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Dickens's consumptive urbanity: science and sentiment in nineteenth-century healthcare

ABSTRACT

The representations in the oeuvre of Charles Dickens of pulmonary tuberculosis (TB) characterize him as a realist and, at the same time, as a sentimentalist who saw TB as the result of hard-heartedness and the disintegration of communal ties based on affection and mutual support. Using the critical approach of the medical humanities, this article relates Dickens's understanding about disease and therapy to problems in contemporary healthcare like the unexpected rise of TB in the 1980s, the challenge posed by drug-resistant bacteria, and the discontents with the assembly-line modes of professionalized medical services.

It argues that modern health policy and practice can profit from the records found in great works of literature of how communities in previous eras fought disease.

In "Consuming the Family Economy: Tuberculosis and Capitalism in Charles Dickens's *Dombey And Son*," Katherine Byrne concludes that "the representations of disease form a central concern of any social commentary novel written or set in the eighteen-forties, sickness of one kind or another being the perpetual accompaniment of the living conditions of the poorer classes in this era" (1). Considering that literature – and art general – constitutes a historical record of the conditions in which it was created (a precept of Marxist criticism that steers the following discussion),¹ Byrne's assertion does not come as a surprise. It is now a fact of general

¹ For a brief discussion of Marxist art criticism, refer, for example, to John Berger popular 1972 collection of essays *Ways of Seeing*.

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knowledge that in nineteenth-century Europe industrialization, urbanization and the population boom combined to bring about overcrowding, insanitation, poor diet and contaminated water, thus creating the perfect breeding ground for contagious diseases. In England, the heart of the Industrial Revolution, novelistic production abounded with accounts of the havoc caused principally to the lower classes in the cities by the "new" illnesses: typhus, typhoid, cholera, smallpox and tuberculosis. This paper examines the representations in the oeuvre of Charles Dickens, England's paramount novelist, of the greatest of these killers – pulmonary tuberculosis (TB), known in the period as *consumption*.

Dickens's depictions of the spread of pulmonary tuberculosis and its clinical picture may strike the contemporary reader with their medical precision. This precision is aptly explained with the fact that Dickens's creative period witnessed the inception of positive science – from sociology to medicine. Rather, the preliminary question that may arise out of the present literary interpretation in the vein of the so-called *literature and medicine movement* – a critical movement interested in the interdisciplinary connections between literary understanding and medical knowledge and practice – is why a novelist's vision of a life-threatening bacterial lung infection resonates with the scientific accounts of TB as well as with the official population records and statistics of his day about the ways the disease affected the city dwellers. This concord is not chancy. It is the product of the shift of human consciousness in the nineteenth century that altered the way in which the surrounding world was perceived and artistically recreated in the Western civilization. This shift was determined by the rise of the scientific method which was confidently displacing pre-modern modes of thinking. The theretofore unknown power of positive science to reveal the secrets of the universe fascinated all folks of life, including imaginative writers who recognized in science the tool that would enable them to attain literature's century-old aim to disclose the nature of things and then recreate it in artistic images. Hence, the emergence of literary realism with its faith that through the lens of science the writer will discern a veritable picture of reality. In *The Experimental Novel*, Emile Zola postulates that realist (naturalist) writers use their fictional universe as a laboratory for experiments in positive science, where the impact on the characters of social conditions and, on the other hand, of certain biological givens can be traced. However, the following exploration of Dickens's understanding of the causes, manifestations, and treatment of pulmonary tuberculosis gives special regard to a *differentia specifica* of his realism. Far from naturalistic crudeness, Dickens's writing mitigates the dismal aspects of human condition by a salubrious stream of sentimentalism. The paper opines that the representations of the plight brought by consumption on the dwellers of the nineteenth-century city found in a number of

Dickens's works define the great British author as a realist, who is capable of looking at the universe through a naturalistic lens, and, simultaneously, as a sentimentalist who believed that consumption ultimately stems from human insensitivity and neglect for their living environment and fellow beings, and who promoted love and solidarity rather than science as its cure.

Dickens's sentimentalism derives from the eighteenth-century moral philosophy of the Enlightenment, the age that laid the intellectual foundations of modern culture. In subsequent periods however, Louis Dupré writes, the nature of eighteenth-century thought has been severely oversimplified in dismissing it as rationalism. The rationalist tendency did indeed exist, but so did others pointing in the opposite direction. One might just as well describe the Enlightenment as an era of sentimentality. (xii-xv) As a moral and social philosophy, sentimentalism proclaimed that the ties of emotion are the principle force that sustains harmonious human communities. While sentimentalism was essentially an outgrowth of the cult of sensibility, by the end of the century the veneration of pure reason as the highest human faculty, accompanied by a corresponding suspicion toward feeling on the part of the influential German classical philosophers put sentimentalism on the defense. From philosophy it retreated into literary discourse, dominating the imaginative writing of Romanticism and exerting its sway on every subsequent literary period.

