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Diagnosing the "American Girl": Henry James's *Daisy Miller* (1878, 1909) As a Study in Illness Narrative

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> "As a human enterprise, medicine speaks primarily through the narratives its practitioners construct as hypotheses about a patient's malady, the stories that convey the medical meaning they have discerned in the text that is the patient."
>
> Kathryn Montgomery Hunter, *Doctor Stories*

Although it does not occur until the brief novella's final pages, the central conflict of Henry James's *Daisy Miller* is the death of its eponymous protagonist, Daisy. The story, first published in 1878 then revised and republished in 1909,[1] follows the *nouveau riche* American girl as she travels across Europe with her mother, young brother, Randolph, and European courier, Eugenio. When they eventually come to rest in Rome for the winter, Daisy reconnects with the American-born, though European-educated, Frederick Winterbourne, with whom she carries on a brief flirtation. She shows symptoms of malaria soon after an evening spent admiring the moonlit Coliseum with Mr. Giovanelli, a smartly dressed Italian man whom Daisy's fellow Americans abroad fear is a fortune hunter and, hardly more than a week after Winterbourne hears that she has become "dangerously ill," Daisy is dead (James 63). While scholars of American literature most often engage with *Daisy Miller* as a novella concerned with cross-cultural tensions and evolving gender norms, thus interpreting her illness through a metaphorical rather than medical lens, I contend that Daisy's sudden death by malaria radically reframes this tale of an American girl abroad as an illness narrative: a story told both to conceptualize and to rationalize the experience of ill health. Ultimately, the text operates as an attempt to diagnose Daisy—to revisit and thereby make sense of the tragedy that, although withheld until the novella's end, is nevertheless thematically central to the narrative.

When read as an illness narrative, *Daisy Miller* operates not only as an illuminating literary record of its historical era, one in which the wide acceptance of germ theories of disease and rapid advances in bacteriology ushered in a new age of scientific medicine, but also as a cautionary tale equally relevant to our contemporary moment, wherein rapid innovations in bioscience and medical technology threaten to efface the narrative dimensions of diagnosis and care. *Daisy Miller* does not present a single narrative of Daisy's illness, however. Instead, the novella offers multiple, and at times contradictory, explanations of how, where, and why Daisy contracts malaria. These explanatory illness narratives are colored by gender, class, and racial biases. The elite American expatriates' account of Daisy's illness, for example, betrays an interest in upholding cultural and community norms of class and gender performance while Winterbourne's inability to determine whether Daisy was "designing" and "audacious" or "simply a pretty girl from New York State" reveals the misogyny and ethnocentrism at the core of his "formula" for the "American girl" (James 12). Overlaying and complicating each of these "diagnoses," the novella lays bare the motives—and possible misperceptions—underlying the construction of explanatory illness narratives.

In so doing, *Daisy Miller* interrogates how and why we create causal illness narratives, thereby operating as what I term a "meta-narrative of illness": an illness narrative about the construction of

illness narratives.[2] Unpacking the novella's meta-narrative structure and elucidating the biases that underlie the explanatory illness narratives invented by Daisy's family and friends abroad, this essay seeks not only to offer a novel interpretation of a classic text, but also to engage in a larger conversation about the place of narrative in healthcare. Because "medicine has always been saturated with narrative knowledge," as Brian Hurwitz and Rita Charon insist, we must closely and critically attend to how stories of illness are both crafted and circulated within and beyond clinical settings (1887). Notably, Daisy is not permitted the opportunity to share in the construction of her illness narrative, which is recounted by an unnamed, quasi-omniscient narrator and preferences Winterbourne's perspective. Instead, *Daisy Miller* is, in many ways, Winterbourne's story since, as R. P. Draper argues, "the truth here is only the truth 'for Winterbourne.' What the truth for Daisy is, or what *the* truth is, it is not among the purposes of the story to unfold" (606, emphasis in original). When *Daisy Miller* is situated within the history of scientific medicine, Winterbourne emerges as a representative of the scientifically-minded clinician, thus reading the novella as a meta-narrative of illness calls attention to Daisy's silence and the biased perspectives of those who speak for her. In this manner, the novella demonstrates both the problematic reductiveness of "monologic encounters" in patient care and, per Nancy King and Ann Folwell Stanford, the need for a more deliberately dialogic approach to the creation and interpretation of patient narratives, thereby prompting further reflection on implicit bias and encouraging the joint construction of illness narratives within contemporary clinical settings, as well.

