionals which forces the his hand and he takes the drastic step of abandoning his offices to escape the ill Bartleby and the Narrator's own conflicting emotions towards his sick employee. After successfully detaching himself from his burden, the Narrator is again forced to face those same emotions with similar frustrating results. This time the Narrator's response is to flee the scene and the city. Upon returning he learns of Bartleby's imprisonment where he repeats the cycle one more time. He engages Bartleby, attempts to intervene to assuage his guilt, and leaves frustrated with the results. The narrator is relieved of his physical burden when Bartleby dies but not of his guilt which prompts the fourth and final part of the narrative.

The post script reveals the guilt suffered by the Narrator over Bartleby's death because even "a few months after the scrivener's death" (46) he is engaged in rationalizing his role in the outcome. Earlier, at the turning point of the story, the Narrator minimized his debt to Bartleby when he realized that he was suffering from a



disease. He limits his obligation based on the perceived severity of the problem or “a certain hopelessness” (24) but then struggles with this subjective measurement until Bartleby’s death. In part four, in an act of self-absolution, the Narrator implies that Bartleby was destined to suffer his fate no matter what, so therefore, his involvement in Bartleby’s fate is inconsequential. Ultimately, the final rationalization of the Narrator serves to reinforce a pathological reading of Melville’s *Bartleby the Scrivener*. It illustrates that the confusion, frustration, and guilt a non-medical lay person struggles with when dealing with a fatal illness extends even past the death of that person.

### Chapter 3: Croton Aqueduct

One tenet of fiction is that it requires no vested basis in reality. An author is free to write any scene, any character, or any narrative, and none need be tethered to a real life corollary. In reality, many authors do use experiential components in their writing.

Melville's predilection toward incorporating autobiographical components, especially his experiences with illness and medical deformity, has been documented by authors such as Richard Smith. In order to read *Bartleby the Scrivener* as a fictionalized representation born of New York City's struggle with widespread undiagnosed lead poisoning, it is necessary to identify the historical analogue.

*Bartleby the Scrivener* was first published in *Putnam's Magazine* in 1853. That same year the Academy of Medicine met in New York City to address the possibility of widespread plumbism caused by New York City tap water. The issue stemmed from the 1848 completion of the Croton Aqueduct. The new conduit was designed to bring fresh drinking water to the city and replace the current surface wells, which were easily contaminated. The problem was that the aqueduct was constructed of lead pipe. Shortly following the completion of the new system, physicians in the city such as Dr. George Kingsbury began describing patients who were suffering from a strange assortment of symptoms that were difficult to diagnose. Eventually, lead poisoning was implicated in many of the cases. Physicians linking the cases of lead poisoning to the new water supply were met with strong opposition from many members of the medical establishment. Despite assurances at the time from those authorities, statistics reveal that

water plumbism was indeed a widespread problem and affected a large percentage of the population in New York City, the setting of *Bartleby the Scrivener*, and Massachusetts, the site of Herman Melville's farm.

The Croton Aqueduct is just one example of a larger trend. The mid-nineteenth century saw the advent of lead pipe use in water distribution. Due to availability, low cost, and ease of use, many municipalities in the United States and other parts of the world installed lead pipes to distribute drinking water. By 1900 lead pipes were being used in "85% of all large American cities in their water distribution systems" (Troesken 10). Cities and towns were not the only ones employing lead piping. Many farm owners in rural settings used lead pipes to connect their houses to water wells and springs. The effects of those lead pipes are investigated by Werner Troesken in his book *The Great Lead Water Pipe Disaster*. The central thesis of Troesken's book is that

"water related lead poisoning represents one of the world's great environmental disasters. Yet few historical observers would have ever classified it as such, and most people today are unaware that lead water pipes were widely used in the modern world, let alone constitute a source of disease" (Troesken 199).

Troesken documents that "lead water pipes killed or harmed many more people than were injured by events in Chernobyl, Bhopal or at Love Canal," (Troesken 21) and have adversely affected "the lives of millions of people around the world" (Troesken 21) Pertinent to this reading of *Bartleby the Scrivener* is the correlation between the onset of Troesken's "public health catastrophe" in New York City and Massachusetts and the timing of Melville's novella.

Lead has been known as a toxic agent dating back to the second century BCE, but the scientists and engineers who designed and built the public work projects in the mid-nineteenth century relied on a hydro engineering principle known as the Doctrine of Protective Power. This precept dictated that “lead pipes could be used safely when the associated water supply was hard or otherwise encouraged the formation of an impermeable coating on the interior of the lead pipes” (Troesken 17). The problem with the Doctrine of Protective Power is that it relied on a time factor to enable the coating of the interior of pipes. In addition, many municipalities disregarded the necessity of their local water to contain the level of necessary minerals required (Troesken 17). If the water supply contained little or no calcium, then no protective coating was provided and lead leached into the water supply.

The variation in the chemical constituents of drinking water explains why lead pipes caused more symptoms in certain areas of the country and few effects in others. Available statistics reveal that New York City and Massachusetts were significantly affected. Troesken documents that “between 1870 and 1940 lead levels in New York tap water exceeded the modern EPA guidelines by a factor from 100 to 200”(6) while at the same time “water-lead levels in parts of New England often exceeded the same guidelines by a factor from 100 to 1,000.” (16). To put these numbers in perspective, in several towns in Massachusetts “one need have consumed only 10-20 ounces of tap water per day to have ingested the same amount of lead as was contained in the recommended daily dose of abortion pills” (Troesken 16). The aforementioned lead levels were not isolated to a few households or even towns. A widespread study conducted during the same period suggests that throughout New England “between one-quarter and one-third

of the population that employed lead piping was lead poisoned due to lead contaminated water,” which means that in Massachusetts “between 10 and 12 percent of the state’s population suffered from water plumbism” (Troesken 115). Statistically, chances were that every one in ten people that Melville had contact with in his daily life were affected by undiagnosed water-borne lead poisoning.

In New York City, evidence of lead-related symptoms began shortly after completion of the new aqueduct. Dr. James R. Chilton, a New York City chemist, was sent to examine tap water from houses in which several inhabitants had become suddenly ill. After testing, he concluded that “the effect of lead from drinking of Croton water under such circumstances, is of frequent occurrence, but not recognized as such by the physicians, or rather not attributed by them to the true cause” (Troesken 7). One physician who did link the city’s new source of water to the strange illnesses he was treating was George Kingsbury. In May 1851, Kingsbury published a paper in the *New York Journal of Medicine and Collateral Sciences* entitled “Remedies upon the Use of Lead as Conduit or Reservoir for Water for Domestic Purposes, With Case of Lead Colic Resulting from That Cause.” Kingsbury begins the paper by summarizing the situation in the city since the introduction of the Croton aqueduct. Physicians were examining patients with strange illnesses and were unable to identify the cause. Kingsbury describes how “cases simulating lead colic” have been seen but the “usual well known causes of that disease” were not found, so “the symptoms have usually been ascribed to other causes or left altogether unaccounted for” (308). Kingsbury also identifies hesitancy on the part of physicians to attribute symptoms to the use of tap water because of the “seeming improbability of a sufficient amount of lead poison being held in solution by

the Croton water” (308). Kingsbury’s stated purpose for publishing his paper was to address the “use of lead pipes, and the evils resulting therefrom.” His case studies “are offered for publication with the view of calling the attention of the profession, especially those residing in large cities which are supplied with water from a distance conveyed through lead pipes.” (Kingsbury 309).

