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**‘Among the healthy and the happy’:
Representations of Health in Novels of the
Mid-Nineteenth Century**

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Thesis submitted for the qualification of Doctor of Philosophy

Department of English Studies

Durham University

2016

Abstract

While illness in literature has become a rich subfield of critical enquiry, especially in relation to nineteenth-century fiction, the subject of health is mostly overlooked. This thesis seeks to redress the balance, by examining the literary representation of health in a selection of mid nineteenth-century novels, alongside medical and non-medical contemporaneous sources, in order to uncover the range of textual meanings that health is required to convey. The principal aim is to demonstrate that fictional representations of health reflect on and respond to the pervasive culture of health present in the mid-nineteenth century.

Each of the six chapters explores one dimension of the meaning of health in literary works by George Eliot, Elizabeth Gaskell, Charles Dickens, and Charlotte, Anne, and Emily Brontë. The first two chapters explore the instability of health and the ever-present risk of illness: chapter one considers the vulnerability of health related to social and medical developments, while chapter two examines the relationship between health, morality, and power. The third and fourth chapters consider the tensions and oppositions between health and illness: chapter three examines the relationship between health, vitality, and morbidity, and chapter four explores the performance of health. The final two chapters examine recoveries and returns to health: chapter five considers the relationship between health, action, and occupation, while chapter six identifies a pattern of recovery across individual episodes in five novels by Dickens.

These exploratory analyses of fictional representations of health situate the novels in a wider context of Victorian health discourse while demonstrating that health has a surprisingly subtle range of textual meanings and significances, rather than being an invisible or self-evident category of experience. The fictional representation of health and the healthy body reflects the vital significance of the cultural practice of health in the middle decades of the nineteenth century.

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#HowlandsIsOurHome #FisherHouseForever

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Introduction

Introduction:

'The sign of health is Unconsciousness'

'Thus ... in some languages, is the state of health well denoted by a term expressing unity; when we feel ourselves as we wish to be, we say that we are *whole*.'¹ Thomas Carlyle neatly encapsulates the experience of health in the nineteenth century: it is a desirable and ideal state, how we *wish* to be; it is a feeling of being 'whole', unified, complete; it is to be unbroken. With this feeling of wholeness, however, comes the potential for dangerous complacency, since '[o]ne of the rewards of bodily health, [as] Charles Kingsley wrote, is that it "makes one unconscious of one's own body"'.² It was only illness and the prevalent threat of illness in the nineteenth century that created awareness and consciousness of the body; health made the body unworthy of notice. Health succeeded, somehow, in being both a default setting, a place from which to fall ill, and an ideal state to which to aspire.

As '[t]he healthy know not of their health, but only the sick',³ so too do critics know not of health within novels, but only the sick. While the body, an unavoidably prominent image and mechanism within nineteenth-century fiction, has been much examined by literary criticism, healthy bodies have been critically overlooked. Critical attention to the body in Victorian literature has most frequently focused on psychology, physiology, and bodily and mental illness, with an increasing emphasis in recent years on psychology, trauma,

¹ Thomas Carlyle, 'Characteristics', *The Edinburgh Review*, vol. 54 (1831), n.p..

² Bruce Haley, *The Healthy Body and Victorian Culture* (Cambridge, MA: Harvard University Press, 1978), p. 5. Though the title of this text would suggest that this does indeed focus entirely on health, Haley in fact centres on illness and threats to health, rather than health itself. See p.9 for further discussion.

³ Carlyle, n.p..

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disability, individual illnesses, and mental illness. While these studies are extremely valuable, and have opened up whole new avenues through which to consider the body, the healthy body is almost nowhere to be seen. Healthy bodies are clearly present within fiction – from the ‘young and healthy’⁴ Margaret Hale of *North and South* (1855), to the ‘healthful music’⁵ of the pulse of *Our Mutual Friend*’s (1864-5) Eugene Wrayburn; from the ‘healthful youth’⁶ of *Middlemarch*’s (1872) Dorothea Brooke, to the ‘perfect health’⁷ of Roger Hamley of *Wives and Daughters* (1865) – but critical interest has tended to centre on representations of bodies and minds that depart from healthy, normative models, rather than on these healthy models themselves. This is even paralleled in the texts themselves: in Charlotte Brontë’s *Shirley* (1849), for example, Louis Moore attempts to speak to the injured Shirley about her health, declaring that ‘[i]t is time there were discussions’. Her response – ‘Discuss away, then, but do not choose me for your text. I am a healthy subject’⁸ – illustrates the pattern that exists in criticism where ‘healthy subjects’ are not the focus of study, and in which health is an attribute that exists without need of further analytical enquiry.

This thesis will begin the work of redressing this balance, giving attention to the healthy bodies present in canonical fiction of this period, and providing a fresh perspective on the study of literature and the body. Through

⁴ Elizabeth Gaskell, *North and South*, ed. Patricia Ingham (1855; London: Penguin Books, 2003), p. 90. All subsequent references included parenthetically after quotation.

⁵ Charles Dickens, *Our Mutual Friend*, ed. Michael Cotsell (1865; Oxford: Oxford University Press, 1989), p. 812. All subsequent references included parenthetically after quotation.

⁶ George Eliot, *Middlemarch*, ed. David Carroll (1872; Oxford: Oxford University Press, 1996), p. 256. All subsequent references included parenthetically after quotation.

⁷ Elizabeth Gaskell, *Wives and Daughters*, ed. Angus Easson (1865; Oxford: Oxford University Press, 2008), p. 385. All subsequent references included parenthetically after quotation.

⁸ Charlotte Brontë, *Shirley*, ed. Jessica Cox (1849; London: Penguin Books, 2006), p. 473. All subsequent references included parenthetically after quotation.

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an examination of texts by George Eliot, Elizabeth Gaskell, Charles Dickens, and Charlotte, Emily, and Anne Brontë, this thesis will explore a number of meanings of health in the mid-nineteenth century, and will seek to answer the question of how the insistent figuration and fictional depiction of health in the mid-nineteenth century both represented and contributed to contemporary ideas surrounding the meaning, importance, and significance of bodily health. Health itself is not merely a default position from which to fall ill, nor an aspirational state; it is capable of multiple and shifting meanings and values, and, indeed, ‘the healthy body [had] a special conceptual prominence in nineteenth-century thought’.⁹

The study of literature and the body has dramatically expanded in scope and volume over the past few decades, with physical illness in fiction at the fore. Susan Sontag’s *Illness as Metaphor* (1978) marks a foundation of sorts for this expansion, dealing as it does with the similarities between twentieth-century perspectives on cancer and nineteenth-century perspectives on tuberculosis. She argues that ‘[e]veryone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick’, and points out that ‘sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place’.¹⁰ Studies of the illnesses and the literature of the nineteenth century have emerged in the subsequent decades, covering a broad scope of subjects related to illness, medicine, disability, and the body. Some notable examples include: Maria H. Frawley’s *Invalidism and Identity in Nineteenth-Century Britain* (2004), which examines the cultural history of those who identified as invalids in the nineteenth century; Lawrence Rothfield’s *Vital Signs: Medical Realism in*

⁹ Haley, p. 4.

¹⁰ Susan Sontag, *Illness as Metaphor* (London: Penguin Group, 1991), p. 3.

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Nineteenth-Century Fiction (1992), which considers the influence of clinical medicine on the work of writers including George Eliot, and the consequent prioritising of scientific over philosophical principles; and Martha Stoddard Holmes' *Fictions of Affliction: Physical Disability in Victorian Culture* (1996), which explores the representation and meanings of physical disability in both literature and cultural debates.

With the growth of the medical humanities in the last few decades, building on the study of literature, medicine, and the body, there have been a number of examples of criticism that focuses more closely on fictional representations of specific illnesses, such as Miriam Bailin's *The Sickroom in Victorian Fiction: The Art of Being Ill* (1994), Athena Vrettos' *Somatic Fictions: Imagining Illness in Victorian Culture* (1995), and Katherine Byrne's *Tuberculosis and the Victorian Literary Imagination* (2011). Bailin focuses on the scenes of 'illness and sickroom sequestration'¹¹ in nineteenth-century fiction, arguing that although diseases 'register the devastations of illness upon personal and communal stability, the narrative cure for disorder is more often than not illness itself and the therapeutic situation constructed around it',¹² with the sickroom used to heal the disorder present in society. Vrettos examines the idea that 'the ways in which people talked about health and disease are not only issues of medical history, but also forms of cultural fiction making',¹³ arguing that 'the persistent attempts by Victorian writers and physicians to define the terms of human physicality, [...] provided a means of controlling potentially

¹¹ Miriam Bailin, *The Sickroom in Victorian Fiction: The Art of Being Ill* (Cambridge: Cambridge University Press, 1994), p. 2.

¹² Bailin, p. 7.

¹³ Athena Vrettos, *Somatic Fictions: Imagining Illness in Victorian Culture* (Stamford: Stamford University Press, 1995), p. 3.

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disturbing cultural issues by relocating them in questions of physiology'.¹⁴

Byrne, in turn, explores 'the ways in which tuberculosis influenced the construction of the nineteenth-century social body through its pathologising of the gender, class, and economic and aesthetic status of the individual body',¹⁵ arguing that 'the inclusion of consumption in any text engages that text with the wider cultural associations that surround the disease'.¹⁶ All these works, then, see illness in nineteenth-century fiction as in some way representative of disorders and issues present in society. United in the exploration of specific aspects of physical illness or a specific illness itself, and their location in Victorian fiction, these writers have given space to different kinds of bodies and discussions that had not previously been considered in depth.

Crucially, all these examples focus almost entirely on illness, in one form or another. Invaluable as these studies are, by focusing critical attention on the ill or diseased body, these critics overlook the healthy body itself. Far less consideration has been devoted to the healthy body: Anthony S. Wohl, Roy and Dorothy Porter, and Bruce Haley have led the way in this, having all conducted detailed cultural studies of health and the abundant and assorted threats to it during this period. However, these studies principally explore issues of public health and contagions; they still centre on illness and the constant threats to health more than health itself, and focus very little, or not at all, on literature of the period. Until very recently, the closest we come to a discussion of health itself in literature is in John Wiltshire's *Jane Austen and the Body: 'The Picture of Health'* (1992), which deals with this question outside of the Victorian period.

¹⁴ Vrettos, p. 3.

¹⁵ Katherine Byrne, *Tuberculosis and the Victorian Literary Imagination* (Cambridge: Cambridge University Press, 2011), p. 1.

¹⁶ Byrne, p. 3.

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He argues that, though health ‘in a realist text is normally just as much an absence’, this is ‘not the case in Austen’s novels’;¹⁷ indeed, the ‘physical well-being of her figures is ... at issue’.¹⁸ However, he nonetheless proceeds in an examination of illness as well as health, suggesting ‘that the body becomes most visible in Austen’s novels [...] in the larger framework of health *and illness*’.¹⁹ Although Wiltshire certainly gives more weight to health, the text nonetheless still focuses more on illness.

It seems that we are now, however, witnessing the beginning of a shift: very recently, Erika Wright’s *Reading for Health: Medical Narratives and the Nineteenth-Century Novel* (2016) has addressed the lack of focus on health in literary criticism. Her book is virtually unique in seeing ‘health as more than a point of entry or of departure—as more than something to be “passively appreciated”’.²⁰ Although the focus of her study differs from my own, Wright outlines the problem of overlooking health, stating that in ‘turning away’ from health, ‘we have [...] lost a chance to see the subtle ways in which health—particularly physical health—operates in these works: the challenges it poses and the reading practices it engenders.’²¹ She acknowledges that, in current criticism, illness is seen as

[forcing] us to take notice of our bodies and behaviors, to experience compassion, to purge, to repent. In contrast, health signifies the absence of all of this; if anything, it functions merely as the end of the action, the prized reward. It provides the requisite closure or the inaugurating

¹⁷ John Wiltshire, *Jane Austen and the Body: ‘The Picture of Health’* (Cambridge: Cambridge University Press, 1992), p. 8.

¹⁸ Wiltshire, p. 8-9.

¹⁹ Wiltshire, p. 10, my emphasis.

²⁰ Erika Wright, *Reading for Health: Medical Narratives and the Nineteenth-Century Novel* (Athens, OH: Ohio University Press, 2016), p. 6.

²¹ Wright, p. 3.

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condition that incites narrative, but it is certainly not what keeps the story going.²²

Health is not given critical attention because it is perceived as unimportant to the narrative. Wright seeks, as I do – though by different means and methods – to establish that health ‘has a narrative of its own’;²³ whereas Wright does this by arguing that novels of this period ‘provide lessons not only in how to be healthy but also in how to read for health’, suggesting that “reading for health” is possible since the novelists ‘provide strategies for reading others and the environment for hygienic purposes’;²⁴ the present study attempts to both redress the perception that health has no metaphorical or symbolic meaning or importance, and to explore how fictional portrayals reflected these perceptions in nineteenth-century culture. Despite these differences, however, the recent existence of Wright’s work demonstrates that this problem is one worth exploring, and perhaps that this is one possible new direction for the medical humanities to take.

Why, one might ask, has health been critically overlooked? And why, for that matter, is health itself important? It is due to the immense importance placed by the Victorians on health – on health itself. Haley explains how ‘[t]otal health or wholeness—*mens sana in corpore sano*—was a dominant concept for the Victorians’, and that it had a ‘special conceptual prominence in nineteenth-century thought’.²⁵ Of course this was in part due to the wide array of diseases,

²² Wright, p. 5.

²³ Wright, p. 6.

²⁴ Wright, p. 6.

²⁵ Haley, p. 4.

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illnesses, and contagions that were available to contract during the period, many of which remained incurable by the entire medical profession.²⁶

But the Victorians also sought health, sought to improve it, recover it, or gain more of it. Health was simultaneously a blessing – intellectuals of the period such as Thomas Henry Huxley, George Eliot, George Henry Lewes, and Alfred Tennyson all ‘sought Health as a kind of Holy Grail’²⁷ – and a duty – Herbert Spencer believed that the best method of encouraging people to care for their body and mind was ‘a diffusion of the belief that the preservation of health is a *duty*’.²⁸ Numerous instruction books were produced throughout the century, including William Buchan’s *Domestic Medicine* (1790), Thomas Beddoes’ *Manual of Health* (1806), John Sinclair’s *The Code of Health and Longevity* (1807), and John Milner Fothergill’s *The Maintenance of Health* (1873); Wright notes that ‘[t]he prevalence of so many guides, pamphlets, and memoirs that warn readers about their ignorance and their inability to attend properly to health attests to a cultural desire—compulsion, even—to read and write about, and to imagine, health’.²⁹ These books were widely read; the Brontë family, for example, had a well-annotated copy of Thomas Graham’s *Modern Domestic Medicine* (1826) in their home.³⁰

These texts centre mainly on the prevention of illness and the preservation of health. William Buchan, for instance, argues that avoidance of dangers to health ‘is always easier than to remove their effects’, and therefore that ‘[m]edical knowledge, instead of being a check upon the enjoyments of life,

²⁶ Haley, p. 5.

²⁷ Haley, p. 13.

²⁸ Haley, p. 17.

²⁹ Wright, p. 7.

³⁰ Juliet Barker, *The Brontës*, 2nd ed. (London: Abacus, 2010), p. 117.

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only teaches men how to make the most of them'.³¹ Similarly, Sir John Sinclair advocates 'orderly living' as 'no other than a most certain cause and foundation of health and long life',³² and declares that

for the bare purpose of keeping ourselves in good health, I am of opinion [sic], that we should consider as a physician this regular life, which, as we have seen, is our natural and proper physic, since it preserves men, even those of a bad constitution, in health; makes them live sound and hearty to the age of one hundred and upwards; and prevents their dying of sickness.³³

Samuel Smiles, author of *Self-Help* (1859), believes that the 'capacity for continuous working in any calling must necessarily depend in a great measure upon' health, and therefore that 'attending to health, even as a means of intellectual labour', is a necessity.³⁴ Even *Beeton's Book of Household Management* (1861), commonly considered to contain only recipes and home economic advice, includes thoughts on the preservation of health, such as that '[h]ealth and strength cannot be long continued unless the skin – all the skin – is washed frequently with a sponge or other means',³⁵ and that '[a]s not only health but life may be said to depend on the cleanliness of culinary utensils, great attention must be paid to their condition generally'.³⁶ The preservation of health, of the good working order of the body, is paramount in these texts.

³¹ William Buchan, *Domestic Medicine: Or, A Treatise On The Prevention And Cure Of Diseases By Regimen And Simple Medicines*, 11th edn. (London: Printed for A. Strahan; T. Cadell in the Strand; and J. Balfour, and W. Creech, at Edinburgh, 1790), p. xxvii.

³² John Sinclair, *The Code of Health and Longevity; Or, A Concise View, Of The Principles Calculated For The Preservation Of Health, And The Attainment Of Long Life* (Arch. Constable & Co.: London, 1807), p. 65.

³³ Sinclair, p. 66-7.

³⁴ Samuel Smiles, *Self-Help* (1859; Oxford: Oxford University Press, 2002), p. 263.

³⁵ Isabella Beeton, *Beeton's Book of Household Management* (London: S. O. Beeton, 18 Bouverie St. E.C., 1861), Reproduced in facsimile (Jonathan Cape Limited, 1968), p. 1095.

³⁶ Beeton, p. 31.

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The prevalence of these guides and advice manuals also indicates a belief that health could be gained and changed and adapted – a belief which is also demonstrated by the ubiquity of health advertising, specifically for panaceas, or “cure-all”s. Health pills were a huge business in the nineteenth century. Haley explains how, in 1844, ‘an anonymous physician [termed] England the “Paradise of Quacks” because anyone could sell medicines in the streets without having to buy a license or receive special training’.³⁷ The pills included ‘Snooks’s Family Pill, the Golden Pill of Life and Beauty, [...] Parr’s Life Pill’,³⁸ Holloway’s Pills, Beecham’s Pills, Frampton’s Pill of Health, Morison’s Pills, and Barrick’s Health Pills – to name but a few of the ‘popular cure-alls advertised in penny magazines and sold everywhere’.³⁹ Sally Shuttleworth notes that ‘five well-known advertisements appeared throughout the country newspapers and magazines a total of 626 times a week, which would make the expenditure on advertising alone 16,000 pounds per year’, meaning that ‘they clearly had a very wide and repetitive circuit of distribution’.⁴⁰ She adds that

[s]ome measure of their impact even on the educated public might be gleaned from the fact that the Reverend Brontë, who prided himself on his medical knowledge, recorded in his copy of Graham’s *Domestic Medicine* (a standard household text) his family’s use of, and response to, various of these remedies.⁴¹

The 1800s certainly seem, therefore, to be aptly named, by Sir William Osler, ‘the century of preventative medicine’.⁴² The fact that it is ‘preventative’ is

³⁷ Haley, p. 13-4.

³⁸ Haley, p. 14.

³⁹ Haley, p. 14.

⁴⁰ Sally Shuttleworth, ‘Female Circulation: Medical Discourse and Popular Advertising in the Mid-Victorian Era’, *Body/Politics: Women and the Discourses of Science*, eds. Mary Jacobus, Evelyn Fox Keller, Sally Shuttleworth (New York & London: Routledge, 1990), pp. 47–68, p. 49.

⁴¹ Shuttleworth, p. 49.

⁴² Haley, p. 17.

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crucial, since this indicates a maintenance and possible improvement of health, rather than a cure for illness – which indicates in turn the focus on *health* as a goal as and of itself. The rhetoric and culture of health was ubiquitous in the mid-nineteenth century; not for nothing did Harriet Martineau refer to ‘the healthy and the happy’.⁴³

Health, the blessing and duty, its gain and maintenance, was immeasurably important in the nineteenth century, but it has been overwhelmingly ignored in literary criticism in favour of illness, and illness’s meanings and significances. There is a great deal to uncover in terms of health and *its* meanings and significances, which requires unpicking. Given the aforementioned importance placed on the protection, improvement, recovery, and gain of health in the Victorian era, as well as the advertising and instructional books that were produced on the subject, it seems unfathomable that fictional health did not in some way reflect on this culture; given also the volume of narratives in which only illness has been examined, this suggests that there is quite an imbalance to redress.

How then do we define health itself, as it was perceived in the nineteenth century? Critical definitions of health are wide-ranging and difficult to pin down. Mildred Blaxter, writing about contemporary as well as historical health, argues that though ‘[i]t may seem obvious that we must know what ‘health’ is’, ‘it is not only something on which individuals can have very different views, but also a concept which has inspired endless theorizing and dispute throughout the centuries’.⁴⁴ ‘The meaning of health’, therefore ‘is neither simple nor

⁴³ Harriet Martineau, *Life in the Sick-Room*, ed. Maria H. Frawley (1844; Ontario: Broadview Press, 2003), p. 40.

⁴⁴ Mildred Blaxter, *Health* (Cambridge and Malden, MA: Polity Press, 2010), p. 2.

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unchanging'.⁴⁵ Blaxter considers health in turn as 'the absence of illness', 'function', 'state or status', and examines the biomedical and social models of health, lay definitions, as well as the idea of 'disease as deviance', and how we can attempt to measure health.⁴⁶ Crucially, however, she explains that 'in the biomedical model health is obviously most easily defined by the absence of disease', while in 'the social model, health is a positive state of wholeness and well-being, associated with, but not entirely explained by, the absence of disease, illness or physical and mental impairment';⁴⁷ this means that, though health may include the absence of disease, it is itself much more than that. The two concepts, health and ill health, are 'asymmetrical' and 'not simply opposites'.⁴⁸

This idea of health as simply the absence of disease is a pervasive one. Robert James, 'in his three-volume *A Medicinal Dictionary* (1743-45)', defines health as when 'the body is in a "sound state," [...] when "nothing is wanting"',⁴⁹ a definition which sees health as 'a negation or an absence ("nothing is wanting") rather than an affirmation or presence (that is, "every need is met")';⁵⁰ and James Hinton, writing in the latter half of the nineteenth century, proposed that '[n]o man is truly healthy, [...] who is thinking about his health'.⁵¹ Wright herself, however, argues that health, specifically as it is found in literature, is

a precarious and subjective condition marked by uncertain chronologies, invented plots, and hopeful, vigilant characters. It insists on the

⁴⁵ Blaxter, p. 3.

⁴⁶ Blaxter, pp. 5, 6, 10, 16, 22, 49.

⁴⁷ Blaxter, p. 19.

⁴⁸ Blaxter, p. 19.

⁴⁹ Wright, p. 5.

⁵⁰ Wright, p. 5.

⁵¹ Hinton, quoted in Wright, p. 7.

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simultaneous application of hindsight and foresight and provides writers narrative possibility rather than simply an ending, an ongoing drama rather than the absence or end of action.⁵²

Though this refers to literary health, this speaks to the truth of health as it is experienced: real health is ‘precarious and subjective’ and ‘uncertain’.

Importantly, Wright also stresses that health itself is full of possibility rather than being an absence; illness is not required to make things interesting. It is heartening that this acknowledgement also features in the definition of health as employed by the World Health Organisation, which encapsulates this idea within their single sentence definition: health is ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’,⁵³ a definition that has been unchanged since 1948.

Bruce Haley established a working definition of health by building together ‘generalisations about the Victorian concept of health’:⁵⁴

Health is a state of constitutional growth and development in which the bodily systems and mental faculties interoperate harmoniously under the direct motive power of vital energy or the indirect motive power of the moral will, or both. Its signs are, subjectively recognized, a sense of wholeness and unencumbered capability, and, externally recognized, the production of useful, creative labour.⁵⁵

Haley’s definition, built directly from the thoughts of intellectuals of the period, does not even mention illness. Health is portrayed entirely positively, both the experience of it – ‘growth’, ‘development’, ‘harmoniously’ – and its results –

⁵² Wright, p. 12.

⁵³ World Health Organisation, <<http://www.who.int/about/definition/en/print.html>> [accessed 5 September 2016].

⁵⁴ Haley, p. 21.

⁵⁵ Haley, p. 21, italics omitted.

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‘sense of wholeness’ and ‘useful, creative labour’. This definition also implies a sense of the maintenance of health, suggesting that either direct ‘vital energy’ or indirect ‘moral will’ keeps the ‘bodily systems and mental faculties’ doing this harmonious work. As Wright argues, it is in fact ‘through the maintenance of health, particularly through acts of prevention, that we can know health’⁵⁶ and know it to be positive and productive, and not an absence. This thesis will explore health in these positive terms, and reject the still-prevalent idea of health as signifying simply an absence of illness.

This thesis will ask a number of questions about health in the literature of the period: what did the Victorians consider health to be and to be healthy? What did health mean to them? Why did health and the healthy body figure so insistently in Victorian culture and literature? For what purpose was the figure of the healthy body used, and what did it signify? What opinions, fears, and fixations were demonstrated by this use? And how did the representation of health contribute to contemporary ideas surrounding the maintenance of health? Overall, this thesis will aim to answer the question: how did the insistent figuration and fictional depiction of health in the mid-nineteenth century both represent and contribute to contemporary ideas surrounding the meaning, importance, and significance of bodily health?

