Emily Dickinson’s Ophthalmic Consultation
With Henry Willard Williams, MD

Donald L. Blanchard, MD

Emily Dickinson is one of America’s premier poets of the 19th century. Henry Willard Williams, MD, was one of the very first physicians to limit his practice to ophthalmology and was the established leader in his field in Boston, Massachusetts. They met during the time of the Civil War, when Emily consulted him about her ophthalmic disorder. No records of the diagnosis survive. Photophobia, aching eyes, and a restriction in her ability to work up close were her main symptoms. Iritis, exotropia, or psychiatric problems are the most frequent diagnoses offered to explain her difficulties. Rather than attempt a definitive conclusion, this article will offer an additional possibility that Dr Williams likely considered (ie, hysterical hyperaesthesia of the retina). This was a common diagnosis at that time, although it has currently faded from use.

Arch Ophthalmol. 2012;130(12):1591-1595

Emily Dickinson was born in Amherst, Massachusetts, in 1830 and died there in 1886. Her father, Edward, was an attorney who served 1 term in the US House of Representatives. Emily characterized her parents as follows:

My Mother does not care for thought—and Father, too busy with his Briefs—to notice what we do—He buys me many Books—but begs me not to read them—because he fears they joggle the Mind.

Emily was frequently taken out of school by her father for coughs and chest congestion, diagnosed as consumption and later treated for 2 years with a prescription for a solution of glycerin and water from a tuberculosis specialist in Boston, Massachusetts.1-3

In January 1854, a frightening episode happened at a church meeting where she was “sorely feared, my ‘life’ was made a ‘victim.’” She looked around and “there the phantom was, and though I kept resolving to be as brave as Turks, and bold as Polar Bears, it didn’t help me any.” As she got up to leave, “[s]everal roared around, and, sought to devour me.” This “phantom” will have continued importance in the discussion of her visual problem. Although her agonizing about the nature of eternity continued, her church attendance dwindled more after this episode of panic. In the years that followed, dressing all in white became her custom. When company would arrive, Emily would race away, but she would listen in while sitting in the dark at the top of the stairs. She explained it by saying, “I find I need more veil.” She gained the unofficial title of “Myth of Amherst”1,2 (Figure 1).

MEDICAL PROBLEMS

In the decades that followed, Emily mentioned a sprained foot, neuralgias, and times of “grief and surprise and physical weakness” when she would take to her bed. In 1883, after Emily visited her dying nephew, she “vomited—went to bed and has been feeble ever since, with a terrible pain in the back of her head.” The following month, she wrote “[t]he Physician says I have ‘Nervous prostration’. Possibly I have—I do not know the names of Sickness.” In June 1884, she “saw a great darkness coming and knew no more until late at night. I grew very sick and gave

Author Affiliation: Department of Ophthalmology, Oregon Health and Science University, Portland.
the others much alarm. The Doctor calls it ‘revenge of the nerves.’”

She was frequently bedridden under her sister Vinnie’s care after October 1884, when she had “another bad turn” with unconsciousness and confusion. By March 1886, she said that she was “bereft of Book and Thought, by the Doctor’s reproof, but begin to roam in my room now.” She died in the middle of May after a bout of terrible, heavy breathing, unconsciousness, and convulsions. The family physician, Orvis Bigelow, MD (1835-1899), signed the death certificate as Bright’s disease of 2.5-years duration. He did make the comment, though, that the only examination Emily would permit, when she was conscious, was “she would walk by the open door of a room in which I was seated—Now, what besides mumps could be diagnosed that way!”

STRESSFUL TIMES

At around the same time that her eye troubles began, in 1863, much was going on emotionally in her life. A family friend, Samuel Bowles, referred to her as “the Queen Recluse.” He added, “I have been in a savage, turbulent state for some time—indulging in a sort of disgust at everything and everybody—I guess a good deal as Emily feels.” During this time, correspondence with Thomas Higginson, a prominent editor and publisher, was disheartening because he told her politely that her work was not suitable for publication. After Dickinson’s death, he came to recognize her talent and assisted in publishing early volumes of her poetry.

During the Civil War, friends of the family and relatives were drafted, including her brother Austin, who paid $500 for a substitute. The deaths, injuries, and illnesses of some of these men and others affected her severely. Especially troubling were the deaths of a favorite aunt and uncle, which left 2 close cousins orphaned. Emily commented that “[p]erhaps Death, gave me Awe for friends, striking sharp and early, for I held them since, in a brittle love, of more alarm, than peace.” She also mentioned that “[n]othing has happened but loneliness.” Rough drafts of love letters and love poems have led to much speculation about a possible thwarted ongoing romantic affair conducted by Emily during this critical time.

