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Sickness and Contamination in *The Yellow Wallpaper* and *Maggie: A Girl of the Streets*

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Honors College Thesis

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## Introduction

Two women, completely separated by social status and age, are suddenly beaten down to equally tainted ground under the scrutiny of sexist scholars and communities. All because they are women and do not conform to the ideas of society's "perfect" standards. One is of the upper, middle class, and the other is from the poverty-stricken streets of the alley. The first lady suffers from postpartum depression after giving birth, and she knows in her gut that the doctors' treatments for her are actually like poison to her blood. Her voice matters not, however, because she is perceived to be a lesser being than the male doctor. The second woman is born into poverty, and falls in love with a man who offers her love and a better life. Feeling safe, she gives her whole heart and body to him, only to have a woman with a slightly better financial standing replace her. Suddenly she matters less than the dirt of the alley, and is left alone to be kicked further down by her community. She is forced out of her home and has to sell her body to be able to live. His reputation, however, is not under the same scrutiny as hers in society. All because he is a man, and she is a woman; because women and femininity are considered a plague. Welcome to the late nineteenth-century where Charlotte Perkins Gilman's narrator of "The Yellow Wallpaper" and Stephen Crane's Maggie of *Maggie: a Girl of the Streets* live under these conditions.

This essay will take a different twist from the critical studies that have preceded it. The goal of this essay is to further Gilman and Crane's work by looking at sexism through the lens of nineteenth-century medical practices. Also, it will look at how they argued for women and their rights through way of the medical beliefs of their time by undermining them.

Up through the mid-nineteenth-century, physicians, who were almost exclusively male, were not technically required to have a proper license for their practice; rather, a proper social

standing was necessary to be able to practice medicine (Oppenheim 17). The Medical Act of 1858 prevented them from self-licensing, but it “did not [completely] eliminate competition from quacks and self-proclaimed healers” (Oppenheim 19). This being said, they would prescribe treatments that were less than helpful to patients but particularly to women because a woman’s word was not taken seriously when they said the treatments did nothing to help. In fact, many of their treatments were contradictory because doctors prescribed different remedies for the same sickness. These “quacks and self-proclaimed healers” did not know exactly how the mind and body worked, but, particularly, the mind and body of a woman.

A fatal sickness among pregnant women during the seventeenth-century, and up until the nineteenth-century, was known as “childbed fever” (Nuland 35). This disease truly puzzled doctors. Childbed fever resulted in a postpartum infection, killing many mothers and, often, their newborn babies because they did not have a mother to nurse them. The doctors’ research concerning this disease, and any other disease, “was based on an uneasy mixture of meticulous observation confounded by unprovable speculation” (Nuland 35). One of the most common theories was “milk-metastasis” (Nuland 35), in which doctors claimed the infection surrounding the uterus and ovaries was actually breast milk that had “been rerouted from its normal path to the breast” (Nuland 35-36). This is just one of outrageous theories that were unfortunately accepted up until the mid-nineteenth century. This was mostly because apprentices and other doctors had no other way to explain disease or contagion, so it had to be correct. This was the case for many perplexing diseases, mental and physical. But if a doctor did not like a particular theory, he could always just invent his own.

Suffering from post-partum depression after the birth of her daughter in 1885, Charlotte Perkins Gilman experienced the prolonging effects of the ignorance that was Doctor Silas Weir

Mitchell. His “rest cure” isolated Gilman and would not allow her to do anything physically or mentally challenging. Feminist researcher Catherine Golden writes in *The Captive Imagination* that Mitchell ordered Gilman to “lie in bed and she was not allowed to sit up, sew, feed herself, read, or write” (46). He also ordered that she be taken away from “familiar surroundings and family to curtail harmful habits” (Golden 46). Golden’s research states that “Gilman rigidly did this for three months” (8). Later Gilman wrote to Mitchell, asking him to change his treatment for her, but he told her to throw out her pen and paper. He basically poisoned and tortured Gilman’s mind by prescribing everything doctors today would prescribe against. Gilman understood that something was awry with contemporary medical treatments, and that physicians were severely lacking in key knowledge. However, Mitchell claimed that she was sick because of her “feminine emotions,” and she did not know what she actually needed. Her 1892 piece known as *The Yellow Wallpaper* is thus based on her medical experience.

Stephen Crane is widely known for his 1893 novella *Maggie: A Girl of the Streets*, and is also known for writing in the realist tradition. Just like Gilman, he composed some of the earliest examples of naturalism and impressionism by doing so. The frustrating part about Crane is that his biographies are somewhat a whirlwind of confusion. Many scholars cannot agree on what is truth or myth, and what we do know is somewhat questionable for this reason. Biographer Paul Sorrentino writes that “in contrast to the few completed Crane biographies are dozens of discarded attempts to narrate the life of an elusive author who, like the Cheshire Cat, ... vanishes [and reappears] throughout time” (1). Being the “Cheshire Cat” that he was, Crane would travel all over and often “disappear from the eyes of biographers for weeks at a time” (Sorrentino 2). There is legitimate documentation from 1991 stating Crane spent four years in New York City around the late 1890’s, where he was able to compose *Maggie*. Scholars write that “Crane and

his roommates explored the Bowery, where theaters, beer gardens, and music halls offered every sort of entertainment, from variety shows to classical operettas” (Sorrentino 105). This explains the elaborate descriptions of his “Rum alley,” bars, and theatres in the novella. They are, however, somewhat unfavorable descriptions. Crane had a firsthand experience with the poverty of New York. To understand the city, he dressed as a “hobo and spent four days in New York’s Bowery district to experience the life of the homeless” (Sorrentino 4). He saw every dirty nook and cranny of the alleyways, and understood better than any of his fellow men what it was like to be an “urchin” of the Bowery. Crane noted that it was horrible for a man to live such a way, but life was harder on a woman living the same way. Thus, his *Maggie* was born.

To accomplish the goals of this essay, Gilman and Crane’s works will be critiqued further, and will look closely at how both argue that sexism is the actual plague of society and not femininity. Gilman’s is based more on the psychological treatment (cognitive issues) of women, and her narrator uses the doctor’s own diagnosis process against him to prove her point. Crane’s focuses more on the gynecology (somatic issues) of the time, and he uses the idea of cleanliness through Maggie to show those who are prejudiced just how sickly they actually are. Gilman and Crane were not just looking at the world through feminist, or at least proto-feminist, eyes. They were also looking at it with the eyes of the doctors so that they could use their very practice against them. Yes, society and the current doctors looked at women as these unexplainable beings who were mentally and physically sick because they did not think or behave like men, but Gilman and Crane knew better. They both believed that society’s view of women was that of a contagion, and that, if not careful, they themselves could become sick with such beliefs. Because of this, Gilman was certain to make sure that Mitchell read her work. The surprising thing to her was that, not long after he read it, he changed the methods of his “rest

cure.” Crane did not have one specific person in mind, but knew he could make a difference by sharing the story of an innocent girl who gave her heart to the wrong man. He wanted to unveil his society’s eyes to their own infected belief system.

Chapter one will thus explain the description of Gilman’s wallpaper and how it represents the medicinal practices of her time. The remedies were in fact contagions themselves. The knowledge of germs and diseases during the nineteenth-century was either erroneous or inadequate. While many doctors did not fully understand that diseases could be spread through physical contact with an infectious object, some during the time started to consider and investigate the possibility. Reflecting this growing awareness, the wallpaper is a symbol that can demonstrate Gilman’s respective belief in contagions after her experiences with Mitchell’s “rest cure.” Throughout her work, Gilman constantly refers to the pattern in the wallpaper as “budding and sprouting mushrooms,” and that the “yellow dust” it produces is always on their clothes. Even the wallpaper’s infectious yellow color that she describes reminds readers of contagion and sickness. The wallpaper does not only irk Gilman’s narrator, however, for her husband also falls prey to the wallpaper’s effects. In the end, he faints as if he were sick and the narrator “has to [carefully] creep over him every time” as if he were the contagion himself. Women often had to bear the consequences of a man’s choice -good or bad- during the nineteenth-century, and Gilman’s story reflects the consequences of ignoring a patient’s doubts concerning a treatment received.