The thesis will consider a number of novels by Elizabeth Gaskell, George Eliot, Charles Dickens, and Charlotte, Anne, and Emily Brontë. These works range in date of publication from 1840 to 1872, thus spanning a little over thirty years in the middle of the nineteenth century, and they range in the period of their subject matter from the late eighteenth and very early nineteenth centuries

⁵⁶ Wright, p. 15.

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up to the 1860s. The Victorian novel in particular has been chosen for the reason that, as Byrne writes, '[n]o other cultural form touched and informed people across the classes to the extent that the novel did, and hence it is the best means of examining how [in this case, health and illness] was represented and understood in popular culture in this era'.⁵⁷ These novelists especially are noted, some particularly so, for their contribution to the 'development of nineteenth-century [literary] realism in Britain'.⁵⁸ Although, of course, 'literary realism is a representational form and a representation can never be identical with that which it represents'⁵⁹ – meaning that these novels, predominantly considered to be realist, do not represent exactly the external world – they are nonetheless capacious, fertile, and flexible, allowing for the incorporation of healthy, lived experiences. These works are of a particular time, making this period of realist writing at least somewhat representative of the world as the authors saw it, and therefore also not comprising supernatural entities and magic. Though the texts do not (and could not) constitute an exact facsimile of the world, they nonetheless mark a reflection of the period in which they were created.⁶⁰

Similarly, the novels that are set decades earlier than the time of their writing look back with hindsight; the authors illuminate occurrences of the earlier time, and this is sometimes (though not always) represented through the use of retrospective narratives. These authors and this period of the nineteenth century – the period of writing – witnessed a convergence of fictional and non-

⁵⁷ Byrne, p. 3.

⁵⁸ Pam Morris, *Realism* (London and New York: Routledge, 2003), p. 78.

⁵⁹ Morris, p. 4.

⁶⁰ Literary realism is, of course, a far more complex concept than this introduction allows for. Critical works such as George Levine's *Realism and Representation: Essays on the Problem of Realism in Relation to Science, Literature, and Culture* (Madison, WI: The University of Wisconsin Press, 1993) and Elizabeth Deeds Ermarth's *Realism and Consensus in the English Novel: Time, Space and Narrative* (Edinburgh: Edinburgh University Press, 1998) are examples of texts that engage with the debates surrounding the idea and narrative mode of realism.

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fictional, medical and scientific writing, and an overwhelming prevalence of illness in both fiction and real life. Haley tells us, for example, that Edwin Chadwick's *Report on the Sanitary Condition of the Labouring Population of Gt. Britain* (1842) revealed that 'in 1839 for every person who died of old age or violence, eight died of specific diseases'.⁶¹ These novels are located and were created in a period before or during the segregation of the sciences and the arts, in which health advertisements pervaded periodicals, in which scientific news and developments existed alongside serialized stories, and in which novelists and scientists were engaging in debates that altered the ways bodies were seen in reality and represented in fiction, debates that moved information and interpretations in both directions – what Gillian Beer calls two-way traffic, in which 'not only *ideas* but metaphors, myths, and narrative patterns could move rapidly and freely to and fro between scientists and non-scientists'.⁶² The representations of health found in these novels, therefore, both consider and respond to the culture and rhetoric of health that was, as I have outlined, ever-present in the nineteenth century.

Furthermore, this project will focus solely on physical and bodily health. This is a choice based partly on constraints of space within this thesis; however, it is also because bodily illness was the primary focus and problem for people at this specific point in time, not least because of the innumerable threats to their bodies that were prevalent. Thomas Carlyle bemoans his 'horrible condition of *body*';⁶³ Alfred, Lord Tennyson, a user of James Gully's hydrotherapy spa in Cheltenham, wrote of that establishment that '[i]t is a terribly long process, [...]

⁶¹ Haley, p. 8.

⁶² Gillian Beer, *Darwin's Plots: Evolutionary Narrative in Darwin, George Eliot and Nineteenth-Century Fiction* (Cambridge: Cambridge University Press, 1983), p. 5.

⁶³ Haley, p. 13, my emphasis.

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but then what price is too high for health, and health of mind is involved with health of body',⁶⁴ noting the connection between mind and body, but implying that the body is the thing to be treated; and George Eliot complains of 'the way in which *bodily* malaise and suffering eats at the root of one's life'.⁶⁵ This is true of fiction as well as life; Wright notes that it is 'health—*particularly physical health*—' that we see most clearly '[operating] in these works'.⁶⁶ Though a study of mental health in the period, following in the footsteps of work such as Sally Shuttleworth's ground-breaking *Charlotte Brontë and Victorian Psychology* (1996) and Rick Rylance's *Victorian Psychology and British Culture 1850–1880* (2000), is much needed, this project will focus only on physical and bodily health because this was a demonstrable focus for both the public and writers throughout my period of study.

One aim of this thesis is to open out some of the important and varied meanings of health in Victorian fiction and culture. The aspects of health that I will be exploring here are: the vulnerability and instability of health; the moral significance of health; vitality and morbidity, and their relationship to physical health; the performance of health; the relationship between health and action; and the conditions surrounding recoveries back to health from illness. These aspects are a selection of the possible meanings of health, rather than a comprehensive list, and they cover both falls from and recoveries back to health, and both subjective experiences and public perceptions of health. This thesis is exploratory in nature precisely because fictional health is not frequently examined; here I attempt to lay the groundwork for the study of health in

⁶⁴ Alfred Tennyson, quoted in Haley, p. 34.

⁶⁵ George Eliot, quoted in Haley, p. 197, my emphasis.

⁶⁶ Wright, p. 3, my emphasis.

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literature. Indeed, Erika Wright's recent study helps to reinforce the timeliness of this critical approach.

Of course, it would be artificial and improbable to examine the concept of health without accepting its entanglement with illness and disease. Illness is necessary to the discussions and the chapters that follow, particularly in those dealing with falls from and recoveries back to health. The concepts of health and illness are interwoven, and one cannot be discussed without the other. Therefore, though illness necessitates mention, particularly so at points of comparison with health, this thesis represents a shift of emphasis and a change of the point of focus from illness to health itself.

The chapters that follow chart a narrative of health, from loss through to retrieval and healing; beginning with the instability of health, moving through ideas of tension and opposition between health and illness, and ending with concepts of recovery and the return to health.

The first two chapters explore the instability of health and the ever-present risk of illness. Chapter one examines the vulnerability and instability of health in Elizabeth Gaskell's *Wives and Daughters* (1865). Through an analysis of both Osborne Hamley's and Molly Gibson's illnesses, as well as the role of Mr Gibson the doctor, this chapter looks at the purpose and effect of the Gaskell's literary use of the vulnerability of health. By charting the changes found in the movement from the eighteenth and early-nineteenth centuries into the mid-nineteenth century, and the progression of health towards being considered a 'norm', the chapter will demonstrate that Gaskell represents the enormity of the societal changes both on and through the representation and construction of health. Chapter two considers the connection between health, morality, and power in Anne Brontë's *The Tenant of Wildfell Hall* (1848) and Emily Brontë's

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Wuthering Heights (1847). This chapter will explore the connection between health, morality, and power together, concepts that are functionally intertwined within these two texts, both set decades earlier than their 1840s composition; it will argue that health and either morality or immorality, connected in differing ways, are required to resist the power structures in place within the texts, looking in particular at the characters of *Wuthering Heights*' Heathcliff and *The Tenant of Wildfell Hall*'s Helen Huntingdon.

The third and fourth chapters are characterised by the tension and opposition between health and illness. Chapter three looks at health, vitality, and morbidity in George Eliot's *Middlemarch* (1872). It will examine the links between the concepts of vitality and morbidity, and actual health, perceived health, and lived experience, alongside Eliot's thoughts on the relationship between the mind and body, and that between humanity, health, life, and death. The chapter will argue that Eliot complicates the relationships between the concepts of vitality, morbidity, health, and ill-health, as perceived in both contemporary and recent criticism, and thereby highlights the universalising experience of death. Chapter four explores the notion of the performance of health in Gaskell's *North and South* (1855). This chapter, after outlining the nature of performance and performance theory in the Victorian era, will position health as a performance. Through an analysis of the performance and behaviour of Margaret Hale, I will explore the visual signs of health, the observation and reception of these signs, and the agency, power, decision, and conscious delivery of the signs of health, all of which complicate the notion of bodily legibility; the chapter will ascertain why health is performed in this text, for what purpose, and what we gain from critically assessing health as such.

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The final two chapters centre on concepts and episodes of recovery and the return to health, and the meanings located therein. Chapter five examines the link between health, action, and occupation in Charlotte Brontë's *Shirley* (1849). Through an analysis of the return to health from sickness of Caroline Helstone, this chapter looks at the mutual requirement of health for action and action for health, the relationship between these concepts and that of time, and the relationship between health and women's lack of action and employment in the mid-nineteenth century, drawing on Brontë's letters and the writing of Harriet Martineau and Florence Nightingale. The chapter will argue that action is required for health, and reciprocally so, but that the elusiveness of action complicates this relationship, therefore endangering the maintenance of health in Brontë's novel. Chapter six considers the pattern of recovery episodes in Charles Dickens' *The Old Curiosity Shop* (1840-1), *Bleak House* (1852-3), *Little Dorrit* (1855-7), *Great Expectations* (1860-1), and *Our Mutual Friend* (1864-5). This chapter takes a single episode from each text in order to establish a pattern of recovery from illness. The pattern, identified from the five recovery episodes, has two sides, the perception of time and the unified experience of body, which will both be examined individually. I will argue that the pattern demonstrated across these recovery episodes is emblematic of a return to the living world of corporeality and time, from which the characters were removed by illness, and that this literal recovery and return to the world is symbolic of self-discovery, particularly when examined through the lens of Dickens' own belief in mesmerism and its power to achieve both of those aims.

This thesis, then, will begin the work of redressing the balance in favour of overlooked, healthy subjects in these texts, focusing on the physical and bodily lived experience of health; it aims to demonstrate that health has a

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spread of significances and meanings attached to it, of which those used here are merely a starting selection, and to show how these fictional representations consider and respond to the beliefs surrounding health in the culture of the nineteenth century. Through this exploratory thesis, I hope to show that narrative health is worthy of study in and of itself, and that only through redressing this balance can we acknowledge fully the importance of health in the nineteenth century.

1. A life which ought to be conducive to health':
The Vulnerability and Instability of Health in Elizabeth Gaskell's
Wives and Daughters

I lead a life which ought to be conducive to health, because it is thoroughly simple, rational, and happy.¹

These words, spoken by Osborne Hamley in conversation with his doctor Mr Gibson, as the former's health has begun to deteriorate and not long before his untimely death, present a very specific picture of what Osborne considers health to result from. The word 'ought' is particularly crucial: Osborne believes that living a 'simple, rational, and happy' life is enough to equate to health, but in saying 'ought' he implies that he realises that this is not the case, presumably because of his own health problems. This is hardly a comprehensive medical assessment of the requirements of health, of course, but illuminating nonetheless. These three aspects of life that 'ought' to work towards health are not doing so in Osborne's case; despite his apparent happiness, his health is deteriorating and continues to do so across the course of the novel until his death. This example demonstrates that health is precarious, in fiction, of course, but also in life and history. The nineteenth century saw a significant rise in factors that affected health: as Bruce Haley explains, there was a 'constant threat of illness in the Victorian home';² he goes on to explore in detail the threats and major epidemics of influenza, cholera, typhus, smallpox, scarlet fever, and typhoid that occurred between the 1830s and 1840s, the rise in urban

¹ Elizabeth Gaskell, *Wives and Daughters*, ed. Angus Easson (1865; Oxford: Oxford University Press, 2008), p. 338. All subsequent references included parenthetically after quotation.

² Bruce Haley, *The Healthy Body and Victorian Culture* (Cambridge, MA: Harvard University Press, 1978), p. 5.

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crowding, and issues of hygiene, pollution, and water supply.³ These factors meant that:

Throughout much of the Victorian period ... with both the causes and patterns of disease very much matters of speculation, it was difficult ever to feel comfortable about the state of one's health. The behaviour of the severe contagions of the time had a special way of intensifying anxiety. They would appear, then perhaps subside for a month or two, only to reappear in the same locality or somewhere else. Also, the individual sufferer had no way of predicting the outcome of the disease in his own case.⁴

Haley illustrates here the very precarious nature of health: its unpredictability, both in terms of the causes and the outcome of diseases; the seemingly random nature of epidemics and illnesses; and the lack of comfort about one's health, which suggests alongside it a lack of knowledge about what constituted health. Similarly, James C. Riley outlines that, while episodes of illness 'have two possible outcomes, recovery or death' that are 'common to all historical periods', 'the distribution between the two has changed over time';⁵ despite the fact that, historically, 'sickness did not *usually* end in death',⁶ the sickness remained unpredictable, and the outcome far from certain for the individual in question.

Health was precarious because one was never sure when it would be compromised, ruined, and removed. This precariousness is represented literally in *Wives and Daughters* (1865), but Elizabeth Gaskell also employs the instability of health for illustrative means, representing emotional distress and recovery, education and growth, and as a mechanism to develop friendships and

³ Haley, p. 6-7.

⁴ Haley, p. 11.

⁵ James C. Riley, *Sickness, Recovery and Death: A History and Forecast of Ill Health* (Iowa City: University of Iowa Press, 1989), p. 91.

⁶ Riley, p. 2, my emphasis.

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relationships, particularly in the case of the young protagonists Molly Gibson and Roger Hamley. Of course, fictional health is never ‘identical with that which it represents’; rather, the ‘selection and ordering’ of the writing ‘will always, in some way, entail the values and perspective of the describer’.⁷ Gaskell, in writing about health and its vulnerability within this realist fictional frame, does not merely reflect both historical and contemporaneous attitudes towards health. Instead, *Wives and Daughters* treats health as the thing most at risk if an individual does not keep up with the changes in society occurring during the transitional period between the eighteenth, the early- nineteenth, and the mid-nineteenth century. The developments in healthcare and medical knowledge, represented by Mr Gibson’s simultaneous expertise and lack of knowledge, are emblematic of societal change, and health itself becomes symbolic of being able to weather changes and adapt alongside them – while also ensuring the ability to do so.⁸ These developments and the societal changes are all depicted locally, rather than on a global scale: Molly and Osborne both begin in a “Romantic” frame of mind, but their falls from health play out differently, with Molly recovering and Osborne dying; Roger and Lady Harriet Cumnor are examples of the forward-thinking “Victorian” characters who assist Molly through her own transition. The vulnerability of health is, therefore, not only representative of the true risk surrounding health in these periods, but also symbolic of a failure to adapt to changes occurring in society – including those medical developments which aim to lessen the vulnerability of health, and which simultaneously normalised health in the nineteenth century. *Wives and Daughters* is particular in this regard since it captures a moment; Gaskell

⁷ Pam Morris, *Realism* (London and New York: Routledge, 2003), p. 4.

⁸ See Chapter Five for a more detailed discussion of the reciprocal relationship between health and action.

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capitalises on this transitional period which saw so much change, particularly related to science, medicine, and the statistical normalisation of health. Not only is this her first novel to feature a doctor as a main, rather than minor, character, it was rare for nineteenth-century novels to portray doctors as anything other than ‘minor professional archetypes’ at all;⁹ and Molly’s shift in appreciation from Osborne to Roger, from poetry to scientific textbooks, is symbolic of the shift seen in the statistical world in which the ‘norm’ arose as part of a ‘scientifically grounded secular framework’.¹⁰

This chapter, then, will consider the purpose and effect of the literary use of the vulnerability and instability of health in Gaskell’s *Wives and Daughters*. It will firstly examine the transition of the perception and treatment of health from the eighteenth to the mid-nineteenth century, and the transition that saw health become a ‘norm’ in the early- to mid-nineteenth century, suggesting that this latter transition made health more vulnerable than in earlier centuries. Following this, the chapter will move on to an exploration of the theme of the vulnerability of health, firstly through literal representations, and then through the progression through illness of both Osborne Hamley and Molly Gibson, resulting in death and recovery respectively. In a response to Julia M. Wright’s argument that health acts as a microcosm for the state of the health of the nation,¹¹ which the chapter will come to, this chapter argues instead that health is here part of a macrocosm. Gaskell uses this moment of transition to explore

⁹ Tabitha Sparks, *The Doctor in the Victorian Novel: Family Practices* (Farnham and Burlington, VT: Ashgate, 2009), p. 13.

¹⁰ Waltraud Ernst, ‘The normal and the abnormal: reflections on norms and normativity’ in *Histories of the Normal and the Abnormal: Social and cultural histories of norms and normativity*, ed., Waltraud Ernst (Abingdon and New York: Routledge, 2006), pp. 1–25, p. 4.

¹¹ Julia M. Wright, “Growing Pains”: Representing the Romantic in Gaskell’s *Wives and Daughters*, in *Nervous Reactions: Victorian Recollections of Romanticism*, eds. Joel Faflak and Julia M. Wright (New York: State University of New York Press, 2004), pp. 163–185, p. 165.

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the practical, real changes to life and health at a local level that was being caused by huge, national changes elsewhere; through health, the effect of the transitional period on the population living in it is demonstrated. The maturation of Molly and the death of Osborne are the two avenues used to explore this effect; both are of the younger generation, both are “Romantic”, and both fall into illness – but only one recovers. The chapter will conclude, therefore, that Gaskell uses the vulnerability of health to show both the enormity of the societal changes and the perception and construction of health occurring during this transitional period in *Wives and Daughters*.

The Transition and Normalisation of Health Between the Centuries

Of particular importance is the thirty-year disparity between the setting of Gaskell's *Wives and Daughters* – the 1830s – and the time of its composition – 1864-5. While writing her final novel Gaskell had the benefit of hindsight, looking back from the mid-Victorian period to the start of the nineteenth century. This reflection on the past even forms her characterisation, since a number of her characters, Mr Gibson among them, grew up in the eighteenth century. Gaskell incorporates the temporal setting of the novel into her descriptions of Mr Gibson, describing him as what would be considered “a very genteel figure,’ in those days, before muscular Christianity had come into vogue’ (28) and that ‘in those days, the decade after the conclusion of the great continental war, to be sallow and black-a-vised was of itself a distinction’ (37). The novel therefore provides, if indirectly, a retrospective of the late-eighteenth and early-nineteenth centuries, and an active illustration of how society developed moving into the mid nineteenth century. Wright notes that *Wives and Daughters* ‘belongs to a group of important novels in which the Victorians

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looked back to the previous age and considered cultural change not in the “sixty years since” of Sir Walter Scott’s historical novels, but in terms of the short space of a single generation’.¹² Wright in fact goes on to argue that Gaskell specifically uses the Romantic period as a tool of characterisation, dividing her characters into two groups:

The first is morally and medically pathologized: They have nervous bodies, superficial or flawed sentiments, and, through their egotism, cause most of the trouble in the novel. They all, moreover, favor the literature of the Romantic period, particularly romances and the poetry of Felicia Hemans, Samuel Taylor Coleridge, Byron, and William Wordsworth. The second group includes the healthier bodies of the narrative, all with deep but private sentiments and a willingness to sacrifice their personal comfort for the good of others that makes it possible for many of the problems in the novel to be fixed. They all read “serious” literature, a category that, in Gaskell’s novel, includes science, philosophy, agriculture, and specifically pre-Romantic literature.¹³

According to Wright, there is a very clear connection drawn between “Victorian” bodies and health, suggesting that this is the preferable state, with “Victorian” traits contributing both metaphorically and literally to health. That Gaskell’s “Romantic” characters are ‘medically pathologized’ and have ‘nervous bodies’, compounds this sentiment; these “Romantic” characters either die or mature into “Victorian” characters over the course of the novel.

This thirty-year period alone saw great strides in medical theory and practice (as well as the development of the concept of the norm, to which this chapter will return), to say nothing of the preceding decades and, indeed, century. The very perception of health had altered significantly from this earlier

¹² Wright, p. 163.

¹³ Wright, p. 164.

time. Roy and Dorothy Porter, in their study of the British experience of health between 1650 and 1850, discuss the ‘high levels of morbidity and mortality experienced in Georgian England’ and the consequent ‘growing concern for health [which developed] from the late seventeenth century onwards’.¹⁴ They explain that ‘[i]n matters of health, the Georgians neither presumed nor despaired; they were neither so fatalistic as to think its quest mere moonshine, nor so sanguine as to take its blessings for granted’, but that ‘the bloom of health was experienced not as normal but as an unexpected bonus’.¹⁵ What this meant in practical terms was that ‘[a]ll those serious about their health applied themselves to such items as getting adequate sleep, taking exercise, and keeping the bowels open’.¹⁶ This broad advice was also given in the Victorian period – and, indeed, the present day – but differences present themselves in the details, such as that ‘excessive exertion’¹⁷ was warned against: ‘Endurance sports – running, rowing, mountaineering, etc. – did not find favour until they became part, alongside team games, of the “muscular Christian” ethos of the Victorians’.¹⁸ These practical considerations for ensuring health epitomised the ‘optimism of Enlightenment thinkers [which] led to the belief that disease could be controlled or prevented by rational application of diet, medicine, and behaviour’; if disease could be prevented, then disease was not a permanent and necessary part of life, and could be ‘eliminated through progress in medicine’.¹⁹ Indeed, the eighteenth century saw a number of developments in terms of

¹⁴ Roy Porter and Dorothy Porter, *In Sickness and In Health: The British Experience 1650 – 1850* (London: Fourth Estate Ltd, 1988), p. 24.

¹⁵ Porter and Porter, p. 25.

¹⁶ Porter and Porter, p. 31.

¹⁷ Porter and Porter, p. 34.

¹⁸ Porter and Porter, p. 35.

¹⁹ Gary B. Ferngren, *Medicine and Religion: A Historical Introduction* (Baltimore: Johns Hopkins University Press, 2014), p. 160.

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healthcare, such as ‘the expansion of health care by the state’, a ‘plethora of manuals [offering] advice for maintaining one’s health’, ‘public-health measures’,²⁰ and ‘the belief that governments ought to play an active role in regulating or controlling health, medicine, sanitation, and the environment’.²¹

Despite both these advancements and Enlightenment optimism, however, health remained resolutely in danger. Roselyne Rey explains that ‘there were two possible attitudes to illnesses in general, that of “expectant medicine” in which one waited for the healing power of Nature to do its work, and that of “active medicine” in which one rapidly and energetically intervened’.²² Similarly, hospital treatment at the time consisted more of ‘[c]aring for patients, rather than curing them’, but ‘[b]etween 1700 and 1850 medical practice improved, and the emphasis shifted from care to treatment and cure’.²³ Life expectancy ‘was greater for those living in the country than for those living in the poor, overcrowded sections of many cities’,²⁴ ‘nearly all therapy was non-institutional’,²⁵ and ‘the physician, when called, could often do little more than relieve symptoms, while surgery was limited to a few procedures [...] because there were no effective anesthetics [sic] and no way to prevent infection’.²⁶ And, finally, it was ‘difficult to diagnose the causes of most diseases, since they were as yet unknown’.²⁷

²⁰ Ferngren, p. 161.

²¹ Ferngren, p. 163.

²² Roselyne Rey, *The History of Pain*, translated by Louise Elliot Wallace, J. A. Cadden, and S. W. Cadden (Cambridge, MA, and London: Harvard University Press, 1993), p. 125.

²³ Ferngren, p. 177.

²⁴ Ferngren, p. 163.

²⁵ Ferngren, p. 164.

²⁶ Ferngren, p. 164.

²⁷ Ferngren, p. 164.

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Given these almost overwhelming details of the precarious nature of health in the eighteenth century, it seems odd to the modern reader that ‘the Georgians neither presumed nor despaired’ – ‘despair’ seems a thoroughly reasonable response in the circumstances. However, they also did not ‘take [health’s] blessings for granted’.²⁸ This notion of the ‘blessings’ of health suggests a direct connection between health and religious belief, a connection that was certainly in existence during this century, and, indeed, most others. Gary B. Ferngren asserts that the relationship between medicine and religion is a long and enduring one, that ‘[m]ost societies throughout history have espoused a religious view of the world’, and that religion ‘for them encompasses the totality of life and is connected with every facet of existence, including healing’.²⁹ Before scientific medicine really developed, therefore, religion was what people had: ‘[m]uch illness, whether treated or not, was healed by nature, as it always had been. Many conditions were not healed; indeed, those suffering from them did not expect them to be healed, but hoped for some relief and were grateful for any they received.’³⁰ In these circumstances, religion was a sole yet real comfort:

The knowledge that the time and circumstances of their leaving the world, like that of their coming into it, was in God’s hands brought a comfort that is often lacking in our own day. Today we expect our lives to be prolonged and death to be delayed, pain to be alleviated, disease cured, and physical comfort restored. In the premodern period life was simpler, therapeutic resources were limited, the sick had fewer expectations, pain was a normal and concomitant aspect of both sickness

²⁸ Porter and Porter, p. 25.

²⁹ Ferngren, p. 1.

³⁰ Ferngren, p. 164.