In 1863, Emily’s father received an Honorary Doctor of Laws from Amherst College. She begged assistance from her orphaned cousins for his open house reception. Emily also described a terror to them: “The nights turned hot when Vinnie had gone, and I must keep no window raised for fear of prowling ‘booger,’ and I must shut my door for fear front door slide open on me at the ‘dead of night,’ and I must keep ‘gas’ burning to light the danger up, so I could distinguish it—these gave me a snarl in the brain which don’t unravel yet, and that old nail in my breast pricked me.”

OPHTHALMIC COURSE

Martha Dickinson Bianchi, Emily’s niece, related how she had been told that, as a child, Emily had such keen vision that she could seek out hen’s eggs hidden in the straw with only dim illumination from a few sunbeams coming through cracks in the barn roof. A poem from the time of the onset of her ophthalmic symptoms shows her preoccupation with vision and dying:

I’ve seen a Dying Eye
Run round and round a Room—
In search of Something—as it seemed—
Then Cloudier become—

Emily Dickinson recorded that her eye problems began in September 1863 with light sensitivity and aching of her eyes. She described how her “sight got crooked.” By February 1864, her eye problems worsened, and she went to see Dr Henry Willard Williams in Boston.

Dr Williams (Figure 2) was born in Boston in 1821 and died there in...
1895. He came to medicine after a period of time in business, both as part of the Massachusetts Anti- Slavery Society and in the counting room at the Central Wharf in Boston. In preparation for a practice limited to ophthalmology, he studied at Harvard University in Cambridge, Massachusetts, and abroad. Soon after starting practice, he had faculty positions at a number of Boston medical schools. Most notably, he was the first professor of ophthalmology at Harvard. In cataract surgery, he favored ether anesthesia and a single limbal suture without an iridectomy. For iritis, he depended on a single limbal suture without an iridectomy. For iritis, he depended on atropine, and he was highly influential in the abandonment of its use.11,12 He was the most famous students and had the gift of not appearing rushed. Charles Snyder wrote an essay on Dr Williams and contacted his heirs to see if any clinical records concerning Emily Dickinson had survived, but unfortunately none came to light.10

Emily returned home after this February visit but then came back to Boston for extended treatments and visits at his office from April until November. She stayed in Cambridge with her 2 orphaned cousins, Frances and Louise Norcross, at their boarding house. These 2 cousins were remembered later by Emily’s niece Martha for their “[f]ancy, unpracticality, and unusual sensitivity” (from Life Before Last, unpublished autobiography by Martha Dickinson Bianchi [1866-1943]).

Emily’s doctor visits were described as painful, and she was not allowed to go out in the spring sunlight and was to limit her reading and writing with use of a pencil rather than a pen. She said that, despite being homesick, her physician “does not let me go, yet I work in my prison, and make guests (poems) for myself.” She added that she was not able to bring her beloved Newfoundland dog, Carlo, with her because he would “die, in Jail.”

To her sister-in-law, Emily mentioned that the doctor wiped her cheeks “[f]or caution of my Hat” presumably after instilling an eye drop. In July, her cousins were “taking sweet care of me” and still mending her stockings, keeping her from excessive close work. The 3 cousins enjoyed visiting together, but if another resident came into the sitting room, Emily would withdraw to her bedroom. She wrote that her doctor was “enthusiastic about my getting well.” However, she did not feel any gayness, supposing she had been discouraged so long. Emily was worried that Vinnie would think this whole situation “strange” and emphasized how much she wanted to be well.

In September, she added that her doctor was “very kind” but still did not let her go outside by herself. Then, in November, she prepared for her homecoming, with plans to increase the “prickly art” of her household tasks within limits: “I have been sick so long I do not know the Sun.” Speaking of herself in the third person she added, “Emily may not be able as she was, but all she can, she will.” Her doctor set up a number of appointments, including a Sunday office visit, then right before Thanksgiving Day, she went home.1

In early 1865, she reluctantly reported to her cousin Louise that, with her, she (Emily) had eyes that were “sometimes easy, sometimes sad.” She felt that she was neither better nor worse than when she had returned home, and she wanted to go back to Boston and stay with her 2 orphaned cousins again. Snow light “offends” her eyes and the house lights were bright. She was spending much of her time in bed, where she could not write and was only reading a few words. Knitting was tolerable but not sewing. The gentle comment at home was that she was a help, but that might have been mere “applause.”