Diagnosing Daisy Miller

As the novella builds toward Daisy's eventual death from malaria, those closest to her propose to explain how and why she becomes ill. Daisy's brother Randolph, a rambunctious and outspoken child, offers the simplest and perhaps most accurate explanation for Daisy's illness: "It's going round at night that way, you bet—that's what has made her so sick. She's always going round at night" (James 63). Here, the likelihood of contracting malaria is conditioned directly on Daisy's exposure to known risk factors. At the time of the novella's first publishing, "Roman fever" was understood to be of miasmatic origin and spread via "bad air"—literally, "*mal'aria*" in Italian—though the disease was discovered to be transmitted by mosquito vectors prior to the novella's revision and re-publication in the early 1900s.[3] In either instance, Randolph's assessment of Daisy's risk for infection is medically sound, if somewhat incriminating—he implies that she ought to know better than to expose herself to illness, or at least know to take precautions. He even suggests that Daisy take "some of that medicine"—presumably prophylactic quinine—"before she starts in" on a late afternoon stroll (James 37).[4] Yet, despite her risky behavior, there is no reason for Daisy to die from malaria. Neither Giovanelli nor Winterbourne show signs of infection although both accompany Daisy on an ill-advised walk through the Pincio gardens at dusk and a risky midnight visit to the Coliseum. Moreover, Daisy assures them both that even "if there has been any danger," if she were to catch "Roman fever," her family's courier "has got some splendid pills" sure to cure her quickly (James 61).

Only Daisy's habits are strictly monitored and her "unsafe" behaviors condemned, and this heightened scrutiny of her conduct is reflected in the illness narratives constructed by Daisy's social circle. Throughout her sojourn in Rome, Mrs. Walker, who hosts the most exclusive parties for the wealthy American expatriate community, and Winterbourne's aunt, Mrs. Costello, condemn Daisy as too forward, too flashy, and far too unrefined—indeed, Mrs. Costello dismisses Daisy as "hopelessly vulgar" because "she tears about alone with her unmistakably low foreigners" (James 32). These women represent the ideals of an elite, "old money" American aristocracy, and their disapproval of Daisy's behavior implies that the American girl's bout of Roman fever is the direct result of her inappropriate conduct—conduct unbecoming of a woman and indicative of her gauche, "new money" tastes.

The narrative of Roman fever that Mrs. Walker, as a representative of the elite American expatriate community in Rome, invents is informed by her understanding of genteel femininity. When Daisy announces her plans to "go it on the Pincio" with Giovanelli, Mrs. Walker reacts with horror:

> "Alone, my dear—at this hour?" … The afternoon was drawing to a close—it was the hour for the throng of carriages and of contemplative pedestrians. "I don't consider it safe, Daisy," her hostess firmly asserted.
>
> Neither do I then," Mrs. Miller thus borrowed confidence to add. "You'll catch the fever as sure as you live. Remember what doctor Davis told you!" (James 37)