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and therapy and accepted stoically, while medical treatment remained much the same as it had been since ancient times.³¹

Although by the eighteenth century there were some advances in medicine, as noted above, religion remained not only the principal source of comfort, but also of reason and explanation for illness as well as health. As Joanna Bourke asserts, '[i]n Anglo-American societies, religious dogma and practices have provided the most robust materials from which the meaning of bodily pain has been constructed', 'relentlessly [insisting] that pain has a divine purpose'.³² Indeed, 'from the eighteenth century to the present (although with declining salience) religious interpretations of pain continue to provide the most prominent figurative languages and ideological justifications for pain'.³³ Extended logically, health was a reward from God, since evidently no divine intervention needed to be exhibited on one's person. Religion was therefore tied together with illness, recovery, and death – in fact, religion and every aspect of health were inextricably linked. That religion, rather than a trustworthy and dependable medical science, was depended upon serves to illustrate further how vulnerable health was. Indeed, Porter and Porter argue that, during the eighteenth century, '[e]verything mattered; each individual had the power in myriad minor ways to further healthy living – or equally to jeopardize it',³⁴ illustrating the problematic and unstable nature of health. Furthermore, for this reason, the people of the eighteenth and early-nineteenth century 'could never

³¹ Ferngren, p. 164.

³² Joanne Bourke, *The Story of Pain: From Prayer to Painkillers* (Oxford: Oxford University Press, 2014), p. 91.

³³ Bourke, p. 92.

³⁴ Porter and Porter, p. 30.

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take it for granted that they would wake up well, or, when they fell sick, that medicine would restore them. Health was truly a prize.’³⁵

Conversely, the mid-nineteenth century

saw the rapid naturalization of medical theory as the specific causes of disease were discovered within a matter of a few decades. Belief in God’s direct and immediate involvement in human sickness had long before begun to diminish, even in the minds of the religious, with the rise of rational-speculative medical theories. But it persisted into modern times as a means of accounting for epidemics, for which there were no explanations that could be readily translated into prevention or cure.³⁶

Ferngren goes on to explain how ‘theological explanations’ for epidemics died out ‘once the causes of a disease had been discovered’, a phenomenon ‘true of smallpox in the eighteenth century, [...] and of cholera and diphtheria in the nineteenth century’.³⁷ Notably, ‘[w]hen pandemic outbreaks of cholera occurred in the first half of the nineteenth century (in 1832 and 1849), they provoked the same theological responses that earlier epidemics had drawn’³⁸ until the origins of cholera were discovered, by the 1860s. Similarly, Bourke explains how the ‘approach to pain’ – that it was created by God in order to protect us from worse injury – ‘was widely accepted, both literally (by theologians) and metaphorically (by physicians)’³⁹ during the 1850s and 1860s. However, as the century progressed, this theological view fell into disrepute, for a number of different reasons: ‘[f]or many, the invention of anaesthetics dealt a serious blow to the doctrine that pain was a spiritual good’, and that science and ‘religious dialogues

³⁵ Porter and Porter, p. 43.

³⁶ Ferngren, p. 172.

³⁷ Ferngren, p. 172.

³⁸ Ferngren, p. 172.

³⁹ Bourke, p. 96. The specific dates mentioned are 1857 and 1869.

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about pain⁴⁰ were incompatible. For those to whom this view applied, science ‘had proved that ‘the true ideal of man is that of him viewed as a contriving, not an enduring creature’’.⁴¹ One such individual was Harriet Martineau, who actually switched allegiance from the former view to the latter, embracing ‘an unorthodox version of’ science,⁴² and, in her *Autobiography* (written 1855, published 1877), ‘lambasted ‘every book, tract, and narrative which sets forth a sick-room as a condition of honour, blessing, and moral safety’’.⁴³ As pain ceased to be viewed as a ‘blessing’, health too came to be seen as less of a blessing and more of an expectation: if pain and illness were no longer to be welcomed, pain could be controlled with the advent of anaesthetics (the ‘first successful public demonstration of surgical anaesthesia’,⁴⁴ and thereby the real ‘introduction of effective anaesthetics for surgery’ occurred in 1846),⁴⁵ and illnesses and epidemics could now be explained by medical science, why should health not be an expectation?

During the nineteenth century, as outlined in the thesis introduction, ‘[t]otal health or wholeness ... was a dominant concept’.⁴⁶ The particular prominence of the healthy body at this time was due to three factors: firstly, ‘the development of physiology as a separate and distinct biological science’; secondly, ‘the emergence of a physiological psychology, together with a psychological approach to medicine’; and thirdly, ‘a growing belief that education should develop the whole man [which] inspired an interest in

⁴⁰ Bourke, p. 124.

⁴¹ ‘The Function of Physical Pain: Anæsthetics’, *Westminster Review*, 40.1 (1871), quoted in Bourke, p. 124-5.

⁴² Bourke, p. 124.

⁴³ Harriet Martineau, *Autobiography*, quoted in Bourke, p. 124.

⁴⁴ Jeremy Davies, *Bodily Pain in Romantic Literature* (New York and Abingdon: Routledge, 2014), p. 8.

⁴⁵ Bourke, p. 271.

⁴⁶ Haley, p. 4.

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physical training as an essential part of personal culture'.⁴⁷ At the same time as these conceptual developments, during the first half of the nineteenth century, 'the medical world was raising the expectation that treatment of the body could become as exact a science as knowledge of the body';⁴⁸ there was a consequent massive growth in numbers of both medical practitioners and hospitals, and this time 'was also a notable period in the identification, classification, and description of diseases',⁴⁹ not least because, as noted, the 1830s and 1840s saw 'three massive waves of contagious disease'.⁵⁰ Despite the multiple and important medical developments, increases in medical practitioners and facilities, and a greater scientific awareness in treatment of illness, however, '[i]n actual practice all the researchers, family physicians, apothecaries and surgeons—the whole of the medical profession—provided scant help in curing those diseases of which Victorians had been made so vividly aware'.⁵¹ This, indeed, is the key difference in the nature of how health was made vulnerable between the late-eighteenth/early-nineteenth centuries and the mid-nineteenth century: in the former period, during the transition between the two centuries, health was precarious but epidemics were rarer; health was a bonus, a blessing, rather than an expectation. By the mid-nineteenth century and onwards, however, the Victorians had increased promises of health, of treatment, of awareness of the body and its mechanisms, coupled with widespread epidemics of deadly diseases. The space opened up between health and lack of health; one could aspire to better health than one's predecessors, but was in increased danger of losing it. Edwin Chadwick's *Report on the Sanitary Condition of the*

⁴⁷ Haley, p. 4.

⁴⁸ Haley, p. 4.

⁴⁹ Haley, p. 5.

⁵⁰ Haley, p. 6.

⁵¹ Haley, p. 5.

Labouring Population of Gt. Britain (1842), as mentioned in the thesis introduction, showed that ‘in 1839 for every person who died of old age or violence, eight died of specific diseases’ and that ‘during the second and third decades of the nineteenth century nearly one infant in three in England failed to reach the age of five’.⁵² Despite the promise of better health, the Victorians fell victim to a range of diseases while being aware of the possibility of better health.

This possibility of better health was also a concept that changed from the eighteenth into the nineteenth century. After 1825, experiments in ‘numerical medicine’ were on the rise – that is, statistics before statistics – which resulted in ‘[t]he word ‘natural,’ meaning health, [being] gradually replaced by the mathematically loaded word ‘normal’’.⁵³ The actual move towards the normalisation of the norm is, however, much more complicated. Waltraud Ernst argues that while ‘[i]t is tempting to conceive of the terms ‘natural’ and ‘unnatural’ as the mere predecessors of the modern binary of ‘normal’ and ‘abnormal’’, and while ‘[t]o a certain extent it is indeed valid to suggest that what we nowadays refer to as ‘normal’ had its equivalent in the pre-modern term ‘natural’’,⁵⁴ in fact

the change from a religiously ordained natural order to a scientifically grounded secular framework and the emergence of the normal/abnormal dichotomy in preference to the earlier binary of natural/unnatural needs to be seen to encapsulate an important shift in kind and semantics and not merely one of magnitude and terminology.⁵⁵

⁵² Haley, p. 8.

⁵³ Jacalyn Duffin, *History of Medicine: A Scandalously Short Introduction* (Toronto and Buffalo: University of Toronto Press, 1999), p. 77.

⁵⁴ Ernst, ‘The normal and the abnormal’, p. 3.

⁵⁵ Ernst, ‘The normal and the abnormal’, p. 3-4.

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The rise of the term ‘normal’ actually encapsulated a move away from the religious codification of ‘natural’ towards the more ‘scientifically grounded’ and mathematical ideals of the ‘normal’. Moreover, the earlier binary of natural/unnatural retains an implicit moral judgment, ‘as was the case in pre-modern Western societies that were based on a religiously ordained order that collapsed the natural (what ‘is’) into the ethical (what ‘ought’ to be),⁵⁶ an issue that has continued to plague the ‘normal’, due to people ‘[conflating] the distinction between descriptive statement and moral prescription’.⁵⁷ Indeed, since the Enlightenment, there has been argument as to whether norms, and deviation from those norms, is good or bad, ‘constructive and vital or oppressive’.⁵⁸

Lucy Hartley outlines the origins of the term ‘normal’, meaning ‘constituting, confirming to, not deviating or differing from, the common type or standard’, as being very much ‘a product of the nineteenth century, first cited in this form in the *Oxford English Dictionary* (OED) in 1821 and in common usage from 1840, but subsequently qualified by two other definitions of ‘norm’ as the ‘standard, model, pattern, type’ (c. 1851) and ‘normal’ as ‘a normal variety of anything; that which, or a person who, is healthy and is not impaired in any way’ (1894).⁵⁹ She addresses the shift exemplified here from ‘an abstract conception of ‘normal’ as ‘the common type’ to its physical manifestation as ‘healthy’, ‘not impaired’’,⁶⁰ and she goes on to explore why there should be this amount of

⁵⁶ Ernst, ‘The normal and the abnormal’, p. 4.

⁵⁷ Ernst, ‘The normal and the abnormal’, p. 4.

⁵⁸ Ernst, ‘The normal and the abnormal’, p. 6.

⁵⁹ Lucy Hartley, ‘Constructing the common type: physiognomic norms and the notion of ‘civic usefulness’, from Lavater to Galton’ in *Histories of the Normal and the Abnormal: Social and cultural histories of norms and normativity*, ed. Waltraud Ernst (Abingdon and New York: Routledge, 2006), pp. 101–121, p. 101.

⁶⁰ Hartley, p. 101.

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difference in the use of the same word from the first half to the second half of the nineteenth century⁶¹ – particularly interesting when it is considered how new the term was by the start of the century. Similarly, Lennard Davis writes that the concept of the norm is ‘a socially driven relation to the body that became relatively organized in the eighteenth and nineteenth centuries’,⁶² evidenced firstly by the ‘rather remarkable fact that the constellation of words describing this concept ‘normal,’ ‘normalcy,’ ‘normality,’ ‘norm,’ ‘average,’ ‘abnormal’ – all entered the European languages rather late in human history’.⁶³ By dating the terms as appearing in the late 1840s and 1850s, Davis argues that ‘it is possible to date the coming into consciousness in English of an idea of ‘the norm’ over the period 1840–1860’.⁶⁴ Davis goes further in questioning what existed prior to this “creation”, and suggests as the answer ‘the concept ... of the ‘ideal,’ a word we find dating from the seventeenth century’.⁶⁵ Arguing against

making too simplistic a division in the historical chronotope, one can nevertheless try to imagine a world in which the hegemony of normalcy does not exist. Rather, what we have is the ideal body [...] not attainable by a human.⁶⁶

Given that our society is now entirely saturated with the ‘hegemony of normalcy’, this seems hard to comprehend; particularly the idea that in historical societies there is ‘no demand that populations have bodies that

⁶¹ Hartley, p. 101.

⁶² Lennard J. Davis, *Enforcing Normalcy: Disability, Deafness, and the Body* (London: Verso, 1995), p. 3.

⁶³ Davis, *Enforcing Normalcy*, p. 24.

⁶⁴ Davis, *Enforcing Normalcy*, p. 24.

⁶⁵ Davis, *Enforcing Normalcy*, p. 24.

⁶⁶ Davis, *Enforcing Normalcy*, p. 24-5.

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conform to the ideal'.⁶⁷ An ideal is just that, and is reminiscent of the eighteenth century seeing health as 'an unexpected bonus'.⁶⁸

The shift in social organisation from ideal to norm, and from one concept of normal to another specifically embodied form of normal, goes some way towards answering the question posed from the Enlightenment, outlined by Ernst, about whether norms are constructive or oppressive. Michel Foucault believes the latter to be true. As outlined by Joyce L. Huff, Foucault sees the 'emergence of the idea of the norm' at 'the end of the eighteenth century and the beginning of the nineteenth century' as being inextricably connected with 'a new type of coercive power'; that is, 'the body became subjected to a normalizing judgment that both homogenizes individuals, by proclaiming a universally applicable standard, and differentiates them, by ranking them according to their difference from an unattainable ideal'.⁶⁹ In this way, the cultural norm 'reflects not so much an actual average as a cultural ideal', which in turn suggests that any differentiation from this cultural ideal equates to a failure to live up to it.⁷⁰ Furthermore, Foucault argues that in so doing, 'the concept of the 'normal' always implies a moral code that sets a normative standard: medical norms are both the result and the cause of social norms.'⁷¹ Although the physical ideal has moved on to become a physical norm, as Foucault suggests, this actually creates cultural ideals for the body. Indeed, Davis agrees with this idea of a moral code and normative standard:

⁶⁷ Davis, *Enforcing Normalcy*, p. 25.

⁶⁸ Porter and Porter, p. 25.

⁶⁹ Joyce L. Huff, 'A "Horror of Corpulence": Interrogating Bantingism and Mid-Nineteenth-Century Fat-Phobia' in *Bodies Out Of Bounds: Fatness and Transgression*, eds. Jana Evans Braziel and Kathleen LeBesco (Berkeley and London: University of California Press, 2001), pp. 39–59, p. 45.

⁷⁰ Huff, p. 45.

⁷¹ Ernst, 'The normal and the abnormal', p. 6.

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The concept of a norm, unlike that of an ideal, implies that the majority of the population must or should somehow be part of the norm. The norm pins down that majority of the population that falls under the arch of the standard bell-shaped curve. [...] Any bell curve will always have at its extremities those characteristics that deviate from the norm. So, with the concept of the norm comes the concept of deviations or extremes.⁷²

Through the creation of deviations – and, by extension, deviants – society effectively created a ‘template guiding the way the body ‘should’ be’, resulting in a ‘revision of the ‘normal curve of distribution’ into quartiles, ranked order, and so on, [which] creates a new kind of ‘ideal’’.⁷³ This new kind of ideal, however, as Foucault suggests, ‘is powered by the imperative of the norm, and then is supplemented by the notion of progress, human perfectibility, and the elimination of deviance, to create a dominating, hegemonic vision of what the human body *should* be’.⁷⁴

This moral code has, then, been retained from the usage of natural/unnatural outlined by Ernst and has become part and parcel of the concept of ‘normal’ too. Huff finds, in her examination of dieting and fat-phobia in the mid-nineteenth century, that ‘entire bodies could ... be made to feel out of place in 1860s England, because mass-production techniques had enabled the construction of an increasingly standardized physical environment. The fat body was singled out and stigmatized in an environment tailor-made for a hypothetically average body.’⁷⁵ Furthermore, in order to prevent bodies becoming fat and to ‘ensure the maintenance of physical normalcy’,⁷⁶ ‘[m]edical

⁷² Davis, *Enforcing Normalcy*, p. 29.

⁷³ Davis, *Enforcing Normalcy*, p. 35.

⁷⁴ Davis, *Enforcing Normalcy*, p. 35, my emphasis.

⁷⁵ Huff, p. 45.

⁷⁶ Huff, p. 46.

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science ... began to concentrate on defining the norm that would make possible optimal control and stability'.⁷⁷ The advances in medical science made during the mid-nineteenth century began to work towards defining and maintaining the bodily norms that were created during this period. Indeed, the focus in these discussions is almost exclusively on the relationship between the norm and the body, a relationship even present in the OED definition. Hartley addresses this focus directly, pointing out that, in the move '[f]rom 'common type or standard' to 'healthy, not impaired', the social consequences of the translation of 'normal' into a physical characteristic are now all too evident; for we live in a world that seems to be preoccupied with physical appearance.'⁷⁸

The link between the 'normal' and health is therefore an established one. In the nineteenth century, diseases came to be viewed as 'aberrations from a healthy state'.⁷⁹ Hartley notes the importance for normality of having 'a negative "other" to underline its force', configured by Lavater in the late eighteenth century as 'the abnormal, the normal, and the ideal' and by Galton from the late 1860s onward as 'the degraded, the ordinary and the exceptional'.⁸⁰ Added to this concept is the 'dominant trend in the constitution of normality' wherein '[h]ealth and beauty together with the erotic and the good tend to be aligned with the 'normal', [...] whereas the "abnormal" is usually associated with illness and ugliness as well as the repulsive and the evil'.⁸¹ Lastly, Foucault refers unquestioningly to 'the defined norm of health'.⁸²

⁷⁷ Huff, p. 45.

⁷⁸ Hartley, p. 118.

⁷⁹ Ernst, 'The normal and the abnormal', p. 9.

⁸⁰ Hartley, p. 112.

⁸¹ Hartley, p. 103.

⁸² Michel Foucault, *Abnormal: Lectures at the Collège de France, 1974–1975*, quoted in Hartley, p. 116.

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Health is considered at varying times, then, to be either a norm or an ideal: Georges Canguilhem suggests that, since being ‘in good health means being able to fall sick and recover’, health is ‘a biological luxury’.⁸³ He goes on to argue that ‘[m]an feels in good health – which is health itself – only when he feels more than normal’.⁸⁴ To be healthy is to be normal, but to *feel* healthy is to be noticeably above the norm of the actions one is typically able to complete – health is therefore both a biological norm and a biological luxury. Furthermore, Davis argues that ‘the development in the nineteenth century of [...] the bell curve by Sir Francis Galton acted as both scientific and cultural imperatives socializing people to find their comfort zone’ within the concept of normality.⁸⁵ However, the ‘genius’ move by Galton to ‘change the bell curve to an ogive’,⁸⁶ meaning that ‘the fourth or fifth quintile would become the location of very desirable traits’ rather than another area of abnormality, meant that ‘he was not promoting normality in the sense of being average—since that could also be another name for mediocrity’.⁸⁷ Instead of an average-norm, then, ‘he was promoting eugenic betterment of the human race by encouraging the mating of people who had a kind of enhanced normality’, what Davis calls “hyper-normality”.⁸⁸ This “hyper-normality” constitutes desirable, or exceptional, levels of health. Health in the nineteenth century, then, became both a physical norm and a cultural ideal.⁸⁹ Medical science, through its very action, created medical norms, which, as Ernst has shown, ‘are both the result and the cause of

⁸³ Georges Canguilhem, *On the Normal and the Pathological*, translated by Carolyn R. Fawcett (Dordrecht, Boston, and London: D. Reidel Publishing Company, 1978), p. 116.

⁸⁴ Canguilhem, p. 117.

⁸⁵ Lennard J. Davis, *The End of Normal: Identity in a Biocultural Era* (Ann Arbor: The University of Michigan Press, 2013), p. 1.

⁸⁶ Davis, *The End of Normal*, p. 1.

⁸⁷ Davis, *The End of Normal*, p. 2.

⁸⁸ Davis, *The End of Normal*, p. 2.

⁸⁹ Huff, p. 45.

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social norms',⁹⁰ in an effort to 'ensure the maintenance of physical normalcy'.⁹¹ Health therefore developed from being an eighteenth-century unattainable ideal⁹² to simultaneously being physical normality *and* a cultural ideal, a biological norm and a biological luxury⁹³ – which, crucially, comprised the notion of failing to achieve health.⁹⁴

As an unattainable ideal good health was broadly unachievable, and therefore all people fell below this ideal equally; not measuring up to an ideal is expected. In the nineteenth century, however, and particularly in the 1840s to 1860s and onwards, health as part and parcel of bodily norms arose, particularly since good health became more theoretically achievable through newly-developed medical means and therefore more practical and feasible as a goal. Since people in nineteenth-century society suffered from a range of illnesses and diseases while having an increased awareness of the achievable possibility of better health, then, health, as a concept and a construct, became more vulnerable. When good health is considered a bodily norm, it makes losing health more of a risk, since the body is considered a 'deviation'⁹⁵ or an 'aberration'.⁹⁶ This makes health more precarious – more unstable and vulnerable – because there are mathematically going to be far more bodies who will fall below this norm, and there was an increased chance, due to the wide range of epidemics and diseases which abounded in the period, of losing health.

⁹⁰ Ernst, 'The normal and the abnormal', p. 6.

⁹¹ Huff, p. 46.

⁹² Davis, *Enforcing Normalcy*, p. 24-5.

⁹³ Canguilhem, p. 116.

⁹⁴ Huff, p. 45.

⁹⁵ Davis, *Enforcing Normalcy*, p. 29.

⁹⁶ Ernst, 'The normal and the abnormal', p. 9; It is argued by a number of late-nineteenth-century theorists, particularly in this case Emile Durkheim in 1895, that abnormality must be considered as part of the function of the 'norm'. This has not been included given its position in the late-nineteenth century. For a full discussion: see Hartley, p. 101.

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This mathematical and societal change, therefore, had an enormous impact on the lived experience and personal identification of health. This increased vulnerability of health may even help to account for the increased fear surrounding health that came to characterise the Victorian period.⁹⁷

Wives and Daughters is established temporally as being in the heart of these transitions – set in the 1830s, with epidemics abounding but medical science and practice developing and improving, and written in the 1860s as the concept of health as a norm had grown significantly – and uses a generational divide to emphasise the transitional period, as highlighted by Wright.⁹⁸ Gaskell makes full use of the formal choice of time period in a number of ways, such as in Wright’s exploration of the distinction between “Romantic” and “Victorian” bodies and characters on display in the text, specifically the ‘medically pathologized’⁹⁹ characters. Richard Cronin argues that the ‘writing of the years from 1824–40 shares a preoccupation with origins’,¹⁰⁰ a sense which, despite the novel not being *written* in this time, Gaskell certainly seems to convey in her detailed character histories and backgrounds, both secret and known. Herbert Tucker labels this time period (1824–40) as ‘a quiet buffer [...] between more turbulent Romantic and Victorian zones’,¹⁰¹ and, again, this is reflected in the novel, particularly in the “Romantic” characters who are either ageing or ailing, and the “Victorian” characters, most of whom are young and growing up as the century does.

⁹⁷ Haley, p. 3-4.

⁹⁸ Wright, p. 163.

⁹⁹ Wright, p. 164.

¹⁰⁰ Richard Cronin, *Romantic Victorians: English Literature, 1824–1840* (Basingstoke and New York: Palgrave, 2002), p. 253.

¹⁰¹ Herbert F. Tucker, ‘House Arrest: The Domestication of English Poetry in the 1820s’, *New Literary History*, 25 (1995), quoted in Cronin, p. 260.

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Moreover, the novel deals both implicitly and explicitly with health, illness, doctors, and scientists, and the transition and contrasts to be found between the late-eighteenth/early-nineteenth centuries and the mid-nineteenth century are both explored and united. Wright even argues for a direct connection between the “Romantic” characters and the ‘Victorian representations of second-generation Romantic poets as effete, juvenile, or *sickly*’,¹⁰² a claim consistent with the character of Osborne Hamley, whose penchant for writing poetry and rapid decline of health serve to place him at the centre of the collection of “Romantic” characters, alongside his mother, Mrs Hamley. The Hamley family is ‘[Dr] Gibson’s main charge’, and they are therefore ‘the means by which Gaskell discriminates between nervous and active bodies’.¹⁰³ Through interaction with this family, Wright suggests, Molly Gibson represents the period’s transition from “Romantic” to “Victorian” by making the same transition herself; in becoming first attached to Mrs Hamley and Osborne, and then Squire Hamley and Roger, and through the noticeable change in her reading habits and literature choices,¹⁰⁴ her allegiance is made clear, and ‘the maturing Molly [becomes] a symbol of the nation’s progress from Romantic puberty to Victorian maturity’.¹⁰⁵ Gaskell therefore represents the “Victorian” way as being the “correct” way, since it is explicitly a maturation, and the characters who embody the “Romantic” either die or are shown to have serious failings and flaws. Moreover, this is specifically connected with health, since ‘the Romantic period itself becomes a juvenile convulsion that shook that national body but passed, leaving the healthy, more practical national body of the

¹⁰² Wright, p. 164, my emphasis.

¹⁰³ Wright, p. 167.

¹⁰⁴ Wright, p. 175.

¹⁰⁵ Wright, p. 165.

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Victorian era’;¹⁰⁶ Wright’s argument, therefore, is that health, or lack thereof, acts as a microcosm for the state of the health of the nation. As outlined, however, this chapter will instead look at health on a local level, as part of a macrocosm for the changes occurring in the nation.