Kingsbury details four recent cases of lead poisoning he treated. One patient was a fellow doctor, and Kingsbury’s description bears similarities to details in *Bartleby the Scrivener*. Kingsbury describes how his patient’s “appetite entirely disappeared, his stomach rejecting all kinds of food,” and as a result the patient “rapidly lost flesh, his appetite diminished and he continually complained of excessive weariness” (310). Prior to Kingsbury’s evaluation, the patient consulted with several other doctors to identify the cause of his symptoms. Initially he was told he was “neuralgic.” Kingsbury also mentions that the patient “was also frequently annoyed by the volunteered opinions of his medical brethren. One thought he had organic disease of some sort or other” (311). Finally, after five months of suffering, a group of three physicians diagnosed the patient with lead poisoning and determined the source as “the Croton Water he was continually drinking” (Kingsbury 312).

Dr. Kingsbury recounts three other patients whom he treated between May 1949 and August 1950, all suffering from diverse symptoms associated with lead poisoning. One patient was a medical student who lived in the same boarding house as the abovementioned doctor/patient. All four patients improved significantly when they stopped drinking tap water. In the end Kingsbury asks,

Is lead a proper substance to be used as a conduit for water for domestic purposes? Are not many diseases, such as colic, arthralgia, paralysis, rheumatism, and many other diseases, accompanied by obscure symptoms, traceable to the introduction of lead into the system through the medium of water running through lead pipes? (309).

The medical establishment at the time reacted with strong opposition to the possibility of water-borne lead poisoning. Kingsbury relates how fellow doctors able to confirm their patient's diagnosis via the pathognomonic blue line that appears in the gums of late-stage lead poisoning victims refused to consider tap water as the cause. He writes, "They [the treating physicians] were willing to admit they did not know the cause of the patient's suffering but could not believe there was sufficient lead in Croton water to induce them." (312). Other physicians refused to even acknowledge lead poisoning as the cause of the unusual symptoms afflicting New Yorkers. At the time, Dr. Meredith Reese was the editor of the *New York Medical Gazette and Journal of Health*. Reese dismissed Kingsbury as a "medical savant" who treats patients "under a monomania on the subject of lead poisoning" (Troesken 8). Referring to Kingsbury's patients, Reese claims, "We have known some of them," and he attributes their strange symptoms to overindulgence despite the presence of the tell-tale blue gum line in two of them. Reese writes that the causes of the strange symptoms were more likely "the effects of high living, generous wines, and still more mischievous excess in sensual indulgence" while others were just "noted hypochondriacs" (Troesken 8).

The growing concern over possible lead poisoning in New York City tap water was sufficient enough that the Academy of Medicine addressed the issue in 1853, the

same year that Melville published *Bartleby the Scrivener*. An entire session was dedicated to the subject. The medical doctor who chaired the discussion, Dr. Joseph A. Smith, dismissed any concerns, and most of the attendees agreed. Smith “asserted that New York’s water was perfectly safe and free of harmful levels of lead. Most of the other doctors at the conference shared Smith’s view that Kingsbury was mistaken and that there were no cases of water related lead poisoning in New York City” (Troesken 23). As a result, no steps were taken by the city to investigate further. In 1936, researchers from Long Island University ran tests to monitor lead levels in New York City tap water. They discovered that “when New York water was allowed to remain in service pipes for more than a few days, it would have routinely dissolved enough lead so that water from taps contained about 4ppm 267 times the EPA standard and 40 times the level recommended by the United States Public Health Service in 1936” (Troesken 5). No official action was taken by the city to investigate further, but the *New York Times* “ran a very short story in which it recommended that homeowners in the city flush their pipes when returning home from summer vacations. The story was printed on page 21.” (Troesken 5) The city of New York did eventually acknowledge the issue of lead contamination in its drinking water. In 1992, 144 years after the installation of the Croton aqueduct, the City of New York took action. Troesken states: “The city began treating the public water supply with chemicals to help limit the amount of lead leached from the interior of old water pipes” (5).

As mentioned earlier, statistically, chances were that one in ten people that Melville had contact with in his daily life were affected by undiagnosed water-borne lead poisoning. Evidence reveals that in the years following 1848, New York City physicians



struggled with a number of residents suffering from a unusual symptoms sufficiently large enough to warrant a meeting of the Academy of Medicine. Retrospectively, many of those cases can be attributed to undiagnosed plumbism; however, during the period Melville was writing *Bartleby the Scrivener*, authorities did not have any conclusive explanation for those patients' strange complaints.

#### Chapter 4: Melville's Use of Reality

As discussed previously, fiction need not be based in reality, but in practice, often is. Some critics argue that the act of writing cannot be divorced from personal experience at all. In his book *Creativity and Disease*, Philip Sandblom writes, "Whatever the source of creativity, art is always founded on experience; one cannot create from nothing" (11). Whether all fiction is informed by its author's cognitive content is not the question addressed here; instead, Melville's use of personal experience—especially with illness, deformity, medicine, and science—is. For *Bartleby the Scrivener* to be read as a fictionalized first-person account of a person forced to deal with a victim of low-grade lead poisoning, it is beneficial to demonstrate that the author was likely to ground his work in autobiographical details and contemporary events.

Melville is an example of Sandblom's nexus between art and experience. Biographers and critics have documented numerous correlations between Melville's life experiences and his works. One of the best examples of life informing art is Melville's first novel *Typee*, based on his experiences on a South Seas whaling ship. In this text, as in others, experiential elements that frequently crossed over into Melville's works were lifelong encounters with disease, infirmity, medicine, and death. Biographers have identified many of Melville's autobiographical episodes with disease and their literary corollaries. This close association between life and works becomes important when attempting to view *Bartleby the Scrivener* as a scientifically based work.