Here, Mrs. Walker moralizes malaria, recycling the familiar trope of illness-as-punishment to imply that Roman fever "mak[es] visible one's presence at the 'wrong' place and time of day" (Marsh 222). As critics and readers of *Daisy Miller* have long maintained, Mrs. Walker's concern functions as a thinly veiled form of gender policing; by equating ill health with improper behavior, her warning is meant to ensure that Daisy acts appropriately.[5] And yet, if Daisy chooses to walk at the hour preferred by "contemplative pedestrians," it seems strange that she "alone" should be at risk of contracting malaria at this hour. The risk, of course, rests upon the condition of being "alone." Daisy is in danger if she chooses to walk about unattended or, as in this case, improperly attended—un-chaperoned with the "dangerous attraction" Mr. Giovanelli (James 37). By describing the time of Daisy's stroll as "the hour for the throng of carriages and of contemplative pedestrians," the novella draws the reader's attention to the disconnect between an actual risk of infection and Mrs. Walker's concerns for appropriate gender performance. Among the "throng," Daisy alone is at risk of "catching the fever" because Daisy, having chosen to walk "alone" with a potential suitor, is breaking the rules of docile femininity. And the punishment for breaking such rules is, according to Mrs. Walker's explanatory narrative, a bout of the Roman fever.

Her narrative is also imbued with class bias, as the social conventions that Daisy flouts by walking unchaperoned with Giovanelli in a public garden lie at the intersection of class and gender. Only a "hopelessly vulgar" woman would deign to be seen with a "shiny…little Roman" like Giovanelli (James 32 and 54). It is not only that Daisy should be so bold as to be seen publicly with a man, but that she should choose to spend her time with a "presumably low-lived foreigner," one whom Winterbourne sneeringly refers to as "that thing," that the American expatriate community finds so unsavory (James 41 and 40, respectively). Newly wealthy as a result of Mr. Miller's industrial ventures, "Daisy and her mamma haven't yet risen to that stage of—what shall I call it?—of culture," Winterbourne concludes (James 54). Thus, Mrs. Walker's concern for Daisy's "safety" is really, rather transparently, concern for Daisy's reputation. And when Daisy refuses Mrs. Walker's advice, choosing to risk a bout of Roman fever and explore the Pincio with Giovanelli, she is shunned. Because the explanatory narrative crafted by the expatriate community equates illness with social impropriety, they respond as though Daisy's immorality is contagious and, in enacting a form of social quarantine, more harshly demarcate the boundaries of social class that distinguish the American elite from the frightfully common *nouveau riche*.[6]

While the American expatriate community in Rome structures its explanatory illness narrative around class-based ideals of appropriate gender performance, Winterbourne ostensibly bases his causal account of Daisy's illness in medical science. Rather than rely unconditionally upon the established wisdom of his aunt or Mrs. Walker, Winterbourne employs a scientific method in his effort to comprehend the bold decisions Daisy makes in life and the unfortunate terms of her death. Yet, although he is quick to revise his theories in light of new information obtained via observation, Winterbourne is hardly an objective observer. He prides his resistance to the simplistic, metaphorical terms of the American expatriate's account of Daisy's illness, but his formulaic approach to her

character and explanations for her death—inextricable from his idea of her as an "American girl"—are informed by biased perceptions of race and gender and only superficially grounded in "science."

Winterbourne strives to resist anecdote and adhere to the regulated, systematic forms of diagnosis defining late-nineteenth-century professional medicine as he fine-tunes his "formula" for Daisy's behavior. From the moment Winterbourne first meets Daisy in Vevey until his final conversation with Giovanelli at her funeral, he struggles to make sense of the pretty young creature introduced to him simply as an "American girl." He cannot determine whether Daisy acts the way she does because she is a American, and they are all incorrigible flirts, or because she is Daisy Miller: brash, clever, and innocently in need of social cultivation.[7] "Poor Winterbourne was amused and perplexed," the narrator informs us, upon first meeting Daisy, yet after weighing his first impression against what he has heard to be true regarding young women in America—"[s]ome people had told him that after all American girls *were* exceedingly innocent, and others had told him that after all they weren't"—believes he has finally "found the formula that applied to Miss Daisy Miller" (James 13, emphasis in original). Although he appears to weigh all of the options, to approach the problem of classification with rational objectivity, the evidence he cites is both anecdotal and secondhand. Unable to rigorously investigate the veracity of "some people's" claims, Winterbourne relies on appearances—"Miss Daisy Miller *looked* extremely innocent" (James 13, emphasis mine)—and his final "formula" is tainted by his romantic attraction to the American girl, no matter how scientific it may sound.