Chapter two will then examine how Stephen Crane’s *Maggie* both grounds and propels Gilman’s piece forward in the idea of femininity as a sickness. Throughout the work, he looks at the actual causes of contagions and then looks deeper into the carriers of those contagions. He uses this as a lens to look at a woman’s desire for sexual intimacy. In the nineteenth-century, it

was considered abnormal for a woman to desire sexual stimulation from her husband, but respectable women especially were not supposed to crave it. Male doctors were particularly afraid of women who did and diagnosed them as mentally or physically ill. Crane's novel seems to intentionally use descriptions that make humans with this opinion the *cause* of contagions, but particularly the male characters. They are the most contagious and hypocritical characters throughout the work, and they are the ones who look down on Maggie. Also, a very strange coincidence, the same "yellow dust" from Gilman's wallpaper covers Crane's street known as "Rum Alley." All of the inhabitants there have this "yellow dust" in their blood, but not Maggie. To speak against the sexism of the time, the novel describes Maggie as if she is an aspirator of a higher class than the others there. However, she is considered lowly in society's eye because she craved intimacy with Pete and gave herself to him. Crane saw that women were more looked down upon for living a sexually active lifestyle than men were. This is why Pete's reputation is unharmed by his mistreatment of Maggie, and he lives life surrounded with riches and even "trashier" women. However, he is just as guilty as Maggie, if not more. He was the true contaminator because he took what he wanted from her and left her to defend for herself. Men were immune to the purity requirements of femininity, and they often treated women who did not meet these requirements as a plague to be avoided. This view is the true sickness, and the novel reflects this perfectly through each of its characters.

Throughout the chapters, both nineteenth-century psychology and gynecology will be referenced and compared to the stories and their themes. It will progress with further detail of common treatments and beliefs in both fields, giving readers a deeper understanding of just how far medical practices shifted towards prejudice. It will also demonstrate how medicine has been affected by feminism. The chapters will expand upon the feminist ideas throughout them, and

even look at how each character succeeded or failed to accomplish them. However, the conclusion will explore how there is still more work to be done and how there needs to be more feminine emphasis in the medical field and literature world.

## Chapter I

### Psychology and Gynecology as a Contagion in *The Yellow Wallpaper*

When it comes to Charlotte Perkins Gilman's *The Yellow Wallpaper*, scholars have focused mainly on the feminism interlaced throughout it. Also, they look at how sexism affected Gilman and her narrator. For instance, scholar Paula Treichler writes in her essay "Escaping the Sentence: Diagnosis and Discourse in 'The Yellow Wallpaper'" that she "interpret[s] the wallpaper to be women's writing or women's *discourse*, and the women in the wallpaper to be the representation of women that becomes possible only after women obtain their right to speak" (64; emphasis mine). Scholar Mahinur Aksehir also writes in "Reading 'The Yellow Wallpaper' as Post-Traumatic Writing" that the story "narrates a traumatized middle-class woman's acting out the symptoms of trauma *caused by the social imposition of reductive models of femininity on her*" (par 5; emphasis mine). Still, many others believe that the symbols and images throughout Gilman's story merely encompass the narrator's distaste for being restricted by a marriage filled with condescension and sexism.

These same scholars focus, but not entirely, on a major part of the story: the medical practices of Gilman's time and how they influence her work. This, therefore, leaves a large gap in research. Treichler in particular describes the wallpaper as a social corruption that traps Gilman's narrator behind sexism, thus limiting her voice, but does not consider the infectious, disgusting descriptions of the wallpaper. Aksehir looks at these descriptions as a result of the "traumatic experience" that Gilman experienced under these conditions, but that is as deep as the

argument goes. The descriptions do in fact affect the narrator but *also* her husband and doctor, and they affect them as a contagion would. Gilman's wallpaper represents the confusion she experienced when sexism in the medical field began to mentally affect her. Catherine Golden writes in *The Captive Imagination: A Casebook on The Yellow Wallpaper* that "the nameless narrator ... has been read not only as [Gilman's] literary double but as a symbol of the woman's social *condition*" (10; emphasis mine). Golden and other scholars find that the "condition" or physical and mental state of the narrator is a crucial piece for understanding Gilman's wallpaper further. Scholar Jennifer S. Tuttle writes in her *Charlotte Perkins Gilman: New Texts, New Contexts* that "Gilman's story [is] of a woman objectified by both marriage and medical science, and then denied full bodily autonomy" (3). It shows that Gilman is not only crying out for equality among the sexes, but also for better medical practices, particularly those concerning women and mental health. Before readers can understand how mental health and psychology work in Gilman's piece, they must also understand how psychology and gynecology were intertwined during the nineteenth century.

Early American psychology was practically grounded in gynecology. According to G.J. Barker-Benfield, "abdominal surgery developed largely out of gynecology, and then in some sense, psychology out of gynecology" (82). This was because "women were the guinea pigs for modern surgery and psychology" (82). The difference between a man's body and mind from a woman's has puzzled and confused the sexes since antiquity, and it was passed on to early American physicians. For this reason, they wanted to understand it through study and examination. An arising gynecologist during the mid-1800s, Dr. Charles Meigs, instructed his students that "their study of the female organs would command an understanding of woman's whole being" (Benfield 83). Meigs believed that a woman's organs directly influenced her

emotional and mental being, and the key to understanding all women lay in understanding how the female body functioned. Gynecology for this reason was heavily influenced by his work, and his belief quickly spread throughout American medicine. Before long, male psychologists began to assume that female patients experiencing mental illnesses, or merely depression, were experiencing “feminine disorders” (Oppenheim 181). Janet Oppenheim in *Shattered Nerves* writes that these disorders were “related to menstruation, pregnancy, or lactation” (181). These same psychologists believed that “the nerves, ovaries, and uterus bound women in a stranglehold of *sickness* unlike anything that men experience” (Oppenheim, 187; emphasis mine). This prejudice made way for the common theory that women were sick merely because they had ovaries, and also allowed different or unique treatments according to a person’s sex. According to Oppenheim, “the [male] element of personal choice or responsibility was rarely granted much influence when doctors explained severe depression in women” (181). As mentioned earlier, most doctors and psychologists were not required to have a license for their practice and could create whatever treatments they saw fit, no matter how grounded in science they actually were. So “whether [the doctor] labeled it hysteria, gynecological disturbance, or nervous exhaustion, he played an important contributory role in constructing the nineteenth century’s model of womanhood” (Oppenheim 181). And this is the psychological belief that Doctor Silas Weir Mitchell’s treatment for Gilman falls under.

Of the three relations that Oppenheim describes, pregnancy is the “feminine disorder” that defines Gilman’s mental condition and the treatment that she receives. After Gilman had her baby, she experienced postpartum depression due to stress and feeling overwhelmed as a new mother. Her husband, Charles Walter Stetson, then contacted Mitchell for help with her “sickness.” Mitchell diagnosed her with “nervous prostration or Neurasthenia,” which is known

as “a breakdown of the nervous system” (Golden 7). After his diagnosis, Mitchell placed her under the “rest cure.” This was a treatment that American doctors based on Doctor William H. B. Stoddart’s work in England before coming over to the United States. It was a cure “that demanded enforced immobility so that an exhausted nervous system could replenish nerve force” (Oppenheim 121). However, Mitchell’s cure was different from the English, grandparent cure. Stoddart’s rest cure was “limited to two or three weeks,” but Mitchell’s would last “sometimes as much as six weeks” (Oppenheim 121). The only thing Gilman needed was to have her hormones checked and balanced to deal with her postpartum depression, not to be isolated and put in constant bed rest. So not only did Mitchell prescribe the wrong treatment to Gilman, but the damage he caused was double that of his predecessors and Stoddart’s.

Gilman records Mitchell’s words in her autobiography, and he told her to “live as domestic a life as possible. Have your baby with you all the time” and “never touch pen, brush or pencil as long as you live” (*Living* 62). The problem was that the baby was the reason for her stress. Following his prescription, Gilman finally “gave way to tremors and weeping when caring for her infant daughter” (Golden 7). It was even recorded that she “made a rag doll baby that she hung on a doorknob and began to crawl into dark corners in a state of mental despair” (Golden 7). Gilman, finally seeing the insanity in Mitchell’s rest cure and not herself, did not allow it to go on long after this. She defied both her husband and Mitchell, and finally picked up a pen and turned her experience into *The Yellow Wallpaper*. She writes: “It is a description of a case of nervous breakdown beginning something as mine did, and related as Dr. S. Weir Mitchell treated me with what I considered the inevitable result, progressive insanity” (*Living* 63). Her husband and Mitchell thought that her mind was under the influence of her feminine organs, but Gilman knew better. Her voice, however, was not heard until she down right refused his treatments. She

realized that her mind was reacting to something much worse: sexist based medical treatment. It was the outside source contaminating her mind and thoughts with something she knew to be foreign. It was like a contagion. Her realization of this influence can be shown in her descriptions of the house and wallpaper.