Through an exploration of Molly and Osborne, each of whose health worsens and fails (though followed respectively by recovery and death), this chapter will examine the view taken by Gaskell of the changes that occurred during the transitional period in which the novel is situated. These changes were not merely those of ideals and ideas, but also practical changes related to the instability of health and treatment of illness, the frequency of disease and death, and the knowledge and availability of cures. By reflecting on the past, Gaskell provides a unique view of the vulnerability of health that not only looks to the past and present of the novel, and, to some extent, Gaskell’s own present, but also to the practical and real changes in the preservation and treatment of health – and consequently the changes in health’s perceived and real vulnerability occurring at the time.

Vulnerable, Unstable, and Precarious Health in *Wives and Daughters*

There were copious measures used to conserve health and prevent illness in the mid-nineteenth century. Ideas of health conservation in the nineteenth century are reflected in the increase of new terms, such as: ‘health-seeker’, coined in 1832 in a satirical article in *Chambers Edinburgh Journal*;¹⁰⁷ ‘health-saving’ in

¹⁰⁶ Wright, p. 165.

¹⁰⁷ The health-seeker in question is presented as tiresome: ‘the men who go out at five in the morning to cultivate an appetite, and regularly chill every sharp-set evening party they attend’,

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1888, in *The Parting of the Ways* by the English novelist Matilda Betham-Edwards; and ‘health-building’ in 1896, in the *Westminster Gazette*. All of these come about during the period in which health is becoming and has become, respectively, a theoretically attainable norm, and are thus consistent with this phenomenon. These preventative measures, in turn, act as an illustration of the vulnerability of health; the very instability that runs throughout the century prompts people to rely on preventative measures to try and preserve their health as long as possible against the ever-present threat of illness.

Health’s vulnerability is represented in *Wives and Daughters* in, firstly, a number of literal ways. Gaskell weaves it directly into the plot in order to achieve certain ends in the story, while also depicting certain realities surrounding health, such as have been outlined. Firstly, one of the novel’s protagonists, and the heroine’s father, is a doctor. While doctors have featured in Gaskell’s other fiction (such as Dr Donaldson in *North and South* or Dr Hoggins in *Cranford*), Mr Gibson is Gaskell’s first principal character who is also a medical practitioner. Mr Gibson’s role as the trusted doctor of Hollingford is the means by which his daughter Molly, the protagonist and heroine, is introduced to the characters that will majorly influence and affect her life. Mr Gibson, while still a trainee doctor, is introduced as the old doctor’s new partner at The Towers, home of the aristocratic Cumnor family, and at Hamley Hall, home of the Hamley family; Mr Gibson and Molly’s connections with these families influence most, if not all, of their story. In both these cases, the vulnerability of health of Lady Cumnor and Mrs Hamley pulls Mr Gibson and therefore Molly into their circles and consequently merges the narratives of the

and the man who ‘puffs, pants, fights, strives, struggles for health’, cultivating a bloom. See William Chambers, ‘Cultivations’, *Chambers Edinburgh Journal* 15 (1832), p. 113.

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three families. Mr Gibson's profession, and its prominence in the novel, literally relies on the vulnerability of health, and is itself an illustration of the problem. Discussing the notion of 'putting [patients] out of misery' with his two medical students, he drily jokes that 'it would not do to make away with profitable patients in so speedy a manner; and that he thought that as long as they were willing and able to pay two-and-sixpence for the doctor's visit, it was his duty to keep them alive' (46). Although this is a joke at the expense of his gullible students, Mr Gibson's words illustrate the increasing vulnerability of health and consequent fear for it exhibited by patients. Despite his excellence as a doctor, he recognises that his income comes from those concerned about their health with little to worry about, as well as those with genuine health problems. Moreover, that Mr Gibson becomes so successful as a doctor in this small town – far more so than his predecessor Mr Hall, and evidenced by 'his reputation as a clever surgeon' and the resulting 'prestige [for a medical student] of having been a pupil of Gibson of Hollingford' (31) – can be said to represent the shift taking place between the centuries in terms of health being either an ideal or a norm. He represents the midway point between the Romantic and Victorian characters, the older and the younger generations of the novel, being of the older generation, but a sensible and scientific man, antagonistic to his Romantic wife, and extremely close to Molly and Roger, emblematic of the Victorian.

In a far more cynical way, Mrs Gibson manipulates the vulnerability of health in order to attempt to engineer an engagement between her daughter Cynthia and the heir to Hamley Hall. Mrs Gibson, almost from the moment of knowing of Osborne Hamley's existence, desires for him to marry her daughter: after Osborne's first visit to the family, Molly quickly perceives that 'Mrs Gibson would not dislike a marriage between Osborne and Cynthia, and considered the

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present occasion as an auspicious beginning' (239). This desire continues to be unsubtly displayed – until, discovering the existence of Osborne's illness and convinced of his impending death, she encourages his younger brother Roger's attachment to Cynthia. Believing that he will become the heir to Hamley Hall, she assists in engaging the two together:

'A little bird did tell me that Osborne's life is not so very secure; and then—what will Roger be? Heir to the estate.'

'Who told you that about Osborne?' said [Mr Gibson], facing round upon her, and frightening her with his sudden sternness of voice and manner. It seemed as if absolute fire came out of his long dark sombre eyes. 'Who told you, I say?' (399)

Mr Gibson's anger is based as much on his wife's heartless and casual attitude to Osborne's potential demise as on her obvious knowledge of confidential medical information. Mrs Gibson not only eavesdropped on Mr Gibson's conversation with Dr Nicholls, but also researched the terms she overheard in order to better understand, and altered her behaviour to Roger accordingly, '[making] him more welcome to this house than [she] had ever done before, regarding him as proximate heir to the Hamley estates' (401).

In order to make her understand the seriousness of this incident, Mr Gibson declares

'I could have told you then that Dr. Nicholls' opinion was decidedly opposed to mine, and that he believed that the disturbance about which I consulted him on Osborne's behalf was merely temporary. Dr. Nicholls would tell you that Osborne is as likely as any man to live and marry and beget children.'

If there was any skill used by Mr Gibson so to word this speech as to conceal his own opinion, Mrs Gibson was not sharp enough to find it out. She was dismayed, and Mr Gibson enjoyed her dismay; it restored him to something like his usual frame of mind.

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‘Let us review this misfortune, for I see you consider it as such,’ said he.
‘No, not quite a misfortune,’ said she. ‘But, certainly, if I had known Dr. Nicholls’ opinion—’ she hesitated. (403-4)

His attempt to chide his wife is successful, but Mr Gibson’s words are far more indicative of the problem of the vulnerability of health. This assessment of Osborne’s condition goes some way towards demonstrating that even two experienced medical professionals cannot agree on the severity of a case or whether a patient is going to survive or not. The vulnerability of health is such that while an agreement can be reached as to whether one is ill or not (as Osborne clearly is), the actual precariousness cannot be easily deduced – with Mr Gibson believing that Osborne is nearing death but Dr Nicholls believing that Osborne’s illness is ‘merely temporary’ and that health and long life may still be possible. Tabitha Sparks argues that ‘[f]or the most part, early nineteenth-century doctors in fiction are minor professional archetypes rather than individualized characters’,¹⁰⁸ and their distance from their patients results in inefficient treatments. Furthermore, their general ‘inability to predict the course of ... illness’ also ‘heightens the tension’ of these episodes ‘by underscoring the powerlessness of ... observers – even that of the medical ‘expert’.¹⁰⁹ This can be said of Mr Gibson: he is an expert, of which the reader has ample demonstration, yet in many ways he is still powerless in the face of illness.

Lastly, and perhaps the most literal of these examples, the scarlet fever scare at the close of the novel that prevents Molly and Roger from saying goodbye before he departs for Africa. Although Roger decides that he will not

¹⁰⁸ Sparks, p. 13.

¹⁰⁹ Sparks, p. 13-14.

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declare his love for Molly until he has returned from Africa, the fact that the two do not physically meet again after parting as friends is key to the novel's intended ending. Due to Gaskell's unexpected and sudden death, itself a stark reminder of the vulnerability of health, the novel remains unfinished, open-ended, and Molly and Roger never do meet again (although, inevitably, it was intended that they would marry).¹¹⁰ It is significant that it is the literal threat of impaired health (and death) that keeps them apart, partly due to the illness from which Molly has just recovered, and partly due to Molly's father's role as a doctor. Mr Gibson declares that '[i]f there's one illness I dread, it is this' (674), his privileged medical position emphasising the severity of the situation. Despite this severity, his role as a medical professional requires him to treat those with the disease: he answers Molly's concerns about his own exposure to the disease by saying that 'I always take plenty of precautions. However, no need to talk about risks that lie in the way of one's duty. It is unnecessary risks that we must avoid' (674). Mr Gibson differentiates between risks taken by a doctor and risks taken by Molly; precisely because she is not a medical professional, any connection with Hamley Hall during the scare would be an unnecessary risk, whereas Mr Gibson's own health can be sacrificed to duty – although, given his 'precautions', we can assume that this will not be the case. Moreover, later in the chapter Mr Gibson comments that 'one is never sure, remember, with scarlet fever' (676), which suggests that at this relatively early stage in the nineteenth-century, scarlet fever was still little understood; the fact that it is such an

¹¹⁰ This is detailed in the epilogue written by Frederick Greenwood, the editor of *The Cornhill Magazine* (in which *Wives and Daughters* was published), which combined an ending to the story with a eulogy for Gaskell. He wrote: 'But if the work is not quite complete, little remains to be added to it, and that little has been distinctly reflected into our minds. We know that Roger Hamley will marry Molly, and that is what we are most concerned about. Indeed, there was little else to tell.' See Frederick Greenwood, 'Ending to *Wives and Daughters*', *The Cornhill Magazine*, 13.73 (1866), pp. 11–15.

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unknown explains Mr Gibson's 'dread', since he is limited in his actions due to the contemporaneous limitations of knowledge. Health, here, is always coloured by the prospect of illness.

It is the quarantine put in place by Mr Gibson for Molly's benefit that means Roger and Molly do not meet again before his departure. Despite the fact that the 'danger of infection' has passed, Mr Gibson is still 'always on [his] guard' (676) against further symptoms and danger. This moment, in conversation with Roger, confirms the latter's suspicions that he will be prevented from seeing Molly; this in turn causes Mr Gibson to '[turn] his keen, observant eyes upon the young man, and [look] at him in as penetrating a manner as if he had been beginning with an unknown illness' (676). Such medical language as this is associated with Mr Gibson throughout the text, even when the question of health is not at stake, and frequently when the question of Molly's love interests are.¹¹¹ At this moment, Mr Gibson's upholding of the quarantine is as much a medical issue as a personal one, refusing Roger's plea to 'see her, just once, before I go' (678), stating 'Decidedly not. There I come in as a doctor as well as father. No!' (678). That he phrases this as if he were adding the weight of the medical role to strengthen that of the father role – 'I come in as a doctor *as well as* father' – suggests that his primary objection is as Molly's father rather than doctor, which in turn suggests that her physical health and wellbeing is not his primary concern in this particular instance, although of course it is the secondary. Throughout these episodes, then, Gaskell uses the vulnerability of health to force a physical separation between Molly and Roger,

¹¹¹ For example, on intercepting the 'flaming love-letter' (48) to Molly from his young apprentice Mr Coxe, Mr Gibson writes a joke medical prescription to warn off the offending would-be lover, who deems it an 'insulting prescription' (51).

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in anticipation of their intended ultimate union. In these episodes, Gaskell manifests the vulnerability of health directly and literally at the level of the plot, using the principal character of the doctor to underscore the instances where the precautions taken to preserve health are fundamental to the characters and the plot.

This vulnerability is represented in *Wives and Daughters* in more nuanced non-literal ways as well as the literal examples already discussed: consider the precarious nature of the health of Molly Gibson and Osborne Hamley. This chapter began with Osborne's words to Mr Gibson upon enquiry by the latter into the health of the former: 'I lead a life which ought to be conducive to health, because it is thoroughly simple, rational, and happy' (338). As Ferngren points out, the modern 'broad concept' of health currently in use by the World Health Organisation is 'grounded in Enlightenment assumptions', and 'appears to make health nearly indistinguishable from human happiness'.¹¹² Health is expected to lead to happiness, rather than the other way around – yet Osborne believes that his happiness should lead to health. This could suggest that Osborne is out of step with current thought, a suggestion with some value given that he is one of the "Romantic" characters who will, slowly but surely, be wiped out in the course of the narrative. However, his complaint also suggests a knowledge of cause and effect; Osborne does not see health as a blessing, since he believes that he is doing the right things to ensure his health. His naivety is demonstrated due to the inadequacy of the causes that he supposes will lead to health, but, as will be examined later, his actual sickness could not be cured by mere happiness. Indeed, this is the moment in which the reader becomes aware

¹¹² Ferngren, p. 7; See thesis introduction for this definition.

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that there is some problem with Osborne's health; Mr Gibson overtakes a man walking in a lane, then realises it is in fact Osborne, exclaiming 'I thought it was an old man of fifty loitering before me!' (338).

Mr Gibson immediately posits some theories of mental causes of Osborne's illness, such as the 'estrangement from [his] father' (339) or the fact that Osborne is struggling to get his poetry published ('so that's it, is it, Master Osborne? I thought there was some mental cause for this depression of health' (339)). Osborne refutes the idea of a mental cause: 'I beg your pardon; but it's not that; I am really out of order. I daresay my unwillingness to encounter any displeasure from my father is the consequence of my indisposition; but I'll answer for it, it is not the cause of it. My instinct tells me there is something really the matter with me' (339). It is telling that Mr Gibson does not yet believe that Osborne is truly ill, telling him jocularly not to '[set] up your instinct against the profession' (339), seeming to believe that Osborne is either exaggerating, misappropriating cause and consequence, or simply under the weather. After giving Osborne a brief check-up in the lane, however, Mr Gibson is more worried, thinking to himself that 'I don't like his looks, [...] And then his pulse. But how often we're all mistaken; and, ten to one, my own hidden enemy lies closer to me than his does to him – even taking the worst view of the case' (340). As in his disagreement with Dr Nicholls, Mr Gibson acknowledges that, even as a competent medical professional, he can be mistaken in his diagnosis; and, of course, it is quite understandable that Mr Gibson would be cautious in pronouncing a definite diagnosis from such a preliminary and informal exam.

By contrast, the beginnings of Molly's loss of health have very clear and explicit mental causes, specifically the stresses and anxieties of her new family: her difficult relationship with her stepmother, her awareness of her father's

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difficult relationship with his new wife, her occasional sympathy with her stepmother against her father's sarcasm, and her beloved stepsister being nominally engaged to the man she herself loves all combine 'so that poor Molly had not passed a cheerful winter, independently of any private sorrows that she might have in her own heart. She did not look well, either; she was gradually falling into low health, rather than bad health' (432). Molly's health is depicted as being related and indeed intertwined with the health of her family circle; as cracks begin to appear in the latter, so they do in the former. This passage begins 'so', following on directly from a lengthy discussion about Mr Gibson's awareness of his new wife's faults, his sarcasm towards her, and her 'more bewildered than hurt' (431) reaction to this treatment, explicitly connecting Molly's 'low health' with these issues. Moreover, Molly's 'heart beat more feebly and slower' since 'the vivifying stimulant of hope – even unacknowledged hope – was gone out of her life' (432) referring to both her romantic hopes and her prospects for a peaceful life at home with her parents.

Molly's second, far more dramatic, loss of health, however, occurs after both Osborne's death, the reveal of his secret wife Aimée, and the latter's collapse from shock. Molly's stay at Hamley Hall, assisting both her father and Squire Hamley, results in exhaustion and illness. Molly tells Mr Gibson that 'she felt unaccountably weary; that her head ached heavily, and that she was aware of a sluggishness of thought which it required a painful effort to overcome' (611). Once she has been removed home by her concerned father, he instructs his wife that Molly 'will need much care. She has been overworked, and I've been a fool. That's all. We must keep her from all worry and care, – but I won't answer for it that she'll not have an illness, for all that!' (613). Once again, Molly's loss of health is explicitly connected with an experience, and the vulnerability of health

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is demonstrated by the fact that she experiences this loss of health after being overworked, while already in a state of 'low health'. Although Mr Gibson begins, once again, to attempt to prevent illness, her health is vulnerable enough to mean that her present 'suffering and illness ... might be the precursor of a still worse malady' (614). Indeed, in time, 'the illness which he apprehended came upon Molly; not violently or acutely, so that there was any immediate danger to be dreaded; but making a long pull upon her strength, which seemed to lessen day by day, until at last her father feared that she might become a permanent invalid' (614). Molly's health is registered as vulnerable by being weakened and worn away until she is left with a genuine illness, rather than merely 'low health', but even the illness is not a great and dramatic danger – rather a weakening and prolonged sickness.

The diagnoses and treatments differ extensively for both Molly and Osborne – naturally, given the differing natures and origins of their respective losses of health – as do the courses of their respective illnesses. Osborne's illness results in 'certain prescriptions which appeared to have done him much good, and which would in all probability have done him yet more, could he have been free of the recollection of the little patient wife in her solitude near Winchester' (348), an aside by Gaskell which suggests that Osborne's anxieties regarding his secret marriage and pregnant wife have exacerbated, though not caused, his loss of health. Moreover, the indication is that his recovery would have been possible had it not been for these anxieties, which does in turn suggest that Mr Gibson's original thought that 'there was some mental cause for this depression of health' (339) is not entirely wrong. However, Gaskell then seems to overturn this idea in the explanation given of Mr Gibson's opinion of Osborne's illness:

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The state of the case was this: – Osborne’s symptoms were, in Mr Gibson’s opinion, signs of his having a fatal disease. Dr Nicholls had differed from him on this head, and Mr Gibson knew that the old physician had had long experience, and was considered very skilful in the profession. Still he believed that he himself was right, and, if so, the complaint was one which might continue for years in the same state as at present, or might end the young man’s life in a hour – a minute. [...] Yet if the affair was concluded, the interference of a medical man might accelerate the very evil to be feared; and after all Dr Nicholls might be right, and the symptoms might proceed from some other cause. Might? Yes. Probably did? No. Mr Gibson could not bring himself to say yes to this latter form of sentence. (381-2)

This passage clearly elucidates the instability of Osborne’s health more than any other. Firstly, through the disagreement in medical opinion between the two doctors: Mr Gibson, while acknowledging Dr Nicholls’ experience, believes his to be the correct diagnosis, and his status as a principal character, whose opinion the reader has been encouraged to trust and whose medical skill has been amply demonstrated thus far in the narrative, inclines the reader to believe the same. Even when he himself acknowledges that Dr Nicholls may indeed be correct (‘after all Dr Nicholls might be right’), he tempers this with an affirmation of his belief in his own diagnosis (‘Might? Yes. Probably did? No.’).

Secondly, Osborne’s health is not only at risk from the potential ‘fatal disease’, but also potentially from ‘the interference of a medical man [which] might accelerate’ the fatality of the disease. As Gaskell has suggested, Osborne’s health is vulnerable to further deterioration due to anxiety and stress arising from his particular situation; even though Mr Gibson is ignorant of these circumstances, he is concerned that by adding to the anxieties which he perceives (such as Osborne’s strained relationship with his father or his lack of success with publishing his poetry) he would inadvertently hasten the fatal

outcome of the disease from which he suspects Osborne is suffering. This is evidenced further after Osborne's death by Mr Gibson's justifying this course of action in answer to Molly's question of whether Osborne knew 'that he was ill – ill of a dangerous complaint, I mean: one that might end as it has done?' by explaining that '[a]ny alarm about his own health would only have hastened the catastrophe. [...] He would only have been watching his symptoms – accelerating matters, in fact' (584). That Mr Gibson maintains this even after Osborne's death demonstrates his real conviction that knowledge would merely have exacerbated the illness's progress. Furthermore, given that Osborne had substantial anxiety about his wife's (and, later, child's) situation, it is reasonable to suppose that concern for them replaced any concern for his specific illness, contributing to the hastening of the disease – particularly given that Mr Gibson was ignorant of this and was therefore unaware of the anxiety being suffered by Osborne. This supposition also explains Osborne's concern for his health in his comment to Molly that 'there are others depending upon me – upon my health' (519); his health is explicitly connected to being able to provide for his family,¹¹³ and so, ironically, the reason Osborne has for wanting to recover his health is likely a contributing factor to his loss of it.

Thirdly, and most importantly, the vulnerability and instability of health as a broad concept is illustrated by Mr Gibson's consideration that 'the complaint was one which might continue for years in the same state as at present, or might end the young man's life in a hour – a minute'. The uncertainty of the prognosis of the disease is reflected both in the word 'might',

¹¹³ This is not the first time that Gaskell has drawn this link in her literature. Jem Wilson of *Mary Barton*, for example, 'could not squander away health and time, which were to him money wherewith to support [his mother's] failing years'. See Elizabeth Gaskell, *Mary Barton*, ed. Shirley Foster (1848; Oxford: Oxford University Press, 2008), p. 136.

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and in the dramatic and almost hyperbolic shift between ‘a hour – a minute’, the effect of which is to shock the reader into concern for Osborne, who might live for many years or die instantly, and into wonder at the lack of certainty. Not only is the medical knowledge surrounding this ‘fatal disease’ limited as to an accurate prognosis, but two experienced medical professionals cannot agree on the diagnosis – and, even if they were to reach an agreement, conveying this diagnosis of consensus to the patient could hasten his death rather than provide an opportunity for prolonging it.

Inevitably, comparisons are invited between the weak and sickly Osborne, and his younger brother, the robust and strong Roger – and made, particularly, by their father. Mr Gibson attempts to temper these by reminding Squire Hamley that ‘Osborne has not had the strong health which has enabled Roger to work as he has done’ (385), suggesting that Osborne has always had weaker health than Roger. Indeed, Mr Gibson relates that Roger’s tutor at Cambridge has said that ‘only half of Roger’s success was owing to his mental powers; the other half was owing to his perfect health, which enabled him to work harder and more continuously than most men without suffering’, and Mr Gibson, ‘being a doctor, trace[s] a good deal of his superiority to the material cause of a thoroughly good constitution, which Osborne has not got’ (385-6). Health is thus credited with having the power to increase working capacity and productivity, but Mr Gibson traces this good health to a ‘good constitution’, a crucially *innate* ‘material’ bodily fixture that Osborne ‘has not got’; this suggests not only that Osborne was never going to be successful, despite his family’s great expectations,¹¹⁴ but also that his ill-health may have been inevitable.

¹¹⁴ ‘Osborne’s a bit of a genius. His mother looks for great things from Osborne’ (73); Roger is ‘a good, steady fellow ... but he is not likely to have such a brilliant career as Osborne’ (65-6).

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Moreover, the comparisons made between Osborne and Roger at the point of their introduction to the text, when Osborne is still viewed as the more promising of the two sons, present a counter to the eventual health of both. Osborne's 'appearance had all the grace and refinement of his mother's', while Roger is 'clumsy and heavily built, [...] his face was square, and the expression grave' (42). Molly's initial favouring of Osborne encourages the reader to perceive his lovely appearance as indicating health, the aesthetic taken to represent the bodily whole; it is only later, as Molly grows in understanding, that it becomes clear that Osborne's 'grace and refinement' means bodily weakness, while Roger's heavy build is indicative of strength and health.

Despite this, his illness continues to be made light of and questioned throughout the narrative: he 'either was really an invalid, or had sunk into invalid habits, and made no effort to rally' (451); Molly finds him 'looking wretchedly ill in spite of [a] report of his healthy appearance' (517); and Osborne himself ponders 'sometimes I do think I'm very ill; and then, again, I think it's only the moping life sets me fancying and exaggerating' (519). It is unclear to many of the characters, including Osborne himself, whether or not he has genuinely lost his health; and he demonstrates considerable self-awareness that his circumstances and life have made him dejected and fanciful about his lack of health. Osborne is therefore vindicated in death: despite his concern that he may be 'fancying and exaggerating' his illness, he is very desirous to see Mr Gibson, and Molly reports that 'he looks very ill, and he's evidently frightened about himself' (530) – his death occurs shortly afterwards, proving that he was neither 'fancying' nor 'exaggerating'. Furthermore, the explanation of his demise given by Mr Gibson to Molly underscores once more the instability of health:

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Something wrong about the heart. [...] I apprehended it for some time; but it is better not to talk of such things at home. When I saw him on Thursday week, he seemed better than I have seen him for a long time. I told Dr Nicholls so. But one never can calculate in these complaints. (584)

The confusion over Osborne's apparent *appearance* of health over the preceding few days has even extended to Mr Gibson's medical analysis, deeming that Osborne had improved somewhat; but this in fact illustrates the seemingly hyperbolic assessment that the 'complaint ... might end the young man's life in a hour – a minute' (382) – which is also, of course, crucial for narrative interest. Furthermore, Mr Gibson fully acknowledges that 'one never can calculate with diseases of this kind, appreciating and recognising the limits of medical knowledge, both his own and that of the period in which he operates. The disease in question, assuming that Mr Gibson's original diagnosis overheard by his wife is indeed correct – as we have been led to believe, and which is supported by Mr Gibson's explanation of '[s]omething wrong about the heart' (584) – is an 'aneurism of the aorta' (400), a disease itself epitomising the medical developments made from the eighteenth to the nineteenth and on into the twentieth centuries, could Gaskell but have known it. In the late eighteenth century, William and John Hunter developed the 'modern definitions of true, false and mixed aneurysms. Aneurysms were now accepted to be caused by 'a disproportion between the force of the blood and the strength of the artery,' with syphilis as a risk factor rather than a sole aetiology.'¹¹⁵ The nineteenth century then saw great advances in vascular surgery: in 1817, Sir Astley

¹¹⁵ Alexander Wilton, 'The History of Abdominal Aortic Repair: From Egypt to EVAR', *Australian Medical Student Journal*, 3/2 (2012), pp. 61–4, p. 61.