The extent to which Winterbourne's "formula" for Daisy's character and explanations for her death—inextricable from his idea of her as an "American girl"—are built upon gendered and nationalist, ethnocentric assumptions and only superficially grounded in science becomes clear when he happens upon Daisy and Giovanelli wandering through the "dusky circle of the Colosseum [*sic*]" around midnight (James 59). Before he encounters the pair, Winterbourne is struck by the beauty of the crumbling ruins, and

> began to murmur Byron's famous lines out of "Manfred," but before he had finished his quotation he remembered that if nocturnal meditation thereabouts was the fruit of a rich literary culture it was none the less deprecated by medical science. The air of other ages surrounded one; but the air of other ages, coldly analysed [*sic*], was no better than a villainous miasma. (James 60)

In the move from "Manfred" to miasma, Winterbourne's fleeting poetic meditation is hurriedly supplanted by a cold and analytical evaluation of the dangers to one's health; he imagines himself as the representative of cutting-edge medical science, bound to replace the "literary culture" of outdated medical practices wedded to subjective, cautionary tales that attribute illness to impropriety. Recognizing his shadowy companions in the Coliseum as Daisy and Giovanelli, Winterbourne redirects his cold, analytical eye from the environment to the American girl, methodically assessing the threat to her health in terms of biological immunity and susceptibility:

> Winterbourne had now begun to think simply of the madness, on the ground of exposure and infection, of a frail young creature's lounging away such hours in a nest of malaria. What if she *were* the most plausible of little reprobates? That was no reason for her dying of the *perniciosa*. "How long have you been 'fooling around' here?" he asked with conscious roughness.
>
> Daisy, lovely in the sinister silver radiance, appraised him a moment, roughness and all. "Well, I guess all the evening." She answered with spirit and, he could see even then, with exaggeration. "I never saw anything so quaint."
>
> "I'm afraid," he returned, "you'll not think a bad attack of Roman fever very quaint. This is the way people catch it. I wonder," he added to Giovanelli, "that you, a native Roman, should countenance such extraordinary rashness."

> "Ah," said this seasoned subject, "for myself I have no fear."
>
> "Neither have I—for you!" Winterbourne retorted in French. "I'm speaking for this young lady." (James 61, emphases in original.)

With the assurance granted to him by virtue of cold, scientific analysis, Winterbourne can authoritatively claim that *this*, the lounging about in a "nest of malaria," is *the* way that people catch Roman fever. Grounded in theories of "exposure and infection," Winterbourne's is not a moralizing tale of illness, it is a medical diagnosis. Like Randolph, he even goes so far as to prescribe Daisy medication, advising her "to drive home as fast as possible and take one [of Eugenio's pills]" (James 62).

Despite its clinical tone, however, Winterbourne's narrative essentially equates Daisy's illness with social impropriety. While he insists that even the "most plausible of little reprobates" does not deserve to die from Roman fever, whether or not Daisy contracts malaria depends on being in the wrong place at the wrong time, thereby echoing her mother's and Mrs. Walker's previous warnings against an unsupervised evening stroll with a suitor. Furthermore, Winterbourne's dependence on gendered nationality as the determinant of biological immunity ultimately reveals the racial biases underlying his narrative of malarial susceptibility. When he claims that a night spent in the Coliseum "is the way people catch [Roman fever]" (61), Winterbourne really refers only to Daisy. He concludes that Giovanelli, as a "native Roman," is immune to malaria and, despite concluding that the night air is "no better than a villainous miasma," Winterbourne himself continues to wander the ruins without fear of infection (James 60). That Daisy dies when Winterbourne and Giovanelli survive exposure to the same risks neatly marks, and quite brutally polices, gender norms and national belonging, which codes for race in this context. Within the narrative of illness, immunity, and susceptibility that Winterbourne constructs, the "American girl" is made distinct from both "native Roman" and the Europeanized American man, betraying his "evolutionist view that Italians, like Giovanelli—still European but not as advanced as the Swiss among whom Winterbourne has come of age—are biologically inferior to himself," Sarah Marsh argues (228). Ultimately, the biases lurking beneath Winterbourne's formulaic observations—the assumptions he makes regarding nationality, race, gender, and immunity, both discredit his understanding of Daisy's character and challenge the scientific authority of his medical diagnosis.[8]