To a great degree, it is the sentimentalist mode that distinguishes the representations of pulmonary tuberculosis in Dickens from those found in contemporaneous non-fiction. Dickens's active years, the second tier of the nineteenth century, saw the inception of public health with its subfields – epidemiology, biostatistics, and environmental health. In order to ward dangerous contagions off the cities and promote healthy behaviors, the pioneers of public health were preoccupied with surveillance of the epidemics' spread and organization of the findings into statistical data as the basis for population health analysis. This epidemiologic knowledge and its applications did not remain confined to scientific treatises and official population records, but were disseminated as issues of general concern by the press. Newspapers adopted the statistical ways of presenting the incidence of tuberculosis and other communicable diseases, establishing correlations between urban conditions and morbidity/mortality, and charting trends in the development of the epidemics.² Thus, *The*

² According to Porta (22), epidemiology is generally defined as "the study of the distribution and patterns of health events, health characteristics and their causes or influences in certain populations." It is considered "the cornerstone method of public health research, and helps inform policy decisions and evidence-based medicine by identifying risk factors for disease and targets for preventive medicine." Epidemiologists are involved in the design of studies, collection and statistical analysis of data, and interpretation and dissemination of results (including peer review and occasional systematic review).

Northern Star and National Trades' Journal of Leeds, England from Saturday, March 31, 1849 reads:

Mortality in the Metropolis. – The weekly return continues to exhibit a satisfactory state of public health. The deaths, which were about 1,200 towards the end of last month, have fallen in the last week to 1,048 or 121 less than the average. The mortality from epidemics, with the exception of hooping cough, is little more than the average, and has fallen twenty-five per cent within the period of the month. The mortality caused by smallpox and measles is still unusually low; and that from scarlatina is now little more than the average. Diarrhea has declined; and the deaths from cholera are only 10, 9 of which as is shown below, occurred in one workhouse and two hospitals; three in one family. Scarlatina and typhus were each fatal to 40 persons. Which is rather less than the average for the latter disease. Inflammation of the lungs and air passages, and pulmonary consumption, do not prevail fatally at the present time: the aggregate deaths in the week from these diseases were only 260, whereas the average is 329.³

Not unlike journalists and health officials, nineteenth-century British prose writers, aiming at a truthful representation of urban life, registered in their works the devastation epidemics brought on the city dwellers. Dickens wrote within the same paradigm of nascent science that informed medical treatises, administrative documents, and newspapers. As the following extract from *Dombey and Son* shows, he also laid the blame for the "new diseases" on the poor sanitary conditions of the London slums as well as on the general poverty of the city residents:

Was Mr. Dombey's master vice, that rules him so inexorably, an unnatural characteristic? ... Alas! are there so few things in the world around us, most unnatural, and yet most natural in being so? ... Look around upon the world of odious sights – millions of immortal creatures have no other world on earth ... Breathe the polluted air, foul with every impurity that is poisonous to health and life; and have every sense, conferred upon our race, for its delight and happiness, offended, sickened and disgusted, and made a channel by which misery and death alone shall enter ... Then should we stand appalled to know,

³ Studies on the history of public health unanimously consign the surge of its ideas and practices to the time when most of Dickens's works were serialized. Part of this surge were the Sanitary movement following Edwin Chadwick's famous 1843 report on the sanitation of the working class population in Great Britain and John Snow's inceptant epidemiological research that identified polluted public water well as the source of an 1854 cholera outbreak in London. For more information, refer, for example, to Rosen's *A History of Public Health* (1993).

that where we generate disease to strike our children down and entail itself on unborn generations, there also we breed, by the same certain process, infancy that knows no innocence, youth without modesty or shame, maturity that is mature in nothing but in suffering and guilt ...
(619)

