

Monstrosity, Masculinity, and Medicine

Reexamining “the Elephant Man”

IN FEBRUARY OF 1923 TOM NORMAN, one of the best known showmen of his day, wrote to the showmen’s trade journal *World’s Fair*. He was responding to an article about the surgeon Frederick Treves’s recently published memoir, *The Elephant Man and Other Reminiscences*, which the weekly claimed “tells a true story [of a freak] that surely has never been equalled in any tragedy or romance ever written as fiction.”¹ Norman, who had served as one of four business managers for Joseph Merrick, “the Elephant Man,” during the brief period that he had exhibited himself in England, sought “to point out some mistakes” in Treves’s account, which he suggested *World’s Fair* had uncritically reproduced. Norman objected to Treves’s condemnation of the institution of the freak show and his assumption that Merrick had been mistreated by his exhibitors, claiming that “the big majority of showmen are in the habit of treating their novelties as human beings, and in a large number of cases as one of their own, and not like beasts.” Indeed, Norman declared, as far as “his comfort was concerned while with us, no parent could have studied their own child more than any of all the four of us studied Joseph Meyrick’s [*sic*].”²

Tom Norman’s account of “the Elephant Man”—which appears not only in his letter to *World’s Fair* but also in the showman’s own memoirs—contrasts sharply with that of Treves. Treves positioned Merrick as an abandoned,

friendless, and exploited misfit who had been exhibited as “an object of loathing.” “He was shunned like a leper,” declared Treves, “housed like a wild beast, and got his only view of the world from a peephole in a showman’s cart.”³ He had “lived a life that was little better than a dismal slavery,” Treves maintained, until the surgeon himself had rescued Merrick and given him “a home of his own for life” at the London Hospital.⁴ Norman, however, challenged Treves’s sensational contention that he had, as Norman sarcastically recounted, “rescued this freak from the clutches of showmen, and was able to bring undreamed of happiness into the life of a hideously deformed creature who would otherwise have perished without ever knowing what happiness meant.”⁵ Instead, Norman asserted that Merrick had contacted the showmen on his own initiative, that there had always been a “spirit of friendship”⁶ between them, and that he had, in fact, made a tidy profit off his own exhibition. Norman argued that in the end the hospital was much more degrading than the freak show and insisted that Merrick’s agency was compromised not at the moment he was compelled to exhibit his deformity for profit, but rather once he became a permanent resident of the London Hospital and relinquished all control over the manner in which his body could be viewed. Norman constructed Merrick not as a helpless victim but as a fellow working man whose choice to perform as a freak enabled him to maintain his independence and in the process, crucially, to assert his own version of working-class masculinity.⁷

By juxtaposing these competing narratives of Victorian Britain’s most famous freak, this chapter offers a reappraisal of the place of the freak show within the social, cultural, and economic history of labor, charity, and the state. This reading of “the Elephant Man” argues that despite its inherent prejudices, Norman’s interpretation of Merrick’s life is a critical historical document as it insists that we interrogate the assumption that the freak show is always already exploitative, offering instead a more nuanced understanding of its economic and social role in the lives of deformed members of the working poor. In addition, this analysis of “the Elephant Man” interrogates late nineteenth-century medicine’s relationship to deformity—which Treves uncritically championed as purely scientific, objective, and explicitly redemptive—suggesting that scientific medicine’s engagement with human anomalies was dependent upon and deeply enmeshed in more popular and commercial discourses and practices surrounding the display of spectacular bodies.

Joseph Merrick, better known as "the Elephant Man," has in recent decades come to represent the paradigmatic Victorian freak. The mythic tale of his exploitation by ruthless showmen and his rescue by Frederick Treves, a compassionate young doctor, has survived in popular culture largely through anthropologist Ashley Montagu's *The Elephant Man: A Study in Human Dignity* and David Lynch's 1980 film. Lynch's representation of Merrick as a refined soul trapped in a monstrous body, freed from a life of degradation by Treves, who gave him permanent shelter at the London Hospital, is much more mawkish and moralizing than one would expect from the leading postmodern surrealist filmmaker. Indeed, historian Raphael Samuel has suggested that if an "upper-class evangelical of the 1880s had possessed a cine-camera, this is the film he might have made."⁸

The film is unashamedly sentimental precisely because, like Montagu's book, it is based heavily on Treves's own memoir, *The Elephant Man and Other Reminiscences*, in which he positions himself as Merrick's savior from exploitative "vampire showmen."⁹ Treves's melodramatic story begins with his initial encounter with Merrick in the winter of 1884 at a cheap freak show directly across from the London Hospital, where Treves was employed as a surgeon and lecturer in anatomy. Treves recalled that his first impression of Merrick was of a "little man below the average height":

The most striking feature about him was the enormous and misshapened [*sic*] head. From the brow there projected a huge bony mass like a loaf, while from the back of the head hung a bag of spongy, fungous-looking skin. . . . From the upper jaw there projected another mass of bone. It protruded from the mouth like a pink stump, turning the upper lip inside out and making the mouth a mere slobbering aperture. . . . The back was horrible, because from it hung, as far down as the middle of the thigh, huge, sack-like masses of flesh covered by the same loathsome cauliflower skin. The right arm was of enormous size and shapeless. . . . The lower limbs . . . were unwieldy, dropsical looking and grossly misshapened [*sic*].

Treves immediately requested that this "strange exhibit" cross the road to the hospital, as he was "anxious to examine him in detail and to prepare an account of his abnormalities." "I made a careful examination of my visitor the result of which I embodied in a paper," Treves maintained, and after taking a series of clinical photographs, he returned Merrick in a cab to the "place of exhibition," assuming that he had "seen the last of him."¹⁰

Treves reported that the show was soon “forbidden by the police” and that Merrick was taken to the Continent, where he was robbed by an unscrupulous showman who eventually abandoned him in Belgium. The narrative resumes with Merrick’s return to London in the summer of 1886. By then he was destitute, Treves declared, having in his pocket only a few shillings and “a ray of hope,” “my [business] card,” which Treves claimed “was destined to play a critical part in Merrick’s life.” Arriving at Liverpool Street Station in the heart of London’s East End, Merrick was mobbed by a crowd eager to see what was beneath his voluminous hat and cloak. When the police arrived on the scene Merrick apparently produced the card and the surgeon was summoned. Treves then recalled that he admitted him to an isolation ward in the attic of the hospital and, after conferring with Francis Carr Gomm, chairman of the hospital’s House Committee, decided that “Merrick must not again be turned out into the world.”¹¹ Although his condition was incurable, Merrick remained a permanent resident of the London Hospital, where, according to Treves, he was “happy every hour of the day” until his death in 1890.¹²

Treves’s sentimental narrative has become the official version of the history of “the Elephant Man.” Indeed, Peter Graham and Fritz Oehlschlaeger have maintained that Treves was the best “articulator” of Merrick’s life story. Despite “considerable differences of education, class, health, and fortune,” they argue, Treves and Merrick were both “denizen[s] of the same culture” and thus their “biases were largely the same.”¹³ To claim that Treves and Merrick came from the same “culture,” however, is misleading. Merrick was a working-class man from northern England who had labored at unskilled jobs since the age of eleven, first in a cigar factory and later as a peddler. Forced out of his home by his stepmother, who found him grotesque, he had taken shelter with a kind uncle who was employed as a hairdresser. But, refusing to be a burden on his uncle, Merrick had also lived in cheap lodging houses before eventually checking himself into the Leicester workhouse where he remained for almost five years.¹⁴ Treves, in contrast, grew up in the comfort of a middle-class family in Dorset and later in South London, eventually settling with his wife and children in a house on the prestigious Wimpole Street. An expert on appendicitis, he became surgeon to King Edward VII, who knighted him in 1902.¹⁵ To assert that Treves and Merrick shared similar life experiences, values, and attitudes, then, is disingenuous. Although Treves may have been the best articulator of Merrick’s bones, which he eventually had boiled down and put on display in the London Medical

College's Pathological Museum, he was not necessarily the best interpreter of Merrick's life story.