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Cooper¹¹⁶ attempted a ligation of the aorta which, though unfortunately unsuccessful, continued to be the principal treatment for these cases; it was not until 1923 that a successful ligation of the aorta was performed.¹¹⁷ Given, therefore, that Mr Gibson believed Osborne had this condition, the available treatment of the time would have given him due cause for considerable concern.

The entire course of Osborne's illness, then, from inception, to diagnosis, to prognosis, and death, depicts health as unstable and vulnerable, to the point where it can deteriorate and be lost without warning, and be susceptible to unrelated anxieties and stresses, and where illness can remain inaccurately diagnosed and ineffectively treated, if at all. This reflects a nineteenth-century construction of health, perceived by Gaskell with the benefit of hindsight but also representing health, as she saw it, at the time of her writing – and, given that the treatment for Osborne's disease had essentially remained unchanged from 1817 until 1923, hindsight in this case is irrelevant, even supposing that Gaskell knew the details of such medical experiments as were ongoing during the period.¹¹⁸ Regardless, Gaskell succeeds in characterising the shock, fear, and crucially the uncertainty of dramatic loss of health.

Molly's loss of health is both characterised and treated very differently by Gaskell – unlike Osborne, there is no underlying physical cause for her loss of health, which is explicitly tied to the worries and anxieties experienced by Molly due to her situation, and the problematic overworking she undertakes while already experiencing 'low health'. Indeed, what was simply 'low health' becomes

¹¹⁶ Sir Astley Cooper is also mentioned in *Wives and Daughters*: 'Mr Gibson had even been invited ... to dine with the great Sir Astley, the head of the profession!' (29).

¹¹⁷ Jesse E. Thompson (MD), 'Early History of Aortic Surgery', *Journal of Vascular Surgery*, 28/4 (1998), pp. 746–752, p. 746-7.

¹¹⁸ Given that Gaskell mentions Sir Astley Cooper by name in the novel, it is not unreasonable to suppose that she did.

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illness, but not the dramatic kind from which Osborne suffers; as her stepmother puts it, Molly's is more of a 'tedious, than an interesting illness. There was no immediate danger, but she lay much in the same state from day to day' (617). If it were only Mrs Gibson commenting so, then the accuracy of this representation could easily be called into question, but other more reliable characters also bear witness to Molly's illness. Lady Harriet, for example, Molly's friend and frequent visitor, provides what is likely to be a much more accurate assessment of the illness in a letter to Cynthia, the same letter which prompts Cynthia's return from London:

[I] saw Molly this morning. Twice I have been forbidden admittance, as she was too ill to see any one out of her own family. I wish we could begin to perceive a change for the better; but she looks more fading every time, and I fear Mr Gibson considers it a very anxious case. (615)

Given the characters of both reporters, the reader is far more likely to trust Lady Harriet's view of the matter, not least because her representation of Mr Gibson's own view coincides with what has already been demonstrated in his fears for Molly, and the fact that he found it 'difficult [...] to put off his doleful looks while his own child lay in a state of suffering and illness' (614). That Lady Harriet has been denied admittance lends weight to this assessment of the case, and her use of the word 'fading' corroborates Mrs Gibson's representation of the tediousness of the illness. This is no dramatic illness, but rather a slow fading; Gaskell even refers later to this period of Molly's illness as 'a time of feverish disturbance of health' (618). Molly's loss of health is such that it finds a remedy in the return of Cynthia, which occurs 'just at the right time, when Molly wanted the gentle fillip of the society of a fresh and yet a familiar person' (617-8). Indeed,

Molly's health and spirits improved rapidly after Cynthia's return; and although she was likely to retain many of her invalid habits during the

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summer, she was able to take drives, and enjoy the fine weather; it was only her as yet tender spirits that required a little management. (618)

This demonstrates the kind of illness that Molly experiences: it requires medical attention and the care of a doctor, and comprises ‘suffering’ and a fear of worse to come, but it has not the physical basis which Osborne’s illness demonstrated. Furthermore, despite the fact that the vulnerability of health meant that overwork and a depression of spirits were able to affect a change in health, resulting in Molly’s illness, it seems that the vulnerability of health also works the other way around – Molly’s health is recoverable, at least to some extent, by an uplifting of spirits and some amount of physical exercise.

This means, however, that health continues to be unstable and vulnerable: one fall from health can easily be followed by another, particularly if the causes are similar, or even the same. Molly’s relapse, once she has begun to return to health, is caused once more by the anxiety of her personal situation: she ‘fainted away utterly’ (633) after circumstances require her to inform Roger of Cynthia’s engagement to Mr Henderson,¹¹⁹ and thereafter continues in poor health, not recovering fully from her first fall into illness. Even being ‘ordered and enjoined and entreated to become strong as soon as possible, in order that her health might not prevent her attending’ (637) Cynthia’s wedding in London does not have the desired effect of re-establishing health. However, it is, once again, good company, fresh air, and some exercise that eventually returns Molly to good health – and all figured by a visit to the Towers while her own family are

¹¹⁹ A number of Gaskell’s principal female characters faint during their stories, but these are almost always both singular events and in response to extraordinarily stressful situations, and therefore should not be seen as examples of the trope of the fainting Victorian woman. See Chapter Four for a discussion of Margaret Hale’s fainting episode in *North and South*, which will develop this point.

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in London for the wedding, Molly's illness preventing her attendance. Mr Gibson is pleased to know that Molly will have a 'change of air and scene as being the very thing he had been wishing to secure for her; country air, and absence of excitement as this would be' (645), and that he 'should be relieved from anxiety' (645). Although, at this point, Molly is 'too delicate to be very active either in mind or body' (647), she is indeed revived by the air and the quiet company; a carriage ride with Lady Harriet sees Molly beginning 'to feel the delightful spring of returning health; the dance of youthful spirits in the fresh air cleared by the previous day's rain' (648). Moreover, 'every day, every hour, she was gaining strength and health, and she was unwilling to continue her invalid habits any longer than was necessary' (649); the fears that Mr Gibson had for his daughter about being trapped in an invalid state were unfounded, particularly since Molly has youth and motivation on her side. Molly's health has, therefore, fluctuated far more than Osborne's, but her fluctuation includes worsening *and* recovery, while Osborne's health followed a slow, worsening trajectory. The causes of both of Molly's falls from health were one and the same, and so too was the method of recovery; though Molly's health is vulnerable and demonstrated to be unstable, there is both reason behind it and a logical recovery ahead of it.

That Molly does fully recover, and in fact seems to have grown prettier in the wake of her illness, is made evident when Roger sees her again at the Towers after returning from Africa:

... he was almost as much surprised as she was by his unexpected appearance, for he had only seen her once or twice since his return from Africa, and then in the guise of an invalid. Now in her pretty evening dress, with her hair beautifully dressed, her delicate complexion flushed

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a little with timidity, [...] Roger hardly recognized her, although he acknowledged her identity. (649)

It is difficult to say whether this improvement in Molly's looks is the sole result of recovering from an illness and the favourable comparisons that this would necessarily invite given her previous 'guise of an invalid'; or due to an increase in age, confidence, and proximity to a hair-dresser, compounded by Roger's lengthy absence. It is likely to be a combination of these aspects – and, moreover, that Roger directly contrasts her current appearance with the previous one where she appeared an invalid suggests that her return to health is crucial to the attraction that Roger begins to feel for her. Indeed, 'with Roger's return and the rising promise of their union, her health rapidly improves'.¹²⁰ Both Molly's removal from the stresses and anxieties of home and the numerous sick-rooms in which she has assisted her father, and, later, the removal of external stresses from her shoulders (most significantly her love for Roger and concern for his welfare regarding Cynthia's behaviour towards him) combine to create an environment in which she can fully recover her health. Wright, indeed, sees Molly's eventual full return to health as a final move away from Romanticism, positing that

Molly's discarding of romances, and the romantic Osborne, her increasing self-restraint and her willingness to sacrifice herself to serve others not only figures a turn from Romantic to Victorian values, but also clarifies the terms on which Victorian identity could be framed as a repudiation of the Romantic.¹²¹

This 'repudiation' suggests, given the contrasting fates of Molly and Osborne, that Osborne's status as a "Romantic" character meant that his demise was both

¹²⁰ Wright, p. 180.

¹²¹ Wright, p. 181.

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certain and necessary. Furthermore, Molly's growth in beauty and recovery back to health, and the obvious attraction that Roger feels for her ('He began to feel that admiring deference which most young men experience when conversing with a very pretty girl' (649)), show her as being now 'aligned with the 'normal'',¹²² demonstrating her growth into the scientifically-grounded "Victorian" who can now attract Roger, himself emblematic of those qualities. Indeed, the changes in the view of scientific men is represented through Roger himself and the deference paid to him by the end of the novel by the Cumnors. Lady Cumnor asks Mrs Gibson whether Mr Gibson could 'induce' '[t]he famous traveller – the scientific Mr Hamley' 'to favour us with his company' (639-40). Mrs Gibson is shocked that the man 'whom she had all but turned out of her drawing-room two years ago' should find such favour with 'the proud Lady Cumnor' (640), particularly when the latter asserts that 'high rank should always be the first to honour those who have distinguished themselves by art or science' (640).

Molly and Osborne's illnesses work together to demonstrate how precarious health can be – mental causes, underlying physical causes, or indeed a combination of the two, the dangers of physical exhaustion, or of anxiety and stress, the unreliability of medical diagnoses and prognoses, and indeed the powerlessness of medical professionals. Additionally, the more literal examples of weaving health's vulnerability into the text act as reminders of the lived experience of the instability of health, how it was factored into life and, particularly in the case of the doctor but also more broadly, was very much a part of life. Throughout *Wives and Daughters*, Gaskell demonstrates an

¹²² Hartley, p. 103.

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extensive and detailed consideration of health, its vulnerability, its treatment, its destruction, and its recovery. This is figured not only through the prominent narrative illnesses of Molly and Osborne, but also the illnesses of Mrs Hamley and Osborne's wife Aimée, the weak health and frequent complaints of Lady Cumnor and Mrs Gibson, and the professional and personal medical work of Mr Gibson. The fictional framing of health here is of course symbolic of the societal, scientific, and medical changes of this in-between period and the need of characters to mature and transition alongside them, but it also serves to depict a reflection of the historical realities of health, suggesting that Gaskell was evaluating the construction and the actuality of the experience of health as it was a generation earlier than the time of writing.

Conclusion

That Gaskell chose to write, in the 1860s, a book set in the 1830s with its characters' roots established in the very early-nineteenth and late-eighteenth century, and about a doctor, his daughter, and his community of patients, is significant. Writing in a decade in which the concept of the norm and physical normalcy had been firmly established, momentous developments in medicine and healthcare had occurred, and when the era had become resolutely "Victorian", to look back on an era within living memory – the 'short space of a single generation'¹²³ – which was still carrying with it "Romantic" tendencies, no concept of the 'normal', and the medical practice of the late eighteenth century, allowed Gaskell to explore the changing ideas of health and medicine, the role of

¹²³ Wright, p. 163.

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the doctor, the relationships between people and science, and science and culture, and the possibilities for the future – a future in which she was currently living. A future perhaps most perfectly illustrated by the “Romantic” Mrs Gibson’s snobbish surprise that Roger, the ‘stupid brother ... muddling his brains with mathematics at Cambridge’ (333), is worthy of being chosen as an expedition companion by Lord Hollingford (379), a man admired by Lady Harriet, and considered as being ‘young Hamley of Hamley’ (379) despite not being the elder son of the family. Roger’s scientific credentials take him further up in the world than would have been possible mere decades earlier, where Mrs Gibson’s mind and sentiments remain.

Reading these narrative instances of health, or failing health, as examinations by Gaskell of the local effect of such enormous societal changes opens up more avenues for the consideration of the construction of health in the early-nineteenth century, particularly in a period in which illnesses are so relied upon narratively. Health becomes, in this exploration, emblematic of successful growth and development, both of the individual and of the small town which must cope with the rolling tides of change. The narrative episodes explored here treat health as something to be both valued and protected; but while Osborne seems to treat health as something for which he has the formula, both Molly and her father treat health as something to be protected, maintained, and valued as time goes by, as a possession. As health becomes normal, as outlined by Davis, the risk of falling into the statistics of the unhealthy grows, emphasising further the precariousness of health; Molly and Mr Gibson’s treatment of health is shown to be the most appropriate, since it must be cultivated and protected in order to weather the changes occurring in the perception of it. Bridging this space between the late-eighteenth/early-nineteenth and mid-nineteenth

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centuries as it does, *Wives and Daughters* succeeds in representing the impact of the societal changes occurring through the perception, construction, and treatment of health occurring at this time, at a local level through characters who are narratively invested in these scientific, medical, and societal developments. It is fitting, then, that Molly gives due credit to her father, the doctor whose profession requires him to both protect and value health: ‘He doesn't make the illness or the death; he does his best against them. I call it a very fine thing to think of what he does or tries to do’ (180). That Mr Gibson either ‘does or tries to do’ further underscores the vulnerability of health: the doctor, in some cases when trying to restore or maintain health, can only try and will not succeed. As Porter and Porter so rightly put it: ‘Life’s fine threat was ever precarious.’¹²⁴

¹²⁴ Porter and Porter, p. 2.

2. ‘So much the worse for me, that I am strong’:
Health, Morality, and Power in Anne Brontë’s *The Tenant of Wildfell Hall*
and Emily Brontë’s *Wuthering Heights*

Health has almost always been ‘powerfully associated with morality, just as immorality is powerfully associated with illness’.¹ In the nineteenth century, moral and religious philosophy, like health, were of central importance; a prevalent fear was that ‘without religious beliefs about personal immortality and about rewards and punishments for one’s conduct the decencies of civilization could not be maintained’.² The issue of how far morality was connected with religion was a subject hotly debated; particularly in rural areas, ‘the Church was still regarded ... as the arm of the secular law, and Christianity ... the sanction which forced men to be righteous’.³ Some believed that if the sanction of Christianity were to be removed, ‘you were left with nothing but man’s naked selfishness’, and basing morality on ‘appeals to man’s better nature[,] was to be sentimentally blind’;⁴ others, however, believed that ‘coercion enforced certain moral standards’.⁵ Agnostics of the period, therefore, saw their quest as determining ‘that good conduct would not disappear when the sanctions of religion were cleared away because they rested on something which was really eternal, man’s sense of right and wrong’.⁶ With these arguments ongoing,

¹ Allan M. Brandt and Paul Rozin, ‘Introduction’ *Morality and Health*, Allan M. Brandt and Paul Rozin, eds. (New York and London: Routledge, 1997), pp. 1–11, p. 3.

² J. B. Schneewind, *Sidgwick’s Ethics and Victorian Moral Philosophy* (Oxford: Oxford University Press, 1977), p. 20.

³ Noel Annan, *Leslie Stephen: The Godless Victorian* (London: Weidenfeld and Nicolson, 1984), p. 269.

⁴ Annan, p. 273.

⁵ Annan, p. 273.

⁶ Annan, p. 276-7.

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religion and morality were equally part of the culture and make-up of the nineteenth century, with '[m]oral commands' being 'grounded religiously'.⁷

This chapter will explore the relationship between health, morality, religion, and power in Anne Brontë's *The Tenant of Wildfell Hall*⁸ (1848) and Emily Brontë's *Wuthering Heights* (1847), both written in the late 1840s but set decades earlier. The chapter will consider how health and morality intersect with power; both texts represent power struggles that hinge on both the health and morality at play, and the relationship between all three combined can provide a fresh perspective on the themes and narrative patterns therein. Anne's fiction in particular is 'distinctive in its yoking of a strong moral end with an absolute fidelity to representing reality as she saw it'.⁹ Anne and Emily were particularly close of the Brontë siblings, and their novels found common ground,¹⁰ but their concepts of God and religion differed dramatically. Anne's God was 'compassionate and consistent', acting 'in ways that are comprehensible to human moral logic',¹¹ and she has been labelled a 'Christian humanist' as a result, due to her confidence in 'common reason and experience' as the way to spiritual truth.¹² *Tenant* in particular develops 'the themes of election, reprobation, and salvation that were becoming so near to [her] heart'.¹³ Emily, by contrast, rejects this God, 'defiantly celebrates the 'God within [her] breast' with whom she can commune at will'.¹⁴ She also expresses a 'Gnostic

⁷ Timothy F. Sedgwick, *The Christian Moral Life: Practices of Piety* (Cambridge and Grand Rapids, MI: William B. Eerdmans Publishing Company, 1999), p. 10.

⁸ Henceforth referred to as *Tenant* throughout.

⁹ Elizabeth Langland, *Anne Brontë: The Other One* (Totowa, NJ: Barnes and Noble Books, 1989), p. 37.

¹⁰ Langland, p. 9-10.

¹¹ Rebecca Styler, *Literary Theology by Women Writers of the Nineteenth Century* (Farnham: Ashgate Publishing Ltd., 2010), p. 45-6.

¹² Styler, p. 46.

¹³ Langland, p. 13.

¹⁴ Styler, p. 55.

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sense of a God who is entirely outside the created order, which itself is devoid of any good',¹⁵ a viewpoint visible in *Wuthering Heights*.

This relationship between the sisters and the tackling of similar subject matter has meant that these two novels have often been explored side-by-side; indeed, in the last few decades, critics have 'begun to recognise that *Wildfell Hall* is clearly a response to *Wuthering Heights*',¹⁶ in content and composition. Jan Gordon argues that 'Anne's work is [...] supplementary to Emily's, a refusal to accept the truths her bolder sister represented',¹⁷ while Edward Chitham believes that, on the shared themes of both novels 'the sisters occupy very different positions, and it is hard not to see Anne's novel as a corrective to Emily's "soft nonsense"'.¹⁸ The novels both demonstrate a 'clear-eyed understanding of the cruelty to which passion coupled with power and mastery can lead',¹⁹ but their depictions of this differ; while Emily's Heathcliff '[glorifies] that cruelty', Anne's 'heroes are strong principally in moral conviction'.²⁰ Though Heathcliff is 'feared for his physical abuses',²¹ the heroines of Anne's novels are 'revolted by the abuse of strength'.²² *Wuthering Heights* thus conforms more to the norm (or at least abundance) of exhibitors of male violence in the literature of this period, but the position of the novel on the question of health and morality is far more complex than that adopted by Anne in *Tenant*, just as the latter's portrayal of male violence and power is substantially different from Emily's.

¹⁵ Styler, p. 56.

¹⁶ Langland, p. 49.

¹⁷ Langland, p. 49.

¹⁸ Edward Chitham, quoted in Langland, p. 50.

¹⁹ Langland, p. 30.

²⁰ Langland, p. 30.

²¹ Langland, p. 57.

²² Langland, p. 58.

Criticism of both *Wuthering Heights* and *Tenant* has touched on these topics in a variety of ways but not in great detail, and individual explorations of illness, morality, and power have rarely been pulled together. Illness in the two individual texts has been explored by Lakshmi Krishnan, Susan Rubinow Gorsky (both *Wuthering Heights*), and Akiko Kawasaki (*Tenant*),²³ while Beth E. Torgerson, Gwen Hyman, and Marianne Thormählen have examined the theme of alcoholism and masculinity in *Tenant*.²⁴ Morality and religion have also been explored in both the texts and in the lives of the two sisters, most notably by Langland, Maria Frawley, Patricia Ingham and John Maynard.²⁵ More specifically to this chapter, Deborah Denenholz Morse considers both Helen and Lord Lowborough's experiences of the depravity surrounding them,²⁶ Thormählen explores the relationship between Helen and Arthur with regards to the presence of God and Helen's moral standards,²⁷ and Jill Matus discusses the morality of both texts, alongside Charlotte Brontë's *Jane Eyre* (1847).²⁸

²³ Lakshmi Krishnan, 'It Has Devoured My Existence': The Power of the Will and Illness in *The Bride of Lammermoor* and *Wuthering Heights*, *Brontë Studies* 32 (2007), pp. 31–40; Susan Rubinow Gorsky, 'I'll Cry Myself Sick': Illness in *Wuthering Heights*, *Literature and Medicine* 18.2 (1999), pp. 173–191; Akiko Kawasaki, 'Alice Grey and Helen Huntingdon: Anne Brontë's Healthy 'Working' Mothers', *Reading* 26 (2005), pp. 70–82.

²⁴ Beth E. Torgerson, *Reading the Brontë Body: Disease, Desire, and the Constraints of Culture* (New York: Palgrave Macmillan, 2005); Gwen Hyman, 'An Infernal Fire in my Veins': Gentlemanly Drinking in *The Tenant of Wildfell Hall*, *Victorian Literature and Culture* 36 (2008), pp. 451–469; Marianne Thormählen, 'The Villain of *Wildfell Hall*: Aspects and Prospects of Arthur Huntingdon', *The Modern Language Review* 88.4 (1993), pp. 831–841.

²⁵ Maria Frawley, 'Contextualising Anne Brontë's Bible', *New Approaches to the Literary Art of Anne Brontë*, Julie Nash and Barbara A. Suess, eds. (Aldershot, Hampshire: Ashgate, 2001), pp. 1–13; Patricia Ingham, *The Brontës* (Oxford: Oxford University Press, 2006); John Maynard, 'The Brontës and religion', in *The Cambridge Companion to the Brontës*, ed. Heather Glen (Cambridge: Cambridge University Press, 2002), pp. 192–213.

²⁶ Deborah Denenholz Morse, 'I speak of those I do know': Witnessing as Radical Gesture in *The Tenant of Wildfell Hall* in *New Approaches to the Literary Art of Anne Brontë*, Julie Nash and Barbara A. Suess, eds. (Aldershot, Hampshire: Ashgate, 2001), pp. 103–126.

²⁷ Marianne Thormählen, 'Aspects of Love in *The Tenant of Wildfell Hall*' in *New Approaches to the Literary Art of Anne Brontë*, Julie Nash and Barbara A. Suess, eds. (Aldershot, Hampshire: Ashgate, 2001), pp. 153–171.

²⁸ Jill Matus, 'Strong family likeness': *Jane Eyre* and *The Tenant of Wildfell Hall*, in *The Cambridge Companion to the Brontës*, ed. Heather Glen (Cambridge: Cambridge University Press, 2002), pp. 99–121.

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There are two critical explorations that come much closer to a consideration of health's relationship with morality: firstly, Janis McLarren Caldwell's examination of the health of the children in *Wuthering Heights*. She argues that one of the principal questions raised by the novel is 'can one be both strong and good? Can one bring together the robust physical health of the Earnshaws with the Linton's gentle manners, book-learning, and Christian values of pity and charity?',²⁹ questions which will play a part in my own examination of the text. Although she focuses very much on the physical health and illness of the children, while I focus on the adult characters, her central argument, that 'this inverted dualism of good body/bad soul permeates all of Charlotte and Emily Brontë's work',³⁰ and particularly her very recognition of the 'good body/bad soul' relationship, are crucial to my exploration here. The second text that more closely considers this relationship is Henry Staten's exploration of Heathcliff's immorality and violence. Staten asserts that 'it is a breathtaking achievement on the part of Emily Brontë to have conceived, in 1847, a protagonist who is as simply apart from Christian belief and Christian morality as a character from Greek antiquity'.³¹ However, he also argues that it is 'Hindley, not Heathcliff, [who] originates the dialectic of vengeful sadism in *Wuthering Heights*',³² and that, 'unlike Hindley, Heathcliff is not naturally inclined to physical violence, and never lets his passions cause him to lose sight of his calculated aims'.³³ His analysis of Heathcliff's violent behaviour and its

²⁹ Janis McLarren Caldwell, *Literature and Medicine in Nineteenth-Century Britain: From Mary Shelley to George Eliot* (Cambridge: Cambridge University Press, 2004), p. 69.

³⁰ Caldwell, p.81.

³¹ Henry Staten, *Spirit Becomes Matter: The Brontës, George Eliot, Nietzsche* (Edinburgh: Edinburgh University Press, 2014), p. 132.

³² Staten, p. 141.

³³ Staten, p. 143.

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origins, and his separation from Christian morality, are aspects with which this chapter will engage.