Brooke Blake-Taylor agrees with Sandblom's hypothesis. In her article "Science and Creativity: How Illness, Medicine, Pseudosciences, and Sciences Have Influenced Works of Nathaniel Hawthorne and Herman Melville," she explores Melville's interactions with the medical sciences and their influence on his works. She writes, "Literature is not created in a vacuum; there are myriad of influences upon any one author. For Melville and Hawthorne, both shared common influences—the personal experiences associated with illness, injury, and contact with doctors, scientists, or pseudoscientists—that has an influential role in shaping elements of their writing" (6). Specifically she notes that "Melville draws heavily upon his past nautical experiences, creating a detailed picture of life and death upon the seas and, more subtly, critiques of popular nineteenth-century sciences" (6) Blake cites the earlier work of Richard Smith, MD, to illustrate her hypothesis. In his book *Melville's Complaint Doctors and Medicine in the Art of Herman Melville*, Smith offers a detailed dissection of Melville's works whenever they reference disease or illness. He overlays literary points with known autobiographical personal and familial episodes that he believes influenced that piece of writing. For example, in Melville's first work *Typee* Smith associates Tommo's crippling condition with that of Melville's sister Helen Melville, who was born with a congenital condition resulting in lameness.

Smith also suggests that personal health issues are evident in Melville's writing. He discusses the incidence of back pain in Melville's literature from early on. Smith writes: "Melville mentions back pain in nearly all of his writings, a complaint that would plague him in later years. Including it in *Omoo* may indicate that it began about this time when he was twenty five years old" (14). Evidence of back pain is also seen in *Bartleby*

*the Scrivener*. When the Narrator describes his employees, he touches on Nippers's ongoing battle with back pain. Melville writes, "If, for the sake of easing his back, he brought the table lid at a sharp angle up to his chin. . . . If now he lowered the table to his waistbands, and stooped over it in writing, then there was a sore aching in his back." (8). If a personal health problem such as back pain was represented by Melville in the text of *Bartleby the Scrivener*, is not unreasonable that other health related corollaries may exist.

Back pain and lameness are just two examples of health issues that found their way into Melville's writing. Smith documents more instances, citing at least ten novels that reference ailments that Melville had personal knowledge of. Smith summarizes Melville's use of nineteenth-century disease and science:

A chronological examination of Melville's books in regard to his use of medical subjects reveals his attitudes about illness and medicine. He included many physicians and medical descriptions in his works, as well as a number of medical metaphors which reflect the changes occurring in science and medicine in America during the first half of the nineteenth century. Melville suffered no exotic or mystifying diseases; however his sailing experiences undoubtedly brought him into contact with many diseased and disfigured individuals. Along with an ability to assimilate dry uninteresting reports, his literary use of contemporary theories and trends is masterful (11)

One of the contemporary theories Smith alludes to is the Humoral theory of disease; understanding it is integral to reading *Bartleby the Scrivener* as a medically driven narrative because it was how disease was contextualized at the time. Smith writes,

“the Humoral theory formulated by Pythagoras dominated medicine from 500 B.C. until finally refuted by Virchow in 1858,” which was five years after *Bartleby the Scrivener*

was published. (125) Smith summarizes the now disproven theory that proposed that

all living beings are composed of four elements: earth, air, fire, and water; each had a quality: dry, cold, hot, and moist. The four elements with their four qualities formed the four humors of the body: blood-hot and moist, yellow bile-hot and dry, phlegm-cold and moist, and black bile-cold and dry. The relative proportion of the four humors determined a person’s disposition, his mental qualities, and his state of health (125).

Nathalia Wright argues that the novella is medical fiction based on the Humoral theory of disease. In her work “Melville and ‘Old Burton,’ with ‘Bartleby’ as an Anatomy of Melancholy,” Wright asserts that Melville was heavily influenced by Robert Burton’s book *The Anatomy of Melancholy*. In his text, Burton codified the longstanding theory originated by Pythagoras. Wright argues that the novella’s four office workers are portraits of the four humors. She states that Melville “purchased a complete edition of the work in 1848,” five years prior to the publishing of *Bartleby the Scrivener*. Wright contends that “*Bartleby the Scrivener*, published in November and December 1853, is [Melville’s] most concentrated study of melancholy and the work by him which perhaps owes most to Burton’s work, both in theme and in form” (3). Melville’s use of Burton is significant for the purpose of this work because it allows *Bartleby the Scrivener* to be viewed as a literary sketch of a clinical nature. At the time it was written, disease was understood in terms of the four humors. Melville was illustrating that theory, so Bartleby is not a victim of melancholy as it is viewed today, as a pervasive sadness. Instead,

Bartleby is a victim of melancholy as it was understood in 1853, an imbalance of humors that led to ill health and disease. At the time an unknown pathology would be described in terms of the four humors. The Humoral theory was not disproven until five years after Melville published *Bartleby the Scrivener*. At the time Melville wrote the work, he was illustrating the current medical theory for the causation of all disease, not just psychiatric ones.

## Chapter 5: Critics and Schizophrenia

Critically reading *Bartleby the Scrivener* through a medical lens is not a new development. Although no one has associated the narrative with the high incidence of lead poisoning in New York at the time the novella was written, many critics have commented on the suspected cause of Bartleby's strange appearance and altered behavior, which the psychiatrist Henry A. Miller has named the "Bartleby Complex" (Sullivan 1). A review of the literature reveals a tendency to blame various mental illnesses. William Sullivan suggests that the "Bartleby Complex" is actually infantile autism. Agree or not, Sullivan argues that "Bartleby in every way fits the pattern of a reasonably successful, coping, autistic adult" (1). Sullivan explains that the real tragedy of the story is that Bartleby nearly found "the structured environment and understanding personal supervisor" he needed to flourish. Another psychiatric pathology that has more often been identified with the story is schizophrenia.

In a 1978 article published in the *Massachusetts Review*, Morris Beja attempts to identify the most likely cause of Bartleby's behavior. He writes, "A clinical analysis of Bartleby would probably identify him as at least schizoid, probably schizophrenic. 'Schizoid' refers to a non- psychotic personality disorder in which key traits are withdrawal, introversion, aloofness, difficulty in recognizing or relating to 'reality' or an acute over sensitivity coupled with an inability to express ordinary hostility or aggressive feelings" (556). Beja references at least six different works to support his statement. He specifically cites a case study in the *British Journal of Medical Psychology* as a real life

example of Bartleby. The article, entitled “Clinical Research in Schizophrenia—The Psychotherapeutic Approach,” was written by James Chapman, et al. In it, Chapman relates the history and the development of symptoms in a young male in a paper:

*History and Development of Symptoms.* The patient, a young apprentice in Chartered Accountancy, was admitted to hospital in January 1958, at the age of 23 years...On leaving school at 17 he embarked on a career of his own choosing, that of chartered accountancy with a City firm. For the five years his performance was beyond reproach. . . .

. . . The initial change was a general slowing up and impairment inefficiency in carrying out his usual activities, both at work in the office and at home. . . .