Illness, Narrative, and the Science of Medicine

When read as a meta-narrative of illness, *Daisy Miller* exposes the unspoken assumptions and agendas underlying the explanatory narratives that mediate the space between observation and diagnosis. Indeed all illness narratives, even Winterbourne's "formula," are only ever partial: biased, imperfect, incomplete. Attending to the impartiality of illness narrative by foregrounding how these narratives are constructed, *Daisy Miller* accentuates the narrative foundations of medical and epidemiological knowledge even as medical practice was becoming increasingly dependent upon laboratory science. Whether or not James intends to respond to the late nineteenth-century professionalization of medicine with this novella, it speaks directly to the role of narrative in medical practice and the debate between "science and sympathy," as Cynthia J. Davis terms it, pitting the value of compassionate care against dispassionate diagnosis at the turn of the twentieth century (21–3). Although physicians relied heavily on narrative accounts of illness prior to the bacteriological revolution of the 1870s and the improvement of diagnostic technologies throughout the late-nineteenth century, by the early years of the twentieth century, "medicine was captivated by the promise of science" and drew its professional authority from technical competence (Cassell 23).[9] With the birth of bacteriology, medical practice became more precise as single, discrete, and visible—though microscopic—infectious agents were believed to be the cause of ill health. By the end of the nineteenth century, common afflictions including tuberculosis, cholera, diphtheria, plague, dysentery, gonorrhea, tetanus, and malaria were all attributed to infection with a pathogenic

organism (Bynum 129). Advances in medical therapeutics lagged far behind the gains in diagnostics, however, and despite new, scientific methods for identifying disease, doctors were unable to treat their patients any more effectively at the turn of the twentieth century than they had prior to the development of germ theory.[10] Thus, *fin de siècle* physicians' power lay in objective, laboratory-based diagnosis rather than effective curative methods, and medical practice at this time was most notably distinguished by its attention to observation and perception—a detached clinical gaze—than it was upon treatment. Consequently, stories and anecdotes in diagnosis and medical practice were marginalized, valued far less than pathophysiological explanations of disease illuminated by new diagnostic technologies and recorded as objective fact by clinically distanced observers.[11] "As healing became more professionalized and specialized," Davis explains, "the clinician's role came increasingly to be defined as observer rather than participant" (23).

Yet, in drawing attention to construction of explanatory illness narratives, *Daisy Miller* encourages readers to question the "fantasy of disembodied surveillance, [the] eagerness to observe and objectively represent previously obscure corporeal truths," that Davis locates within late nineteenth-century medical practice and literary realism (14). It gestures to what is lacking in *fin de siècle* medicine's glorification of clinical observation: an acknowledgement of the foundational role narrative logic plays in the construction of epidemiology and medical science.[12] Put simply, to both describe and diagnose disease requires narrative because it is not directly observable, always instead mediated by diagnostic technologies and manifested as symptoms that carry sociocultural meaning. Only when observable symptoms "cohere and interact and form a temporal pattern, we can speak of a *disease*" (King 233, emphasis in original). Because disease depends upon the temporal patterning of symptoms, diagnosis relies upon the immediate observation of symptoms, but must also account for predisposition, risk, and exposure to infection, as well as the onset of ill health and the manner in which symptoms progress. It is therefore dependent upon narratives of cause and effect and, as a result, in need of narrative interpretation. Thus, as Kathryn Montgomery Hunter contends, "medicine speaks primarily through the narratives its practitioners construct as hypotheses about a patient's malady, the stories that convey the medical meaning they have discerned in the text that is the patient" (25–6). "[M]edicine's working assumption that the clinical phenomena can be explained in linear fashion, with chains of discrete cause and effect," Hunter continues, "is challenged by the impossibility of human beings explaining other human beings satisfactorily in a purely objective way" (94). This impossibility of purely objective observation is precisely what plagues the characters in *Daisy Miller*, who are only capable of constructing explanatory illness narratives colored by gender, class, and nationalist biases.