Treves's memoirs are in fact only one account of a complex series of events and interactions. Tom Norman, Merrick's London manager, also wrote a memoir in which he challenged Treves's interpretation of the freak show as exploitative and indecent. Norman was the son of a butcher and, like Merrick, had supported himself from an early age. He left home at fourteen, working as a butcher's assistant in London before entering the show world. When he first met Merrick, in 1884, Norman was only twenty-four years old, but he was already well on his way to becoming one of the most respected showmen of his day. Known as "the Silver King," he was operating thirteen show shops in London, staging performances at the Royal Agricultural Hall in Islington, and traveling the fair circuit with other acts.¹⁶ Norman's account of Merrick, which provides valuable insight into the nature of the Victorian show world, contrasts sharply with Treves's. Norman locates exhibitions of anomalous bodies within the broader economic history of nineteenth-century Britain, stressing the importance of these shows as a source of livelihood for deformed members of the working poor who struggled to support themselves while remaining independent of state welfare.

Norman thus positions Merrick not as a helpless invalid but as a fellow working man who successfully and shrewdly capitalized on an expanding consumer culture by selling the only thing he had left to commodify: his extraordinary body. Merrick's choice to perform as a freak, Norman maintained, was central to his sense of self, as it enabled him to maintain his status as an able-bodied laboring man. Norman argues that in fact the hospital was much more exploitative than the freak show. As a freak, Merrick governed his own bodily display, profited from his exhibition, and thus reestablished himself as an independent man who exercised masculine control over his own person. Norman argued that Merrick, as a hospital "inmate" for whom there was no hope of a cure, became a dependent charity case whose continuing support was contingent upon relinquishing all control over his body and its uses.

Written at the end of successful careers, Treves's and Norman's memoirs were intended to establish their authors as leaders in their respective fields. Their stories about "the Elephant Man" were in both cases central to their articulations of their own professional identities and thus tell us much more about themselves than about Merrick.¹⁷ Both of these sources must therefore be treated as narrative reconstructions of past events and relationships that

reflect personal and professional prejudices and cater to the demands and expectations of their very different audiences, which in both cases consisted primarily of their authors' professional colleagues. Treves's melodramatic account foregrounds his empathetic nature and promotes the hospital as a redemptive institution while at the same time downplaying the Victorian medical profession's competitive—and thus, at times, exploitative—element. Similarly, in his attempt to defend “the penny showman” against recriminations that he merely profited from the ills of others, Norman recasts himself as “the people's friend” and disinterested guardian of his freak show exhibits. Both men thus underscore their emotional, rather than professional and thus economic, relationships to Merrick, attempting to deflect attention away from his clear use-value as a “monster.”

But if the showman's autobiography is as biased as the surgeon's, Norman's lesser-known account of Joseph Merrick nevertheless offers a compelling, and historically significant, counternarrative to Treves's didactic rescue story. As a fellow working-class man, Norman understood and articulated the important social and economic role that the freak show played in Victorian and Edwardian working-class culture. As Treves's rival for the right to exhibit “the Elephant Man,” he also provides an astute analysis of the place of anomalous bodies within the culture of medical science.

SCIENCE AND THE SIDESHOW

When Frederick Treves described his initial encounter with “the Elephant Man” in the winter of 1884, he returned repeatedly not to an objective scientific discourse but to the emotional language of horror and disgust. He was, Treves claimed, a “degraded,” “perverted,” “repulsive” “thing,” “the most disgusting specimen of humanity that I have ever seen.” Although this “creature” was “already repellent enough,” Treves claimed, “there arose from the fungous skin-growth with which he was almost covered a very sickening stench which was hard to tolerate.”¹⁸ Andrew Smith has argued that Treves deployed a “Gothic discourse” to describe “the Elephant Man” because medical language could not sufficiently account for the “horrors” of his deformity.¹⁹

The medical and the Gothic were not, however, separate discourses. Even in the 1880s the word “monster,” long associated with both religious omens and popular entertainment (as its root in the Latin for “to show” and “to warn” suggests), remained the clinical term for those born with severe physical deformities. In fact, the use of the term in British medical

journals increased over the course of the nineteenth century, reaching its peak in the period between 1870 and 1890.²⁰ The obstetrical columns in the *British Medical Journal* at the end of the nineteenth century were replete with descriptions of “foetal monsters,” “double monsters,” and other cases of congenital “monstrosity.” Religious, moral, and commercial ways of figuring bodily difference thus survived within, and were perpetuated by, modern medicine, despite its claim to be a scientific, and thus morally neutral, enterprise. Treves’s portrayal of Merrick reveals not so much the limits of medical language, but rather the ways in which the scientific and commercial discourses and practices around deformity were in the late nineteenth century symbiotic and even parasitic.

It was not merely that medicine borrowed the language of monstrosity from the freak show; it also borrowed its monsters. The practice of exhibiting human oddities for profit had been part of English entertainment dating back to the Elizabethan period, and medical men had been exhibiting, collecting, and cataloguing freakish bodies since at least the eighteenth century.²¹ The surgeon and anatomist John Hunter had gone to great lengths to acquire the skeletons of two early nineteenth-century human oddities, Caroline Crachami, “the Sicilian Fairy,” and Charles Byrne, “the Irish Giant,” for his extensive private collection of medical curiosities, which he bequeathed to the Royal College of Surgeons. Indeed, even the eminent surgeon John Bland Sutton maintained that this collection was “little better than a freak-museum.”²²

In the late nineteenth century medical men continued to use the freak show to advance their own knowledge of teratology, the science of birth defects. They sought out extreme bodies in order to better understand pathology, using people displayed for entertainment purposes for entirely other ends. Bland Sutton recalled that, particularly in the early years of his career, he “often visited the Mile End Road, especially on Saturday nights, to see dwarfs, giants, fat-women, and monstrosities at the freak-shows. There was a freak-museum at a public-house—The Bell and Mackerel, near the London Hospital; this museum attracted customers.” Bland Sutton had himself encountered “the Elephant Man” on one of these freak-finding forays.²³ Norman reported that several medical students had come to see “the Elephant Man” before Treves made his appearance. In fact it was Reginald Tuckett, Treves’s house surgeon, who alerted him to the exhibition. Norman’s location of the show directly across from the London Hospital’s main entrance was, therefore, strategic: he was explicitly catering to scientific medicine’s reliance on the freak show for its raw material.