Importantly, Vinnie could not understand why Emily did not get well, since there were no external signs of any eye disease. This all made Emily think that she was “long sick, and this takes the ache to my eyes” and made her (Emily) feel “ill and pee- vish.” In April of 1865, Emily was back in Boston. In May, she was excited about a hood she was making for Vinnie. Emily knew her being gone put an extra housekeeping burden on Vinnie, and she told Vinnie not to get too tired, and that she (Emily) would sweep next fall. She mentioned an upcoming doctor visit, but surviving letters including anything about the doctor’s visits during this stay are unaccountably sparse. After her return home in October 1865, she never left Amherst again. As an excuse for not keeping her promised follow-up appointment in 1866, she said her father “objects because he is in the habit of me.”1

At about the same time, Dr Williams published his book Recent Advances in Ophthalmic Science,13 and it was added to the Dickinson family library. This volume is currently housed with the Dickinson Papers at Harvard. A staff librarian there kindly inspected the volume for me and found it to be unmarked by any notes in the margins and looked unread. Presumably no one in the Dickinson family looked up what she had.

Thinking back over the whole episode, she wrote a friend of the family that “[s]ome years ago I had a woe, the only one that ever made me tremble. It was a shutting out of all the dearest ones of time, the strongest friends of the soul!—BOOKS. The medical man said avant ye (books) tormentors, he also said ‘down, thoughts, & plunge into her soul.’ He might as well have said, ‘Eyes be blind’, ‘heart be still’. So I had eight (weary) months of Si-

Figure 2. Henry Willard Williams, MD (1821-1895).
School. She added, “[w]hen I lost the use of my eyes it was a comfort to think there were so few real books that I could easily find someone to read me all of them.” However, after her return to Amherst, she immediately concentrated on reading Shakespeare, with Antony and Cleopatra being her special favorite. As she said, “[g]oing home I flew to the shelves and devoured the luscious passages. I thought I should tear the leaves out as I turned them.”

Much later, her visual acuity seemingly returned to good levels. Early on the Fourth of July, 1879, a fire broke out in the nearby business area of Amherst. Emily and Vinnie watched from a window, and Emily described the event in a letter: “And so much lighter than day was it, that I saw a caterpillar measure a leaf far down in the orchard.”

READING GLASSES

As the years passed, she did have her nephew Ned read the newspaper to her, but that was mostly a social time, and she preferred not to wear reading glasses. In later years, Vinnie also did not wear reading glasses and enlisted her housekeeper and others to read to her, although she had no problem with distant vision. Emily’s presumed later presbyopia is also reflected in a somewhat larger handwriting as she aged. Her father wore reading glasses. The sisters recommended that their brother Austin wear them too, as his eyes were removed. A good general diet was gradually reintroduced by the sun as symbolic of the face of the world. Oftentimes, light was mild to bright light. 

At that time, photophobia was not well known as a symptom of exotropia. More recently, it has come to be recognized as a problem, particularly in intermittent exotropia, in which the patient will shut one eye in bright light. Also used as evidence is the position of the corneal light reflex in the only known daugherotype of her (Figure 1). The Freudian aspect centers around Dickinson’s fear of blindness and her use of the sun as symbolic of the father figure in her poems. However, it is again important to remember that no record survives of any diagnosis of her condition during her lifetime. Therefore, I would like to expand this discussion to include a common diagnosis of that era and to suggest that Dr Williams would have considered it in Emily’s case. He wrote about a condition called “hysterical hyperaesthesia of the retina.” This symptom complex is rarely today, and the term is no longer in use. Currently, less pejorative terms, such as severe asthenopia, somatization disorder, or conversion reaction, are more commonly used.

HYSTERICAL HYPERAESTHESIA OF THE RETINA

Iritis is the most commonly accepted current diagnosis for her problem. Exotropia and psychiatric issues with Freudian overtones have also been suggested. Iritis is favored owing to the photophobia and ciliary neuralgia symptoms, coupled with the blurred vision and the difficulty with reading. Exotropia is felt to be possible, especially because of her eye strain and headache symptoms and her rapid fatigue with reading.