### **Gilman's Outlook on English Practices and American Practices**

If readers look closely, they can see that the colonial, summer home of Gilman's narrator represents the medical practices of England. Her narrator writes that there was "something queer about [the house]" (*Wallpaper* 1) but cannot deny that it is "the most beautiful place" (*Wallpaper* 2). Even though the ideas of psychology and mental treatments in England were still sexist and strange, the duration of those treatments were somewhat shorter and less damaging than that of America's. The narrator even writes that the house "makes [her] think of *English* places that you read about" (2; emphasis mine). As mentioned before, Mitchell's rest cure lasted for six weeks, while the English rest cures lasted for two to three weeks at most. They certainly sound more pleasant than the rest cure she experienced, and no wonder the house seems to personify Gilman's longing for something more bearable. The narrator goes on to describe the house as having "hedges and walls and gates that lock" (2), making it sound like a sturdy fortress. I believe that it is, seeing as Gilman wanted stability and security during her treatment time. Gilman saw that the English treatments might have offered her more of that and used the house as a representation for those feelings.

Gilman's wallpaper, however, is a personification of the belief system based around sexist, nineteenth-century psychology. The narrator describes it as something used in a "boys school" (2), suggesting that it represents the ideas of an all-male medical school. Gilman's

distaste for these ideas shows itself in the pattern of her wallpaper when she writes that “it is dull enough to confuse ... and pronounced enough to constantly irritate and provoke study” (2). Also, the wallpaper has “a horizontal breadth for a frieze that adds wonderfully to the confusion” (5). Gynecology, being already as confusing as it was at the time, was the “frieze” that psychology was built on. To Gilman, the doctors were “dull” and their ideas about the woman’s body and her mental state was “constantly irritating and provoke[d] study.” Doctors were constantly studying new methods and treatments, because one would be tested and it would contradict another. Gilman sensed that Mitchell and the other doctors were wrong about women, and that their treatments, like the “lame uncertain curves” (2) of the wallpaper, were “destroy[ing] themselves in unheard of contradictions” (2). The worst part, however, was that Gilman’s narrator becomes confused about the truth in the pattern. She is constantly trying to figure it out, and wonders if “the front and back patterns,” or gynecology and psychology, “really do move together or separately” (7). Gilman understood that gynecology had nothing to do with psychology, but the idea that it did was preached constantly. The foundation of these ideas was spreading across the nation and infecting doctors’ and patients’ minds like an epidemic, and even the narrator questions her common sense.

Gilman saw that the problem was with Mitchell’s beliefs about her, and represented this through the color of her wallpaper. It is “a smoldering unclean yellow” (3) that is “dull yet lurid orange in some places [with] a sickly Sulphur tint” (3). This sounds like an infected wound, and the very thought of it can make a reader feel sick. The thought of touching something like it would cause people to want to wash their hands, afraid they would come down with something. They knew their reputation would be contaminated by the medical practices that claimed they were sick with “feminine disorders.” This representation of contagion does not stop there,

however, for Gilman continues by saying the wallpaper is like “an interminable string of toadstools, budding and sprouting in endless convolutions” (7). A fungus is, to most readers, something that has a negative connotation behind it. The spores or dust of fungus can sometimes be poisonous, and they spread. However, they were used in medicines during the nineteenth century and were even found to be hallucinogenic. Gilman’s wallpaper leaves a yellow dust on anything it touches. The narrator writes that “the paper stained everything it touched” (7). Readers can see this as the medical practices of the time contaminating the minds of all who come into contact with them. Gilman’s had certainly been affected, and so much so that she was driven insane. This is reflected in *The Yellow Wallpaper*’s narrator.

### **A Medical Analysis of Gilman’s Characters**

Gilman’s narrator is one of the characters whom scholars tend to focus on, as they should, and they examine the conditions that many women during her time were put under. Ann Douglas Wood describes the narrator as someone who has “the untutored common sense [of a woman] that can outdo the professionally trained brains of those male doctors who labored in vain to cure [her]” (*The Fashionable Diseases* 8). This is certainly true, and I believe that is how Gilman intended it to be. However, Gilman did so by making her narrator keep a diary of her own condition. Many doctors kept medical journals about their patients during the nineteenth-century, as did Doctor Mitchell. However, *The Yellow Wallpaper* is not just a journal describing the narrator’s own progressing insanity. It also looks at the insanity of the doctors and their treatments through the narrator’s husband and his actions.

*The Yellow Wallpaper* has three main characters: the narrator, John, and Jennie. The second most important, I believe, is John. Cynthia J. Davis writes that many readers “may come

away from this story persuaded that the husband was a bit of a brute and the wife his helpless dupe—a reading that is often extended to the real-life counterparts. But the facts are more complicated” (*Love and Economics: Charlotte Perkins Gilman on ‘the Woman Question,’* par 8). Yes, there are several important, mental phases that the narrator goes through, but it is “more complicated” than that. It is important to see that John does also. In the first phase, John, as Gilman’s narrator describes him, is “practical in the extreme” and “has no patience with faith, an intense horror of superstition, and scoffs openly at any talk of things not to be felt and seen and put down in figures” (1). This is a common description of a scientist or doctor during the nineteenth-century, so John would be considered a rational, male physician (1). He is constantly worrying over the narrator, telling her what to do and what not to do. He does this so much that the narrator believes he “is one reason [she] do[es] not get better” (1). Barbara Ehrenreich and Deirdre English claim that “the upper-middle-class woman was the ideal patient: her illnesses—and her husband’s bank account—seemed almost inexhaustible” (*The “Sick” Women of the Upper Classes* 7). They also write that “as a businessman, the doctor had a direct interest in a social role for women that encouraged them to be sick” and that it was “his obligation to find causes of female complaints” (8). So, since John is a male and “a physician of high standing,” his claim stands that there “is really nothing the matter with [her] but temporary nervous depression— a slight hysterical tendency” (1). And there is nothing the narrator can do but follow his instructions. He isolates her in a country house and picks a room upstairs that has “air and sunshine galore” (2). For John it is the perfect get-well room, but not for the narrator. This, according to John, is silly, and he continues to be “very careful and loving” (2) towards her. However, in the second phase of John’s condition, the narrator begins to describe him in ways that causes readers to question his sanity.

Gilman's narrator begins to tell her readers that she is careful about what she does for *John's* sake. A reader might question this, seeing as the narrator writes that John said they went to the house "solely on her account" (2). At one point in the story, the narrator writes that she "takes the pains to control [herself] before him" (2). At first it seems that John has told her to control herself for her own health, but later the narrator writes that she "meant to be such a help to John, such a real *rest* and *comfort*" (3; emphasis mine), but could not be. If it is the narrator who needs "rest and comfort," why is she so worried about controlling herself so that John is not "made uncomfortable just for a whim" (3)? It almost sounds as if John is the nervous type, and that the narrator has to be careful not to set him off. This is interesting, especially since studies show that Mitchell, Gilman's doctor, also suffered a nervous condition. Golden writes in her *From Fat and Blood: And How to Make Them*, a background to Mitchell's medical theories, that "this nervous condition was not unique to Gilman ... ; men also suffered from it, as did Mitchell himself" (1). Scholar Ann Douglas Wood in her *Fashionable Diseases* takes the argument further and claims that John is not only suffering from the same condition, but is "modeled on Mitchell himself" (7). This fact is demonstrated by how the narrator must "take care of herself for *his* sake" (6; emphasis mine), even if it makes her "tired" (2). Whether John realizes it or not, he is actually the one who needs treatment. When John sees and denies his own illness, however, it progresses. He begins to ask her to get better for reasons that are not considered healthy or correct according to medical practices of his time.