The sciences of teratology and pathology and the leisure industry's commercialization of extraordinary bodies had for some time, then, been equally invested in the practices of bodily display. If, as Lisa Kochanek has argued, "the case history must recreate the freakish as a medical commodity," Treves's "riveting" and repeated presentations of his medical specimens at meetings of the Pathological Society of London necessarily echoed the sensationalism of the sideshow. The subjects he chose were reportedly "gruesome" and, according to his biographer, what his follow-up articles "lacked in a wider readership they made up for in horror."²⁴ But while Treves sharply contrasted his own "careful" and scientific examination of "the Elephant Man" within the privacy of the London Hospital with Merrick's public—and, in his opinion, obscene—display across the street, he omitted from his memoirs his own role in the exhibition of "the Elephant Man" as a live specimen before the Pathological Society. As the *British Medical Journal* reported, "Mr. Treves showed a man who presented an extraordinary appearance, owing to a series of deformities, . . . the patient had been called 'the elephant man.'"²⁵

This was clearly a highly competitive environment, for in 1888 Bland Sutton exhibited Lalloo, the subject of chapter 2, whom he had seen on show in Tottenham Court Road.²⁶ In his memoir Bland Sutton effaced the distinction between the sideshow and the scientific space, claiming with pride that his "anatomical demonstrations got the name of Bland-Sutton's entertainments."²⁷ As Bernard Lightman has argued, this blending of education and entertainment was common in the scientific lectures of the period. Scientific lectures, whether delivered in established museums or more ephemeral exhibition halls, were part of a new marketplace in which the pursuit of knowledge about the natural world became as much a leisure activity as a visit to a pleasure garden. Professional lecturers understood, Lightman claims, that they were competing for the attention of a fickle public and thus borrowed heavily from the culture of display and from oratorical styles associated with the music hall and the fairgrounds.²⁸ Indeed, performances, argues Iwan Rhys Morus, were "part and parcel of the business of making science and its products real to [nineteenth-century] audiences."²⁹

This overlap between professional and more popular modes of display and public speaking was evident among those in the medical field, as Bland Sutton's comments make clear, even when their audience was limited to students and colleagues and did not include the general show-going public. One of Treves's medical students fondly recalled his "racy descriptions of

the more abstruse parts of the human body. He often had us in fits of laughter, which is more than most teachers of anatomy today manage to do, I fancy.”³⁰ In displaying “the Elephant Man” in front of his professional colleagues, then, Treves—who was clearly also known for his amusing presentations—was both entertaining his audience and enhancing his reputation for “‘discovering’ more unusual cases than anyone else.”³¹ Exhibiting the freakish body was thus as central to Treves’s professional identity as it was to Norman’s, for it was through these practices of bodily display and the lectures that framed them that medical professionals staked their claim to be experts on monstrosity and attracted paying students to their lectures.

Treves not only exhibited Merrick’s strange body, but later he also circulated his image as a photographic souvenir. In 1889, three years after he was admitted as a permanent resident of the hospital, Merrick posed for a studio portrait. The photograph depicts Merrick dressed in his “Sunday Best” posing in a traditional Victorian portraiture stance, the three-quarter profile position that accentuated the monstrous aspects of his body. Had the photographer placed Merrick facing the other direction, his “normal” side would have dominated the image and the opposite effect would have been created. This monstrous image of Merrick was made into a *carte de visite*, a small card-backed photograph. *Cartes de visite* were extremely popular collectibles beginning in the 1860s; indeed, freaks regularly sold *carte de visite* portraits of themselves to earn extra money.³² The inscription on the back of the *carte* in the hospital’s archives proclaims this to be a portrait of “The Elephant Man given to me by The Rev. H. T. Valentine who was Chaplain at the London Hospital at this time.” It was owned by Miles H. Phillips, a gynecologist, who long after Merrick’s death attended lectures at the London Hospital Medical College.³³ This portrait of “the Elephant Man,” which clearly was circulated at least among the hospital population and was perhaps also given to Merrick’s patrons, was thus little different from the souvenirs hawked at fairgrounds and sideshows. It suggests that the hospital itself was complicit in commodifying Merrick’s monstrosity, using techniques borrowed directly from the show world.

If medicine appropriated the practices of bodily spectacle so central to the freak show, freak show entrepreneurs also regularly exploited the tropes of scientific medicine for their own purposes. While physicians and surgeons were not particularly forthcoming about their interactions with, and reliance upon, sideshow performers, freaks often advertised that they had