This chapter ploughs a new furrow between existing interpretive paths that have rarely been connected, allowing for further criticism of both these texts, and, more significantly, for a space in which health and morality can be explored together, each elucidating the other and both revealing more about their own relationship and that between them and power. Despite the belief held in the nineteenth century, which this chapter will elucidate, there is no causal link between health and morality, demonstrated by the fact that immoral people can also be healthy within the texts – but the two different combinations of health and morals (that is, healthy/moral and healthy/immoral) can only be seen by examining these two novels together. It is what the novels each differently suggest about morality with which this chapter is concerned, as opposed to what morals, if any, can be drawn from the texts. Moreover, though these texts are certainly both about health and morality (and ill-health and immorality), they are also fundamentally about power and who wields it. Caldwell's position is that '[o]ne of the central questions of *Wuthering Heights* is 'can one be both strong and good?'³⁴ – phrased in the terms I have used thus far, 'can one be both healthy and moral?'. I suggest that Caldwell's question does not go far enough; given that the text she refers to is about power, I ask: can one be strong (healthy), good (moral), and powerful? Are health and morals enough to warrant the possession of power, in both *Wuthering Heights* and *Tenant*?

Arthur Huntingdon has power in spite of his immorality and his lack of health; his status as an upper-class white male in his society dictates it.

³⁴ Caldwell, p. 69.

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Heathcliff, by contrast, has *some* power *because of* his immorality and health – in relation to those weaker than himself, such as the children of the second generation, and Hindley Earnshaw – but he also *lacks* power *in spite of* his health – in relation to the structurally and patriarchally powerful characters of Edgar Linton and, again, Hindley. Heathcliff is a much more interesting subject in this respect than Arthur, given his position in society:

Heathcliff begins at the absolute bottom of the social hierarchy: a non-white, parentless, nameless, vagrant child. Then at a stroke he is grafted onto a genteel family, given his own horse, dressed and educated as gentry. Then, just as suddenly, he is thrown out of his new class position, back into the servant class, losing all visible marks of his previous class standing. Then, out of a blank space in the text, he emerges once more as a gentleman.³⁵

This, Staten argues, is the premise for Heathcliff's entire plan for revenge. He asserts that critics 'have assumed that he has had a class essence pinned on him at birth, [...] so that, regardless of his subsequent socialisation, he remains in some ineliminable sense an 'outcast slummy' who represents the aspirations of his oppressed class',³⁶ but that the character 'never shows even latent identification with the lower classes'.³⁷ Indeed, by the time Mr Earnshaw dies, Heathcliff 'has been thoroughly formed as a member of a privileged class, with no apparent awareness of ever having been anything else'.³⁸ Heathcliff's revenge, then, is not simply against those who wronged him; it is also for 'the right to ruling-class status of someone who once had it, and of which he feels he has been unjustly deprived'.³⁹ His two great enemies, Edgar and Hindley, also

³⁵ Staten, p. 134.

³⁶ Staten, p. 136.

³⁷ Staten, p. 136.

³⁸ Staten, p. 136.

³⁹ Staten, p. 138.

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‘represent all the forces that oppress him socially and tear him down from Catherine’.⁴⁰ Though Heathcliff has power over those weaker than himself, he also suffers under the patriarchal system; though he physically bests Hindley and takes control of the three young people, he is continually aware that Hareton ‘belongs to the ruling class *by right of inheritance*’.⁴¹ As Torgerson notes, ‘the patriarchy is not based on physical strength, for Edgar has more power than Heathcliff, just as later the “perishing monkey” Linton Heathcliff will have more power than the stronger, more physically healthy Hareton’.⁴² In a similar way, Helen Huntingdon has a power of sorts; as a woman and in a marriage such as hers, spiritual ascendancy is her only recourse, and, ‘[a]s time goes by, her spiritual strength which began by irritating and alienating [Arthur] makes him positively afraid of her’.⁴³ This does not alter, of course, her structural lack of power as a married woman.

These characterisations also fit the moral patterns of the novels and the religious beliefs of their authors. Criticism has generally considered that ‘whereas *Wuthering Heights* is amoral, *The Tenant* is moral’;⁴⁴ since *Tenant* has moral reference to the world, Anne’s characters must follow the established religious and cultural pattern of health equalling morality in order for her message to have any meaning. *Wuthering Heights*, on the other hand, has no moral reference to the world; it is perceived as lacking an ‘underlying Christian and moral ideological framework’,⁴⁵ resulting in ‘a sense of vagueness—a kind of moral silence in [Emily’s] use of theological discourse’,⁴⁶ meaning that Emily is

⁴⁰ Staten, p. 142.

⁴¹ Staten, p. 138.

⁴² Torgerson, p. 113.

⁴³ Thormählen, ‘Aspects of Love in *The Tenant of Wildfell Hall*’, p. 159.

⁴⁴ Lisa Wang, quoted in Matus, p. 106.

⁴⁵ Ingham, p. 209.

⁴⁶ Ingham, p. 209.

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free to be more experimental with her combinations, creating the ‘breathtaking achievement’ that is Heathcliff.⁴⁷ The fear of damnation plays very little part in Emily’s novel, making Heathcliff’s immorality far more explicable and justifiable; the Church and its promise of divine punishment, ‘the sanction which forced men to be righteous’,⁴⁸ holds no fear for him. Despite these differences, however, both accurately depict the possession of power within their same society.

In this chapter, I will firstly outline the relationship between health and morality in the nineteenth century, drawing on sources contemporaneous to the Brontës, as well as recent critical texts and the two novels. Next, focusing solely on *Tenant*, I will explore Helen and Arthur’s courtship through the lens of her misinterpretation of his seemingly healthy appearance and his subsequent representation of the ill-health/immorality combination. Following this, I examine Arthur and Heathcliff’s rises and declines in health in both texts, with particular focus on their deaths and issues of salvation, which will look to the issues of the religious compunction to behave morally outlined earlier, and using Heathcliff as a complementary foil to Arthur Huntingdon due to their comparative immorality and contrasting health status.⁴⁹ It is my contention, then, that Emily and Anne use the issues of health and (im)morality as a lens through which to explore and tackle the issue of power. Looking at the two texts

⁴⁷ Staten, p. 132.

⁴⁸ Annan, p. 269.

⁴⁹ Cathy Earnshaw, though a character who embodies both exuberant health and serious illness and who does not fit clearly into either a moral or immoral behaviour pattern, is not included in the present study. Firstly, Cathy’s illness, and to some extent health, has been examined by critics including Krishnan, Gorsky, and Caldwell. Secondly, Cathy has no recourse to power except marriage, and makes no attempt to fight back against the patriarchy; indeed, she manipulates it to what she believes is her advantage, telling Nelly that ‘if I marry Linton, I can aid Heathcliff to rise, and place him out of my brother’s power’ (72). Consequently, Cathy does not fit into the paradigm created here between health, morality, and power.

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together rather than separately allows us to perceive the intersect between health, morality, and power more clearly, since the differences in health and morality are highlighted against the consistency of the depiction of power. Though they treat health and morality in different ways and in differing combinations – the ‘inverted dualism of good body/bad soul’⁵⁰ of *Wuthering Heights*, and the un-inverted dualism of bad body/bad soul of *Tenant* – both texts present a similar illustration of the two concepts’ relationship to power, demonstrated by Helen’s battles against her husband Arthur, and Heathcliff’s plan of revenge against Hindley and Edgar, with those enemies all representing patriarchal power. This chapter will conclude, then, that power, specifically the structural and patriarchal power in place within society, requires neither health nor morality nor immorality – the possession of structural power overrides all these conditions in the two novels. Health is necessary, however, to *resist* those same power structures. This only becomes clear by examining this trio of concepts, and the nature of their relationship, within both texts; both authors use the issues of health and morality to examine this issue of power in startlingly different ways, but that their depictions of health’s role hold such striking similarities demonstrates both the strength of structural power in the nineteenth century, and the importance of health as a form of resistance. I will attempt to answer the question building on Caldwell’s posed above: can one be strong (healthy), good (moral), and powerful?

⁵⁰ Caldwell, p. 81.

The Relationship Between Health and Morality

The intertwining of health and morality came about from the ‘age-old association between illness and sin’⁵¹ necessarily anchored in religion. Keith Thomas traces this connection in the early modern period up to the Victorian, arguing that ‘[i]mplicit in Protestantism was the doctrine that the human body had been given to man by God and that it was therefore a religious duty to take all reasonable steps to preserve it’.⁵² Not only, therefore, were ‘[t]hose who endangered their health by self-indulgence, overwork, or excessive passion ... guilty of indirect self-murder’⁵³ in a religious frame, but ‘the Galenic tradition itself carried with it a strong explicit morality of self-care, teaching that it was an obligation to seek a healthy life and that disease was a punishment for neglecting the rules of health’.⁵⁴ Thomas outlines that, although those in power ‘campaign[ed] vigorously against undue readiness to see sickness as evidence of divine judgment’, ‘all the evidence suggests that many ordinary people found it difficult to dissociate ill-health from moral responsibility’⁵⁵ – although between the sixteenth and nineteenth centuries, it was more typical that ‘impersonal, medical explanations of disease [would] supersede religious and moralistic ones’.⁵⁶ This trend reached a peak in the Victorian period, with ‘the discovery in the later nineteenth century that it was germs, not dirt, that spread disease notoriously [causing] some initial dismay because it seemed to make illness an accident rather than a consequence of bad behavior’.⁵⁷ Indeed, Bruce Haley tells

⁵¹ Keith Thomas, ‘Health and Morality in Early Modern England’, *Morality and Health*, Allan M. Brandt and Paul Rozin, eds. (New York and London: Routledge, 1997), pp. 15–34, p. 16.

⁵² Thomas, p. 18.

⁵³ Thomas, p. 18.

⁵⁴ Thomas, p. 20.

⁵⁵ Thomas, p. 18.

⁵⁶ Thomas, p. 28.

⁵⁷ Thomas, p. 28.

us that ‘in English the words health, wholeness, and holiness are related’, and even that ‘[s]ome Victorians, like Charles Kingsley, saw the laws of health as theologically imperative; that is, to be constitutionally whole was to be, strictly speaking, holy’.⁵⁸

The nature of sin suggests behaviours and actions that ought to be avoided in order to best preserve health. This, however, ignores the body that is the embodiment of this morality through health or ill-health. Charles Rosenberg extrapolates on this theme:

Religious frameworks of meaning coexisted with, supplemented, and interpenetrated such physiological schemes, but by the end of the eighteenth century they could not stand alone. Educated lay people and physicians did tend to believe that culpable errors in behavior—sin—brought temporal punishment, but only through mechanisms built into the human body.⁵⁹

By pulling the focus from the moral (or immoral) behaviour onto the body that experiences the results, we are reminded of the physical reality of health and illness. Of course, this did not make behaviour any less important: ‘[i]t must be recalled that until the mid-nineteenth century the concept of specific disease entities was not understood in the modern sense; a cold could shade into tuberculosis, a bruise into cancer, disorderly eating habits into gout or diabetes. In this sense, a bad habit indulged in over time was—literally—the first stage in a disease process.’⁶⁰ What is key here, following on from the idea of sin and behaviour, is what exactly constitutes a ‘bad habit’. Rosenberg argues that day-

⁵⁸ Bruce Haley, *The Healthy Body and Victorian Culture* (Cambridge, MA: Harvard University Press, 1978), p. 19.

⁵⁹ Charles Rosenberg, ‘Banishing Risk: Continuity and Change in the Moral Management of Disease’, *Morality and Health*, Allan M. Brandt and Paul Rozin, eds. (New York and London: Routledge, 1997), pp. 35–51, p. 38.

⁶⁰ Rosenberg, ‘Banishing Risk’, p. 35–6.

to-day disease management ‘provided an occasion for the enforcing of a society’s behavioral norms; there could be no practical distinction between the realms of morality, meaning, and mechanism. The symptoms of moral sickness—sexual promiscuity, gluttony, sloth, uncontrolled emotional excess—inevitably undermined physical health.’⁶¹ The threat of physical disease provided a handy method for society of condoning and promoting “good” behaviours, regardless of whether the connection was believed by those in charge. The ‘mechanisms built into the human body’,⁶² which effectively allow immorality to damage health in the ways discussed here, essentially ‘[guarantee] that only “natural” practices and behaviors would prove consistent with health; not surprisingly, the “natural” overlapped with contemporary notions of the moral.’⁶³ Jonathan M. Metzl argues that “health” is a term replete with value judgments, hierarchies, and blind assumptions that speak as much about power and privilege as they do about well-being. Health is a desired state, but it is also a prescribed state and an ideological position.’⁶⁴ Furthermore, ‘appealing to health allows for a set of moral assumptions that are allowed to fly stealthily under the radar’.⁶⁵ Behaviours such as drunkenness and promiscuity were both considered unnatural in the nineteenth century,⁶⁶ and even ‘predisposition’ to diseases suffered at the hands of ‘a rationalistically framed denial of moral randomness. The glutton, the alcoholic, the anxious and weak of spirit appeared to succumb disproportionately to yellow fever, smallpox, or cholera.’⁶⁷ Even if

⁶¹ Rosenberg, ‘Banishing Risk’, p. 36.

⁶² Rosenberg, ‘Banishing Risk’, p. 38.

⁶³ Rosenberg, ‘Banishing Risk’, p. 38.

⁶⁴ Jonathan M. Metzl, ‘Introduction: Why “Against Health”?’ *Against Health: How Health Became the New Morality*, eds. Jonathan M. Metzl and Anna Kirkland (New York and London: New York University Press, 2010), pp. 1–14, p. 1-2.

⁶⁵ Metzl, p. 2.

⁶⁶ Rosenberg, ‘Banishing Risk’, p. 38.

⁶⁷ Rosenberg, ‘Banishing Risk’, p. 38.

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this succumbing was not, in fact, disproportionate, it seems likely that if one of these people ('[t]he glutton, the alcoholic') were to contract one of these diseases, it would be blamed on their moral condition regardless.

Self-help literature of the period, unsurprisingly, draws a similar connection. Samuel Smiles, author of *Self-Help* (1859), connects health and morality explicitly (albeit in a less physical way than Rosenberg), quoting the seventeenth-century cleric and divine, Jeremy Taylor:

'Avoid idleness,' he says, 'and fill up all the spaces of thy time with severe and useful employment; for lust easily creeps in at those emptinesses where the soul is unemployed and the body is at ease; for no easy, healthful, idle person was ever chaste if he could be tempted; but of all employments bodily labour is the most useful, and of the greatest benefit for driving away the devil.'⁶⁸

Smiles, through Taylor, advocates here for undertaking action in order to stave off temptation, literally to keep the body busy and employed so as not to succumb to 'idleness', 'lust', and 'the devil'. In Smiles' view, physical health and bodily employment reinforce one another, each ensuring that the other can continue. He goes on to suggest that this can also be done 'by the cultivation of good habits', advising the reader to 'make sobriety a habit, and intemperance will be hateful'.⁶⁹ This advice seems particularly apt for a reading of *Tenant*, given that Arthur Huntingdon could have used it, and that Helen tries to instill this behaviour into her son Arthur from his infancy. This also indicates a return to the idea of immoral behaviours and actions being central to the resultant loss

⁶⁸ Samuel Smiles, *Self-Help* (1859; Oxford: Oxford University Press, 2002), p. 263.

⁶⁹ Smiles, p. 319.

of health, which Smiles implies from his discussions of the habits of busy bodily employment ensuring bodily health and integrity.

Narrowing my scope from health generally, alcoholism – before it was named such – is a noted and prominent theme in both *Tenant* and *Wuthering Heights*. Brian Harrison outlines that ‘[t]he Victorians often failed to distinguish between alcoholism, drinking and drunkenness’,⁷⁰ explaining that ‘[t]he word drunkenness—‘the state of being drunk’—has been regularly used by Englishmen at least since A.D. 893, whereas the word alcoholism—‘the diseased condition produced by alcohol’—appeared only about 1860’.⁷¹ It was not until the 1860s and 1870s that alcoholism became recognised as ‘more a disease than a crime’,⁷² and although ‘Thomas Trotter, in his *Essay on Drunkenness* (1804), was among the earliest to describe habitual drunkenness as a disease[,] [...] he could not divest his description from moral overtones’.⁷³ It is important to clarify that, as Gwen Hyman points out, ‘the view of [Arthur] Huntingdon as an “alcoholic” in the modern sense is profoundly ahistorical’;⁷⁴ the term ‘alcoholic’ describes a disease, while at the time both of writing and setting of these two novels, ‘habitual drunkenness was seen as a behavioral or criminal issue, inflected with ethical connotations, [and] [t]he Victorian drunkard was viewed variously as viciously depraved, morally bereft, or badly socialized’.⁷⁵ I use the term “alcoholic” here, alongside drunkenness, to mean the same condition, for simplicity throughout.

⁷⁰ Brian Harrison, *Drink and the Victorians: The Temperance Question in England 1815–1872* (Keele: Keele University Press, 1994), p. 23.

⁷¹ Harrison, p. 23.

⁷² Joseph Chamberlain, quoted in Harrison, p. 23-4.

⁷³ Harrison, p. 23.

⁷⁴ Hyman, p. 452.

⁷⁵ Hyman, p. 452.

Alcohol consumption was connected to morality in a far more specific way than other issues of ill-health. Robert Macnish, in his essay *The Anatomy of Drunkenness* (1834), writes that '[i]n speaking of drunkenness, it is impossible not to be struck with the physical and moral degradation which it has spread over the world',⁷⁶ evocative of additional, wider issues of addiction, such as the opium use of the eighteenth and nineteenth centuries; indeed, the 'evil consequences of drinking, both in a physical and moral point of view, seem to have been known from the most remote antiquity'.⁷⁷ He goes on to detail some of the cosmetic ways in which alcohol can demonstrate its effects upon the body:

There is no organ which so rapidly betrays the Bacchanalian propensities of its owner as the nose. It not only becomes red and fiery, [...] but acquires a general increase of size—displaying upon its surface various small pimples, either wholly of a deep crimson hue, or tipped with yellow, in consequence of an accumulation of viscid matter within them. The rest of the face often presents the same carbuncled appearances.⁷⁸

This connection between nose discolouration and alcohol is a long-established one – though now disproven – connected also to the general idea (and principle of phrenology) that physical appearance reflected moral character; Macnish's descriptions of the colouring, 'pimples', and 'carbuncle[s]' contribute graphically to the picture of ill-health drawn thus far. Furthermore, '[t]he skin of a drunkard, especially if he be advanced in life, has seldom the appearance of health. It is apt to become either livid or jaundiced in its complexion, and feels

⁷⁶ Robert Macnish, *The Anatomy of Drunkenness*, 5th ed. (Glasgow: Edward Khull, Printer to the University, 1834), p. 21.

⁷⁷ Macnish, p. 132.

⁷⁸ Macnish, p. 144-5.

rough and scaly.⁷⁹ Despite this, his overall opinion of the dangers of alcohol is that it is not ‘always hurtful in health’,⁸⁰ asking that those

who will not abandon liquors, use them in moderation, and not *habitually, or day by day*, unless the health should require it, for cases of this kind we do sometimes meet with, though by no means so often as many would believe. Abstractly considered, liquors are not injurious. It is their abuse that makes them so, in the same manner as the most wholesome food becomes pernicious when taken to an improper excess.⁸¹

Sensibly, as one would hope from a physician, Macnish advocates moderation. This conclusion follows a detailed and considered breakdown of the values and ideas of the various branches of the Temperance movement, and so seems to unite a cultural, religious, and medical approach towards alcohol. However, and interestingly for a study of *Wuthering Heights* and *Tenant*, he advocates against ‘young and middle-aged men’ drinking alcohol, specifically ‘in higher circles’:

... where there is good living and little work, liquors of any kind are far less necessary; and, till a man gets into the decline of life, they are, except under such circumstances as have been detailed, absolutely useless. When he attains that age, he will be the better of a moderate allowance to recruit the vigour which approaching years steal from the frame. For young and middle-aged men, in good circumstances and vigorous health, water is the best drink; the food they eat being sufficiently nutritious and stimulating without any assistance from liquor.⁸²

Not only is this important for the classed views about alcohol consumption and drunkenness – Macnish sees drunkenness as having ‘diminished among the higher orders of society, but there is every reason to fear that, of late, it has

⁷⁹ Macnish, p. 145-6.

⁸⁰ Macnish, p. 232.

⁸¹ Macnish, p. 256.

⁸² Macnish, p. 252-3.

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made fearful strides among the lower'⁸³ – but also for what it tells us about the role of alcohol. Macnish advises using alcohol to *restore health* and vitality once old age takes hold: that he calls alcohol 'useless' until an appropriate age is reached heavily implies that it can in fact be useful; and that he states that food is '*sufficiently* nutritious and stimulating without any *assistance* from liquor' implies that it was common practice to seek nutrition from alcohol. He goes on to argue that '[f]or young people, in particular, liquors of all kinds are, under common circumstances, not only unnecessary in health, but exceedingly pernicious, even in what the world denominate *moderate* quantities';⁸⁴ that for young people alcohol is 'unnecessary in health' implies that it can be necessary in ill-health, or necessary in health for older people. In these later discussions, Macnish has separated the physical from the moral, moving from more abstract ideas of morality and the physical dangers to practical advice, acknowledging that alcohol itself is not evil, nor, necessarily, is the consumption of it. Alcohol does, in fact, have its uses in restoring health, not merely impairing it.

The question of moderation found issue in the field of nineteenth-century Christian ethics in two principal ways: firstly, the New Testament sees drunkenness listed as a vice,⁸⁵ but alcohol appears in a positive light elsewhere (such as the miracle of the wedding at Cana, at which Jesus is said to have turned water into wine), suggesting that 'drunkenness is not an entirely negative concept'.⁸⁶ The debate about whether abstinence or moderation was the most appropriate response created 'major hermeneutical debates within the

⁸³ Macnish, p. 23.

⁸⁴ Macnish, p. 253.

⁸⁵ Christopher C. H. Cook, *Alcohol, Addiction and Christian Ethics* (Cambridge and New York: Cambridge University Press, 2006), p. 36.

⁸⁶ Cook, p. 46.

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temperance movement [...] concerned with the scriptural justification (or lack of it) for total abstinence and the nature of the wine referred to in the Bible'.⁸⁷

Secondly, drunkenness was considered to be 'a problem which led to a range of other vices, including 'sins of speech', sexual immorality, violence, strife and jealousy', a problem stemming from 'excess indulgence of an appetite, rather similar to gluttony as excess indulgence in food'.⁸⁸ This meant that, in one interpretation, drunkenness was not considered to be a vice in itself, but merely a vehicle leading to other vices. By the mid-nineteenth century, however, this perspective had altered somewhat: as alcoholism began to be regarded as a disease, the 'habitual drunkard was seen as a victim more than a sinner, a sufferer from a cruel disease', and therefore that alcohol was 'the evil cause of intemperance'.⁸⁹ Thus '[c]hanging medical perspectives ... seem to have been associated with changing theological perspectives', but, of course, it would be overly simplistic to argue for a causal relationship between the two.⁹⁰

This change, however, came after both the writing and the setting of *Tenant* and *Wuthering Heights*, though the debates described above were ongoing at the time of writing. The idea, during this period, that drunkenness was a

disease of the will caused by regular moderate consumption of alcohol led many Protestants to a redefinition of temperance as complete abstinence from alcohol. The paradoxical consequence of this was that moderate consumption of alcohol was viewed as intemperance, and thus

⁸⁷ Cook, p. 120.

⁸⁸ Cook, p. 50.

⁸⁹ Cook, p. 118.

⁹⁰ Cook, p. 118.

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as sin. The habitual drunkard was viewed more generously as a victim, albeit in some cases also as virtually beyond salvation.⁹¹

This brings the question of drunkenness and its related health issues full circle to the notions of sin, behaviour, religion, and salvation. All of these, but particularly the last, are explored in detail in both novels, situating them in the centre of these debates about alcoholism in the period in terms of their writing, and prior to the time these debates began to take hold in terms of their setting. *Tenant* was published in 1848 but the central plot (Helen and Arthur's courtship and marriage) is set in the 1820s, while *Wuthering Heights* was published in 1847 but the central plot (the lives of the two generations of families living there) is set between the 1770s and early 1800s. The texts' representations of the various health, moral, and religious issues surrounding drunkenness are therefore specific to the period before alcoholism was considered to be or registered as a disease, and when the moral connotations of it were still in force. Hyman describes how, in the 1820s, 'England was still mired in a mild fog of intoxication, a hangover from the [eighteenth] century', a century in which the 'traditional view of alcohol was that it was as natural and necessary for survival as food',⁹² which ties into the implication of the same made by Macnish. In the nineteenth century, '[d]runkenness was not particularly problematic – it was a sign of fellowship, part of the social contract.'⁹³ Of course, this 'social contract', particularly given Hyman's subject matter of 'the gentleman', suggests that this is a contract specifically made within the higher parts of society. Indeed, in keeping with Macnish's view that drunkenness 'has made fearful strides among

⁹¹ Cook, p. 124-5.

⁹² Sarah Freeman, quoted in Hyman, p. 452.

⁹³ Hyman, p. 452.

