

“A Human Bundle”: The Disaggregated Other at the *Fin de Siècle*

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Figure 1. Illustration of a man almost entirely made up with prosthetics. *Once a Week* 11.1 (1859): 220. Courtesy of ProQuest LLC, from its online product, *British Periodicals, 1681–1920*.

Picture your valet taking off both your legs ... , carefully placing away your arm, disengaging your wig, easing you of your glass eye, washing and putting by your masticators, and, finally, helping the bare vital principle into bed, there to lie up in ordinary, like a dismantled hulk[.] ... In these latter days we are, indeed, sometimes, as the Psalmist said, fearfully and wonderfully made; and, like the author of *Frankenstein*, we may tremble at our creations. (A. W. 220)

In the 1859 *Once a Week* article “The Artificial Man,” the author expresses concern at the dehumanizing implications of an increased reliance on human prostheses. Mirroring Edgar Allan Poe’s “The Man That Was Used Up” (1839), a short story about a war veteran whose reliance on prosthetics is revealed in an almost identical undressing scene, this article reveals anxiety about both the potential for technology to supplant the organic whole and the ability

of medicine to preserve life at the cost of human agency. The horror evoked here, as signalled by the allusion to Mary Shelley's *Frankenstein* (1818) and the accompanying illustration (Fig. 1), which shows an elderly man with four false limbs and a wig chasing a petrified able-bodied gentleman, reveals a fear about scientific progress gone too far. Though more concerned with the implications of physical loss than the replacement of human parts with prosthetics, Ernest George Henham's *fin de siècle* short story "A Human Bundle" (1897) provides a grim depiction of human otherness enabled by improvements in surgical practice.

Set in Manitoba, Canada, Henham's story (first published in the popular London-based journal *Temple Bar*) reveals the ill fate of a good-looking young English fop who is sent to "rough it" abroad in order to gain important life experience (49)—and potentially to put off a prospective marriage with a woman below his station. During a blizzard, the protagonist, Percival, attempts to rescue an elderly friend and is found "frozen stiffly into a sitting posture, [with] his hands clasped round his knees, [and] his body leaning forward" (56). Miraculously, the protagonist survives, though he endures amputation of both legs, both arms, his nose, and his ears. Percival is described by a distressed medical student as "nothing better than a human bundle—a lump of breathing, useless flesh" (58). Here, then, we see a hyperbolized example of a disabled character, who exhibits the antithesis of the Victorian ideal of health, for which physical integrity was a bulwark.

The nineteenth-century privileging of physical wholeness has been well noted by scholars. In his seminal 1978 work *The Healthy Body and Victorian Culture*, Bruce Haley highlights the importance of physical wholeness in Victorian Britain. He suggests that "no topic more occupied the Victorian mind than Health" (3). Indeed, wholeness, along with functionality and vitality, was a key component of what constituted health in this period. As Haley states, "health is a state of functional and structural wholeness. In an organism the two are related, for a structure becomes functional when viewed as part of a living whole" (20).

Drawing from Haley's earlier work, Erin O'Connor identifies the value attached to physical integrity in *Raw Material: Producing Pathology in Victorian Culture* (2000). As she states, "Victorian ideals of health ... centered on the concept of physical wholeness: a strong, vigorous body was a primary signifier of manliness, at once testifying to the existence of a correspondingly strong spirit and providing that spirit with a vital means of material expression" (104). We learn from these critical sources the tremendous cultural anxieties surrounding limb loss during this period.

Drawing on contemporary privileging of bodily integrity, Henham's narrative complicates disability studies scholar Martha Stoddard Holmes's "disabled male dichotomy" between "[t]he innocent afflicted child and the [adult male] begging impostor" (98, 95). Percival's disablement certainly evokes an emotional excess, thus conforming to Holmes's theory about the melodramatic emotionalism of nineteenth-century fictional depictions of disability. However, rather than inducing either sympathy or moral outrage, Henham's protagonist arouses both: the story induces empathy towards the victim of bodily loss and outrage at the surgeon who performed the amputations. The character's childlike appearance—as indicated by his "handsome ... boyish face" (44)—may, in part, account for the mix of emotions that his impairment incites. Percival is neither child nor man, but a character trapped in the liminal stage of youth, meaning that he does not produce pathos in the same kind of endearing way that a disabled child like Tiny Tim does nor does he arouse the anger and repulsion that a morally dubious adult character like Silas Wegg from Charles Dickens's *Our Mutual Friend* (1864–65) evokes. The narrator's and medical student's shared distress at seeing Percival's state stems from the loss of mobility as well as from the perceived diminution of agency, beauty, and virility occasioned by quadruple amputation. The student's pity is deepened by the assertion that "he was such a handsome fellow, too!" (58). Percival's own perceived lack of virility is highlighted in a heart-wrenching manner