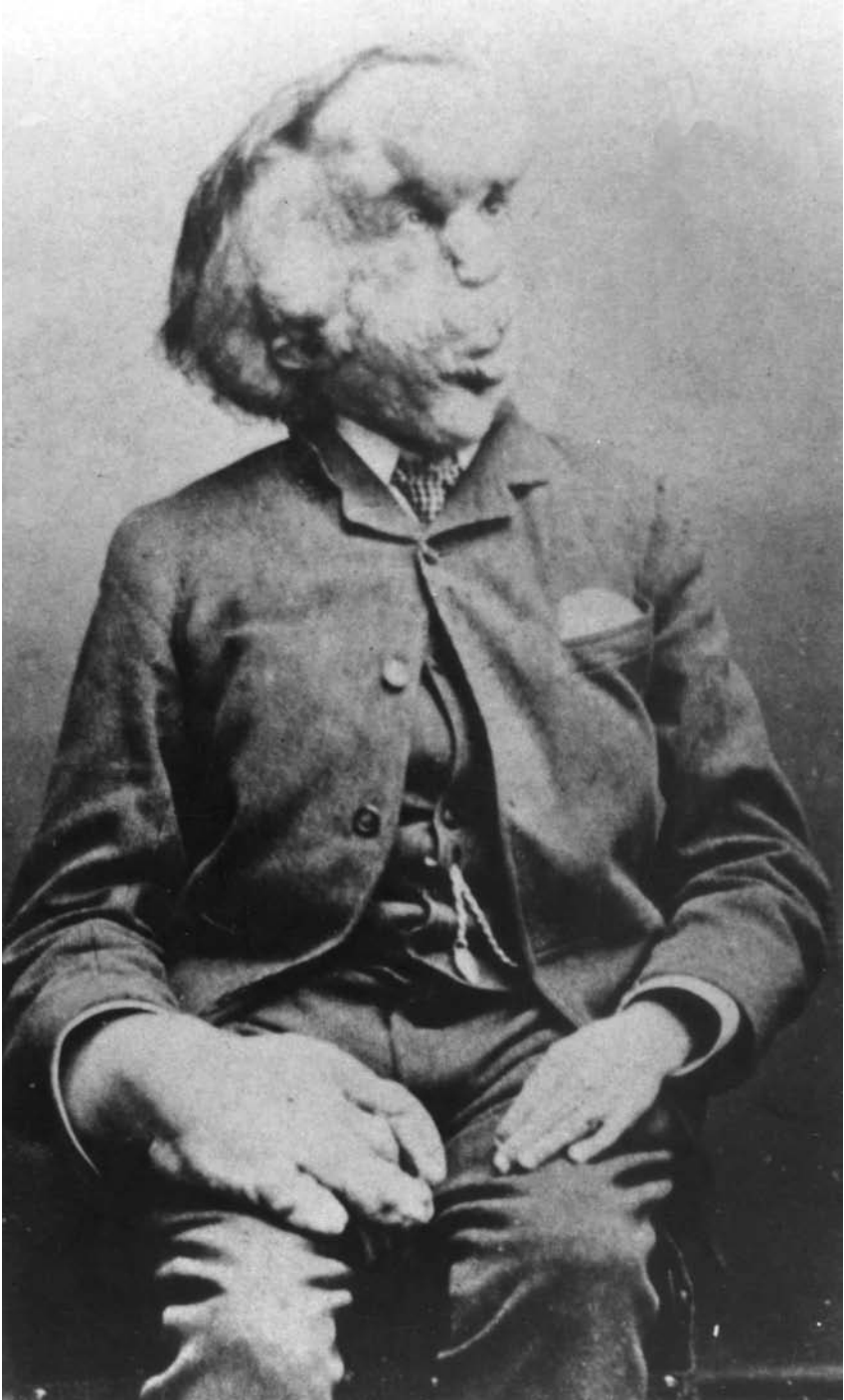


Figure 4. *Carte de visite* of Joseph Merrick in his “Sunday Best,” ca. 1889. Courtesy of Royal London Hospital Archives.

been examined by medical professionals. Whether real or fake, these testimonials, a common feature of the freak poster and handbill, reveal a growing public trust in the opinions of the medical profession. But they also suggest that the discourses of professional medicine were not in fact exclusive and could also be exploited for other ends entirely.³⁴ When Norman introduced “the Elephant Man,” he declared that Merrick was intended “not to frighten you but to enlighten you,” suggesting that this was an educational exhibit that could contribute to the production of knowledge.³⁵ By effectively turning his show shop into a scientific space, Norman was also participating in what Lightman has called the “spatial economy of science,” leaving it to the public to attempt to distinguish his presentation from that of other popular scientific demonstrators.³⁶

This blurring of the boundaries between the professional and the popular was also evident in the manner in which the show world borrowed from science’s own visual culture. In 1885 an engraving of Merrick’s misshapen body was added to the cover of his souvenir pamphlet. The illustration had been made from one of the photographs that Treves had taken to accompany his report in the Pathological Society’s journal. Merrick and one of his later managers manipulated the image to exaggerate Merrick’s “trunk,” a thick piece of skin that grew from his upper lip, and thus to enhance his persona as “the Elephant Man.”³⁷ Ironically, Merrick’s promoters challenged Treves’s construction of Merrick as a medical case by using a scientific illustration to support their reading of Merrick as a “monster half-man half-elephant.”³⁸

While the freak show used the medical profession for its own purposes, it also actively contributed to debates about the root causes of congenital abnormalities. In his public presentation Norman attributed the cause of Merrick’s deformities to “maternal impression,” which theorized that the form of an unborn child could be altered by something the mother experienced while pregnant.³⁹ Merrick’s mother, Norman declared, had been frightened by a circus elephant; her baby had thus been imprinted with the form of an elephant. Taking this theory to its logical conclusion, Norman typically warned the crowds waiting outside the shop that women in a “Delicate State of Health” should not attend the show for fear that this victim of maternal impression could cause another monstrous birth, for women and doctors alike reported that monstrous births could be caused by a “morbid desire” to see a “*lusus naturae*.”⁴⁰

Throughout the nineteenth century responsibility for the production of a human monstrosity was regularly placed squarely on the shoulders of

women. Women's active and powerful imaginations, it had been argued for centuries, made their babies susceptible to alteration inside the womb. If a woman experienced a fright, longed for a particular food, or witnessed something unusual, her baby could be marked. A black baby born to a white mother could be accounted for by the mother being startled by a "Blackmoor" during gestation; a child born bright red with claws in the place of hands could equally be explained away by the mother's insatiable desire for lobster during pregnancy. This was alarming, Marie-Hélène Huet has argued, because instead of "reproducing the father's image," the monstrous birth "erased paternity and proclaimed the dangerous power of the female imagination," something that neither husbands nor medical practitioners could control.⁴¹

Under the heading "Maternal Impressions," the 1897 encyclopedia *Anomalies and Curiosities of Medicine* maintained that it was the "customary speech of the dime-museum lecturer to attribute the existence of some 'freak' to an episode in the mother's pregnancy."⁴² But this dismissal of maternal impression as a superstitious belief—an explanation for deformity found credible only by the most gullible—belied the fact that in the 1880s, at the time of Merrick's exhibition, the subject continued to be seriously debated in the pages of the *British Medical Journal* and the *Lancet*. It was not uncommon in this period for doctors reporting on cases of monstrosity to mention whether the mother had experienced a fright or a bad dream during pregnancy.⁴³ In an article devoted to maternal impressions published in the 1889 *Cyclopaedia of the Diseases of Children*, Willam C. Dabney maintained that "impressions made upon a pregnant woman are capable of causing mental and bodily defects in her child." A careful study of ninety cases drawn from European and American medical journals led him to conclude that pregnant women should avoid "all violent and emotional disturbances."⁴⁴ By using maternal impression as an explanatory device, Norman thus affirmed the audience's own knowledge about bodily deformity. At the same time he perpetuated a theory that still had currency within medical circles, thus bridging the divide between lay and professional understandings of the origins of the freakish body.

The freak show's ability to influence professional medicine is also evident in the fact that medical professionals repeatedly diagnosed "the Elephant Man" as suffering from elephantiasis, a parasitical disease that did not in fact match Merrick's puzzling disorder. Treves initially admitted Merrick to the hospital in 1886 as a case of elephantiasis, a misdiagnosis that was repeated in a report on Merrick's death published in the *East London Advertiser*, in

the article on Treves's memoirs that appeared in *World's Fair* in 1923, in Norman's response to that article, and even in a 1959 memoir written by D. G. Halsted, who as one of Treves's medical students had cared for Merrick at the London Hospital.⁴⁵

While little about Merrick actually suggested an elephant (indeed, declared Halsted, he looked more like a "Tapir Man" than an "Elephant Man"), the name derived from the trunklike piece of skin that protruded from his upper lip. Although it had originally been removed during his residency in the Leicester workhouse, before he began to show himself for money, it had begun to reappear by the mid-1880s. Merrick's promotional material accentuated his so-called elephantine qualities in order to promote this particular reading of his body, for "the Elephant Man" was a role that Merrick and his managers carefully crafted for their audience. In his autobiographical souvenir pamphlet Merrick maintained that his right hand was almost the size and shape of an "Elephant's fore-leg" and that his "thick lumpy skin" was like "that of an Elephant."⁴⁶ His poster reinforced this description by depicting a "monster half-man half-elephant rampaging through the jungle."⁴⁷ Although the construction of Merrick as a half-human, half-animal wonder was a conceit of sideshow exhibition, it significantly influenced even the medical interpretation of Merrick's deformity. Treves vividly remembered Merrick's canvas poster, which depicted "the figure of a man with the characteristics of an elephant,"⁴⁸ and his pamphlet, both of which structured his and others' reading of Merrick as a case of elephantiasis.