Two features distinguish the text of *Dombey and Son*, Dickens's tale of "consumption" afflicting the small heir to a family firm, from the non-fictional sources about pulmonary tuberculosis in the period. First, as a number of authors maintain, consumption serves in the novel as a metaphor for all that is wrong and unnatural about capitalist world (Andrews 89, Trotter 163). Considering that the master vice of Mr. Dombey's generation is the insatiability for wealth, *Dombey and Son* conveys a vitriolic critique of the world of trade. It delineates capitalism as a corrupter of the mind, with moral disintegration projecting itself onto the living environment and, ultimately, onto the human body. Of course, tuberculosis was the product of laissez-faire capitalism whose success was possible because the system allotted meager resources to the exploited urban population. TB's early name, *consumption*, alluded not only to the fact that the diseased are very visibly consumed by it leading to their physical dissolution, but also to its connection with consumerism – the benchmark of thriving capitalism. Second, we maintain that Dickens's artistic representations of TB are *superior* to those found in the newspapers or city authorities' records from the era in their intellectual and emotive power. Though the statistics circulated in nineteenth-century press and documents are grisly enough in the sheer numbers of deaths, they lack the appeal of Dickens's allusive and ornate language. Their neutral tone and expository mode merely sum up the fatalities from the disease. By contrast, the writer's pathos and philosophical insight go beyond the bare facts and recreate the drama of a decaying environment and degenerating human race that arouse from modern humans' hubris – capitalistic greed; a drama that evokes pity and fear among the middle class readers and impels them to help their fellow beings afflicted by consumption.

Dickens sees pulmonary tuberculosis in sentimental color even when he replaces the sociological lens with a medical one. Otherwise, his descriptions of TB cases are distinguished by scientific precision and detail. The realism with which a number of Dickens's works present the disease's symptoms was undoubtedly possible owing to the scientific advances during his lifetime regarding its causes and diagnostics. New tools to the aid of the physician like Laennec's stethoscope allowed the systematization and understanding of tuberculosis's clinical picture. But in difference to the dry scientific descriptions, Dickens's consumptive characters serve the essentially sentimental purpose of cultivating empathy in the readers, of sensitizing them about

the psychophysical torture of the sick. Again, clinical pictures outlined by physicians lack artistic imagery – the writer’s most powerful expressive means. Only the meaning-laden literature produced by masters of the plume like Charles Dickens is capable of conveying both the symptoms – prolonged cough and bronchospasm, fever and night sweats, loss of weight and energy, poor sleep and appetite – and the emotional trauma experienced by the TB victim:

I found poor Fanny in one of those paroxysms described by my father ... and could have conceived nothing more terrific. No words can express the terrible aspect of suffering and suffocation — the appalling noise in her throat — and the agonized look. ... From that, she sunk into a kind of lethargy. Sleep seems quite gone, until the time arrives for waking no more. (Caplan 147)

Found in a letter Dickens penned to his wife Catherine on 1 September 1848, this scene of a consumptive girl’s fearful agony foreshadowing the imminent lethal end is terrifying to read precisely because of its palpable genuineness. Dickens blends the lenses of realism and sentimentalism, thus capturing simultaneously the disease’s outward signs, emotional effects, and moral implications – all being aspects of illness as a physical, psychological, and social phenomenon.

Dickens’s mode of portraying London’s minimal consumers, the very poor, for whom tuberculosis has special predilection by infusing an otherwise realistic tableau with sentiment and social commentary is similarly evinced in *Sketches by Boz*, a 1836 collection of short pieces. Episodes like "The Pawnbroker’s Shop" (XXIII) are shaped out of affective engagement, ranging from passing remarks of sympathy to vehement denunciation:

This eloquent address produces anything but the effect desired; the women rail in concert; the man hits about him in all directions, and is in the act of establishing an indisputable claim to gratuitous lodgings for the night, when the entrance of his wife, a wretched, worn-out woman, apparently in the last stage of consumption, whose face bears evident marks of recent ill-usage, and whose strength seems hardly equal to the burden—light enough, God knows!—of the thin, sickly child she carries in her arms, turns his cowardly rage in a safer direction. ‘Come home, dear,’ cries the miserable creature, in an imploring tone; ‘*Do* come home, there’s a good fellow, and go to bed.’ ‘Go home yourself,’ rejoins the furious ruffian. ‘Do come home quietly,’ repeats the wife, bursting into tears. ‘Go home yourself,’ retorts the husband

again, enforcing his argument by a blow which sends the poor creature flying out of the shop. (*Sketches by Boz* 319)

In the above citation, the authorial voice is humane, commiserating with the plight of the afflicted (*a wretched worn out woman, miserable creature, poor creature*). The ravages left by the disease and the husband are expressed by subjective comments (*furious ruffian, marks of recent ill-usage, in the last stage of consumption*) amidst an otherwise naturalistically rendered city space. Such throbbing compassion is distinctively Dickensian. It is the expression of a soul sensitized to the suffering of his fellow beings, as Dickens himself spent his early years struggling against poverty in a milieu where the specter of TB would lurk behind every corner (Ackroyd 1–174).