As John stays in the house with the narrator, his medical advice and even words begin to contradict themselves. The narrator writes that "at first [John] meant to repaper the room" (3) that they were staying in, suggesting that he was concerned about his wife's comfort. This completely goes against the idea that a doctor's "obligation" was to encourage a woman's

“sickness” so that he could continue to treat her. However, the narrator writes that “afterwards he said [she] was letting it get the better of [her]” (3). John, too, is struggling with what he knows to be healthy for his wife and common protocol as a physician. Protocol won here, but later on his instinct does. John tells the narrator that she cannot have her family over, and he would “soon[er] put fireworks in [her] pillow-case as to let [her] have those stimulating people about” (3). But the narrator then talks about the Fourth of July, and how “John thought it might do [her] good to see a little company” (4). Even though John knows “there is no *reason* for her to suffer” (3), the narrator’s knowledge of what she actually needs seems to be curing him, even challenging his medical practices, with common sense. The contagion of his beliefs, however, continues to affect him, and so much so that even the wallpaper begins to infect his mind. At this point in the story, the narrator admits that she “is a little afraid of John” and that he acts “very queer sometimes” (7). She also secretly watches John while he is “*looking at the paper!*” (7). The narrator has “a scientific hypothesis” (7) of her own that the paper is affecting his mind just like it is hers, causing him to question his stance on his choice of the room. John is starting to realize his own “hypotheses” and treatments for her are causing them both to go insane. But he does not admit it to himself in time. For the “yellow smooches are on all of [the narrator’s] *and* John’s clothes” (7; emphasis mine), demonstrating a mental illness is already there.

When the narrator locks herself inside her room, John has his servants fetch an axe (10). He then bursts through the door to find the narrator crawling along the ground like an animal around the room. However, Gilman’s readers are surprised by John’s actions. He, not the narrator, faints as if he were the one who was sick. Even though most readers and scholars claim it is the narrator who is ill, Gilman clearly wanted her readers to know that John is the patient in the story, not her. Yes, he is the cause of the narrator’s sickness, but that makes him the

contagion itself. The very reason that the narrator is ill. Ann Douglas Wood writes that in this moment John's and the narrator's "roles have been reversed: *He* has become the woman, the nervous, susceptible, [and] sickly patient" (*Fashionable Diseases* 8) driven mad by nineteenth-century treatments. How very true! John has become the person that readers see as weak and look down upon.

### **John and the Wallpaper**

Not only does Gilman demonstrate how John is the patient through a type of medical journal, but she also reflects his contagiousness through the descriptions of the wallpaper. His ideas and prejudice are represented in the patterns she describes, but also in the fact that she gives the wallpaper a similar subconscious. Gilman writes, "this paper looks to me as if it *knew* what a vicious influence it had!" (3). At a later point in the story, the narrator finds John observing her while she looks at the wallpaper one evening. He even asks her, "what is it little girl?" (7). After the narrator expresses her doubts about her improving condition, John asks if she "cannot trust him as a physician" (7). However, their conversation does not seem to be for the narrator's sake. It is almost as if John is trying to reassure himself of his treatment for her, as if he "*knew* what a vicious influence [he] had." John even asks his sister "a lot of professional questions about [the narrator]" (9), further showing his doubt and concern. He is always, in some manner or another, keeping watch on her, just like the "bulbous eyes" (3) of the wallpaper. Like the smell of the wallpaper, and sickness, John is "hanging" (8), "hovering over [her]" (8), just to make sure she is sticking to her treatment. Though, it is not merely John's mannerism that can be compared to the wallpaper.

John's name is also something to be considered. It is not a very unique name. In fact, John is a very popular name for men all across America and Europe, and, if one could see all of the men with that name, it would appear to be a spreading epidemic. The wallpaper's pattern has this same spreading quality to it, and the narrator describes it as "an interminable string of toadstools, budding and sprouting in endless convulsions" (7). Like a fungus, the name John is that same "interminable string" that has "sprouted" across the nation. Gilman wanted the very essence of John to reflect a contagion, and that is represented in his own actions and the wallpaper's characteristics as well. It is a very normal name, just like the belief in the rest cure during the nineteenth century. Gilman is trying to place a mark on all of the physicians who practiced the treatment, and I believe she chose the name John for that very reason: to show how popular the prejudice was in the community. Just like an epidemic, John's name and the wallpaper's pattern "slap you in the face, knock you down, and trample upon you" (7) before you even know what is causing death and sickness around you.

John's profession is another thing to consider. Not only is John a physician but so is the narrator's brother and, then, of course, Weir Mitchell is mentioned (4). Gilman has not given John much individuality throughout this story. He is strict like her brother and Mitchell when it comes to the practice and treatments, but Mitchell is "more so" (4) than John and her brother. So not only is John like the rest of the physicians, but he is not set apart from them. He is really not even what would be considered the "best" for his time. His specific use of "cod liver oil and lots of tonics" (5) to help the narrator stay energized and healthy was a very common treatment for fatigue during this time, and thus, the wallpaper's pattern must be considered while thinking of John's profession. "On the other hand, [it] connects diagonally, and the sprawling outlines run off in great slanting waves of optic horror, like a lot of wallowing seaweeds in full chase" (5).

Most physicians created their own treatments for specific illnesses, but not John. John follows what Gilman experienced from Mitchell's rest cure, and his practices "connect diagonally, ... like wallowing seaweeds in full chase" to the former remedy. He is in "full chase" of what is already being practiced, and he does not plan to change the rout, to be different. He is content to be the same contagion, spreading the same illness, and, by the end of the story, it becomes his folly. He succumbs to his own sickness.

### **Chapter I Conclusion**

Gilman took what nineteenth-century doctors took pride in, their very own field and practice, and used it against them to prove what they considered to be true as foolishness. She understood that she had to speak Mitchell's language, and present her argument in a way that he would understand, if she was to convince him to change his ways. After she refused to accept his treatments, Gilman wrote this piece and it influenced the medical field in a way that downgraded Mitchell's credibility for future medical studies (*The Neurasthenia Rest Cure and Dr. Silas Weir Mitchell* par 4). It rendered his studies practically useless, and incoming doctors had to "carefully creep" around his ideas while testing their own. Gilman understood that Mitchell, and many other doctors like him, were spreading the idea that women were contagious because of their femininity, and she had to speak out against it. And I believe *The Yellow Wallpaper* was extremely successful in doing just that. However, Stephen Crane's *Maggie: A Girl of the Streets* builds upon Gilman's statement.

### **Chapter II**

#### **Respectability as a Contagion in *Maggie: A Girl of the Streets***

Many scholars look at Stephen Crane's *Maggie: A Girl of the Streets* in much the same way that they do Gilman's *The Yellow Wallpaper*. It is seen as a story that cries out against the social standards placed on women, and they argue that Crane uses the idea of animalism and natural selection to make his point. David Fitelson in particular writes in his essay "Stephen Crane's *Maggie* and Darwinism" that "Crane is not so much extending Darwin's notions of animal behavior to human society as he is reducing the conduct of human beings to the level of animal behavior" (70-71). Fitelson also brings in *Maggie*'s surroundings and living environment as a factor to explain their "animal behavior." Scholar Lars Ahnebrink claims that the story demonstrates how environment can affect a person's lifestyle. He writes in his "The Beginning of Naturalism in American Fiction" that "the slum environment together with a weak temperament was in part responsible for [*Maggie*'s] inevitable catastrophe" (31). They are certainly not wrong; however, there is more to be said about *Maggie*.

Fitelson and Ahnebrink look at *Maggie* as a woman who is born to be the weakest in the jungle that is Rum Street, but I believe there is a deeper problem that the novel is also trying to point out. Pete and *Maggie* both commit a great sin in the eyes of their society by having premarital sex, but *Maggie* is the only one to be shunned and physically lose everything she has, which is not much in the first place, because of it. This prejudice and fear of a sexually active female was not uncommon during the nineteenth-century. Crane's descriptions of Rum Alley and his characters with this fear are extremely unhygienic, and it demonstrates the vulgarity of their treatment towards *Maggie*. The novel locates the root of the issue concerning sexism, particularly toward women in the slums, and shows just how contaminated and sickly men and women alike can become with prejudice. Marcus Cunliffe writes in his *The American Background of Maggie* that the novel seeks to "be free of ... a national atmosphere" (43;

emphasis mine) of sexism and condemnation, because “the American emphasis is moral, didactic, [and also] *redemptive*” (43; emphasis mine). Crane saw first-hand on the streets of New York that this “redemptive” attitude is not extended toward women like it is toward men, and this is what the novel suggests through Maggie and Pete’s relationship. It does go further than that, though. The prejudice of Rum Alley is described in a way that does not only affect and cost Maggie her life, but it also costs several other characters their pride as an upright or “healthy” human. Though the novel focuses more on the sexual, or gynecological, side of American sexism during their time, it also compares this fear of feminine sexuality to a contagion through the idea of contamination and containment.