Despite the fact that popular and professional interpretations of deformity could not always be clearly divorced from each other, by the end of the nineteenth century the medical profession was asserting its proprietary right to explain the nature and meanings of bodily difference. Scientific medicine, which began to emerge in eighteenth-century hospitals and was cemented with the rise of germ theory and the laboratory in the late Victorian period, sought to diagnose and to cure diseases. The hospital was critical to this process of organizing groups of symptoms into discrete nosological categories because it allowed for the centralization of the sick, and thus provided doctors and medical students access to a wide variety of illnesses and to multiple cases with similar symptoms.⁴⁹ Although Merrick could not be cured, Treves and his colleagues did seek to diagnose him as suffering from an identifiable disease that only medical professionals could interpret.

The medical profession, however, was not particularly successful at determining either the nature or the cause of Merrick's disfigurement, nor that of other performers. This allowed the freak show to flourish precisely because

it offered a different interpretation of deformity and resisted the medicalization of monstrosity. Unlike scientific medicine, which drew a firm line between the healthy observer and the diseased object of the medical gaze, the freak show actually discouraged audiences from interpreting “the Elephant Man” as pathological. Merrick’s promotional pamphlet maintained that he was “exhibiting” a “deformity” and assured the public that he was “as comfortable now as [he] was uncomfortable before,” suggesting that he was neither ill nor in pain. Although this was of course a clever strategy that served to assuage any discomfort associated with staring at someone who might indeed be suffering, it was also an attempt to draw a commonality between Merrick and the audience. Norman promoted this by introducing his exhibit as “Mr. Joseph Merrick, the Elephant Man.” While “there was always the gasp of horror and shock, and sometimes the hurried exit of one or more of the audience” when he unveiled “the Elephant Man,” Norman instructed the crowd “not to despise or condemn this man on account of his unusual appearance.” “Remember,” he asserted, “we do not make ourselves, and were you to cut or prick Joseph,” alluding to Shylock’s famous speech, “he would bleed, and that bleed or blood would be red, the same as yours or mine.” Rosemarie Garland Thomson has argued that “freaks and prodigies were solely bodies, without the humanity social structures confer upon more ordinary people.”⁵⁰ But by using Merrick’s proper name, rather than his show title, in order “to impart [him a] little dignity,” and by gesturing to his blood, a synecdoche of his humanity and identity, rather than focusing on his outward appearance, Norman claimed that he encouraged the crowd to see Merrick as “the most remarkable human being ever to draw the breath of life” rather than as a monstrosity, in either sense of the word.⁵¹

The claim that Treves actually rescued Merrick from the “dismal slavery”⁵² of the freak show thus requires further scrutiny. From this perspective it is medicine itself that appears to constrain, fix, and dominate bodies that transgressed the boundaries of “the normal.” Indeed, the hospital, as we shall see, did not necessarily liberate “the Elephant Man,” but rather might in fact have compromised his identity as an able-bodied, self-governing working-class man.

LABOR, CLASS, AND THE MASCULINE BODY

Before his hospitalization in 1886 Merrick had had a successful career as a freak. After almost five years in the Leicester workhouse he had taken the initiative to contact the local variety theater to seek employment as a

novelty act. He had then struck a deal with a consortium of showmen, including Norman, who agreed to exhibit him as “the Elephant Man” in several cities across Britain. Norman, although he had seen “many curious people before, some really repulsive,” initially believed that Merrick was too grotesque to be entertaining. He nevertheless later admitted, gesturing to his own considerable talent for marketing anything from “a flea to an elephant” to an “Elephant Man,”⁵³ that their partnership was reasonably profitable. “The takings at the door were quite good,” he recalled, “and we were both satisfied in that respect.”⁵⁴ The takings were so good that Merrick was able to save “considerably more” than £50—a sizable nest egg for a working-class man—during the first five months that he exhibited himself. Norman suggested that Merrick in fact earned more from his own exhibition than Norman himself did. While they shared the take evenly, Norman alone paid for the rent of the show shop, food, and lodging, he claimed.⁵⁵

This ability to earn a steady wage was, according to Norman, crucial to Merrick’s sense of self. As Heather McHold has noted, half of Merrick’s six-page pamphlet for his show was devoted to his employment history, detailing the ways he had earned a living—as a cigar roller, a peddler, and a hawker—and thus identifying him as an independent laborer.⁵⁶ Norman reported that Merrick had declared, “I don’t ever want to go back to that place,” meaning the workhouse.⁵⁷ For working men, independence, “the capacity to make one’s own way in the world and to be one’s own master,” which John Tosh has identified as the core tenet of Victorian manliness,⁵⁸ was inextricably bound up in demonstrating one’s distance from reliance on the poor law. Throughout the nineteenth century the ability to earn enough to support oneself and one’s family was essential to working-class notions of masculinity, which were often expressed through the demand for a family wage, that is, a large enough income to make ends meet without wives also working outside the home. While work proved to be the chief sphere in which middle-class men demonstrated their good character, the claim of working-class men to be literally *working* men was also central to their identities as citizens and as *men*.⁵⁹ If middle-class morality-mongers rejected the freak show as a degraded form of prurient entertainment, for working-class performers it could in fact represent the route to respectability, as it allowed them to demonstrate that they were independent laborers, and thus to articulate their moral worth.

Norman’s memoirs explicitly locate Merrick within this discourse of working-class masculine self-reliance. According to his son, Norman

adopted the motto “Be your own man” and taught his children never to become dependent on any form of state relief or charity, to make an “Honest Bob” without the help of “Hand-outs.” His memoirs, which reflect what his son identified as his “spirit of independence,” stress that Merrick “was a man of very strong character and beliefs—anxious to earn his own living and be independent of charity.” Norman claimed that Merrick refused to work the “Nobbings,” in other words, to pass a hat around at the end of a show to collect extra money. He proudly proclaimed, “We are not beggars are we, Thomas?” To Norman this was a “noble gesture,” a sign of Merrick’s manly character.⁶⁰ Affirming Merrick’s status as an independent man, Norman always announced to the spectators that “Joseph, not content to live off charity,” had himself “seized the opportunity of joining the showmen who secured his release, and was now able to pay his way and be independent of charity.”⁶¹

Norman’s narrative stresses that in contrast to the workhouse, which was dehumanizing and demoralizing, the freak show permitted Merrick to become an active economic agent who could assert his own working-class version of masculine independence. While it suited Norman to deflect the more troubling issue of exploitation by underscoring Merrick’s agency, his account of “the Elephant Man” explicitly challenges the assumption that the freak show is *necessarily* abusive and immoral and suggests instead that for the working class in particular it may have been a, if not the only, means to autonomy. It was in fact the hospital rather than the freak show, Norman insisted, that compromised Merrick’s dignity by preventing him from laboring and by transforming him into a member of the deserving poor.