Conclusion:

As a meta-narrative of illness, *Daisy Miller* maps the ways in which Winterbourne and the American expatriate community in Rome make sense of Daisy's illness, thereby prompting readers to consider the sociocultural contexts—and the distinct sociocultural biases these contexts foster—in which the narratives told to explain Daisy's illness are imagined, as well as to scrutinize the logic used by those attempting to diagnose the "American girl." As a collection of explanatory illness narratives, *Daisy Miller* accentuates the narrative bases of medical knowledge and cultural diagnosis at a moment when medicine was increasingly celebrated as an objective science. Reading the novella as a meta-narrative of illness destabilizes the gender-normative and ethnocentric terms of malarial metaphorization, exposes the narrative logic underlying medical diagnosis, and challenges the nature of objective observation in knowledge production, both scientific and cultural. In so doing, it lays bare the tensions underlying a transformative moment in American medical, literary, and cultural histories. But the novella's interrogation of objective observation, perception, and knowledge production is more than a critique of late-nineteenth-century medical practice. Inviting us to

scrutinize the process of constructing illness narratives, *Daisy Miller* demands closer attention to truth and narrative in the theory and practice of contemporary narrative medicine, as well.

In the days that pass between when he learns Daisy's diagnosis—"it had been indeed a terrible case of the *perniciosa*" (James 64)—and her death, Winterbourne hears from Daisy only with "worrying indirectness" (James 64). The "American girl" is never given the opportunity to speak for herself, to construct her own narrative of illness. She is stripped of her voice and her autonomy. Randolph, Mrs. Walker, and Winterbourne, especially, are thereby granted an outsized influence over her story. Enacting what King and Stanford have described as a "monologic method" of constructing patient narratives, they exemplify the moral conflicts inherent in this model; "in their desire to ascertain the true or deeper story of a patient's life and illness," King and Stanford warn, "conscientious physicians may over-read or may impose private interpretations without having a corresponding interpretation from the patient" (189). These "monologic encounters" are morally problematic because they "do not sufficiently acknowledge the patient's story or the patient's autonomy" (ibid.). Like Winterbourne and Mrs. Walker, physicians bring their unique perspectives, cultures, and values—including their biases—to their encounters with patients; unless they deliberately engage their patients in the dialogic construction of illness narrative, such stories are incomplete, if not wholly inaccurate. Thus, *Daisy Miller* reminds us not only, as Rita Charon writes in the preface to *Narrative Medicine*, that "there is little in the practice of medicine that does not have narrative features" (vii), but also that physicians cannot fully comprehend their patients' illness narratives without allowing them to tell these narratives for themselves.

NOTES

[1] The text of *Daisy Miller* varies considerably between the original version of the novella, published in 1878, and the revision published in 1909. As my analysis is primarily concerned with the narrative representation of Daisy's death from malaria, the moral implication of which is clarified by James's revisions to the text, all references are to the 1909 edition, edited by Adrian Poole.