when he asks the narrator if he thinks that his lover back in England will still accept his marriage proposal. The narrator's response, which marks the final line of the story, is telling: "She looked a loving, unselfish girl. And yet—!" (58). To the narrator of "A Human Bundle," human life is all but ended by a bodily disarticulation of this extent, as signified by the title of the story; a subsequent romantic relationship cannot even be imagined. This text both draws from earlier melodramatic depictions of disabled characters and reinforces a cultural privileging of physical integrity, which remained strong at the turn of the century.

The narrator's horror and anger at seeing and hearing about Percival's fate at the hands of a surgeon reveals a twofold anxiety about the medical profession: first, that surgical procedures, while preserving human life, can dehumanize patients; and second, that medical practitioners are too often driven by personal gain rather than by patient well-being. The innovations in medical practice and surgical technique that were made in the nineteenth century, significantly advancing the success rate of amputations, provide important context for Henham's story. Such advances included the development of more precise surgical blades as a result of using crucible steel, which was produced for the first time in the 1740s; the introduction of James Syme's new method of below-knee amputation in 1842;¹ the introductions of ether and then chloroform as anaesthesia in 1846 and 1847; Joseph Lister's advocacy of phenol-based prophylactic antisepsis in the late 1860s; and the emergence of surgical heat sterilization in France and Germany between 1883 and 1893.² These advances, this story suggests, provided surgeons with the power to save the lives of those left in the most dire of physical conditions, but not without potentially compromising the very humanity of such patients. Percival's bundle-like state at the end of the narrative raises ethical questions about if and when the medical profession should cease to intervene based on the quality of life a patient is likely to have should he or she survive.

The narrator's disgust at the surgeon who performed the amputations on Percival and who boasts of the procedures being "a surgical triumph" and "judicious amputation" (58), reveals a profound distrust of medical practitioners; the narrator passionately exclaims, "I should have liked to chop him up with his own knife" (58). There are hints that the operations performed upon Percival may not have been entirely necessary, and that they were perhaps completed for dubious research purposes or in a chauvinistic display of surgical prowess: the "inhuman" surgeon gloats that "this case will probably appear in the medical journals. It is most interesting—most satisfactory!" (58).³ Here, then, the story subtly critiques medical journalism, which, it is hinted, displays patients as curiosities and promotes the individual achievements of insensitive medical practitioners rather than promoting ways of improving patient health and well-being. The tale displays an anxiety towards both the surgeon—who, it is suggested, cares more about his own reputation than the welfare of his patient—and the potential dehumanizing consequences of multi-part amputation.

"A Human Bundle" can be read as part of a canon of stories about quadruple amputees that appeared in the second half of the nineteenth century, including Silas Weir Mitchell's popular "The Case of George Dedlow" (1866) and W. C. Morrow's grisly "His Unconquerable Enemy" (1889). Like "A Human Bundle," these stories directly draw upon a cultural interest in the physical, psychological, and ontological implications of extreme limb loss. Henham's story, in particular, is concerned with both the Frankensteinian implications of an increased ability to preserve life through potentially dehumanizing medical procedures and the role of the surgeon, who in the eyes of the narrator overzealously turns to such operations for self-aggrandizement. The story raises the emotive question: at what point does a surgical disaggregation of the body render a subject "a human bundle" rather than a human being?

¹ Syme advocated a method of amputation that utilized a large soft-tissue flap in order to provide the amputee with a well-formed stump capable of bearing weight. He theorized that if the thick skin of the foot could be preserved, it could be utilized for this very purpose, avoiding the need to amputate at a higher level. See Kirkup 75.

² For a more detailed explanation of these developments, see Kirkup 68–96.

³ Earlier in the century, particularly in the US, significant anxieties arose around amputations performed under anaesthesia. Some data suggested that death rates increased following the introduction of ether and chloroform. Others worried that because of anaesthesia some surgeons resorted to amputation too quickly. To learn more about the complexities relating to the introduction of anaesthetics, see Pernick.

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