The passages selected in the present paper by no means exhaust the depictions of pulmonary tuberculosis in Dickens. Consumption explicitly named or hinted at by way of its symptoms looms in his novelistic universe as a daily companion to city life even in cornerstone works like *Oliver Twist* and *The Old Curiosity Shop*.⁴ The current interpretation aims to reveal the complexity of these nineteenth-century literary representations of TB as well as their relevance to the medical policy, science, and practice of our day through the approach of the medical humanities and, more specifically, the burgeoning interdisciplinary field of medicine and literature. The "medical humanities" encompass the recently discerned intersections between, on the one hand, the humanities (literature, philosophy, ethics, history and religion), social science (anthropology, cultural studies, psychology, sociology), the arts (literature, theater, film, and visual arts) and, on the other hand, the health sciences. In the case with the work of Charles Dickens, the potential yields from such cross-pollination fall into two groups. Heretofore, it was illustrated how medico-historical knowledge can serve the literary scholar as a visual diagnostics apparatus for examining the body of Dickens's works. Its complex texture combines the conceptual strength of naturalistic observation, the astuteness of social criticism, and the ardor of humanism – a blend of qualities that gives it the capacity to produce tremendous impact on the thoughts and emotions of the reader. In turn, the paper's concluding sections outline the second group of yields from the contact between Dickens and natural science – the relevance and import of a nineteenth-century author's understanding about the causes, effects, and treatment of pulmonary tuberculosis for present-day healthcare and medical practice. For one thing, a greater awareness of the literary accounts of the living conditions in the European cities from Dickens's age

⁴ Critical explorers of Dickens should be aware of a peculiarity in his representations of consumption. As M. Anne Crowther warns, "Dickens is rarely specific on the causes of non-accidental death in his fiction" (Crowther qtd. in Byrne 4). However, while the author does not explicitly name the consumptive disease afflicting some of his characters and some ambiguity may exist about the diagnosis, pulmonary tuberculosis can most often be identified by its symptoms.

– which accounts, as was noted earlier, represent historical sources and sociological insights in full right – could have alerted late twentieth-century policy makers about the potential of TB as an urban hazard. The wave of modernization and urbanization in the Third World since the 1960s, as well as the increased stratification following the swerve to laissez-faire capitalist in a number of developed countries (including the United States and Japan) caused overcrowding and unsanitary conditions in poor neighborhoods, prisons, and homeless shelters. These processes uncannily evoke Dickens's understanding of the so-called *rookeries*, overcrowded residential areas where many tenants regardless of sex or age would occupy the same room, and where salesmen or transient travelers would hustle and bustle, as hubs of the air-borne tubercular infection. Considering the strong correlation between unsanitary urban conditions and TB incidence suggested in Dickens's works, the surge in TB cases worldwide in the mid-1980s should not have come at a surprise. And while this perilous trend was curbed by year 2002, pulmonary tuberculosis remains the most common cause of death from infectious disease if the deaths of HIV/AIDS patients due to TB are included (*Global Monitoring Framework*).

As explained earlier, Dickens's nearly accurate conceptualization of the relationship between tuberculosis and sordid urban conditions owes itself to the birth of public health in nineteenth-century England. However, his general faith in natural science's capacity to ward human beings against discomforts and perils wanes when it comes to pulmonary tuberculosis. In a late piece from *Sketches by Boz* (Chapter II) he grimly ponders on medicine's impotence before this "dread disease" in which death "is ever sure and certain." Though Dickens's assertions that victims of consumption never escape from its claws in *Sketches by Boz* and other works serve the purpose of generating dramatic effects, these assertions, interestingly, yield new meanings in the world of today when medicine, unexpectedly, is being challenged by multidrug-resistant TB strains. And here comes Dickens's probably most significant insight for policy makers and healthcare workers alike: how should healthcare respond to a grave and insusceptible to treatment disease? Dickens's answer springs from the sentimentalist charge of his oeuvre and can be defined in the terms and concepts of contemporary healthcare as *social support*.