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the lower [orders of society]’,⁹⁴ Torgerson outlines how ‘much of the contemporary writing on temperance of the 1830s and 1840s, either political or literary, focused on the impact of drinking on the working class’.⁹⁵ It is, of course, speculative to suggest that either sister was familiar with this literature and the growing debate on this subject; however, although the ‘evidence ... that Anne Brontë read contemporary works on drinking and drunkenness is circumstantial at best, ... it is a reasonable assumption. The early nineteenth century was a time when alcohol abuse became a hotly debated issue.’⁹⁶ Furthermore, Thormählen notes that both Arthur Huntingdon and Lord Lowborough ‘have been held to be to some extent modeled on Branwell Brontë’,⁹⁷ suggesting a very personal connection for Anne; although Thormählen also suggests that they ‘bear far stronger resemblances to two types of drunkards outlined in Robert Macnish’s *The Anatomy of Drunkenness*’,⁹⁸ potentially suggesting that Anne Brontë was familiar with this work.

The portrayal of health, morality/religion, and drunkenness, then, is central to both texts, but drunkenness more particularly to *Tenant* than *Wuthering Heights*. Anne uses ‘illness as a metaphor for cultural disease by focusing on one specific illness, that of “alcoholism”’,⁹⁹ and uses this to explore ‘another dimension of alcoholism—the deterioration of the self through the abuse of one’s own physical and emotional health.’¹⁰⁰ Though he is the principal focus of recent criticism, Arthur Huntingdon is not the only character whose relationship with alcohol is detailed; Brontë also traces the progress and decline

⁹⁴ Macnish, p. 23.

⁹⁵ Torgerson, p. 20.

⁹⁶ Thormählen, ‘The Villain of *Wildfell Hall*’, p. 832.

⁹⁷ Thormählen, ‘The Villain of *Wildfell Hall*’, p. 832.

⁹⁸ Thormählen, ‘The Villain of *Wildfell Hall*’, p. 832.

⁹⁹ Torgerson, p. 20.

¹⁰⁰ Torgerson, p. 26.

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of ‘Arthur’s drinking companions, Lord Lowborough, Mr Hattersley, Mr Hargrave, and Grimsby, as well as drinkers of the older generation, such as Helen’s father, old Mr Lawrence, who dies of alcoholism, and Helen’s uncle, Mr Maxwell, who suffers from gout’.¹⁰¹ These relationships with alcohol are principally detailed in two ways throughout the text. The first is through the medium of the health and deterioration of the physical body. Arthur ‘marks both body and behavior through drink’;¹⁰² this is evident in his appearance from Helen’s first meeting with him, despite her misinterpretation of it.¹⁰³ Huntingdon’s body changes from, as he sees it, ‘good living and idleness’,¹⁰⁴ but Brontë actually ‘includes the precise moment when the physical effects of Arthur’s self-abuse become noticeable on his return home from London’.¹⁰⁵ Arthur becomes ill and unhealthy as a direct result of his vice and immoral behaviour, since, as in the Christian moral tradition, drunkenness itself ‘led to a range of other vices’,¹⁰⁶ primarily sexual immorality and adultery in his case; his deterioration in health and the worsening of his behaviour also stem from his companions, their encouragement, and his of them.

The second method is through the theme of reformation, salvation, and death. The ‘contemporary cultural belief’ of the 1820s (the temporal setting of the novel) was that ‘such “drunkards” were past hope’;¹⁰⁷ however, the ‘new beliefs’ of ‘the temperance movement of the 1840s’ (the period of the novel’s composition) supported Helen’s hope that her husband might reform.¹⁰⁸ Two of

¹⁰¹ Torgerson, p. 26.

¹⁰² Hyman, p. 458.

¹⁰³ Hyman, p. 458.

¹⁰⁴ Anne Brontë, *The Tenant of Wildfell Hall*, ed. Stevie Davies (1848; London: Penguin Books, 1996), p. 267. All subsequent references included parenthetically after quotation.

¹⁰⁵ Torgerson, p. 26.

¹⁰⁶ Cook, p. 50.

¹⁰⁷ Torgerson, p. 29.

¹⁰⁸ Torgerson, p. 29.

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the other characters, Lord Lowborough and Hattersley, achieve this, which indicates Brontë's belief that reformation and a recovery to health and healthy habits is 'simply a question of willpower'.¹⁰⁹ Indeed, Torgerson clarifies that 'Brontë should be understood as still working under the more traditional view of drunkenness as being a moral crime, with its attendant idea of willpower being necessary to stop drinking'.¹¹⁰ She explicitly draws the connection between specifically upper-class male behaviour, drunkenness, and ill-health through the idea of the potential of reformation – and maintains the moral connection through the issue of salvation or lack thereof. The very same themes, and similar language, are used throughout *Wuthering Heights*, though without the focus on religion: Hindley Earnshaw, the principal alcoholic of the piece, '[degrades] himself past redemption'¹¹¹ and even at one point drops his baby son from a balcony while intoxicated (66); Heathcliff declares that '[i]t's a pity he cannot kill himself with drink' (67) (although that is exactly what he does); close to his death, Nelly finds Hindley 'sitting by the fire, deadly sick' (158); and shortly afterwards the doctor announces that he 'died true to his character, drunk as a Lord' (163).

Despite his vicious, immoral behaviour, and his deterioration in health, however, Arthur remains powerful. His power, stemming entirely from his position as a wealthy, upper-class man, means he sees no need for maintaining his health: the one instance in which he *does* begin to care for his appearance and abstains from alcohol turns out to be both in order to please his mistress rather than his wife, and to give merely the *appearance* of health, thereby

¹⁰⁹ Torgerson, p. 31.

¹¹⁰ Torgerson, p. 31.

¹¹¹ Emily Brontë, *Wuthering Heights*, ed. Ian Jack (1847; Oxford: Oxford University Press, 1976), p. 58. All subsequent references included parenthetically after quotation.

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doubly linked to his immorality. By contrast, Heathcliff lives a life of violence, yet remains consistently healthy: as he holds the dying Cathy in his arms, he says ‘wildly’, ‘[s]o much the worse for me, that I am strong’ (142). Indeed, he requires physical health, strength and fitness in order to remain powerful in the way that he is (that is, over weaker characters, rather than structurally so) and to enact his will (although his health is assisted in this by his quick thinking and, later, with wealth). This is so much the case that he survives relentlessly, his health and life becoming a curse: ‘With my hard constitution, and temperate mode of living, and unperilous occupations, I ought to and probably *shall* remain above ground, till there is scarcely a black hair on my head’ (288-9). In Heathcliff’s case, then, his vigorous, natural healthiness is consistent with his immorality.

Despite the prevalent belief that health and morality were causally connected – a belief employed by Anne in order to achieve the moral ends of her text – this was in fact far from necessarily true, as characters such as Emily’s Heathcliff testify. *Tenant’s* adherence to this principle necessitates firstly that Helen must misinterpret Arthur’s appearance as being genuinely healthy, despite the already present physical clues to his immoral lifestyle; and secondly, that she must believe that she alone is able to redeem him from any youthful transgressions. This chapter will now explore their courtship through this lens of misinterpretation and Arthur’s decline into a full representation of the ill-health/immorality combination. I aim to demonstrate here that Helen’s double misreading is what leads to her being trapped in a relationship in which she is powerless against the socially and culturally sanctioned power structure represented by her husband.

The Misinterpretation of Health and Morality in *The Tenant of Wildfell Hall*

Helen and Arthur Huntingdon's courtship is characterised by youth, health, and misunderstanding. Helen, 'like her author, is also a Biblical exegete, and the ultimate end of all her reading and interpreting is an understanding of the word 'eternal',¹¹² which forms the overall moral question of the novel: whether 'to be damned to eternal hellfire means 'for ever' or 'only till [one] has paid the uttermost farthing'.¹¹³ Helen has moral perception and judgment that develops throughout the text; at the start of her diary and throughout her courtship with Arthur, though she believes herself to be morally aware with accurate perception and judgment, it quickly transpires that she is not. She misinterprets not only his behaviour but, more importantly, also his appearance of health, as that of a moral man.

Arthur's looks and physical appearance are barely described during the period of his courtship with Helen, save for mentions of his blue eyes and brown curls. The most explicit description we receive of him, and that still quite vague, is when Gilbert Markham, in the frame narration, finds the portrait of him completed by Helen in the first year of their marriage. Nevertheless, the reader gets a vivid impression of vigour, vitality, charm, and youthful health. This impression is further advanced by the explicit favourable comparisons drawn between him and the two older, repulsive men whom Helen's aunt and uncle would like her to marry (Mr Boarham and Mr Wilmot, respectively). At Arthur and Helen's first meeting, she is impressed with the 'certain graceful ease and freedom about all he said and did, that gave a sense of repose and expansion to

¹¹² Langland, p. 126.

¹¹³ Langland, p. 126.

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the mind, after so much constraint and formality as I had been doomed to suffer' (135); she does admit that '[t]here might be, it is true, a little too much careless boldness in his manner and address, but I was in so good a humour, and so grateful for my late deliverance from Mr Boarham, that it did not anger me' (135). Similarly, at a later meeting, Arthur rescues her from Mr Wilmot: 'It was like turning from some purgatorial fiend to an angel of light, come to announce that the season of torment was past' (146). Helen becomes besotted with the 'ineffable but indefinite charm, which cast a halo over all he did and said, and which would have made it a delight to look in his face, and hear the music of his voice, if he had been talking positive nonsense' (145). She notes the feel of 'his strong arm round my waist' (173), and even after he presumptuously kisses her without her consent, angering and upsetting her, 'when his looks met mine, it was with a smile – presumptuous it might be – but oh, so sweet, so bright, so genial, that I could not possibly retain my anger; every vestige of displeasure soon melted away beneath it, like morning clouds before the summer sun' (158). She even declares to her aunt that 'at least, I cannot believe there is any harm in those laughing blue eyes' – 'False reasoning, Helen!' said she with a sigh' (136). Without his health (or his related sexual attractiveness) explicitly being mentioned, he seems the very picture of it.

This '[f]alse reasoning', however, is the beginning of Helen's troubles: most of the courtship period in the novel is taken up with arguments between her and her aunt about the nature of Arthur's character. Helen's initial confidence that she 'shall be neither careless nor weak' (132) remains unbroken, even in the face of her aunt's serious exhortations that she would 'little know the misery that would overwhelm you, if, after all, you should find him to be a worthless reprobate' (132), which is alarmingly prescient. Much of the

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disagreement between the two women comes from a misunderstanding between youth and age, innocence and – presumably, though never clarified – experience. Mrs Maxwell tells her: ‘Believe me, *matrimony is a serious thing*’ (132); Helen’s response is to consider that ‘she spoke it *so seriously* that one might have fancied she had known it to her cost’ (132). We cannot know for certain whether Helen’s aunt did in fact have an unfortunate experience in marriage with another such as Arthur, but clues in the text would seem to suggest so. On first meeting Arthur, Mrs Maxwell tells her:

‘I have heard your uncle speak of young Mr Huntingdon. I’ve heard him say, “He’s a fine lad, that young Huntingdon, but a bit wildish I fancy.” So I’d have you beware.’

‘What does “a bit wildish” mean?’ I enquired.

‘It means destitute of principle, and prone to every vice that is common to youth.’

‘But I’ve heard uncle say he was a sad wild fellow himself, when he was young.’ (135-6)

Helen presumably sees her uncle as a good man, and therefore cannot see why being ‘a bit wildish’ in youth, if it results in being a respectable man when aged, is so bad a thing. Despite her aunt’s forceful language, Helen’s comparison between Arthur and her uncle cannot but result in a tempered view of the nature of vice in youth. Helen and her aunt’s conceptions both of ‘a bit wildish’ and of Mr Maxwell’s character differ so much, given their connected nature, that they are imagining very different futures. Furthermore, her uncle is ‘attacked by gout, an illness which has traditionally been associated with a luxurious diet and sexual debauchery’,¹¹⁴ and, as Akiko Kawasaki argues, ‘[i]t seems likely that Anne Brontë was aware of these medico-cultural implications of gout [...], and

¹¹⁴ Kawasaki, p. 77.

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made Helen's uncle suffer specifically from gout to imply his upper middle-class male vice which in effect creates Helen's marital tragedy'.¹¹⁵ If this is the case, however, it raises the question of why Helen's aunt was not more forthcoming about the dangers of marrying such a man – exhorting 'Oh, Helen, Helen! you little know the misery of uniting your fortunes to such a man!' (150) may be significant after the fact, but does little to constitute a real warning. She only succeeds in alienating the young Helen, who becomes 'vexed at her incredulity' (133); but, even at this stage, Helen is 'not sure her doubts were entirely without sagacity; I fear I have found it much easier to remember her advice than to profit by it – Indeed, I have sometimes been led to question the soundness of her doctrines on those subjects' (133).

The ongoing disagreement continues in its moral and religious theme, with few other aspects of Arthur's character being mentioned – though it must be remembered that it is his physical being, his appearance of health, and his charm and attraction which persuade Helen that he must have the morality to match. She maintains to her aunt that '[h]e is a much better man than you think him'; '[t]hat is nothing to the purpose. Is he a *good* man?' and '[i]s he a man of *principle*?' (148) being the responses from that quarter. Helen espouses a wish to be the one to correct any faults he does have ('if he had someone to advise him, and remind him of what is right' (148)) but this too is rebuked by her aunt, who questions 'he is, I believe, full ten years older than you – how is it that you are so beforehand in moral acquirements?' (148-9) and 'do you imagine your merry, thoughtless profligate would allow himself to be guided by a young girl like you?' (149). Helen, to her credit, does not wish to 'guide him' but wishes to

¹¹⁵ Kawasaki, p. 77.

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have 'influence sufficient to save him from some errors' (149), and similarly recognises that when he says she would reform him, '[i]t may be partly jest and partly flattery, but still –' (149). She puts his supposed errors down to being 'common to youth' (150), the fault of his friends ('I will save him from them' (150)), and declares that she '[hates] the sins [but] [loves] the sinner, and would do much for his salvation' (150). She assumes the role of his saviour even before they are engaged, and even though her sensible and mature nature shines through, she believes herself to be right to such a degree that her view of him outshines her own nature:

I am determined not to consent until I know for certain whether my aunt's opinion of him or mine is nearest the truth; for if mine is altogether wrong, it is not he that I love; it is a creature of my own imagination. But I think it is not wrong – no, no – there is a secret something – an inward instinct that assures me I am right. There *is* essential goodness in him; – and what delight to unfold it! If he has wandered, what bliss to recall him! If he is now exposed to the baneful influence of corrupting and wicked companions, what glory to deliver him from them! – Oh! if I could but believe that Heaven has designed me for this! (152-3)

Helen here acknowledges the issue – that it is not the true Arthur she loves – but is too blind to realise it, focusing on the joy she would experience were she to save him.

Helen's aunt has raised her to be moral, and is frustrated that her niece is, in her view, rejecting this moral education. She tells Helen, 'I must say, ... I thought better of your judgment than this – and your taste too. How you can love such a man I cannot tell, or what pleasure you can find in his company' (177). The moral argument between the two reaches its peak in a debate about eternal damnation, which becomes key later in the novel (and this chapter), at

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Arthur's demise. Mrs Maxwell questions 'how will it be in the end, when you see yourselves parted for ever; you, perhaps, taken into eternal bliss, and he cast into the lake that burneth with unquenchable fire – there forever to –' before Helen interrupts to counter this argument:

'Not for ever,' I exclaimed, "only till he has paid the uttermost farthing;" for "If any man's work abide not the fire, he shall suffer loss, yet himself shall be saved, but so as by fire," and He that "is able to subdue all things to Himself, will have all men to be save," and "will in the fullness of time, gather together in one all things in Christ Jesus, who tasted death for every man, and in whom God will reconcile all things to himself, whether they be things in earth or things in heaven."

'Oh, Helen! where did you learn all this?'

'In the Bible, aunt. I have searched it through, and found nearly thirty passages, all tending to support the same theory.' (177-8)

As John Maynard argues, the playing out of the plot suggests that 'Helen is misled by her passion for pretty Arthur to a devil's abuse of scripture',¹¹⁶ and critics such as Jan Gordon have accused Anne Brontë herself of 'misinterpreting the Bible in these passages'.¹¹⁷ Langland, however, sees this passage as Anne demonstrating that 'no interpretation is definitive. Passages, like episodes, like people, can be read, and the goal is to read with as full a contextual knowledge as possible'.¹¹⁸ Thormählen, similarly, sees this passage as an issue of interpretation, arguing that '[w]here Helen errs, and errs grievously, is in constructing a religious rationale to accommodate an inclination that has nothing even remotely spiritual about it'.¹¹⁹ Indeed, her 'passion for [Arthur]', 'the semi-pathological sniggering man whose abundant curls mask his absence

¹¹⁶ Maynard, p. 197.

¹¹⁷ Langland, p. 127.

¹¹⁸ Langland, p. 127.

¹¹⁹ Thormählen, 'Aspects of Love in *The Tenant of Wildfell Hall*', p. 157.

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of firmness of character and moral feelings’, ‘is so strong that it nullifies years of patient moral education administered by her aunt’.¹²⁰ Helen is a deeply moral and religious person – even throughout their courtship she berates Arthur when he behaves badly towards her or his friends – but she applies this incorrectly and believes that she has the ability to ‘save’ him. Crucially, although she fails to listen to her aunt’s advice, she is also missing the tools necessary for the interpretation of Arthur’s moral character, which she later (chronologically) rails against in a passionate denouncement of the education of girls and young women: ‘you would have her to be ... taught to cling to others for direction and support, and guarded, as much as possible, from the very knowledge of evil’ (34). Brontë advocates throughout ‘an ungendered and Christian upbringing for children of both sexes’,¹²¹ insisting that ‘the different ways in which boys and girls are educated can only lead to divergent moral as well as educational standards’.¹²² Helen has been given principles and taught how to use them, but without knowledge of the evil present in the world, how can she know what to avoid? Her aunt, however, does succeed in teaching her something: she ‘serves as Helen’s model for how to deal with marital troubles: silence.’¹²³

Mrs Maxwell is not alone in seeing the fault in Arthur and explicitly connecting this to his physical being and health. Milicent Hargrave, Helen’s close friend, is surprised at her accepting Arthur’s proposal: ‘I *am* glad to see you so happy; but I did not think you would take him; and I can’t help feeling surprised that you should like him so much’ (181). When questioned, she

¹²⁰ Thormählen, ‘Aspects of Love in *The Tenant of Wildfell Hall*’, p. 156.

¹²¹ Denenholz Morse, p. 112.

¹²² Lee A. Talley, ‘Anne Brontë’s Method of Social Protest in *The Tenant of Wildfell Hall*’, *New Approaches to the Literary Art of Anne Brontë*, Julie Nash and Barbara A. Suess, eds. (Aldershot, Hampshire: Ashgate, 2001), pp. 127–151, p. 139.

¹²³ Meghan Bullock, ‘Abuse, Silence, and Solitude in Anne Brontë’s *The Tenant of Wildfell Hall*’, *Brontë Studies* 29 (2004), pp. 135–141, p. 136.

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reasons, '[b]ecause you are so superior to him in every way, and there's something so bold – and reckless about him –' (181). Helen dismisses this as simply Milicent's shyness, but the latter counters with:

'But don't you think Mr Huntingdon's face is too red?'

'No!' cried I, indignantly. 'It is not red at all. There is just a pleasant glow – a healthy freshness in his complexion, the warm, pinky tint of the whole harmonizing with the deeper colour of the cheeks, exactly as it ought to do. I hate a man to be red and white, like a painted doll – or all sickly white, or smoky black, or cadaverous yellow!' (182)

Milicent, though likely inadvertently, has hit the nail on the head. Like Helen's uncle with gout, a red face is a culturally coded symbol of drunkenness, with the skin 'apt to become either livid or jaundiced in its complexion, and ... rough and scaly'.¹²⁴ That the redness of Arthur's face cannot be agreed upon shows that he is on his first steps down this path rather than an established drunkard (as his face and skin would testify), but Helen's confusion of Arthur's appearance with his moral character is summarised in this passage: that she sees the redness of drunkenness as the 'pleasant glow' of 'healthy freshness' is emblematic of her misreading of his character.

This 'healthy freshness', even the appearance of it, does not last long, and this bodily misinformation is a revealing aspect of the novel's treatment of health and illness. After the engagement, Helen finds that she 'cannot shut [her] eyes to Arthur's faults; and the more I love him the more they trouble me' (186). Though he tells her that he 'will do my utmost [...] to remember and perform the injunction of my angel monitress' (199), placing her clearly in the role which she herself was so eager to take on, he fails to do so. The first weeks of their

¹²⁴ Macnish, p. 145-6.

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marriage are marred by Helen's confession to herself, 'in my secret heart, that Arthur is not what I thought him at first, and if I had known him in the beginning, as thoroughly as I do now, I probably never should have loved him, and if I had loved him first, and then made the discovery, I fear I should have thought it my duty not to have married him' (202). Having done so, however, she sees that her 'duty, now, is plainly to love him and to cleave to him' (202). She also frankly acknowledges that 'I might have known him, for everyone was willing enough to tell me about him, and he himself was no accomplished hypocrite, but I was *wilfully blind*' (202, my emphasis). This epiphany occurring so soon after their wedding (eight weeks, in fact), demonstrates that this wilful blindness is characteristic of their courtship as a whole.

Arthur's (apparent) appearance of goodness that so bewitched Helen was in fact being consistently undermined by the things he said; these were not things unnoticed by Helen, but her faith in his character continuously meant that she would forgive him and believe him to simply need counsel. Episodes such as his account of his treatment of Lord Lowborough (198), his light-hearted talk of churchgoing (174-5), and his snatching of Helen's portfolio without her permission (160-1) all demonstrate his tendency towards a bad character. Furthermore, when proposing to her and being discovered by her aunt, he tells the latter that he 'would sacrifice my body and soul –', when Mrs Maxwell interrupts: 'Body and *soul* Mr Huntingdon – sacrifice your *soul*?' (169), obviously disapproving of his light-hearted way of talking about such serious subject matter. And Arthur tells Helen himself, just after their wedding, 'I have been thinking of you and wanting to catch your eye, and you were so absorbed in your devotions that you had not even a glance to spare for me – I declare, it is enough to make one jealous of one's Maker' (204). This is where the marriage

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begins to fall apart: Arthur's 'frustration at not being able to possess her soul'¹²⁵ is what causes him such '[disappointment] in the outcome of his marriage'.¹²⁶

Helen, continuously and from the start,

resists his attempts to assert his dominance over her spirit and [...] the only way in which he could have gained access to it would have been as a sharer in God's love. As a creature wholly of this world, he is incapable of meeting her on this level, and his annoyance with anything and anyone who affords his wife even a moment's pleasure independently of himself gives us an idea of how potent his jealousy of her God becomes.¹²⁷

This is where Arthur's power fails, since he cannot overcome her moral code or her religious beliefs: later in the text she explicitly berates him for this, telling him 'I have nothing left me but the solace of a good conscience and a hopeful trust in Heaven, and you labour continually to rob me of these' (334). Once he realises this, '[f]ar from being purged of wickedness and stimulated to saintliness by daily life with Helen (as he had claimed during their courtship), [he] develops in the opposite direction', and 'turns first to drink and debauchery of (to him) familiar kinds',¹²⁸ which in turn destroy his health.

Arthur's bewitching physical appearance of health masking a debauched and immoral character is perhaps best captured in the image of the portrait painted of him by Helen in the first year of their marriage. We first see this portrait through Gilbert Markham's eyes, and hence with no clue as to its significance. It was a

portrait of a gentleman in the full prime of youthful manhood – handsome enough, and not badly executed; [...] The bright, blue eyes

¹²⁵ Thormählen, 'Aspects of Love in *The Tenant of Wildfell Hall*', p. 155.

¹²⁶ Thormählen, 'Aspects of Love in *The Tenant of Wildfell Hall*', p. 159.

¹²⁷ Thormählen, 'Aspects of Love in *The Tenant of Wildfell Hall*', p. 155.

¹²⁸ Thormählen, 'Aspects of Love in *The Tenant of Wildfell Hall*', p. 159.

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regarded the spectator with a kind of lurking drollery – you almost expected to see them wink; the lips – a little too voluptuously full – seemed ready to break into a smile; the warmly tinted cheeks were embellished with a luxuriant growth of reddish whiskers; while the bright chestnut hair, clustering in abundant, wavy curls, trespassed too much upon the forehead, and seemed to intimate that the owner thereof was prouder of his beauty than his intellect – as perhaps, he had reason to be; – and yet he looked no fool. (49)

This is the fullest physical description we have of Arthur. Reading this description with no knowledge of the character is to experience once again the courtship of Helen and Arthur – hints everywhere (the ‘drollery’, the wink, ‘too voluptuously full’ lips, pride in beauty) but the overall picture does not indicate anything amiss. We next encounter this portrait when Helen finds it having moved to Wildfell Hall; it ‘struck [her] with dismay’ when she ‘beheld those eyes fixed upon me in their mocking mirth, as if exulting, still, in his power to control my fate, and deriding my efforts to escape’ (393). She declares: ‘Now, I see no beauty in it – nothing pleasing in any part of its expression; and yet it is far handsomer and far more agreeable – far less repulsive I should say – than he is now; for these six years have wrought almost as great a change upon himself as on my feelings regarding him’ (393). The painting is reminiscent of a reversal of the portrait in Oscar Wilde’s *The Picture of Dorian Gray* (1890): the painting of Arthur remains young, handsome, and untainted, while the immorality and vicious behaviour have made their mark on the physical body itself; his immorality has changed him from healthy and beautiful to repulsive. Helen muses that the only reason she has kept the painting is ‘that I may compare my son’s features and countenance with this, as he grows up, and thus be enabled to judge how much or how little he resembles his father’ (394).