When Francis Carr Gomm, chairman of the hospital’s House Committee, wrote to the *Times* to appeal for funds for Merrick’s upkeep, he represented him as an ideal object of charity. Since this was a “case of singular affliction brought about through no fault of himself,” Carr Gomm argued, the “charitable people” of London should show their empathetic nature and help this “poor fellow.” Merrick deserved financial assistance, the letter suggested, because he was not “able-bodied” (a key poor law term), which meant that he was physically unable to work rather than unwilling. He was “debarred from seeking to earn his livelihood in any ordinary way,” as “only one arm [was] available for work,” argued Carr Gomm, who assumed that the only labor he could perform would literally be manual. Treves’s 1888 account of Merrick’s case reiterated this position, declaring that Merrick was “unable to follow any employment and physically prevented from learning any trade” because of the extent of his deformities.⁶²

Indeed, when he admitted Merrick to the hospital, Treves listed him as having “no occupation,” despite the fact that he knew that Merrick had been employed as a freak performer.⁶³ Merrick’s status as a charity case was thus intimately bound up in the presumed incapacity of his body to undertake the physical labor deemed appropriate to his class.

Merrick was, however, more than capable of continuing to work as a show freak, and thus he could have preserved both his independence and his social status as an able-bodied laborer dependent on neither charity nor state relief. But both Carr Gomm and Treves suggested to the public that his profession was irregular and indecent, maintaining that the police “rightly prevent his being personally exhibited again.”⁶⁴ For middle-class Victorians, selling one’s labor power for manual tasks was appropriate within the industrial capitalist system, but other forms of bodily commodification, such as prostitution—or, in this case, the exhibition of a freakish body—challenged norms of respectable behavior.⁶⁵ Treves and Carr Gomm, then, called on the public for charitable donations to prevent what they considered an unacceptable method of exploiting one’s body for profit.

It was Norman’s belief that Merrick’s “only wish was to be free and independent.” This could not be achieved, however, as long as Merrick remained an inmate of the hospital, which to Norman seemed little different from the workhouse. Merrick must have felt, Norman insisted, as if “he were a prisoner and living on charity.”⁶⁶ Carr Gomm claimed that Merrick was always a “free agent” and entitled to leave at any time, even proposing that the hospital would turn over the funds they had collected on his behalf to his uncle if he wished to return to Leicester.⁶⁷ But according to the testimony of a hospital porter, Merrick had asked on more than one occasion, “Why can’t I go back to Mr. Norman?”⁶⁸ Norman’s memoirs suggest that Merrick saw the hospital, like the workhouse, as a temporary solution to poverty and that he had intended to resume the life of an able-bodied wage earner rather than remain under the care of the hospital or a family member. That he was prevented from doing so reveals a profoundly middle-class misreading of the freak show as inherently exploitative rather than as central to Merrick’s articulation of his distinctly working-class masculinity.

By casting Merrick as a charity patient the hospital transformed him from a wage earner into a member of the deserving but dependent poor, a position that was inherently emasculating and infantilizing. Seth Koven has argued that Merrick can be read as a “Barnardo-boy manqué,” a “rough lad” rescued from the streets who, like other “ragged” youths, became the object of benevolent efforts to “succor the bodies and spirits of poor

boys.”⁶⁹ Treves accentuated the paternalism of the charity hospital, where patients were expected to be deferential to the medical staff, by positioning himself not only as Merrick’s physician, but also as a father figure who cared to his needs, bestowed gifts, and financially supported him. He repeatedly characterized Merrick as “childlike” or “boyish,” stressing his immaturity: in his “outlook upon the world,” Treves argued, Merrick “was a child.” His “rapture” at being taken to a pantomime was even more intense, Treves claimed, than the “unconstrained delight of a child.”⁷⁰

This immaturity and childishness also had racial overtones, as colonial subjects in the age of imperialism were consistently figured as younger siblings to be educated and civilized. As Jami Moss has argued, while Treves, the “white male doctor,” emerged in his narrative “as the model of civilized humanity,” “the Elephant Man,” “in his more ‘animal’ state,” was linked to “so-called savages who lived in the British colonies.”⁷¹ Merrick’s poster, with its “primitive colours” and palm trees, suggested to Treves that this “perverted object” “roamed” the “wild[s]” of a “jungle.”⁷² Treves further racialized Merrick by characterizing him as a “primitive creature” and an “elemental being” whose speech was so slurred that “he might as well have spoken in Arabic.” Treves claimed to have “learnt his speech,” as a missionary might, so that he could talk freely with Merrick and serve as an “interpreter” for the hospital staff.⁷³ Writing in the tradition of the social investigators and journalists who imagined the East End as an outpost of empire, Treves explicitly Orientalized “the Elephant Man” by likening him to the Indian elephant god Ganesh. He was “a monstrous figure,” Treves recalled, “as hideous as an Indian idol.”⁷⁴

This passivity, dependence, and racial positioning was also explicitly feminizing. Like the Victorian feminine ideal, the angel in the house, Merrick was kept sequestered in his rooms. When he ventured too far outside them he was quickly shepherded back, lest he scare the other patients.⁷⁵ The bulk of his time, therefore, was spent within his private space, where he received visitors, read, or performed handicrafts like building models or weaving baskets. When he left the hospital grounds it was to attend a Christmas pantomime or to travel to the country, where he was sent on summer holidays. Merrick’s life at the London Hospital thus conformed to the middle-class domestic ideal and cast Merrick in a decidedly feminine role. As William Holladay and Stephen Watt have argued, Treves’s account can be read as a domestic melodrama in which Merrick figures as the heroine.⁷⁶ Indeed, Treves often accentuated what he saw as Merrick’s feminine nature. Despite his deformities and troubles, Merrick

was a “gentle, affectionate and loveable creature, as amiable as a happy woman.”⁷⁷ When Merrick shyly asked for a dressing bag, a traveling case for toiletries, as a Christmas gift, Treves compared him to a “small girl with a tinsel coronet and a window curtain for a train.”⁷⁸ Treves recounted that Merrick sobbed in a womanly way, picked flowers in the countryside, and read love stories to pass the time. Treves characterized Merrick as a passive, domestic, sentimental, and feminine “creature.”

If, as Norman suggests, Merrick had located his manliness in his body’s ability to labor, for Treves, Merrick’s body could not be read as masculine in any way. Treves concluded his reminiscences by claiming that Merrick’s spirit, were it visible, would “assume the figure of an upstanding and heroic man, smooth browed and clean of limb, and with eyes that flashed undaunted courage.”⁷⁹ This emphasis on strength of character and the ability to overcome adversity was central to Victorian understandings of manliness. By the last decades of the nineteenth century, however, manliness was also increasingly becoming wedded to physical fitness, bodily integrity, and athleticism. The late Victorian middle and upper classes in particular emphasized the importance of sport and games to the development of a manly physique, and to the health and strength of the nation. In the age of muscular Christianity, character was thought best developed through training and disciplining the body.⁸⁰ Although this emphasis on physical vigor was merely one of many different styles of manliness available in this period—one often associated with the elite culture of the public school⁸¹—it was nevertheless central to Treves’s understanding of masculinity.