In *Sketches by Boz* tuberculosis emerges as an allegory of the indifference that reigns in the modern city, as a compelling illustration that its inhabitants have lost their sensitivity, have degenerated to a level where they can no longer experience the natural emotions of love or mercy. In the sentimental tradition such disturbing tales aim to arouse the reader's sympathy, indignation, and, consequently, a desire to help the diseased. Conversely, the alacrity to come to the rescue of one's fellow beings is put forth for emulation. Examples of the latter in Dickens do exist – even particu-

larly memorable ones such as a parish's preoccupation with their ill priest told in Chapter II of *Nicholas Nickleby* (Dickens's third novel serialized from 1838 to 1839):

The curate began to cough; four fits of coughing one morning between the Litany and the Epistle, and five in the afternoon service. Here was a discovery—the curate was consumptive. How interestingly melancholy! If the young ladies were energetic before, their sympathy and solicitude now knew no bounds. ... Anonymous presents of black-currant jam, and lozenges, elastic waistcoats, bosom friends, and warm stockings, poured in upon the curate until he was as completely fitted out with winter clothing, as if he were on the verge of an expedition to the North Pole: verbal bulletins of the state of his health were circulated throughout the parish half-a-dozen times a day; and the curate was in the very zenith of his popularity. (24-25)

In our opinion, the above scene from *Nicholas Nickleby* constitutes a conceptual hub in Dickens's oeuvre, where his views on pulmonary tuberculosis converge, complicate, and radiate to shape the nineteenth-century visionary's understanding of social support as the most effective way of fighting disease. *Social support* is generally defined as the feeling that one is cared for and has the assistance of other people, and that one is part of a supportive social network. Supportive resources are usually categorized as emotional, tangible, informational, and companionship.⁵ These types of social support can be identified in the episode from *Nicholas Nickleby* relating the care of the town community for their ill priest. The concern and affection that stand at the heart of emotional support are manifested in the township's "sympathy and solicitude" that know "no bounds." Moreover, emotional support can take the form not only of abstract care and assistance but of concrete gestures telling the individual that he/ she is valued (hence, the alternative terms *esteem support* or *appraisal support*). This considered, the facts that the curé's health endures as the main topic for public discussion ("verbal bulletins of the state of his health were circulated throughout the parish half-a-dozen times a day") and that, though diseased, his ministerial service is even more popular can also be regarded as expressions of emotional support. Most patent in the episode however is the tangible support. Tangible support has been defined as "the provision of financial assistance, material goods, or services" (Taylor 190). The congregation's application to secure the material conditions necessary for the priest's recovery swells beyond any needs he may have and serves to generate the distinctive Dickensian humor that infuses bright and funny air in es-

⁵ For more information on the sources of social support, refer to Taylor (189–214).

entially dismal situations. "Anonymous presents of black-currant jam, and lozenges, elastic waistcoats, bosom friends, and warm stockings, poured in upon the curate," the passage relates, "until he was as completely fitted out with winter clothing, as if he were on the verge of an expedition to the North Pole." The the narrator's tone is highly approving despite the ironic tinge about some of the ladies' motives for this overboard generosity. Yet, this tone also gives out that along with the massive tangible support the curate is being enfolded with companionship and advice (i.e. informational support) which, as will be discussed in greater detail, are sometimes indispensable for the patient's recovery (Uchino 41).

How shall present-day medicine assess the nineteenth-century community's response to pulmonary tuberculosis described in that momentous passage from *Nicholas Nickleby*? In effect, such an assessment demonstrates the "medicine in literature" aspect of medical humanities, that is, the literary critics' use of specialized knowledge to uncover ideas encoded in literary works. This uncovering of Dickens's ideas about disease and healthcare however has its repercussions back on the plane of medical science, since these ideas – especially the view about social support's significance for the patient's recovery – represent an old formula for helping TB victims a century before the discovery of streptomycin, the first antibiotic effective against *M. Tuberculosis*. Interestingly, this formula is currently being revalidated in medical theory and practice. The focus on the patient's quality of life, Uchino asserts in *Social Support and Physical Health: Understanding the Health Consequences of Relationships*, his overview of the problematics of social support, health, and illness, has increased greatly in the past several decades. A rising number of recent studies corroborate the significance – so much emphasized in Dickens – of social support in the treatment of serious diseases like TB. As a result, there have been over 45,000 articles, chapters, and books published on social support across a wide range of disciplines related to healthcare (including psychology, medicine, sociology, nursing, public health and social work) in the past thirty years. A consensus seems to form that social support positively affects both physical and mental health. It is associated with effective immune system functioning and greater likelihood for recovery from minor and grave conditions. Besides the more obvious effects of creating material and psychological milieu that favors recovery, modern research has also identified purely biopsychological pathways through which social support boosts health.⁶ Such findings give grounds to argue that social support appears not merely as a helping tool to therapy (treatment) – commonly defined as "the attempted remediation of a

⁶ An informative overview of the models explaining the link between social support and health outcomes (the buffering hypothesis, the main effects hypothesis, the biological pathways models) can be found in Uchino, Chapters II and III.

health problem" (Porta 212) – but can become indistinguishable from therapy itself.