This fear of feminine sexuality is at the heart of *Maggie*. The novel does not seem to focus on Maggie’s loss of virginity as much as it focuses on the reactions of those around her. Mary, Jimmie, and Pete are the three characters readers hope will accept Maggie, even after she sleeps with Pete, but they do not. They treat her as though she is an abomination, and they behave as though anyone who interacts with her will come down with the same societal damnation. If readers look closely, however, they can see how the novel actually portrays *the men and infected women* as the contagious ones. Only the ones who have a prejudice towards Maggie are the ones described as sickly. Their very idea of morality seems to be the sickness all throughout the work, not Maggie. Donald Pizer writes in “Stephen Crane’s *Maggie* and American Naturalism” that the novel demonstrates the “irony that purity is destroyed not by concrete evils but by the very moral codes established to safe guard it” (85). Indeed, Maggie’s downfall is not caused by her acting upon her sexuality, but by “the very moral codes” of those who claim to love her. The idea of respectability is the true contagion spreading from character

to character throughout the novel, because it is a symptom of their prejudice. And not only is it demonstrated in the characters' lives and behaviors, but also in the very veins of Rum Alley.

### **A Medical Analysis of Crane's Rum Alley**

Upon looking at the descriptions of Rum Alley, any reader can see that it is a disgusting place. The novel looks at the actual causes of contagions and then looks deeper into the carriers of those contagions. The way in which it does this is suggested through the conflict between containment and spreading/contamination. The descriptions of the street and the objects and inhabitants there make them sound as if they do not know the proper boundaries for objects or humans. As the main characters walk through the streets, this is what they see:

Eventually [Maggie, Jimmie, and their Father, John] entered into a dark region where, from a careening building, a dozen gruesome doorways gave up loads of babies to the street and the gutter. A wind of early autumn raised yellow dust from cobbles and swirled it against an hundred windows. Long streamers of garments fluttered from fire-escapes. In all unhandy places there were buckets, brooms, rags, and bottles. In the street infants played or fought with other infants or sat stupidly in the way of vehicles. Formidable women, with uncombed hair and disordered dress, gossiped while leaning on railings, or screamed in frantic quarrels. Withered persons, in curious postures of submission to something, sat smoking pipes in obscure corners. A thousand odors of cooking food came forth to the street. The building quivered and creaked from the weight of humanity stamping about in its bowels. (6)

Several very vivid images mentioned in this paragraph are the lingering objects, such as, the “long streamers of garments [that] flutter from fire-escapes” and the “buckets, brooms, rags, and

bottles,” and they cause readers to consider the sickness caused there. The description of the clothes, particularly, sounds as though they are a contagion, or germs themselves, under the examination of a microscope. The readers can imagine a virus writhing and “fluttering” in “long streams” of movements under the glass, trying to break free from the boundary being placed on it. However, these garments have been given no such boundary, seeing as how they hang from “fire escapes,” which are, obviously, no place for a flammable object. It is then blatantly pointed out that the other objects do not belong. The novel reads that the buckets, brooms, rags, and bottles are all in the most of “unhandy places” that they can be in for what they are. Most people see these as cleaning objects that help to eliminate contagions, but they are described in such a way that they add to the filth and grime of Rum Alley.

The people listed here are even more contradictory and spread out. There are “loads of babies” in the “street and gutter.” The street and gutter are, again, not a place for children, but they are practically spilling out and spreading their way through the streets to “sit stupidly in the way of vehicles.” It is almost as if there are so many, the parents or guardians do not know what to do with them. The novel gives them a lack of care for proper boundaries and social standards. This lack of care is in every single character throughout the story, except for Maggie. The women in the paragraph above also spread gossip as if it were a contagion and throw insults at each other as if they were airborne diseases. The people, though, are “in curious postures of submission” to the fact that nothing is contained, and they seem to have no problem what so ever to adding to the chaos of the street. The wildness of the street is much like that of a petri dish, seeing as how the street comes down with anything that is thrown at it; and the people do the same. Also, a very strange coincidence, the same “yellow dust” from Gilman’s wallpaper covers the novel’s street. All of the inhabitants there have this “yellow dust” in their blood (13) and

behave like vermin because of it. The children are thus described as “urchins” all throughout the novel, but even the adults “crawl up dark stairways and along cold, gloomy halls” (7) like insects and can be found looming in “obscure corners” like rats and other vermin. There are only women mentioned in the picture that Maggie, Jimmie, and their father see as they walk by though.

Most everything in the paragraph listed above has to do with women or their role in society during the nineteenth century. Babies, cleaning supplies, food, laundry, etc., are being described as infectious and disgusting. This relates to the common fear of women and their sexuality for the time, suggesting that they are out of control and cannot be contained. Many readers can be led to believe that the novel also spreads sexism, but there is a deeper point to be made through this paragraph. Where are the men of Rum Alley? They are not mentioned here, but many of the male characters throughout the work are drunkards, like Maggie’s father, John. Most likely, the men are in a bar or pub somewhere nearby. This suggests that the men come home, satisfy themselves with the women there, and then leave them to take care of the children. Even though they are partly to blame for the streets being overrun with sickly children, the novel suggests that the men take what they want and leave the filth behind. However, the women cannot escape the slums because of their now contaminated, filthy reputation, even though the men and their societal beliefs are the cause of those tainted reputations. The very picture readers see, hear, and smell through these words can make them consider having the people quarantined or even the place condemned, because nothing there is sanitary, not even the people and their beliefs. Mary, Pete, and Jimmie, however, are the three characters who seem to be the most diseased of them all.

### **A Medical Analysis of the Characters of *Maggie***

Out of all of Crane's characters, the most important for the understanding of prejudice as a contagion is Mary, Maggie's mother. She is the least contained character throughout, and she is also one of the two to heavily blame for Maggie's later shunning. She is constantly being described as "a large rampant woman" (7) who fills "the air with her *tossing* fits" (29; emphasis mine) and "interjects bursts of *volcanic* wrath" (11; emphasis mine) upon her children and home. The children, Maggie, Jimmie, and Tommie, are described as "bobbing about like bubbles" (9) when she wrecks the home. Crane often describes her "amidst the wreck of chairs and tables. Fragments of various household utensils [can also be found] scattered about the floor" (21) around her. This is where the idea of contamination comes in. Mary always flails about and fills the air with her "shaking fists" and "thundering" (8) voice. She simply does not wish to contain her movements or words, much like a contagion does not limit itself. Through her raging temper, Mary is much like the disturbance of a virus in a community. The neighbors are constantly looking out their doors at the sounds she makes, and one of them even asks Jimmie, "is it yer fader beatin' yer mudder, or yer mudder beatin' yer fader?" (9). If a sound is made, the neighbors immediately blame it on the Johnsons.

Mary's abusiveness is not contained through her social limits as a woman during the nineteenth century, and it spreads to the life of her husband and children. The outcomes to the fights between Mary and her husband are described in such a way that "the woman is victor" (6). The novel seems to switch the rolls of husband and wife in this toxic relationship by making Mary the dominant one. During one of their fights, her husband John says to her, "you've been drinkin' Mary. You'd better let up on the bot', ol' woman, or you'll git done" (8). This may sound like something a wife would say to her husband, but, once again, the novel has switched

their role. This could suggest that Mary has a very hyper-masculine view towards herself and her role in the nineteenth-century household, but also toward Maggie.