. . . When setting out for work...he began to stop and stand still at street corners, aimlessly looking about for 5-10 min. A few weeks later, he stopped going to work altogether, and thereafter, for a period of one year, he remained at home and did not leave the house except on one occasion for a few hours only.

. . . . He preferred to stay up very late at nights. . . . In general he preferred to remain upright and would each day stand rigidly in the same spot for periods varying from 1 to 3 hours. . . .

. . . Movement by the patient was associated with visual perceptual distortion of the environment which he described at various times as “a flatness,” “a flat streak of colour,” “a painting,” “a wall”. . . .



. . . “I can do something about what I see For example I could turn round and look at this blank wall. But I can’t do anything about sounds.”

(Beja 555)

Using Chapman’s case study to refine his diagnosis, Beja writes,

If Bartleby is indeed psychotic, his disorder is probably the most common of all psychoses: schizophrenia. More specifically, I believe he displays the symptoms and behavior patterns of “schizophrenia, catatonic type, withdrawn.” He is detached, withdrawn, immobile, excessively silent, yet given to remarks or associations that do not make sense to others, depressed, at least outwardly apathetic, and refraining from all display of ordinary emotion, possibly autistic, and compulsively prone to repetitive acts or phrases (“I would prefer not to”) (557).

Some of the similarities between Bartleby the character and the young patient in the case study are notable, but the resemblance does not hold up under scrutiny. There are parallels in age and profession. The behavior of standing for long stretches certainly brings to mind Bartleby’s dead wall reveries. Also similar is the increasing agoraphobic behavior. None the less, just as striking are the differences. The length of time for progression of symptoms is one important difference. In *Bartleby the Scrivener* the narrative takes place within a few months at best. Beja’s case study shows a very slow progression of symptoms while Bartleby goes from high functioning to dead in a relatively short period. Also Bartleby never relates any sensory disturbances nor makes any comments that could be construed as such. All of his responses to questions are in

context, and he never appears to deviate from being orientated to person, place, or time, which is a key symptom in diagnosing schizophrenia.

Beja cites several other critical works to buttress his assertions, but despite the breadth of his work, he expresses concern over the lack of “clinical” standards. He writes, “Although a number of commentators have applied the term ‘schizophrenic’ to *Bartleby*, few have been much more specific than that or have pursued the implications of the term in its clinical sense” (Beja 557). In other words, critics are quick to use psychological terminology when analyzing Melville’s work, but often those critics are not using the terms in a correct medical framework.

One critic who argues against *Bartleby* suffering from schizophrenia is the earlier mentioned Richard Smith, MD. He argues against a modern diagnosis of schizophrenia. Smith specifically responds to the critic Richard Chase who, like Beja, argues that “*Bartleby* is a study of schizophrenia, the passivity and inactivity of *Bartleby* may represent catatonia.” (Smith 124). Smith counters that common supposition with textual evidence: “*Bartleby* became more communicative near the end of the story especially while in the Tombs. Such symptoms argue against catatonia” (124).

Smith’s observation of increased communication does seem to rule out catatonia, and in turn rules out Beja’s more clinical diagnosis of “schizophrenia, catatonic type withdrawn” (20). Smith compares *Bartleby* to the characters in another of Melville’s works to bolster his argument. Smith argues that “the example of emotional discord in *Bartleby* is not as extreme as the cases noted in *Pierre* which are more characteristic of catatonia and schizophrenia” (124).

Beja and Chase are examples of critics who refer to mental illness as a default diagnosis for Bartleby. For them, the question is not whether Bartleby as depicted by Melville is suffering from a psychiatric disease; instead they are concerned with identifying which disease afflicts Bartleby. A licensed physician could not be more specific with a diagnosis than Beja's "schizophrenia, catatonic type, withdrawn" diagnosis. This diagnosis has its own code (295.10) in the *Diagnostic and Statistical Manual of Mental Disorders-IV* (DSM-IV) published by the American Psychiatric Association. The DSM-IV documents the list of official psychiatric disorders as compiled by the American Psychiatric Association. The problem with diagnosis 295.10 is that Smith's argument about Bartleby's increasing talkativeness appears to rule it out, and a premature death, not caused by suicide, argues against mental illness in general.

## Chapter 6: Argument for Lead Poisoning

Melville was humanizing an unknown pathology in the context of the Humoral theory of disease. Why, aside from historical documentation, is low-grade plumbism the best explanation for the fatal disease depicted by the author? How does plumbism, more commonly known as lead poisoning, best explain the signs and symptoms that Melville fictionalized? The answer lies in a forensic assessment of the text.

*Bartleby the Scrivener* details a premature and non-traumatic death preceded by altered behavior. During the narrative, the character of Bartleby demonstrates common pathological symptoms such as loss of appetite, weight loss, and pallor. Critics like Beja, Chase, and Sullivan attribute that altered behavior to psychological disease. Even if Bartleby's abnormal behavior can be associated with schizophrenia, his premature death cannot be. Schizophrenia is not a fatal disease. The narrative provides readers with no reason to believe he committed suicide. We know he did not starve to death, because a person in the final stages of starvation is too weak to walk. Two guards at the Tombs report that he walked to his place of death on the same day of its occurrence. (Melville 45). Medical probability suggests that the signs and symptoms a patient exhibits immediately prior to a premature death are most likely associated with the cause of death. As described by Melville, Bartleby's death is not due to starvation, suicide, trauma, or schizophrenia.

The medical textbook *Bates' Guide to Physical Examination and History Taking* describes the process of diagnosis: "select and cluster relevant information, analyze their

possible meanings, and try to explain them logically using principles of biophysical and biomedical science” (783). A review of the text reveals that Bartleby as portrayed by Melville was a young, approximately twenty-five-year-old male Caucasian, most likely of Western European descent. His occupation prior to death was that of a scrivener in a law office. No work, personal, or family history prior to his being hired as a scrivener was available. Bartleby was observed to have no sources of social or financial support other than his own. Bartleby was observed to not smoke, not drink alcohol, and not use illicit drugs or prescribed pharmaceuticals. Clinical findings include an untimely, non-traumatic death preceded by altered behavior or mentation comprised of numerous dissociative or neurological episodes of increasing frequency and duration, a prolonged flat affect, as well as one observed possible manic episode. Other symptoms include loss of appetite, weight loss, pale skin, failure to thrive, and a possible loss of vision.