At that time, photophobia was not well known as a symptom of exotropia. More recently, it has come to be recognized as a problem, particularly in intermittent exotropia, in which the patient will shut one eye in bright light. Also used as evidence is the position of the corneal light reflex in the only known daugheretype of her (Figure 1). The Freudian aspect centers around Dickinson’s fear of blindness and her use of the sun as symbolic of the father figure in her poems. However, it is again important to remember that no record survives of any diagnosis of her condition during her lifetime. Therefore, I would like to expand this discussion to include a common diagnosis of that era and to suggest that Dr Williams would have considered it in Emily’s case. He wrote about a condition called “hysterical hyperaesthesia of the retina.” This symptom complex is rarely today, and the term is no longer in use. Currently, less pejorative terms, such as severe asthenopia, somatization disorder, or conversion reaction, are more commonly used.

In Dickinson’s time, hysteria did not mean uncontrollable weeping, as it does in lay terms today, but, rather, “a state in which ideas control the body and produce morbid changes in its functions.” According to Dr Williams and other physicians of this time period, hysterical hyperaesthesia of the retina was associated with a “hysterical temperament.” It could start with the persistence of retinal images or, as previously mentioned, phantoms. As it advanced, the eyes were spasmodically closed, and the tortured intolerance of light (along with ciliary neuralgia) prevented the exercise of visual function. Accommodation for fine up close work was especially painful. This was more than just “simple photophobia,” and Dr Williams did not feel that these patients were “malingering.”

The examination was generally unrewarding with regard to physical findings, except for “a vacant lifeless expression to the eyes.” The course of the problem varied from days to years and from total resolution to frequent relapses. In severe situations, these patients would come to him with eye patches on. A history of social withdrawal was common. Axiomatically, he felt it was important that great care should be used in the first examination of cases, and in many instances, “a masterly inactivity” would be far more judicious than any active use of therapeutic means, except where manifest indications for a certain course were present.

Treatment began with gaining the patient’s confidence and reassurance that there was no danger of going blind, and that remedies would be given to enable the patient to bear more light. Dr Williams suggested a change from the patient’s usual scene, to “gain release from annoyances,” if such should exist at home, until the more urgent symptoms were removed. A good general diet was recommended, and exercise was restarted when the patient could stand outdoor light. Oftentimes, light was gradually reintroduced by means of repeated ophthalmoscopy examinations. He did not favor the approach of rapidly removing the patient’s protective eye shades in a fully illuminated room.
as other practitioners recommended. He also did not agree with the practice of the abrupt immersion of the patient’s face in ice-cold water as a cure for photophobia.

A cheerful occupation, the use of blue-tinted glasses, an insistence against total darkening out of light, and moderate use of the eyes were serviceable. Dr. Williams recommended contemplation, listening, and discussion as alternatives to prolonged reading. Dr. Williams encouraged positioning a Carcel lamp behind a patient, who was reading. The patient was to be seated in a chair, rather than lying in bed. The Carcel lamp was preferred to the German Student lamp, which Emily used, because of its more steady, nonflickering, and less glaring light with oil delivered smoothly by a small pump. Systemically, there were tonics with special influence on the nervous system.21-24 Steam treatments with solutions of opium, borax with camphor as a collyrium, and water as a cure for photophobia.

A nonflickering, and less glaring light used, because of its more steady, although longer a viable diagnosis. Still, I feel it can be reasonably added to the list of diseases that Dr. Williams would have considered in his diagnosis of the “Am breathing.” However, she cautions us in a poem from 1872:

Is Heaven a Physician?  
They say that He can heal—  
But Medicine Posthumous  
Is unavailable—

Submitted for Publication: April 17, 2012; final revision received May 21, 2012; accepted May 23, 2012. 
Correspondence: Donald L. Blanchard, MD, 1500 SW 5th Ave, Apartment 1205, Portland, OR 97201 (dgb lanc@comcast.net).

Conflict of Interest Disclosures: None reported.

Previous Presentation: Presented in part at the Annual Meeting of the Cogan Ophthalmic History Society; March 30, 2012; Bethesda, Maryland.

Additional Contributions: Norbert Hirschhorn, MD, of London, England, assisted in the preparation of this article.

CONCLUSIONS

Dr. Williams’ diagnosis of Emily’s ophthalmic problem is unknown. It presented as a severe and dramatic symptom complex and had a prolonged course with no documented external physical findings by the family, yet she had a presumed total resolution. In this pronounced form, this would be an unusual ophthalmic case history today. Dr. Williams’ description of hysterical hyperaesthesia fits well with the symptoms that Emily Dickinson had. Seemingly, this condition has faded in frequency after having been common in the 1800s and is no longer a viable diagnosis. Still, I feel it can be reasonably added to the list of diseases that Dr. Williams would have considered in his diagnosis of the “Am breathing.” However, she cautions us in a poem from 1872:

Figure 3. Blanchard’s pills advertisement.

REFERENCES