Later on, Jimmie comes home from a fight in the streets, and Mary expresses her dominance over him in a hyper-masculine way. Once she finds that he has been fighting, she decides to clean his cuts. He does put up a fight though, and at this moment “she throws herself upon Jimmie” (7). Mary’s “massive shoulders heaved with anger” (7) as she gripped “his neck and shoulder [to] shake him until he rattled” (7). The novel continues to describe their interaction in ways that sound like a rape scene, even to the point where the father even tells Mary to stop (7-8). However, at the sound of his rebuke, she “instantly increased in violence, [until] at last she tossed [Jimmie] to a corner where he limply lay cursing and weeping” (8). Crane even writes that she “springs *erect*” (33; emphasis mine) any time Jimmie or Maggie step out of the boundaries she has in mind for them. It is almost as if she is fighting back against her own social position as a woman and decided to “take a deep revenge upon such portions of it as came within her reach ... as if she were at last getting her rights” (26). This is completely understandable, seeing as how her husband John never helps and only drinks himself into oblivion. He never allows her to grow or reach something better. However, Mary tries to rise above it all in a hyper-masculine way that suggests she is merely spreading the sexist belief about her own womanhood. Her dominant, sexist behavior toward her family is part of the contagion that she spreads, and it cannot be contained in any way. Mary, it seems, has become a carrier of the very sexism that she hates so much. Once again, it is a boundary that she was not careful to avoid and became contaminated with it. I believe this is what the novel aims to demonstrate through her toxic mannerisms, because these sickly attributes are also visible in her beliefs toward Maggie and her purity.

As soon as Mary tells Maggie to “git out, [and] go the hell” with Pete (31), she immediately begins to see her as a prostitute, so much so that she passes her contagious sexism for Maggie on to Jimmie. The novel suggests that Jimmie has a slight bit of compassion for his sister when he tells his mother “Maggie was diff’ent --see– she was diff’ent” (33) and even suggests bringing her home (42), because he believed that “all sisters, excepting his own, could advisedly be ruined” (33). However, Mary tells Pete that she will not “dirty deh place wid her” and that she can “cry ‘er two eyes out on deh stones of deh street” (43). This is the hypermasculine opinion of Rum Street taking over Mary again, and the home is so infectious with it that it prevents Maggie from coming home. When Maggie tries to return after Pete dumped her for a prostitute, Mary is as unforgiving as ever. She even mocks her with “grim humor” (43) by saying “ain’ she purty? Lookut her! ... Oh, she’s jes dessame as she ever was, ain’ she?” (50). Her feigned sincerity catches the attention of the whole building that they live in, and before long the sexist contagion has spread to all of them. They laugh and tease and jeer at Maggie until she runs out of the place crying, trying not to touch anyone (50-51). Even she believes she is contagious, but it is not Maggie. It is Mary and her beliefs about Maggie.

Mary is the one who spreads her contagion through “derisive laughter” that “rang over all of the unceasing babbl[ing] of tongues” (51), and it is what eventually leads to Maggie’s death. Mary’s reputation becomes more important than helping her daughter, and the novel suggests that this idea of protecting a person’s reputation or respectability over another person is the true sickness. This sickly respectability is demonstrated through Mary’s words: “it wasn’t no prod’gal dauter, yeh damn fool, ... it was a prod’gal son” (43), implying that, if Maggie had been a man, she would not have had to worry about soiling her reputation if she helped. It seems, according to Mary’s sexist beliefs, that only a man can be cured from such a lowly state of health in

society. Mary, however, is not the only one who fails Maggie, because, before Maggie's shunning, readers see that Jimmie changes his opinion about his sister.

As mentioned earlier, it is suggested that Jimmie has compassion for Maggie but that attitude quickly changes. He begins to think that Maggie's soiled reputation will spill over into his own life and contaminate it: "Of course Jimmie publicly damned his sister that he might appear on a higher social plane" (43). Jimmie's healthy social status is all but feigned though, because, in the shadows, he has a sexual relationship of his own. The novel suggests that the girl, Mattie, tries to persuade him into marrying her, but he quickly tells her "to go teh hell" because he does not want "people the get onto [him]" (49). This shows that Jimmie believes that, as long as he is not caught behaving like Maggie, he is safe from contamination and public damnation. Meanwhile, if he were to impregnate Mattie, he would be a source of contagion by making Mattie succumb to the reputation of a loose woman whose child possesses the potential to continue the cycle of illegitimacy.

As soon as Jimmie sees that Pete is part of the reason for his sister's social condition and his as well, he runs off to fight him. He believes Pete has "ruined his sister" (39) and that they are "queered" (42) in society because of it. The fact that Jimmie considers Pete to be the issue suggests that he knows Pete is the one who is complicit in Maggie's downfall. However, the only reason he fights Jimmie is to prevent Maggie's reputation from contaminating his own. If he rushes in to defend his sister's name, Maggie's inappropriate behavior and actions will not reflect upon him. To fix this, he decides Pete needs to be contained, to be taught a lesson, because "he was not sure how much Pete knew about the rules of politeness" when considering one's sister (31). The problem is that, Jimmie, while trying to contain the consequences of his sister's actions only spreads it further because he does so in a violent way. There is no way to

contain it though. The novel reads that the fight was like “a burst[ing] bomb” with “missiles coming to every man’s hand... [as] glass and bottles went singing through the air” (38). Jimmie caused the most chaotic scene in the story, all while trying to ensure that Maggie’s sickness did not affect his life in a negative way. While trying to right a wrong, he became what he hated, all because of the contagious, sexist idea of respectability. Even though respectability is a good thing, in the novel it is a sickness because it is not actually practiced by the characters who preach it. This is seen in Jimmie’s fight with Pete. Jimmie and his friend insult Pete enough to encourage him to fight, and their fight disrupts the “respectability” of the bar (52). They bruise and beat each other into oblivion, suggesting justice for Jimmie’s reputation. However, Jimmie does not even finish the fight, because, as soon as the police show up, he “howls and runs for the side door” (39). Pete ends up being the victor, but his extremely well-kept bar is a wreck. Through the flailing fight, Jimmie successfully spread his uncontrollable sexist behaviors that lead him to violence, and Pete is not far behind him.

Pete is not exactly the high-class aristocrat Maggie initially believes him to be, and he actually changes himself to impress her as well. When Pete first begins to notice her, “he grows still more eloquent” (19), suggesting that he pretends to be more than the sickly Rum Alley inhabitant that he is. His feigned mannerism catches Maggie’s naive eye, and Pete even offers her exactly what she is looking for by saying “yeh’ve gotta keep order” (18) when talking about his bar. He seems to offer her “golden dust” (61) instead of yellow; or what we might understand as a somewhat more hygienic life than her current one. Many of their dates consist of this fake “eloquence,” or feigned health. One day he takes her to a museum, and Crane writes that Pete had to “rake his brains” (26) to come up with the idea. This suggests that Pete does not attend museums or consider art often, because he also “did not appear to be particularly interested in

what he saw” (26). It even says that he “submitted with silent dignity to all which he had to go through” (27) at the museum, but eventually was “goaded into comment” and said “what deh hell?” (26). This is not the way an upperclassman would talk about a piece of art or an antique. Pete is just as low class or unhealthy as the rest of the people around him. Christopher Benfey writes in *The Double Life of Stephen Crane* that Pete, “as Crane depicts him, ... is nothing but appearance: he is the embodiment of the city-as-disguise” (66). Even though the women sound as though they are the contagion, it is actually Pete, because, no matter how hard he tries to hide the fact that he is just like the rest living in Rum Alley, his filthy contagiousness is still there through his sexist treatment of Maggie. The “yellow dust” of sexism is in his blood.

The bar/theatre that he and Maggie frequent proves his filth. Maggie believes it to be an opera house of elegance, but it is really a bar of burlesque dancers, prostitutes, and thugs. The first time there, a woman “in a pink dress with *short* skirts gallops upon stage” and the men “bend forward, intent upon [her] pink stockings” (23; emphasis mine). Yet another time there, they walk past a table where a woman “draws back her skirts” (41) for the men sitting around it. The dances that the women perform “could never be seen at concerts given in church auspices” (25), and, at each applause given to them, they “reappear in less gown” (39) than before. This is no place for a proper man or lady, because the contagions of lust and frivolousness are in the air. However, Maggie is fooled by his show. She sees him as a gentleman, because for Maggie, life “was composed of hardships and insults, [and] she felt instant admiration for a man who openly defied it” (20). Pete certainly *seems* to openly defy the chaos of Rum Alley, and the description of and organization of his bar represents this theatricality of respectability.