The most distinct symptoms in Bartleby’s case are behavioral. Table 1 on page 21 lists medical disorders that can induce psychiatric symptoms. At first glance, we can rule out numerous causes. As mentioned previously, traumatic injuries like subdural hematoma can be ruled out. Most likely, we can also rule out a congenital cause because of the approximate age of the patient. The majority of congenital diseases that are not compatible with life cause death prior to the age of twenty-five. Finally, infectious causation can most likely be ruled out because the hallmark of an infectious disease is a fever. None of the observations made regarding Bartleby suggests fever. Ruling out trauma, congenital, and infectious causation leaves inflammatory, immunologic, neoplastic, metabolic, nutritional, degenerative, vascular, or toxic causation as the source of Bartleby’s death. Next, the disorders from Table 1 that have not been ruled out are

Table 1

**Medical disorders that can induce psychiatric symptoms**

| Medical and Toxic Effects   | CNS  | Infectious  | Metabolic/Endocrine  | Cardiopulmonary   | Other   |
|---|--|---|--|---|---|
| <ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Cocaine</li> <li>• Marijuana</li> <li>• Phencyclidine (PCP)</li> <li>• Lysergic acid diethylamide (LSD)</li> <li>• Heroin</li> <li>• Amphetamines</li> <li>• Jimson weed</li> <li>• Gamma-hydroxybutyrate (GHB)</li> <li>• Benzodiazepines</li> <li>• Prescription drugs</li> </ul> | <ul style="list-style-type: none"> <li>• Subdural hematoma</li> <li>• Tumor</li> <li>• Aneurysm</li> <li>• Severe hypertension</li> <li>• Meningitis</li> <li>• Encephalitis</li> <li>• Normal pressure hydrocephalus</li> <li>• Seizure disorder</li> <li>• Multiple sclerosis</li> </ul> | <ul style="list-style-type: none"> <li>• Pneumonia</li> <li>• Urinary tract infection</li> <li>• Sepsis</li> <li>• Malaria</li> <li>• Legionnaire disease</li> <li>• Syphilis</li> <li>• Typhoid</li> <li>• Diphtheria</li> <li>• HIV</li> <li>• Rheumatic fever</li> <li>• Herpes</li> </ul> | <ul style="list-style-type: none"> <li>• Thyroid disorder</li> <li>• Adrenal disorder</li> <li>• Renal disorder</li> <li>• Hepatic disorder</li> <li>• Wilson disease</li> <li>• Hyperglycemia</li> <li>• Hypoglycemia</li> <li>• Vitamin deficiency</li> <li>• Electrolyte imbalances</li> <li>• Porphyria</li> </ul> | <ul style="list-style-type: none"> <li>• Myocardial infarction</li> <li>• Congestive heart failure</li> <li>• Hypoxia</li> <li>• Hypercarbia</li> </ul> | <ul style="list-style-type: none"> <li>• Lupus</li> <li>• Anemia</li> <li>• Vasculitis</li> </ul> |

Source: Chuang, Linda, "Mental Disorders Secondary to General Medical Conditions," *emedicine Medical Review*, 2009, 8 Apr. 2010, <<http://emedicine.medscape.com/artical/1174752-overview>>.

Table 2

**Medical disorders that can induce loss of appetite**

- Addison's Disease
- Cancer
- Cat Scratch Fever
- Dementia
- Depression
- Gastroesophageal  
Reflux Disease
- Peptic Ulcer
- Stroke
- Bowel Disease
- Brain Damage
- Hormone
- Inflammation
- Medication
- Aneugesia

Source: "Loss of Appetite," MedicineNet, 2009, 18 Apr. 2009, <[http://medicinenet.com/loss\\_of\\_appetite/symptoms.htm](http://medicinenet.com/loss_of_appetite/symptoms.htm)>.

compared against Table 2 on page 22, which lists disorders known to result in loss of appetite. Cross referencing the two lists reveals three possibilities that can also cause a fatal outcome: adrenal disorder / Addison's disease, thyroid disorder / endocrine disease, cancer/ CNS tumor.

The thyroid disorder / endocrine disease that causes altered behavior and weight loss is hyperthyroidism, a condition that results from elevated levels of thyroid hormone in the body. Erik Schraga, a specialist in emergency medicine, explains the complexity involved in diagnosing a thyroid disorder: "because of the many actions of thyroid hormone on various organ systems in the body, the spectrum of clinical signs produced by the condition is broad. The presenting symptoms can be subtle and non-specific, making hyperthyroidism difficult to diagnose in its early stages without the aid of laboratory data" (Schraga 1). While it is difficult to diagnose, what makes hyperthyroidism unlikely as causation in Bartleby's case is the clinical presentation of the typical patient. Symptoms associated with hyperthyroidism typically include weight loss and altered mentation. Also symptomatic of hyperthyroidism are nervousness, anxiety, emotional lability, palpitations, heat intolerance, and increased perspiration associated with warm, moist skin. The majority of symptoms resulting from hyperthyroidism do not correspond with the established health history of Bartleby the patient, making the diagnosis unlikely.

The second possibility revealed is an adrenal disorder / Addison's disease. Addison's disease is a disorder in which the adrenal glands produce insufficient steroid hormones. Williams summarizes symptoms associated with Addison's disease:



The symptoms of Addison's disease develop insidiously, and it may take some time to be recognized. The most common symptoms are fatigue, dizziness, muscle weakness, weight loss, difficulty in standing up, anxiety, diarrhea, headache, sweating, changes in mood and personality, sudden drops in blood pressure especially when going from a seated position to standing, and joint and muscle pains. (1)

Many of the symptoms of Addison's correspond with the Bartleby's history. The disease can be a primary cause of death. Like hyperthyroidism, Addison's disease is difficult to diagnosis. Brody explains why Addison's disease is often misdiagnosed. "The diagnosis is often tricky because the symptoms typically develop and worsen over a period of years . . . with symptoms like loss of appetite and weight, fatigue, nausea and vomiting, diarrhea, dizziness and abdominal pains, patients are often mistakenly thought to have anorexia nervosa" ( 1). Addison's disease is consistent with much of Bartleby's health history, but there is one important discrepancy. Addison's disease causes hyper pigmentation. Brody clarifies: "Most characteristic is a gradual darkening of the skin and mucous membranes" (1). Nowhere in the text is there mention of dark spots or darkening of skin. Instead, as discussed in the prior chapter, there are several descriptions of Bartleby's pale skin. While Addison's should be considered, it would not be considered the most likely cause.