Wilfred Grenfell and D. G. Halsted, the two men primarily responsible for Merrick’s care while he resided at the hospital, were typical muscular Christians: involved in medico-missionary work, they taught boxing, gymnastics, and sailing to poor boys.⁸² Treves, an especially athletic man, promoted their activities. He himself wrote treatises on physical education and considered that “the athlete, so far as his body and his personal equation are concerned, has reached the full and perfect stature of a man.” Englishmen, he claimed, justifiably have “contempt for what is effeminate and feeble.”⁸³ Despite his manly spirit, then, Merrick could not measure up to Treves’s standards of masculinity, which emphasized bodily symmetry, strength, and physical perfection. Indeed, despite the “normal” aspects of his left side, of which Merrick was apparently “pathetically proud,”⁸⁴ Treves denied that Merrick’s body had any masculine aspects whatsoever. While Merrick’s right hand and arm were, according to Treves, monstrous

and vegetable-like, his left arm was “a delicately shaped limb covered with fine skin and provided with a beautiful hand which any woman might have envied.”⁸⁵ That which was normal about Merrick’s body, Treves insisted, had no trace of manhood about it.

Despite the fact that Merrick appeared in his *carte de visite* photograph in a fitted three-piece suit (the marker of the modern man),⁸⁶ complete with collar, tie, handkerchief, and pocket watch and chain, Treves insisted that Merrick could not “adapt his body” to a “trimly cut coat.” “His deformity was such,” Treves claimed, “that he could wear neither collar nor tie, while in association with his bulbous feet the young blood’s patent leather shoe was unthinkable.” The dressing bag appeared to Treves to be part of an elaborate dress-up game, and Treves dwelled on Merrick’s inability to use it for its intended purpose: to groom the male body. Merrick had no hair to brush nor beard to shave; “his monstrous lips could not hold a cigarette”; the shoehorn could not help him with his “ungainly slippers”; and the hat brush was unsuited to his cap and visor. “Merrick the Elephant Man,” Treves declared ironically, became the “gallant” in the “seclusion” of his chamber.⁸⁷ By naming Merrick “the Elephant Man” in this context, using his show title rather than his proper name, Treves challenged any claim to normalcy that Merrick might have been making by attempting to adopt the trappings of middle-class masculinity that Treves had himself, at least implicitly, encouraged by purchasing the dressing bag.⁸⁸

SCIENTIFIC SPECTACLE

By figuring Merrick as dependent, childish, and womanish, Treves undermined Merrick’s masculine independence and, in the process, his ability to care for himself and make decisions governing his own body. Although admitting Merrick to the London Hospital as a permanent resident was certainly a benevolent act, as the hospital did not ordinarily accept incurable patients, it ensured that Treves would have unlimited access to Merrick’s body, something he had been denied two years earlier. Indeed, Norman maintains that negotiations among Treves, Merrick, and himself in the winter of 1884 over access to Merrick’s body were highly charged. According to Norman’s memoirs, after Treves’s initial examination of Merrick in November of 1884 Treves brought him over to the hospital two or three more times before Merrick refused to go again. A week later Treves arrived at the show shop with several people who wanted to see “the Elephant Man.” “The doctor appeared almost desperate,” Norman recalled,

“afraid, I imagine of ‘losing face’ among his colleagues.” When Merrick declined to be displayed to these “distinguished visitors,” reported Norman, Treves “could hardly control his rage . . . especially when I said that in future he and his colleagues could only see Joseph as paying customers.”⁸⁹ While Treves clearly felt that his professional status entitled him to unlimited free access to “the Elephant Man,” Norman found the “visitors from the London Hospital” “a bit of a nuisance,” as their constant questions “were holding up the business” and interfering with his own professional pursuits.⁹⁰ But by according Treves and his colleagues no privileged position vis-à-vis his spectacle of monstrosity, Norman was not only protecting his own business interests. He was also, like Merrick himself, challenging the medical profession’s presumption of authority over the deformed body.

Merrick’s refusal to submit to further scientific scrutiny is telling. He chose to exhibit himself in what he considered “a decent manner” and get paid for doing so, but he objected, he apparently told Norman, to being “stripped naked” and made to feel “like an animal at the cattle market.”⁹¹ Merrick asserted that he was not property but his own man, and as a man he had sole control over who saw and touched his body. Although he may have profited from his body, it was not like the bodies of cattle, literally for sale. As a freeborn Englishman he alone governed the use of his body, Merrick suggested, and he would not be treated as a scientific specimen, a position that was not only dehumanizing but also distinctly emasculating, as it rendered him a passive object of the medical gaze. By resisting examination and hospitalization, submitting to it only as a last resort, Merrick asserted not only manly self-control over his person but also his humanity, issuing a denial that he was first and foremost a medical monstrosity.

While Treves argued that Merrick’s public exhibition was exploitative and “transgressed the limits of decency,”⁹² the young doctor nevertheless staked his own claim to control over the exhibition of Merrick’s deformities by placing him under his care at the hospital and thus controlling access to his person. In a letter to the *Times*, Carr Gomm announced that the London Hospital sought to prevent Merrick’s “deformity being made anything of a show, except for purely scientific purposes.”⁹³ This suggests that he felt that Merrick’s exhibition was justified, but only in the context of medical research. Treves, in fact, not only repeatedly photographed Merrick naked but also brought a variety of medical practitioners to see him in the flesh. One of the hospital porters reported to Norman that Merrick was “constantly seen and examined” by a “never-ending

stream of surgeons, doctors and Dr. Treeve's [*sic*] friends."⁹⁴ In an article published in the *British Journal of Dermatology* in 1909, F. Parkes Weber diagnosed Merrick, whom he referred to only as "the famous 'elephant man,'" with Recklinghausen's disease, otherwise known as neurofibromatosis. "Many" people, stated Parkes Weber, "must have seen [this case] when he was at the London Hospital."⁹⁵ Since his article clearly addressed his professional colleagues, it suggests that medical men regularly visited Merrick for professional reasons. Norman insisted that Merrick was "keenly conscious of the indignity of having to appear undressed" before this "never-ending stream" of visitors who did not pay him for his services.⁹⁶ Grenfell confirmed Merrick's discomfort with having to exhibit himself in the hospital, writing in his own memoirs that "the poor fellow was really exceedingly sensitive about his most extraordinary appearance."⁹⁷

Although Treves allowed Merrick to be seen and examined by medical professionals, he repeatedly emphasized the importance of keeping him out of the public eye. Hospital officials, Carr Gomm asserted, had strict "instructions to secure for him as far as possible immunity from the gaze of the curious."⁹⁸ Those who responded to Carr Gomm's letter proposed sending him either to a lighthouse, that most remote and solitary of places, or to an asylum for the blind.⁹⁹ Although neither of these suggestions was pursued, Carr Gomm insisted that this type of invisibility was essential to the preservation of Merrick's dignity. In fact, however, "the Elephant Man" was regularly put on public display in his private rooms, known to the hospital population as "the elephant house."¹⁰⁰