Even though Maggie believes Pete to have a higher opinion of her than the other women in Rum Alley, readers can see very early on that he does not. He sees her as an object to be used

and left behind in the filth. After their first date, Pete asks Maggie to give a small piece of herself to him, to not contain herself: “Say Mag, ... give us a kiss for takin’ yeh teh deh show will yer?” (25). Maggie, however, trying not to spread the promiscuity and contagion of Rum Alley, refuses to do so and runs up to her room (25). Pete is “astonished” (25) by her actions and wonders if he had “been played fer a duffer” (25). His expectations of Maggie tell readers exactly what Pete is used to from women, suggesting the type of people he associates with.

Pete’s fake eloquence and respect toward Maggie is undoubtedly represented in the description of his workplace, the bar:

The interior of the place was papered in olive and bronze tints of *imitation* leather. A shining bar of *counterfeit* massiveness extended down the side of the room. Behind it a great mahogany-*appearing* sideboard reached the veiling. Upon its shelves rested pyramids of shimmering glasses that were never disturbed. Lemons, oranges and paper napkins arranged with mathematical precision sat among the glasses. ... A nickel-plated cash register occupied a position in the exact center of *the general effect*. The elementary senses of it all *seemed to be* opulence and geometrical accuracy. (34-35; emphasis mine)

“Imitation,” “counterfeit,” “appearing,” “general effect,” and “seemed to be.” Those are some very strong indications of Pete’s pretense of order. During the nineteenth century, and even still today, lemons and oranges were used in medicines and vitamins to treat sicknesses, and their presence gives Pete this “opulence” of a healthy, stable lifestyle, but it is all feigned. Though they can be arranged with “mathematical precision,” lemons and oranges tend to shift with the slightest bit of disturbance, much like Pete.

Readers see this shift occur when Jimmie comes to defend his sister's name. Up until this point, Pete has been very careful to contain himself physically with others, except for Maggie, by maintaining the order in his bar. Jimmie's presence, along with his friend's, however, disrupts the order and Pete loses all of his boundaries by literally stepping around the bar and leaving "his atmosphere of respectability" (52) to fight. Once Pete does this, Crane's description of him and Jimmie and his friend become sickly and feral. All containment and restriction on Pete's movements are gone, and "arms swing with marvelous rapidity [as] feet scraped to and fro with a loud scratching sound upon the sanded floor" (38). He has lost complete control to the contagion of Jimmie's anger and hatred toward him. At this point he describes them as "frothing creatures" (108), making them sound as if they have finally succumbed to their sickness. Their fight consists of "breaths [that] came wheezingly from their lips and their chests were straining and weaving" (107) as if they were struggling to fight an illness. In reality, they are the ones who should not be touched, and a "warning trumpet" should have been called when they are seen fighting. Even "crimson blotches" (107) are left on their skin. Through the descriptions of their physical conditions during the fight, the novel suggests that sexism and feigned "respectability" are the true sicknesses. Pete and Jimmie are described in ways throughout the story that make them sound like they are the contagious, peculiar ones, not Maggie. Jimmie's main reason for fighting Pete merely concerns his reputation being soiled because of Maggie's new reputation. Jimmie and Pete have been so brainwashed into thinking that *women* are supposed to remain pure and should never falter from those teachings that they forgot their own role in their relationships. They are meant to be guardians and help contain and preserve that purity in a healthy manner.

However, they did not. Pete does not get away with it though, for he is now seen as a carrier by the other characters. Pete's reputation seems to be unharmed by his mistreatment of Maggie, and he lives life surrounded with riches and even lowlier women. But readers know that he is just as guilty as Maggie is, if not more. The novel suggests that men are immune to the purity requirements of femininity, and that they often treated women who did not meet these requirements as a plague to be avoided. Benfey describes Crane's intent by writing that "a major theme in *Maggie* is the different status of 'boys of the street,' like Pete and Jimmie, and 'girls of the street,' like [Maggie]. A young man hanging out on the street corners is a spectator... while a woman doing the same thing is something altogether different" (65-66). Merely because Maggie is a woman who opened up to her sexuality, she is seen as a lowly prostitute. Pete is untouched *physically*. When we read about Pete's ending in this story, however, we find that he is mentally suffering. He's in a bar, drunk, and surrounded by women who only want his money. He at first tells them he's "a good f'ler" (57) but as the night goes on, and he is further intoxicated, his view of himself becomes a question. He asks them nine different times if he has treated them well and if he is a good person (57-58). Pete has come to see himself in the same light that he cast on Maggie. After he passes out, the prostitutes surrounding him scramble away from him as if they were trying to avoid the plague. As David Fitelson remarks, "generally [it] requires a rodent or an insect to affect ladies in this manner" (77), but he has become so completely revolting that even the prostitutes do not want to touch him. He has become an even more disgusting contagion than Maggie herself. And the prostitutes were terrified that they would catch the airborne virus of hypocrisy that comes with lying to oneself about one's condition. This is exactly where the novel makes the true sickness known to readers. The men who see women as disposable objects are viler than the "disposable" women themselves.

Initially, Maggie is the only character who seems to be immune to the sexism and theatricality around her. This is true because the novel describes her as if she has a better sense of hygiene than everyone else in Rum Alley. Maggie is sure to use “infinite care” (20) in whatever she does to contain herself physically and mentally so that she does not further spread the mess she lives in. As soon as she meets Pete, though, readers begin to see that “the broken furniture, grimy walls, and general disorder and dirt of her home” (19) bother her, making them question why she wants to make the place look better. She considers her house as a “hideous, dingy, abomination” (20) and tries to clean it up with new curtains and straightening up the place every so often. She tried “faint attempts [with] ... blue ribbon to freshen the appearance of a dingy curtain” (20), and even spent “some of her weeks’ pay in the purchase of flowered cretonne for a lambrequin” (20). As she does these things to impress Pete, she begins to worry that he will see her in the same way that she sees her living condition: sickly and low class. The condition of her workplace also begins to plague her with its “begrimed windows [that] rattle” and strange “noises and odors” (73). As Maggie experiences what Pete has to offer, she begins to hope that her life can be so much more than the filth of Rum Alley. The limitations she puts on herself are not theatrical like Pete’s though, because she is the only character who does not start fights, act grotesquely and flail about, or even use foul language. Her actions toward Pete are genuinely her own, because she truly wants to live a better life and not merely act like she does.

As soon as Maggie begins to change and try to contain the mess that Mary has made though, it becomes harder for Maggie to contain herself. Crane writes, “as thoughts of Pete came to Maggie’s mind, she began to have an intense dislike for all of her dresses” (25). Panicking over this, Maggie tries to contain every little detail and ensure there is order in her life. Yet, Mary is anything but orderly, as readers know already. She even asks, “What deh hell ails yeh?”

What makes yeh allus fixin' and fussin'?" (25). She cannot stand that Maggie is beginning to want something better than the life they already have by behaving like an upper-class lady, because, as they say, misery loves company. She constantly undoes the work that Maggie does, and often when Pete comes to visit. One evening Maggie and Pete come home to Jimmie and Mary fighting, and they see that "the stove had been disturbed on its legs, and now leaned idiotically to one side ... [and] a pail had been upset and water spread in all directions" (34). As Pete tries to convince Maggie to leave with him, the idea of finally having sex with Pete does not seem so contagious and filthy anymore. Because Mary perceived Maggie as a prostitute, it makes her so, especially when she refuses to allow Maggie to later come home. This is suggested through Mary telling her, "Yeh've gone teh deh devil, Mag Johnson, ... and yer a disgrace to yer people, damn yeh. ... Go teh hell [with him] an' see how yeh likes it" (34). For Maggie, though, living under Mary's dominance is already hell. "The girl cast a glance about the room filled with a chaotic mass of debris, and at the red, writhing body of her mother, ... and she went" (34). Maggie's decision to leave with Pete, however, is where she breaks character. It is not a contained or sanitary decision. As mentioned before, Maggie seems to have a higher sense of hygiene and class than her fellow inhabitants, and "none of the [yellow] dirt of Rum Alley seemed to be in her veins" (16). However, the novel does say that she "blossomed in a mud puddle" (16). A puddle is a place where bacteria and other types of algae and filth can inhabit, suggesting that she may have risen above it, but can still be susceptible to it at any time. And susceptible she becomes when she decides to recklessly throw her reputation out the window.