The third possibility from the cross referencing the two lists is cancer/ central nervous system (CNS) tumor. In his medical summary "Neoplasms, Brain," Stephen Huff explains "Brain tumors may originate from neural elements within the brain or they may represent spread of distant cancer. Primary brain tumors arise from CNS tissue and

account for roughly half of all cases of intracranial metastatic lesions” (1). A brain tumor is similar to a fingerprint in that every patient’s is different, and as a result, the effects and symptoms vary greatly. Huff explains, “Tumors of the brain produce neurologic manifestations through a number of mechanisms. Small strategically located tumors may damage vital neurologic pathways traversing the brain. Tumors can invade, infiltrate, and supplant normal parenchymal tissue, disrupting normal function” (1). In laymen’s terms, symptoms resulting from a CNS neoplasm depend on which part of the brain is being pushed on by the expanding tumor. Huff further clarifies:

Symptoms may be non-specific and include headache, altered mental status, ataxia, nausea, vomiting, weakness and gait disturbances. CNS neoplasms may also manifest as focal seizures, fixed visual changes, speech deficits or focused sensory abnormalities. The onset of symptoms usually is insidious but an acute episode may transpire when bleeding into the tumor occurs” (2).

Simply put, the signs and symptoms related to a CNS neoplasm are diffuse and difficult to categorize because most often they are wide-ranging and slow to appear until a tipping point is reached physiologically due to a lack of intracranial space.

Huff details the possible changes in a patient with a CNS neoplasm. He notes “mental status changes especially memory loss and decreased alertness may be subtle clues of a frontal lobe tumor. Complaints may be as mundane sleeping longer, appearing pre-occupied while awake and apathy.” Additionally, Huff explains, “Vision, smell and other sensory disturbances may be caused by a brain tumor” (3).

After reviewing the diffuse neurological symptoms associated with its onset, a CNS neoplasm should be considered to explain the symptoms and death of Bartleby. A space-occupying lesion would explain the altered mentation, single episode of mania, and lack of appetite. The diagnosis even leaves room for the debated loss of vision. Finally, a CNS neoplasm is an insidious and progressive disease process that results in death; however another classification of pathology can also cause signs and symptoms similar to a CNS neoplasm: heavy metal poisoning.

A toxic pathology is difficult to identify because it involves multiple body systems and organs and therefore imitates many other diseases. One common form of poisoning that causes a wide spectrum of symptoms, making it historically hard to diagnosis, is lead poisoning. Troesken elaborates on the wide-ranging toxic effects of lead:

Because lead affects so many physiological processes, it can produce a wide variety of symptoms, including vomiting, constipation or diarrhea, colic, flatulence, jaundice, dizziness, hearing difficulty, headaches, fever, epileptic like convulsions, depression, irritability, anxiety, strong thirst, loss of appetite, anorexia, bad breath, a peculiar taste in the mouth, weariness and lethargy, sleep disorders, vision problems, weakness in the extremities, pain, cramping, burning sensations in the extremities, memory loss, hallucinations, rheumatism, gout, paralysis (especially wrist drop), anemia, and menstrual disorders (34).

The reason lead poisoning presents such a wide variety of symptoms is that lead affects everyone differently. “In particular,” Troesken notes, “three genes have been

identified as possibly shaping an individual's vulnerability to lead poisoning" (35). The physiology of those specific genes and their expression is beyond the scope of this work; but the fact remains that "literature on lead poisoning emphasizes the idiosyncratic effects of lead on specific individuals," which depends on "nutrition, age, sex, and hereditary factors" (Troesken 35).

Two forms of lead poisoning exist: high grade and low grade. High-grade or acute lead poisoning involves large amounts of exposure in a short period of time and leads to distinct symptoms. At high levels of exposure, lead poisoning induces unmistakable symptoms, such as wrist and foot drop and a blue gum line. These symptoms are not usually seen in association with other pathologies, and make a diagnosis of lead poisoning at high exposure levels relatively easy. In contrast, low-grade level poisoning causes diffuse symptoms that can be difficult to associate with any specific toxicity and can produce the wide variety of symptoms noted above. Troesken explains,

At low levels of exposure, the symptoms of lead poisoning are more subtle and generic, such as lethargy, irritability, constipation, hearing loss, and difficulty sleeping. These symptoms are in no sense unique to lead poisoning and are more typically caused by aging, mood disorders, and other sources. As such, low grade lead poisoning is more easily mistaken for other pathologies than high grade lead poisoning. (35)

Why then would low-grade lead poisoning be considered a more likely diagnosis for Bartleby than a CNS neoplasm, if both ailments can explain the symptoms and behaviors described? In assessing a patient, Bates recommends that strong consideration

be given to “the statistical probability of a given disease in a patient of this age, sex, ethnic group, habits, lifestyle, and locality.” (786). According to Massachusetts General Hospital, there is a .000082-percent chance of a person developing a primary central nervous system neoplasm, (Segal 1) while there is evidence that a large (approximately 10 percent) percentage of the population encountered by Melville was affected by the toxic effects of lead at the time he was writing his book (Troesken 115). The combination of textual clues discussed in the previous chapter and historical trends suggest that Melville’s unknown pathology is lead poisoning. Additional evidence lies in how closely textual clues mirror documented cases of low-grade lead poisoning. A British physician named Norman Porritt published an article entitled “Cumulative Effects of Infinitesimal Doses of Lead” in the *British Medical Journal* in which he describes a condition of his own that escaped diagnosis. While there are many articles discussing lead poisoning, this one is pertinent to an understanding of *Bartleby* because it was written by a physician regarding his own experience with the disease, so it details personal reflections on the emotional impact of the disease. Porritt’s description bears a strong resemblance to Melville’s depiction. Porritt wrote,

A strange lethargy creeps over the sufferer; he feels as if a cloud had settled over him; he loses interest in life; everything is a trouble--a weariness of flesh and brain. He prefers to sit over the fire to tackling his work, though when he forces himself through his tasks he finds no diminution of brain or bodily power. As the condition continues he becomes gloomy and taciturn. Instead of joining in conversation with relatives and friends he sits silent and apathetic, as if overcome by

thoughts too melancholy to utter. All his faculties and bodily powers are sluggish. His bowels are constipated and stubborn; he derives no satisfaction from his food, and has perhaps abdominal discomfort, which he puts down to indigestion. The strange lethargy of body and mind increases. Sleep brings welcome respite, but he gets up tired and weary, as if he had not been to bed, though he has slept heavily all night; so tired, indeed, that to bathe, wash, and dress are ordeals he wishes he could shirk. (92).

Not surprisingly, Porritt initially diagnosed himself with a thyroid condition and took the appropriate medication with no improvement. He then took a long vacation that helped his condition, but upon returning home, his symptoms returned, which led him to test his urine and drinking water. He discovered lead levels 80 times the modern EPA standard. Porritt began to filter his drinking water and his symptoms remitted.