Treves duly chastised the "thoughtless porter" or wardmaid who let "curious friends have a peep at the Elephant Man."¹⁰¹ But he frequently exposed Merrick to a range of people outside the medical field who had no professional stake in Merrick's case. Merrick's story, Treves remembered, attracted attention in the papers, which meant that he had a "constant succession of visitors. Everybody wanted to see him. He must have been visited by almost every lady of note in the social world."¹⁰² The only difference between the porter or wardmaid's friends and these curious members of the public was their social class, for the visitors who were admitted to Merrick's rooms came from high society and included William Gladstone and the Princess of Wales, as well as "half the celebrities in London." John Bland Sutton reported that "it became a cult among the personal friends of the Princess to visit the Elephant-Man in the London Hospital."¹⁰³

Although Treves suggests that these high-society callers were *visitors*, he also indicates they “wanted to see him” (emphasis mine), and in some ways they had paid to do so. Since the London Hospital was a charitable institution that did not accept chronic cases, Merrick could only be housed as a permanent resident if his care was funded separately from the hospital’s operating budget. Carr Gomm raised more than £230 on Merrick’s behalf after his initial plea to readers of the *Times* in 1886. He also secured an annual donation of £50 from a Mr. Singer.¹⁰⁴ These visits to see “the Elephant Man,” then, were not commercial transactions in that no one purchased a ticket. However, they still existed within a cash nexus, as it was only the elite, whose philanthropy paid for Merrick’s upkeep, who were entitled to see him in the hospital. As Ann Featherstone has argued, Treves’s relationship to Merrick was thus framed not only by the discourses of healing and compassion, as he and those who have embraced his narrative have claimed, but also by those of “ownership, commercialisation, and control.”¹⁰⁵

Treves’s biographer rightly maintains that the steady stream of society visitors rendered “the elephant house” no more or less than a “genteel freak show.”¹⁰⁶ In a reversal of the events of 1884, Norman applied to the hospital to visit Merrick (at Merrick’s own request, he implied) but was turned away. He did not attempt to visit again. Who, then, “really exploited poor Joseph?” Norman asked. For, although “the eminent surgeon” “received the publicity and the praise” for rescuing Merrick from the freak show, Norman insisted that Treves was “also a Showman, but on a rather higher social scale.”¹⁰⁷ Merrick’s sojourn in “the elephant house,” where he was examined, photographed, and stared at by curious visitors, thus appears little different from his days as a freak exhibit, except in one crucial way. As a freak Merrick had largely been in control over his own bodily display and had used that control to assert himself as a respectable working man. As a permanent resident of the hospital, however, he was entirely reliant on the goodwill of Treves and his patrons. In return for this care and support he was required to surrender his right as an independent man to govern his body and to determine its uses.

LAST RITES/LAST RIGHTS

After almost five years in the workhouse, Merrick checked himself out to begin life as a freak. After four years in “the elephant house” he chose another means of escape. Merrick had been forced to sleep in a seated position with

his head resting on his knees in order to prevent asphyxiation. Norman had tried to help make Merrick more comfortable by having a padded yoke fitted to his shoulders to keep his head upright during the night,¹⁰⁸ but this device clearly did not accompany him to the London Hospital. When Merrick's dead body was found lying across his bed at 3:30 in the afternoon on 11 April 1890, the coroner's report concluded that he had died of natural causes: the weight of his head apparently "overcame him" during sleep and caused him to suffocate.¹⁰⁹ Treves believed that Merrick had tried to sleep horizontally and in the process had dislocated his neck. His death, Treves theorized, resulted from his "pathetic but hopeless desire to be 'like other people.'" ¹¹⁰

Treves implied but avoided explicitly claiming that Merrick had committed suicide. He preferred to see Merrick's death as the result of his striving for, but inevitably failing to achieve, normalcy, and he continued to insist that Merrick was "happy every hour of the day." Halsted, however, maintained that he regularly had to "cheer him up if he felt depressed."¹¹¹ Norman interpreted Merrick's death—which occurred in the middle of the day and not during a "natural sleep," as reported by the press—in much more sinister terms.¹¹² Suicide, he suggested, was Merrick's only way out of being constantly interrogated by the medical gaze. Norman surmised that Merrick, in a "what the Hell" frame of mind, quite conscious of the risk, lay full length on the bed and never woke up. Perhaps that is what he wanted.¹¹³ According to Norman, Merrick's suicide was not the result of his failure to measure up to "the norm." It was instead his last expression of bodily control, an act of manly defiance that was ultimately an explicit refusal to be further objectified and pathologized by medical science.

If "the Elephant Man" could no longer be scrutinized by doctors, his body nevertheless remained the property of the hospital. Merrick had clearly understood that this would be the case: as Grenfell recalled, he "used to talk freely of how he would look in a huge bottle of alcohol—an end to which in his imagination he was fated to come."¹¹⁴ Merrick's estranged father came to collect his effects, which included valuable gifts from his patrons, and indeed he would have been well within his rights to ask for the body should he have wanted to bury it whole himself. Although the hospital decided that no postmortem was to be performed, it did take tissue samples and made body casts, presenting one to the Royal College of Surgeons, presumably for installation in the Hunterian Museum alongside the remains of "the Irish Giant" and "the Sicilian Fairy." Thomas

Horrocks Openshaw, the pathological specimens curator at the London Medical College's Pathological Museum, then stripped the body of its flesh and boiled down the bones for articulation, as the House Committee had "decided that the skeleton should be set up in the College Museum." An undertaker removed his other remains, which included flesh and internal organs, and after they were buried in an unmarked grave, the hospital held a memorial service for Merrick in their chapel.¹¹⁵

Joseph Merrick's skeleton and body casts remain on display in the London Medical College's Pathological Museum alongside other relics of his residence at the hospital. Access to them is strictly limited to medical professionals and legitimate researchers who must apply to the curator of the museum.¹¹⁶ Today Merrick's body can only be consumed as part of the advancement of scientific knowledge, for it is only medical professionals who continue to be entrusted with interpreting the meaning of his deformity. That Merrick's final resting place is in a pathological museum off-limits to the general public represents the ultimate triumph of Treves's narrative, which has proliferated in a popular culture that has largely embraced the medical model of bodily difference, with its firm belief in "the normal" and its concomitant desire to classify and correct "the deviant." Indeed, the stories that circulate today about Joseph Merrick build on Treves's account of his case and consistently seek to diagnose his condition—most recently as Proteus syndrome—underscoring the pathological nature of Merrick and his social value as a rare medical monstrosity.¹¹⁷

But "the Elephant Man" also had an afterlife in the show world. Like Treves, Tom Norman continued to commercialize Merrick's freakish body long after his death, displaying a bust of him in his waxworks, which operated in various venues through the First World War. When Norman sold the exhibit after the war the bust was deliberately left behind and stored away in a packing case.¹¹⁸ That "the Elephant Man" continued to be exhibited even after his death in both of the venues that made him famous should come as no surprise. Significantly, however, it was the sideshow rather than the scientific institution that finally laid his body and his memory to rest.