[2] I am not the first to engage with the concept of "meta-narratives," nor the first to call attention to a "meta-narrative of illness." In *The Postmodern Condition: A Report on Knowledge* (1984), Jean-François Lyotard uses the unhyphenated "metanarrative" to refer to a common grand or totalizing narrative. More recently, scholars concerned with the role of narrative in medical diagnosis and treatment may refer to "meta-narratives" of cancer, for example, as the "social, cultural, and political contexts in which [patient narratives] are produced" (Atkinson and Rubinelli S14). Researchers investigating how patients with chronic illness use narrative to make sense of their experiences use "meta-narrative" to describe the collective presentation of their results; they can then generalize from this meta-narrative to identify common features in each of the individual patient narratives (McMahon et al. 1361 and 1364). My discussion of *Daisy Miller* as a meta-narrative of illness takes "meta" to mean self-referential, but in approaching the novella as a narrative about the construction of illness narratives, it also attends to the social, cultural, and political contexts in which the character's explanatory illness narratives are produced—grand, totalizing and/or normalizing metanarratives per Lyotard—and to the novella as a collective, summative meta-narrative (per McMahon et al.) that brings together the character's individual narratives.

[3] Translated literally from the Italian, malaria means "bad air," and it was long believed that foul-smelling air was responsible for individual instances and epidemic outbreaks of the disease—from the time of Hippocrates's first-century treatise *On Air, Water, and Places* until Ronald Ross's Nobel-worthy research determined the cause of malaria was a mosquito-borne plasmodium in 1898 (Guillemin). The stench of decaying matter, stale and overcrowded urban centers, marshy air, polluted water, sewage, and smelly industrial waste were all believed to induce malarial infection (Porter 26 and 60). See also Sarah Marsh, who provides a thorough overview of malaria's etiology throughout the nineteenth century (219–22).

[4] Quinine, derived from cinchona bark, was used as a malarial prophylaxis as early as 1620. It is likely that the courier's "splendid pills" and Randolph's recommended medicine are some form of quinine. For more on the history of malarial prophylaxis, see Magill.

[5] Readers and critics have resisted simple, gender-normative explanations of Daisy's illness and subsequent death since the novella was first published in 1878, and upon James's 1909 revisions to the text only more strongly attest to Daisy's integrity and condemn the American expatriate community's punitive logic (Dunbar, Newberry, Draper, and Marsh).

[6] See Marsh for further discussion of Daisy's social quarantine.

[7] For more on the construction of James's "American girl" characters, consult Fowler.

[8] Marsh's brilliant analysis of the novella's representation of malaria in the original and revised versions of *Daisy Miller* more fully elucidates the colonialist undertones of Winterbourne's evolutionary logic. Here, Marsh explores the underlying "sexist and nationalist ideologies" at work in Winterbourne's analysis of Daisy and Giovanelli and reads his failure to accurately comprehend Daisy's character as a critique of both scientific observation and the masculine

gaze (233). "By its end," she explains, "the revised novella has become a tale not about a sexually deviant young girl who suffers the consequences of her own sins, but about a self-gratifying man prepared to exploit others for the pleasures gained through the exercise of his scientific and masculine powers" (236).

[9] For more on the history of the professionalization of medicine, see also Starr (esp. pp. 79–144); Latour, and Bynum (esp. pp. 123–32, 137–41, and 218–26).

[10] Bynum contends that, "the impact of science was more striking on the public face of medicine, and on the diagnostic skills of doctors, than it was on their therapeutic capacities" (xii). Similarly, Laura Otis asserts that, "the rapid association of diseases with microorganisms in the 1880s led to no immediate cures" (24).

[11] George Rosen explains, for example, that "Increasingly, emphasis was placed on accuracy of diagnosis as a prerequisite for appropriate therapy and on the need to acquire the skills to employ newer knowledge and methods for this purpose. … It was no longer sufficient to rely on the indications of the tongue, the pulse, or the temperature; one had to use the microscope, staining reagents, and test tubes" (28).

[12] Since the end of the twentieth century, physicians, anthropologists, literary scholars, and scholars of medicine and culture have accentuated the foundational role of narrative in medicine, both in contemporary practice and throughout history. Consider, among others, Kleinman, Hunter, Davis, and Charon.