A closer look at *Bartleby the Scrivener* reveals that the Bartleby characterization shares many similarities with Porritt's experience. Porritt describes how his gastrointestinal symptoms led him to avoid food. Melville's portrayal of Bartleby reflects this particular aspect of plumbism. As mentioned earlier, a lack of appetite similar to Porritt's is observed by the narrator. Bartleby's only observed form of sustenance is consistent with a portrayal of pathology. The only food Bartleby is described to eat is ginger-nuts. The narrator notes Bartleby's choice and contemplates the implications of such a diet: "Now what was ginger? A hot, spicy thing. Was Bartleby hot and spicy? Not at all. Ginger, then had no effect upon Bartleby. Probably he preferred it should have none."(17). What the narrator does not consider is that ginger is

a folk remedy that has been used since ancient times to help treat digestive problems. Ginger beer was used in Colonial times as a remedy for diarrhea, nausea, and vomiting. It seems an odd coincidence that Bartleby is observed eating small amounts of only one particular kind of food that contains a well-known folk remedy for an upset stomach.

The most striking similarity between Porritt and the characterization of Bartleby is how closely Porritt's real life experiences mimic Bartleby's dead wall reveries. The first mention in the text is after Bartleby refuses to walk to the post office. He has already refused to help review documents, but his latest refusal causes the narrator to reflect upon his newest employee. It is here that the narrator first mentions any sort of "revery" (Melville 20). The narrator considers Bartleby a good employee based on "[h]is steadiness, his freedom from all dissipations, his incessant industry" (20). His only pause results from when Bartleby chooses "to throw himself into a standing revery behind his screen." (20). From the narrator's standpoint, the dead wall reveries progress to episodes that last all day. Prior to Bartleby's announcement that he will no longer copy, the narrator remarks that Bartleby had done nothing for the day except "stand at his window in his dead wall revery" (28),

Certainly the similarities between Porritt's description and Melville's work are striking, but it is the social aspect of Porritt's ordeal that informs this critical interpretation of *Bartleby the Scrivener*. Porritt is careful to note the effects his condition has on those around him. He points out that, due to the idiosyncrasies of lead poisoning, the victim "is usually the only person in the house to behave so strangely," which "increases contempt for the sufferer." It is the phrase "contempt for the sufferer" that is applicable here. If Porritt's article depicts a first-person account of a victim of

undiagnosed plumbism and its resulting social isolation, then *Bartleby the Scrivener* can be read as a fictionalized first-person account of a person forced to deal with someone in Porritt's circumstances which I will examine in detail in the next section.



## Chapter 7: Critical Reading

A critical reading of *Bartleby the Scrivener* as a fictionalized first-person account of a person forced to deal with a victim of low-grade lead poisoning allows the narrative to be viewed in terms of the Kubler-Ross Grief Cycle. The now famous model by the Swiss medical doctor Elizabeth Kubler-Ross identified that a person forced to confront anything they perceive as a negative event, especially an illness, will proceed through a progression of discreet stages. Originally five, the stages of the Kubler-Ross Grief Cycle have been expanded to include stability, immobilization, denial, anger, bargaining, depression, testing, and acceptance, which are illustrated below.

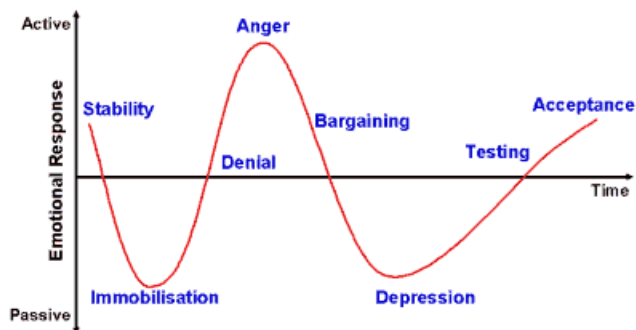


Figure 1. The Kubler-Ross Grief Cycle. Kubler-Ross, Elisabeth. *On Death and Dying*. New York: MacMillan, 1969.

In his book, *A Topical Approach to Life-Span Development*, John Santrock discusses two aspects of the Kubler-Ross Grief Cycle that is important to the understanding of Melville's work. The first is that the individual "steps do not necessarily come in order nor do people necessarily experience all stages but all people will experience at least two" (2). The second is that people who are forced to deal with significant negative events will often "experience several stages in a roller coaster effect

switching between two or more stages returning to one or more several times before working through it” (2) It is this “roller coaster” pattern of responses that defines *Bartleby the Scrivener*. The narrative can be viewed as several smaller micro cycles of emotional response inside a larger macro cycle as the narrator, representative of the inhabitants of New York City, slowly progresses along the continuum of the Kubler-Ross Grief Cycle while forced to deal with Bartleby’s pathology.

The story is written as a retrospective first-person account that calls into question the reliability of the narrator. The entire narrative is colored by the death of Bartleby because the narrator has already experienced it. The events, as told, are not to be trusted, but the narrator’s emotional response to those events may occur because they are conveyed at the time of the narration. This subjective retelling allows Melville to impart the current visceral impact the narrator still feels regarding the frustration and confusion surrounding his experience with Bartleby’s illness.

The narrator begins the story by establishing himself as an occupant of the first stage of the cycle, stability. He claims he is older, “rather elderly,” (3) and that all who know him consider him “an eminently safe man,” even scions of the business world like the late John Jacob Astor (4). As mentioned previously, he is narrating the story retrospectively, using present-tense phrases such as “I am a rather elderly man” (3) and “I am one of those unambitious lawyers.” (4). This frame of reference is important, as it imparts to the reader that no matter what has transpired in the events he is about to divulge, the narrator views himself as a person who once was and is again in a position of stability. The narrator’s opening conveys a complete journey but also establishes a

starting point. If the narrative is a macro cycle of the grief continuum, then this is clearly the beginning stage, stability.

The first micro cycle of response occurs approximately the third day after Bartleby is hired. Until this point, Bartleby has only displayed pathological behavior in the form of a manic episode in which, according to the narrator, he “did an extraordinary quantity of writing” and “ran a day and night line, copying by sun light and by candle light” (12). Despite the fact that the narrator should have been pleased with the amount of work done by his new employee, the he is hesitant, subjectively coloring the narrative by foreshadowing the ending. He notes, “I should have been quite delighted with his application,” but Bartleby “wrote on silently, palely, mechanically” (12).

On that third day of Bartleby’s employment, the narrator experiences two hallmarks of low-grade lead poisoning, lethargy and fatigue. He calls Bartleby into his office to verify some copies, and Bartleby refuses. The narrator’s immediate response is immobilization, as he recalls, “I sat awhile in perfect silence, rallying my stunned faculties.” (13). Asking again, the narrator gets the same response from Bartleby and moves to the next stage, denial, asking, “What do you mean? Are you moonstruck?” (13). A third refusal from Bartleby quickly moves the micro cycle to a third stage, anger. The narrator reveals, “I should have violently dismissed him from the premises.” (13). Despite his violent inclination, Bartleby’s pathological flat affect gives the narrator pause. Comparing Bartleby to his plaster-of-Paris bust of Cicero, he notes, “Not a wrinkle of agitation ripples him.” (13). Time constraints convince the narrator to forget the incident, which ends the first micro cycle.