All in all, when professionalized, institutionalized, and commercialized medicine, confident in its capacity to fight off TB, was put on the defense by the disease's unexpected advance in the late 20th c. – its pharmacological responses feeble against the emerging drug-resistant strains of bacilli and its costly schemes unrealizable in the poor communities of Asia and Africa – physicians and healthcare planners were forced to rethink the very foundational principles behind the treatment of tuberculosis. Among the fruits of this shift were a number of highly successful projects for circumscribing TB in Third World countries. Coordinated by the World Health Organization across six countries, "Community TB Care in Africa," perhaps the most notable of these initiatives, established community-based treatment for TB patients which featured the training and supervision of family members and neighbors in activities that can be alternatively classified in public health as therapy or social support. The project has been widely praised by researchers, state officials, and WHO experts as economical, safe, and efficacious, with treatment outcomes at least equivalent to or improved compared to those achieved in health facilities and at 40-50% lower costs than facility-based care.⁷

Great works of literature and art, renowned surgeon and author Dr. Pauline Chen writes in her *New York Times* column, offer valuable records on medical practice that can provide those involved in healthcare with "insights into the human condition, suffering, personhood, our responsibility to each other" thus helping them "to develop and nurture skills of observation, analysis, empathy, and self-reflection." The present juxtaposition between Charles Dickens's representations of pulmonary tuberculosis and problems of contemporary healthcare stands as yet another illustration for Dr. Chen's words about the benefits for medical science and ethics that arise from the encounters between medicine and literature. "Community TB Care in Africa" and other projects for community-based treatment and social support exemplify medicine's rediscovery of mechanisms for caretaking of the sick that traditional communities have developed – practices evidenced in imaginative writing from the past. Like the nineteenth-century community from *Nicholas Nickleby*, today's health policy planners and medical practitioners become increasingly aware that much more can be done to fight a disease than attacking its immediate cause (bacterial pathogens, in the case with TB). Social support is increasingly considered a mighty tool for improving the quality of patient's life and stimulating human organism's resources to cope on its own with serious conditions. On the plane of medical ethics,

⁷ For an evaluation of "Community TB Care in Africa," see Akugizibwe and Ramakant's article "Challenges for Community Role in Tuberculosis Response."

Dickens's vision of disease and healthcare revalues sentimentalism as a modality in the healthcare worker – patient relationship. As contemporary medicine moves toward the so-called biopsychosocial model (BPS), the sentimentalist values of empathy, self-reflection, and display of affection for the diseased on the part of both their proper social circle and medical staff begin to assume a central place in contemporary healthcare schemes.⁸ In effect, the very origins of BPS, which posits that psychological and social factors and not biological processes alone play a significant role in human health, can be traced back to the intellectual tradition of sentimentalism; it resonates with the idea (later embraced by Dickens) of sentimentalists thinkers – both novelists like Radcliffe and Edgeworth and naturalists like Adam Smith – that human emotions can be harmonized and bodily health improved in a communal milieu suffused by the gentle affectations (that is, display of feelings) among its members (Barker-Benfield 100). The study of the medical humanities can therefore be beneficial for medical professionals, helping them realize that tuning in the medic – patient relationship to certain ethical principles is not a loss of time and unnecessary effort, but is integral to a professional conduct that, according to BPS, directly works for the recovery of their patients. In turn, this line of reasoning reasserts the medical humanities' capacity to discover the applications of intellectual traditions from the past to current problems of medical policy and practice, thus valorizing this interdisciplinary field's place in today's medical education.

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⁸ The biopsychosocial model, popularly known as the "mind–body connection," contrasts with the traditional, reductionist biomedical model suggesting that disease can be explained in terms of a biological cause such as a pathogen, genetic or developmental abnormality, or injury. It was theorized by psychiatrist George L. Engel, and putatively discussed in a 1977 article in *Science*. While so far no single definitive biopsychological model has been published, the concept seems to generate a paradigm shift in medicine and healthcare. For more information on the subject, refer to Santrock, Chapters 8 and 9.

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