Maggie sees her mother make reckless decisions day after day, and, if she has to make *one* reckless decision to get out of a hellish life and living situation, then so be it. This is Maggie's first flailing attempt to escape the life she knows, and she loses her will to contain

herself physically by sleeping with Pete even though they are not married. Though Maggie is “the symbol of inner purity [and] uncorrupted by [the] external foulness” of Rum Alley (Pizer 80), she allows herself to become physically “corrupted” in the street’s eyes. This is when they begin to treat her like a contagion itself. When she returns home after Pete rejects her, everyone treats her like she is a contagious disease. So much so that when a child falls near her its “mother rung out like a warning trumpet ... and rushed forward to grab the child” (50) as if it would be contaminated by her. Maggie then reaches out toward Jimmie, thinking he will forgive her, but, with “radiant virtue sitting upon his brow, [his] repelling hands expressed horror of contamination” (50). This is when Maggie loses all hope, and readers find that she “come[s] to accept the certainty that the laws [of respectability] are inexorable, and in conducting her life in accordance with those laws, ... she appears to have be eminently successful” (Fitelson 78). She is “eminently successful” in living according to those laws because of the lifestyle she is forced into.

Even though Maggie failed to contain herself once with Pete and later had to become a prostitute to survive, she still manages to cure her sickness, though in a perverse and tragic way. In the last chapter readers see Maggie’s interaction with several men who will not pay for or participate in her services. Realizing she has nowhere else to go, she looks at “the river [and how it] appeared a deathly black hue ... [with its] varied sounds of life, made joyous by distance and seeming unapproachableness, coming faintly and dying away to a silence” (56). This scene sounds like someone passing away, and I believe Maggie commits suicide here. I believe this scene is also where Maggie stops the infernal continuation of the disease that is the sexism of Rum Alley. She even takes on her mother’s name, Mary, as her prostitute name, suggesting that she is also putting an end to the sickness her mother passed on to her from her father. It is

Maggie's last attempt to contain and eliminate the sexism of her time from being spread to future generations like it was to her.

## **Chapter II Conclusion**

Stephen Crane witnessed firsthand on the streets of New York that the idea of "respectability" is a sickness; especially when it comes to sexuality. Mary, Jimmie, and Pete destroy Maggie's innocence with their ideas about purity and how it should be taken care of, and they do not accept their responsibility involved in that loss. They treat her as though they are better than her, because "the key to the morality of the Bowery is ... its self-deceiving theatricality" (Pizer 83). This "theatricality" is exactly what the novel reveals as a sickness. People during the nineteenth century, even still today, look at women under a different, repulsive light than they do men when they find that those women have slept with one or even several men. This is hypocrisy, because men were and still are seen as "studs" or "manly" when they prostitute themselves in the same manner. There is an undertone of mockery towards the characters with this belief. They failed to contain the "impurities" of Rum Alley by spreading prejudice. Their prejudice thus encouraged premarital sex, and the impurities they sought to prevent stemmed from their own moral ideas. Maggie, though believed to be the sick one, was the only one to successfully contain herself in a way that benefited the health and lives of others. However, this containment was at the cost of her life. The novel helps others to see the prejudice of sexism as a spreading disease that could eventually lead to a person's downfall or take his or her sanity from them. All of these characters are fine examples of it, and their ideas of containment and contamination were what saved and killed their reputations as healthy humans.

## **Thesis Conclusion**

Both Gilman's and Crane's works demonstrate real problems that women faced during the late nineteenth century. Gilman's focuses on the medical treatments of women and how their femininity was seen as a contagious sickness. Crane's focuses on the social status of sexually active women and how they were shunned because of it. Both works suggest that the real contagion is not the woman, however; the true problem is the sexism present in women's society. This is demonstrated through both their descriptions and images throughout the work, and it is a very vivid image of the issues that women experienced during their time. As times have progressed, some of these issues have been resolved in society and some have not.

Those that have been nearly solved are those concerning the medical field. Looking through the eyes of Gilman and her narrator concerning the sexism she experienced, women today are grateful that medical practices have changed. Gilman's psychological treatment was extremely unhealthy, for anyone, and science and technology have improved to help eliminate sexual bias in the field. The discovery of hormones and their effects on a person's mind and body have also shown that illnesses can be treated merely by balancing those hormones, and a rest cure is unnecessary. Another important factor has been the realization that people cannot sit idle and do nothing to heal and recuperate from depression. They must have social interactions, physical activity, and mentally challenging projects to accomplish to help them get their minds off of their illness. Though there have been *many* improvements in the medical world, there is one that stands above them all.

The most groundbreaking improvement in the medical field has been the infiltration of female doctors. According to *Empowering Women in Medicine* "women appear to be making rapid gains as physicians. Today, they are entering medical school in greater numbers than ever before. In 1930, women comprised only 4.4% of all medical students. In 1989-90, that number

was over 36%” and has since changed and rapidly grown (par 1). In 2015, for Tennessee alone, the female medical graduates numbered 214 while there were 219 male graduates (Distribution of Medical School Graduates by Gender). Though this number is not quite equal like most women would hope, it has improved substantially since Gilman’s and Crane’s time. However, there is much improvement to be done because “the health care profession is essentially sex-segregated, as 84% of physicians are male and 97% of nurses are female” (*Empowering Women in Medicine* par 8). Having more women in the medical classroom has helped women make their way into the medical field. The field, however, is where the most impact can be made. The female presence there will continue to help eliminate the contagion of sexism and the ideas that women are psychologically ill because they are in fact women. Women have and can continue to break through the barriers set for them and prove many doctors, teachers, and even patients wrong by demonstrating their capabilities to heal and help discover truth in the field. They also have and can share their own understanding of their bodies and minds with other physicians, helping to eliminate the old way of thinking by bringing up questions and other possible solutions for cures. Gilman is a fine example of this.

Gilman, after experiencing Mitchel’s rest cure, boldly wrote her experience down through *The Yellow Wallpaper* and sent it to him as a message, an open rebuke to his medical practices. This helped Mitchel to open his eyes and show him that his cure was actually causing distress and harm to his patients instead of healing them. It did not completely change the way doctors thought in the nineteenth century, but it opened a door, accomplishing a step in the long walk to help women get to where we are now. Because of Gilman, more women stepped up to challenge the medical field and sexism involved within it and our generation has been better for it. However, it did not eliminate all sexism within the medical field or nineteenth century. There

is still some that is present today, and it has more to do with the theme of Crane's story. An area that women still experience sexism is where sexuality and social status meet. Just like Maggie, in Crane's novel, women are socially and publicly condemned for being active in their sexual lives; especially in the South. Much like Maggie, women are labeled as sluts or whores for engaging in premarital sexual contact. However, men are seen as studs or socially popular for the large sum of girls that they can claim they have slept with. The business world is a fine example of a place where a woman's sexual life had better stay private, or else she may be accused of sleeping her way to the top or unfit for such a position. This is dangerous for all women in any type of field, but can be slightly more toxic to those in the medical field. Not only are they seen in the old way of thinking, but they are seen as what they seek to cure: a sickness. This type of sexism is still predominant in our society today, and there really is no simple solution. Much like Maggie, women want to rise above the social limitations placed on them and test the waters. This is the only way that things in the social world will, like in the medical field, change: whatever a woman does, she must do what she is convicted to do and do so without any fear of condemnation or shunning. Because the true contamination is not she, it is the limitations and prejudice of others that she allows herself to be weighed down with. Both Maggie and Gilman's narrator pushed past the social boundaries placed upon them and proved their points. Those points were made my merely sharing experiences.

So, the key to successfully eliminating the contagion of sexism and respectability is influence and perseverance. A small example of Gilman's and Crane's influence is through Willa Cather and her 1913 novel *O' Pioneers*. Not only does the main character, Alexandra Bergson, inherit her father's land and run it efficiently, she also marries late in life. While many of her neighbors and friends gave up and left the prairie, she fought on and was extremely

successful. No, Alexandra's influence does not take place in the medical practice, but the prairie described in the novel can be interpreted as any practice or field. This was the novel's intent, I believe, because the social view on women was changing in the twentieth century. Cather was just one of the many who picked up on Gilman's and Crane's works, and she saw that there were so many new ways to infiltrate the sexist contagion with a cure. Cather's work is an example of why women today who experience the prevailing prejudice towards their sexuality need to share their experience, because they can continue the influence of Gilman and Crane.

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