WORKS CITED

Atkinson, Sarah, and Sara Rubinelli. "Narrative in Cancer Research and Policy: Voice, Knowledge, and Context." *Critical Reviews in Oncology/Hematology* 84S2 (2012): S11–S16.

Bynum, W. F. *Science and the Practice of Medicine in the Nineteenth Century*. Cambridge and New York: Cambridge UP, 1994.

Cassell, Eric J. "Ideas in Conflict: The Rise and Fall (and Rise and Fall) of New Views of Disease." *Daedalus*. 115.2 (Spring 1986): 19-41.

Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness*. Oxford and New York: Oxford UP, 2006.

Davis, Cynthia J. *Bodily and Narrative Forms: The Influence of Medicine on American Literature, 1845–1915*. Stanford: Stanford UP, 2000.

Draper, R. P. "Death of a Hero? Winterbourne and Daisy Miller." *Studies in Short Fiction* 6.5 (Fall 1969): 601–8.

Dunbar, Viola R. "The Revision of Daisy Miller." *Modern Language Notes* 65.5 (1950): 311–7.

Fowler, Virginia C. *Henry James's American Girl: The Embroidery on the Canvas*. Madison: U of Wisconsin P, 1984.

Guillemin, Jeanne. "Miasma, Malaria, and Method." *Molecular Interventions* 1.5 (Dec. 2001): 246–9.

Hurwitz, Brian, and Rita Charon. "A Narrative Future for Healthcare." *The Lancet* 381 (June 2013), 1886–7.

Hunter, Kathryn Montgomery. *Doctor Stories: The Narrative Structure of Medical Knowledge*. Princeton: Princeton UP, 1991.

James, Henry. "Daisy Miller." *Daisy Miller and An International Episode*. Ed. Adrian Poole. Oxford: Oxford UP 2013. 3–66.

King, Lester S. *Transformations in American Medicine: From Benjamin Rush to William Osler*. Baltimore: Johns Hopkins UP, 1991.

King, Nancy M. P. and Ann Folwell Stanford. "Patient Stories, Doctor Stories, and True Stories: A Cautionary Reading." *Literature and Medicine* 11.2 (Fall 1992), 185–99.

Kleinman, Arthur, M.D. *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York: Basic Books, 1988.

Latour, Bruno. Trans. Alan Sheridan and John Law. *The Pasteurization of France*. (Cambridge MA and London: Harvard UP, 1988.

Lyotard, Jean-François. Trans. Geoff Bennington and Brian Massumi. *The Postmodern Condition: A Report on Knowledge. Theory and History of Literature*. Vol. 10. Minneapolis: U of Minnesota P, 1984.

Magill, Alan J. "For the Record: A History of Malaria Chemoprophylaxis." *Centers for Disease Control and Prevention*. Last modified August 1, 2013. http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-3-infectious-diseases-related-to-travel/for-the-record-a-history-of-malaria-chemoprophylaxis.

Marsh, Sarah. "Malaria and the Revision of *Daisy Miller*." *Literature and Medicine* 30.2 (Fall 2012): 217–40.

McMahon, Lindsay, Craig Murray, Joanne Sanderson, and Anna Daiches. "'Governed by the Pain': Narratives of Fibromyalgia." *Disability & Rehabilitation* 34.16 (2012): 1358–66.

Newberry, Frederick. "A Note on the Horror in James's Revision of Daisy Miller." *The Henry James Review* 3.3 (Spring 1982): 229–32.

Otis, Laura. *Membranes: Metaphors of Invasion in Nineteenth-Century Literature, Science, and Politics*. *Medicine and Culture*. Series ed. Sander L. Gilman. Baltimore and London: The Johns Hopkins UP, 1999.

Porter, Roy. *Disease, Medicine, and Society in England, 1550–1860*. 2nd ed. London: Macmillan, 1993.

Rosen, George. *The Structure of American Medical Practice 1875–1941*. Philadelphia: U of Pennsylvania P, 1983.

Starr, Paul. *Social Transformation of American Medicine*. New York: Basic Books, 1982.

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