A similar scene repeats itself “a few days after,”(14) according to the narrator’s recall. Again calling Bartleby into his office to help review documents, Bartleby refuses. Again the first response in this micro cycle is immobilization: “For a few moments I was turned into a pillar of salt.”(14). Another refusal from Bartleby and the narrator progresses to anger, stating, “With any other man I should have flown outright into a dreadful passion, scorned all further words, and thrust him ignominiously from my presence.”(14). However, the narrator checks his impulse and moves to the next stage, bargaining. He explains, “I began to reason with him,” but when that fails, the narrator begins to question the events closer and “stagger in his own faith.” (15). Confirming with his other employees that the current circumstances are unusual, the narrator moves on for a second time, but has now gone through two micro cycles of the emotional response.

Having proceeded as far as the bargaining stage, the narrator takes time to contemplate the prior events. He considers Bartleby’s diet, missing the probable connection between the folkloric properties of ginger and Bartleby’s loss of appetite due to the gastrointestinal pain of lead poisoning. What the narrator does do is move along the continuum to testing. He reveals, “I felt strangely goaded on to encounter him in new opposition,” (17) and decides to antagonize Bartleby into conversation. That interaction again elicits a third micro cycle of response with the narrator. First, Bartleby refuses to review a copy and then refuses to go to the post office. Again the narrator notes that he first experiences immobilization—“I staggered to my desk, and sat there in a deep study”—but quickly proceeds to anger, admitting, “My blind inveteracy returned.” (19). At this stage the narrator’s anger is so intense that he leaves his own office to avoid violence.

Following the third micro cycle, the narrator vacillates between anger and denial. He admits he is angry at Bartleby's refusals but convinces himself it is easier to ignore the problem. In another moment of introspection, he contemplates Bartleby further. He mentions for the first time Bartleby's pathological tendency to stand for long periods in a "revery," a behavior associated with lead poisoning and similar to the symptom that Porritt had mentioned that caused a problem with his social support system. Next, the narrator recalls how he discovered Bartleby living at his offices when he just happened to stop by on a Sunday. This supposed finding seems to be revisionist narration because, prior to this accidental happenstance, he admits coming to the realization that Bartleby "was always there," (20) referring to his office. Despite this realization, the narrator does not admit that stopping by his office on a Sunday was planned. Revisionist or not, the discovery of Bartleby's circumstances elicits two responses. It convinces the narrator that the unusual appearance and strange behaviors he had witnessed until that point is the result of an illness. He states, "What I saw that morning persuaded me that the scrivener was the victim of innate and incurable disorder." (25) This realization pushes the narrator along the macro cycle continuum to the stage of depression. He declares, "For the first time in my life a feeling of over-powering stinging melancholy seized me," (23) and projecting his final knowledge of the outcome on the narrative, reports having a vision of a dead Bartleby.

Following his movement to the stage of depression, the narrator enters a fourth micro cycle in which he moves between the stages of denial, bargaining, and anger. The narrator decides he will get rid of the problem by bargaining with Bartleby. He will offer him twenty dollars over his owed salary to leave. His plan is interrupted by Nippers.

The next day, the narrator finds Bartleby's symptoms are progressing with a daylong "dead wall revery" as well as a refusal to perform even his basic duty of copying. Although Bartleby never specifies, the narrator convinces himself the refusal is a result of visual dysfunction. Still the narrator proceeds with his plan and tries to buy off Bartleby, which does not work. Bartleby's refusal prompts a move to a stage of anger severe enough to bring to mind murder. After calming down and reflecting on the situation, the narrator moves toward the stage of bargaining. He convinces himself that Bartleby has been thrust upon him by a higher power for a reason he is not meant to understand. The narrator decides he will deal with the problem by allowing Bartleby to stay, but soon oscillates toward another stage of anger, giving the excuse that his fellow professionals are questioning his judgment. When one last unsuccessful attempt to bargain with Bartleby fails, the narrator takes the drastic step of moving his entire office, thus entering the stage of denial along the macro cycle continuum. He is figuratively as well as literally running away from his problem. When his problem follows him in the form of the new tenant forced to deal with Bartleby, the narrator confirms his current stage of denial with the proclamation, "the man you allude to is nothing to me—he is no relation or apprentice of mine, that you should hold me responsible for him." (38). Despite his protests, the narrator returns to Bartleby and attempts to bargain once again, offering a clerkship, a job bartending, and other positions of employment. He even offers to take Bartleby home with him. Bartleby turns down all offers. Leaving in frustration, the narrator in an ultimate display of the stage of denial flees his problem by traveling out of the city.

Having gone through four micro cycles, the narrator enters his fifth and final one. Upon his return from trying to escape his problem, he learns Bartleby has been sent to the tombs, and so goes to visit. He first bargains with authorities to provide Bartleby with “as indulgent confinement as possible”(42). Next he tries to convince Bartleby that his situation is not shameful and his circumstances not so terrible. The narrator tells him, “it is not so sad a place as one might think. Look there is the sky, and here is the grass.” (43). In his final act of bargaining, the narrator pays the Grub-man to feed Bartleby during his incarceration, which Bartleby refuses. According to the narrator, “some days after” (45) his last interaction with Bartleby, the narrator returns to find him dead; but the narrator does not complete his continuum along the grief cycle immediately. To complete the cycle, the narrator tells the reader that he discovered Bartleby had held the position of assistant clerk in the Dead Letter Office in Washington. The narrator uses the implications and repercussions of such a difficult job to rectify his experience with Bartleby and achieve the final stage in the grief cycle, acceptance.

## Chapter 8: Conclusion

Melville wrote *Bartleby the Scrivener* as a literary portrayal of the Humoral theory of disease. Virchow disproved that theory five years after the novella was published, suggesting that Melville was humanizing an unknown pathology. A clinical assessment of the text reveals that low-grade lead poisoning best explains the strange behavior, abnormal appearance, and premature death of the character Bartleby as depicted by the author. In conjunction with the textual substantiation, there is historical evidence that at the time Melville wrote the work, one in ten people he encountered suffered from the effects of the same disease. Informed with the identity of Melville's unknown pathology, the work can be critically read in terms of the Kubler-Ross Grief Cycle as an archetypal first-person account of a population whose societal norms are disrupted when confronted with the victims of undiagnosed low-grade lead poisoning. Bartleby appears throughout the story. From his first impression of Bartleby as "pallidly neat" (11) to his final description which contains the phrase "pallid hopelessness" (46) the Narrator manages to convey a strong sense of a pathological lack of coloration in the title character.



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