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The entire episode of Helen and Arthur's courtship, then, demonstrates Helen's developing morality. She is unable to detect the clues that would alert her to Arthur's true character, but provides biblical justification (however misjudged) to support her feelings, believing that she and her aunt merely have differing interpretations. Helen believes herself to be capable of managing the reform of a young man by the very dint of her own religious convictions and her sanctified womanhood. It is his apparently healthy appearance that blinds her, even as others are able to interpret correctly; though she identifies that he says blasphemous and cruel things, she is sure that her reading of his appearance must be correct. It is this appearance, however, which is ruined by his immorality, since his vicious behaviour takes its toll on his health and physical being; and by this point, Helen is married and powerless with no recourse of escape except the one she eventually takes.

I will now turn to examine the trajectories of health and morality exhibited by both Arthur and Heathcliff, with particular focus on their relationships to death and salvation, building on this analysis of Arthur's slide into the combination of ill-health/immorality and comparing this to Heathcliff's health/immorality. I aim to demonstrate here that, despite these differing combinations, both texts say the same thing about societal structural power; that is, that the possession of power requires neither health nor morality, but that health is needed in order to resist it.

The Trajectories of Health and Morality to Death

The plots themselves give a moral shape to the representation of health. Arthur's physical decline begins not long after the wedding, when he has

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discovered that both marriage and his wife are not as he had anticipated, and turns back to his old comforts. On his return from his first trip to London, Helen is shocked at his appearance: ‘Thank heaven, he is come at last! But how altered! – flushed and feverish, listless and languid, his beauty strangely diminished, his vigour and vivacity quite departed’ (224). Every time he returns home, having been with his friends in London, Helen monitors his appearance: once he returns ‘in a condition of body and mind even worse than before’ (253); on another occasion, ‘to my great joy, instead of being worse than when he went, he was more cheerful and vigorous, and better in every respect’ (265). The last return detailed, however, demonstrates Helen’s change in attitude towards him:

He returned about three weeks ago, rather better in health, certainly, than before, but still worse in temper. And yet, perhaps, I am wrong: it is *I* that am less patient and forbearing. I am tired out with his injustice, his selfishness and hopeless *depravity* – I wish a milder word would do –; I am no angel and my corruption rises against it. (267)

Helen here admits firstly that her husband’s behaviour is depraved, but also that she is ‘no angel’ and is therefore unable to be his saviour. Up until this point, she has shown remarkable tolerance, though consistently reprimanding him for his behaviour. She tells him ‘[t]here is *nothing* the matter with you [...] except what you have wilfully brought upon yourself against my earnest exhortation and entreaty’ (256), and speculates as to ‘[w]hat a shame it is [...] for a strong man like you to reduce yourself to such a state!’ (257). She warns him that he ‘will have to pay a higher price than you anticipate, if you don’t take care – there will be the total loss of your own health’ (257), and she notes early on that, even ‘as his bodily health was restored’, ‘[h]is appetite for the stimulus of wine had increased upon him, as I had too well foreseen’ (260), foreshadowing the downfall to come.

His health is already under threat from the trips to London, as his changed appearance upon returning makes clear, but at this stage of the novel, Arthur is still vain and sensible enough to notice the danger:

[H]e had no ambition to live to a prodigious old age, but he should like to have his share of life, and above all, to relish its pleasures to the last – to which end, he found it necessary to economize, for already, he feared, he was not so handsome a fellow as he had been, and young as he was, he had lately detected some grey hairs among his beloved chestnut locks; he suspected he was getting a trifle fatter too, than was quite desirable – but that was with good living and idleness; and for the rest, he trusted he was as strong and hearty as ever: only there was no saying what *another* such a season of unlimited madness and devilment, as the last, might not do towards bringing him down. (267)

It is Arthur's vanity that has prompted him to 'economize', rather than any fears for his actual health, or as it is put here, 'the rest'. His reason for living is to relish life's pleasures, and his fear of death, hinted at here but which comes to the fore as he is actually dying, implies that he has no idea of *not* living to a 'prodigious old age'. His 'getting a trifle fatter' is also a mark of a gentleman, and therefore not, to Arthur, something to be concerned with: 'As Dr. J. Edwin Danelson, a popular nineteenth-century writer-physician, notes, though "the accumulation of fat in superfluity is a disease," it is also an indicator of status: "[i]t attends indolence, and excessive eating and drinking ... [T]he wealthy, usually are, or grow to be fleshy".'¹²⁹ This passage indicates the first step in Arthur's journey in which he 'marks both body and behavior through drink',¹³⁰ adding to the red face noted by Milicent. Indeed, although he does not die from his alcoholism per se, it is nonetheless the reason for his death, since '[t]he

¹²⁹ Hyman, p. 460.

¹³⁰ Hyman, p. 458.

immediate injuries he sustained from the accident ... were not very severe, and would, as the doctor says, have been trifling to a man of temperate habits; but with *him* it is very different' (423-4).

There is only one episode in the downward pattern of his decline in which he raises himself and begins to improve. Arthur having 'not positively disgraced himself for upwards of a fortnight, and [having] been so very moderate in his indulgence at table' (294), Helen dares to hope (295) that this is a permanent change, and consequently praises him: '[Your friends] are blaming you, Arthur, for your temperance and sobriety, and I'm come to thank you for it' (296). She discovers, however, that this is not on her account – her husband is having an affair with Annabella Lowborough, an old acquaintance of Helen's and guest in her house, and Arthur's attempts at good behaviour were on account of his mistress, not his wife (demonstrating his sinking further into vice). Annabella correctly, if cruelly, claims this as a victory for herself:

'Well,' resumed she, 'have you not observed this salutary change in Mr Huntingdon? Don't you see what a sober, temperate man he is become? You saw with regret the sad habits he was contracting, I know; and I know you did your utmost to deliver him from them, – but without success, until I came to your assistance. [...] – but you see the reformation I have wrought; and you ought to thank me for it.' (317)

Annabella, 'of whose moral inferiority [Helen] has always been conscious, attains the aims Helen had set for herself in respect of Arthur Huntingdon, if only temporarily'.¹³¹ Indeed, though '[a]t first (in compliance with his sweet lady's injunctions, I suppose) he abstained wonderfully well from seeking to solace his cares in wine', Arthur resumes his old habits and begins to 'relax his

¹³¹ Thormählen, 'Aspects of Love in *The Tenant of Wildfell Hall*', p. 159.

virtuous efforts, and now and then exceeded a little, and still continues to do so – nay, sometimes, *not* a little’ (321). This failure of Helen’s is purposeful and necessary: she ‘attempts to fulfil the role of redemptive angel and fails miserably because her author refuses the consolatory notion that rooted, evil tendencies can be eradicated by the influence of an angelic young lady’.¹³² Indeed, though Helen ‘surely begins by subscribing to’ the ‘contemporary notion that women can be agents of moral reform and spiritual salvation’,¹³³ the text opposes it.

In many ways, *Wuthering Heights*’s Hindley Earnshaw bears similarities to Arthur Huntingdon. After his wife’s death, he ‘[gives] himself up to reckless dissipation’ and ‘tyrannical and evil conduct’ (57), his ‘treatment of [Heathcliff] was enough to make a fiend of a saint’ (58), and his sister Cathy opines that ‘he can’t be made morally worse than he is’ (88). Indeed, as noted, Staten believes that Hindley, rather than Heathcliff, is the originator of the violence at the Heights.¹³⁴ Heathcliff himself, however, does not follow the same pattern of decline. When he returns to *Wuthering Heights* after his absence of some years, he is a changed man – no longer the ‘gipsy—the plough-boy’ (83) of Edgar Linton’s recollection. Nelly Dean, meeting the returning Heathcliff in the dark, first ‘[distinguishes] a tall man dressed in dark clothes, with dark face and hair’ (82), and then notes that ‘the cheeks were sallow, and half covered with black whiskers; the brows lowering, the eyes deep set and singular’ (82). Upon seeing him ‘by the fire and candlelight’, Nelly is amazed at

the transformation of Heathcliff. He had grown into a tall, athletic, well-formed man, beside whom [Edgar] seemed quite slender and youth-like. His upright carriage suggested the idea of his having been in the army.

¹³² Langland, p. 53.

¹³³ Matus, p. 117-8.

¹³⁴ Staten, p. 141.

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His countenance was much older in expression and decision of feature than Mr Linton's; it looked intelligent, and retained no marks of former degradation. A half-civilized ferocity lurked yet in the depressed brows and eyes full of black fire, but it was subdued; and his manner was even dignified, quite divested of roughness though too stern for grace. (84-5)

Heathcliff's physical strength and health are emphasised here, though alongside a sense of hidden danger and malice; he retains his darkness, in his face, hair, eyes, and clothing, which characterises him as an outsider still. Though Edgar Linton is healthy in a manner more suggestive of wealth, femininity, and lack of physical labour – in their youth Nelly tells Heathcliff that 'Edgar Linton shall look quite a doll beside you' (49), and Lockwood describes Edgar's portrait as having a 'soft-featured face', 'the figure almost too graceful' (58) – Heathcliff is robust, strong, and athletic. It must also be mentioned that Heathcliff maintains a 'temperate mode of living' with 'unperilous occupations' (288), implying that he treats his body and health with more care and respect than Arthur does his. This, too, supports the idea that Heathcliff requires his physical strength in order to maintain his power, while Arthur has no need of this.

Heathcliff's health, however, relentlessly undiminished despite his transgressions – his treatment of Hindley, Isabella Linton, and the children of the second generation foremost among them – soon becomes a curse to him, in that it separates him from the dying Cathy. As he cradles her during her last hours, he cries, '[s]o much the worse for me, that I am strong. Do I want to live? What kind of living will it be when you—oh God! would *you* like to live with your soul in the grave?' (142). He even suggests that he would welcome death, would welcome Edgar killing him for his presence in the sick-room ('If he shot me so, I'd expire with a blessing on my lips' (143)). Years later, having exacted his plan for revenge and with the children of his enemies in his power, his feelings

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remain unchanged. Nelly asks him whether he is 'afraid of death' (288). His response is that he has

neither a fear, not a presentiment, nor a hope of death—Why should I? With my hard constitution, and temperate mode of living, and unperilous occupations, I ought to and probably *shall* remain above ground, till there is scarcely a black hair on my head—And yet I cannot continue in this condition!—I have to remind myself to breathe—almost to remind my heart to beat! (288-9)

Heathcliff finds being alive laborious, and since his body clearly does not, this implies a disconnect between his body and mind; he tires, mentally, 'of his capacity for life and the native strength that keeps him alive during the long years after Cathy's death'.¹³⁵ Gorsky argues that '[a]lthough he appears "quite strong and healthy", he separates himself from life, much as Catherine had done' by abjuring food.¹³⁶ Consequently, his death 'seems an act of will';¹³⁷ indeed, that his death is willed, even if only on a subconscious level, seems hard to argue against. Mere days before his death, Heathcliff declares: 'O, God! It is a long fight, I wish it were over!' (289).

Arthur Huntingdon's death is anything but willed by him, possessor as he is of an 'extreme dread of death' (432). His illness, leading to his death, is caused by a fall from his horse while hunting, which would have been 'trifling to a man of temperate habits' (423-4) – an ironic accident given Arthur's 'unwillingness to bridle his animal passions'.¹³⁸ Helen, returned to Grassdale to nurse her husband, is ill-rewarded with his rudeness; in fact, 'in proportion as

¹³⁵ Krishnan, p. 36

¹³⁶ Gorsky, p. 187.

¹³⁷ Gorsky, p. 187.

¹³⁸ Denenholz Morse, p. 118.

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he recovered from the state of exhaustion and stupefaction – his ill-nature appeared to revive’ (428), and she is astonished ‘to see how completely his past life has degenerated his once noble constitution, and vitiated the whole system of his organization’ (432). Arthur begins to recover and becomes ‘decidedly better’, and is ‘considered out of danger, if he will only continue to observe the necessary restrictions’ (432). The initial recovery, however, driven by the aforementioned fear of death, is short-lived and followed by a relapse, ‘entirely the result of his own infatuation in persisting in the indulgence of his appetite for stimulating drink’ (439-40). Helen writes that ‘alarming symptoms were the immediate result of this ‘imprudence’’ (440), and quickly ‘[e]very former feature of his malady had returned with augmented virulence: the slight external wound, half-healed, had broken out afresh; internal inflammation had taken place, which might terminate fatally if not soon removed’ (440). Arthur completely resigns his health to alcohol; even if the ostensible cause of the illness is the fall from his horse, the illness is bookended by his alcoholism. Indeed, Kawasaki notes that ‘it is not a coincidence that men need to be nursed by women in [*Tenant*], since male characters’ illness and injury are mostly caused not exactly by accidents, contagion, or infection, but by their own self-indulgence’,¹³⁹ a self-indulgence epitomised in this ‘absurd situation in which an originally healthy adult demands the privileges of a sick child’;¹⁴⁰ this level of infantilisation is made all the more ridiculous when one considers that he continues to hold the power over Helen.

Arthur’s death, particularly after he has relapsed, takes on an extremely moral angle, becoming ‘a kind of doctrinal debate on the question of

¹³⁹ Kawasaki, p. 76.

¹⁴⁰ Kawasaki, p. 79.

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salvation'.¹⁴¹ Arthur mocks and spites Helen ('Yes, *now*, my immaculate angel; but when once you have secured your reward, and find yourself safe in Heaven, and me howling in hell-fire, catch you lifting a finger to serve me *then!*' (441)), childishly questions what he would do in Heaven, insists he 'can't and won't' die (441), and, panicking, begs Helen to save him, lamenting 'Oh, Helen, if I had listened to you, it never would have come to this! And if I had heard you long ago – Oh, God! How different it would have been!' (443). Helen endeavours, calmly and relentlessly, to convince him to repent: she insists that 'there is joy and glory after, if you will but try to reach it!' (445). Arthur replies, in a rare moment of self-awareness,

'What, for *me?*' he said, with something like a laugh. 'Are we not to be judged according to the deeds done in the body? Where's the use of a probationary existence, if a man may spend it as he pleases, just contrary to God's decrees, and then go to Heaven with the best – if the vilest sinner may win the reward of the holiest saint, by merely saying, 'I repent?''

'But if you *sincerely* repent –' (445)

Thormählen points out that '[n]o other Brontë heroine lives in such constant awareness of the hereafter as Helen Huntingdon does. From first to last, she keeps her eyes fixed on eternity.'¹⁴² Anne Brontë's conception of salvation, which she bestows upon Helen, is that, 'in the end, a compassionate God could not do less than forgive everyone and admit them to heaven', what Rebecca Styler calls a "Universality' theology of salvation'.¹⁴³ Styler also asserts that Brontë 'broke radically with religious convention in suggesting that there was no sin so black

¹⁴¹ Ingham, p. 198.

¹⁴² Thormählen, 'Aspects of Love in *The Tenant of Wildfell Hall*', p. 154.

¹⁴³ Styler, p. 48.

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that it could not ultimately be purged away',¹⁴⁴ and one contemporary reviewer found this theology 'alike repugnant to scripture and in direct opposition to the teaching of the Anglican church'.¹⁴⁵ It is interesting to note, however, that Brontë was born and brought up among a number of different branches of Christianity (thanks to the figures of her mother, her aunt, and her father, all of whom held differing beliefs);¹⁴⁶ of these beliefs, she inherited 'from her Methodist aunt', 'the Arminian view that salvation was available to all, who had free will to accept or reject it, but she took this much further by claiming that, in the end, a compassionate God could not do less than forgive everyone and admit them to heaven'.¹⁴⁷ It seems that Brontë's 'radical' break from convention may have been simply a matter of taking a point about salvation to the next level – a small step that nonetheless was extreme in that time and context. Indeed, a letter of 1848 seems to suggest that Brontë knew, or at least felt, that this was something new, despite, for example, the apparent similarities to the doctrine of assurance. She writes, of this 'doctrine of universal salvation', that, 'I drew it secretly from my own heart and from the word of God before I knew that any others held it'.¹⁴⁸

Arthur's death comes eventually, and is once again figured bodily. Leading up to this point, he often 'dwelt with shuddering minuteness on the fate of his perishing clay – the slow, piecemeal dissolution already invading his frame' (445); after the focus on his bodily health throughout the text, he becomes 'at last, all body: only intermittently conscious, in terrible pain, he

¹⁴⁴ Langland, p. 145.

¹⁴⁵ Styler, p. 48.

¹⁴⁶ Frawley, p. 6.

¹⁴⁷ Styler, p. 48.

¹⁴⁸ Frawley, p. 6.

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exists only as a corpus to be fed, cooled, medicated, and soothed.¹⁴⁹ Arthur dies with Helen holding his hand, and she writes: ‘How could I endure to think that that poor trembling soul was hurried away to everlasting torment? it would drive me mad! But thank God I have hope – [...] and God, who hateth nothing that he hath made, *will* bless it in the end!’ (447). Thus ending the doctrinal debate: Helen’s opinion on the subject is the one with which we are left, and the episode pulls together the body and the soul.

The death of Heathcliff is in almost total opposition to that of Arthur. In the days before his death, he is ‘almost bright and cheerful’, ‘*very much* excited, and wild and glad’ (290); though ‘he was pale, and he trembled’ (290), ‘he had a strange joyful glitter in his eyes’ (291), and an ‘unnatural ... appearance of joy under his black brows’ (292). He has no interest in repenting, declaring that ‘as to repenting of my injustices, I’ve done no injustice, and I repent of nothing—I’m too happy, and yet I’m not happy enough’ (296). Nelly, ‘shocked at his godless indifference’ (297), takes on the role of Helen, upbraiding him with the fact that ‘you have lived a selfish, unchristian life’ (296), to which he responds: ‘I tell you, I have nearly attained *my* heaven; and that of others is altogether unvalued and uncoveted by me!’ (297). Heathcliff has behaved immorally and deplorably, but he has no interest in the moral system in place at the time, one based on religion – and possibly not in any moral system at all. As Staten says of Heathcliff’s morality: he is ‘simply apart’.¹⁵⁰ In order to have an interest in the moral system at this time, one needed to fear death, to fear the punishments that awaited one after death¹⁵¹ – but Heathcliff does not. The one thing he fears

¹⁴⁹ Hyman, p. 461.

¹⁵⁰ Staten 132.

¹⁵¹ Schneewind, p. 20.

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is an afterlife in which separation from Cathy continues; for him, 'the grave causes not nightmare but tranquil dreams'.¹⁵²

Heathcliff's death itself is characterised by how very life-like he remains. Nelly, who discovers the body,

could not think him dead—but his face and throat were washed with rain; the bed-clothes dripped, and he was perfectly still. The lattice, [...] had grazed one hand that rested on the sill—no blood tricked from the broken skin, and when I put my fingers to it, I could doubt no more—he was dead and stark!

[...] I combed his black long hair from his forehead; I tried to close his eyes—to extinguish, if possible, that frightful, life-like gaze of exultation, before any one else beheld it. They would not shut—they seemed to sneer at my attempts, and his parted lips and sharp, white teeth sneered too!
(298)

Even in death, Heathcliff is so vital that he refuses to appear dead, and Nelly struggles to convince herself that he is so; she needs to touch the corpse to know for certain. Even in death, his face assumes an expression of sneering and exultation, which serves to align Heathcliff with the ghoulish, devilish, vampire that he is so often described as throughout the text.

In both texts, the burials of the men are consigned to one or two paragraphs. In this respect, 'the villain of *Wildfell Hall* resembles Heathcliff: once he has burnt himself out, his influence vanishes. His actions crowded out everything else from the centre of the stage while he lived, but they leave no lasting effects.'¹⁵³ Their power, though real and of differing sorts, is only enacted through life, no matter how strong or enfeebled that life may be. Indeed, it is a

¹⁵² Staten, p. 160.

¹⁵³ Thormählen, 'The Villain of *Wildfell Hall*', p. 840.

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cruelty that Arthur is able to have so much power over Helen, particularly given that '[i]t is not that he is an intrinsically evil person. He is a brat.'¹⁵⁴ Arthur's behaviour 'belongs to a social norm for élite males',¹⁵⁵ in which infantile men are given the power to do precisely as they please. Stevie Davies summarises the case neatly when she tells us that 'the novel asks: what if babies ruled the world? It answers: they already do.'¹⁵⁶ Langland, conversely, argues that Anne Brontë's 'male characters are not capable of tyranny. Huntingdon is finally a whining, whimpering, frightened wretch.'¹⁵⁷ While her characterisation of Arthur here is entirely accurate, the idea that this makes him incapable of tyranny is incorrect; his position in the text is tyrannical, his power over Helen is all but absolute and his behaviour oppressive and unjust, and this is integral in his role as her husband. That he is a 'whining, whimpering, frightened wretch' does not disqualify him from being tyrannical; it in fact serves to make his position as tyrant all the more remarkable and contemptible, sanctioned as it is by religion and society.

Heathcliff, of course, differs from Arthur in this respect, succeeding as he does in being both powerful and powerless, bully and bullied. Torgerson argues that Heathcliff's ascendancy, fixed in that moment of his 'transformation' when he returns to the Heights, is 'a parody of patriarchal capitalism', in which 'Heathcliff uses the patriarchal laws to promote his own self-interest'.¹⁵⁸ Indeed, Torgerson believes that Heathcliff's "revenge" fails because it never actually challenges the system, it only perpetuates it, while making visible the violence

¹⁵⁴ Stevie Davies, 'Introduction', *The Tenant of Wildfell Hall*, Stevie Davies ed. (London: Penguin Books, 1996), pp. vii–xxx, p. xxv.

¹⁵⁵ Davies, p. xxv.

¹⁵⁶ Davies, p. xvi.

¹⁵⁷ Langland, p. 57.

¹⁵⁸ Torgerson, p. 102.

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inherent in the system. It is a misreading to see Emily Brontë's hero as challenging the system; he *represents* it.¹⁵⁹ I have argued here, however, that Heathcliff in fact never intended to challenge the system itself, but only to challenge the two representatives of that system whom he sees as depriving him of both his rights and Cathy. On his return, he explicitly states his original plan: to have 'one glimpse of [Cathy's] face', 'settle [his] score with Hindley', and 'then prevent the law by doing execution on [himself]' (85); although his plan changes with his meeting of Cathy, his original intentions are made clear. As Staten argues, he does not wish to destroy the system; he *wishes* to be *part of that system*, as he believed was intended for him from his youth and adoption by Mr Earnshaw.¹⁶⁰ Hindley and Edgar may represent that system, but it is these representations, rather than the system itself, that he desires to destroy.

Helen and Gilbert's eventual marriage can be read in the same way as Heathcliff's engagement with the patriarchal system. Helen challenges Arthur specifically, and the system as a whole by extension, but she is happy to marry again and enter into the same system with another – though that other is more deserving than her first husband. Helen's aunt, as with the first marriage, is far more cautious than Helen, telling Gilbert Markham that '[c]ould she have been contented to remain single, I own I should have been better satisfied; but if she must marry again, I know of no one, now living and of a suitable age, to whom I would more willingly resign her than yourself' (487). Helen's issue is seemingly not with the patriarchal system as a whole, but rather the abuse of it and of women by such cruel wastrels as Arthur. After Arthur and Heathcliff's deaths, the lives of the remaining protagonists are able to continue: Helen and Gilbert

¹⁵⁹ Torgerson, p. 105.

¹⁶⁰ Staten, p. 138.

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are able to marry, and so too are Catherine (the younger) and Hareton, the two pairs seen as ‘corollary’.¹⁶¹ There is also, as Deborah Denenholz Morse notes, a third corollary pair, in the form of ‘young Arthur Huntingdon [and] Helen Hattersley, daughter of Milicent and the reformed wild ruffian Ralph Hattersley’.¹⁶² These relationships do ‘the work of reparation’¹⁶³ for the tribulation and difficulty that has gone before.

The representation of health, then, gives these plots their moral trajectory; in *Tenant*, Arthur’s ill-health increased proportionally with his immorality, and what was physically and morally ambiguous shades into obvious vice and immorality as his health worsens. By contrast, Heathcliff becomes stronger and healthier as he acts out his plan; his health and immorality remain at a consistent and constant high point throughout. Similarly, the death scenes of both characters are, in themselves, highly representative of their respective health and immorality, with Arthur sickening and worsening through his own desire for alcohol and fretting about hell, and Heathcliff maintaining a look of both life and ghoulish vampirism. The language of hell and damnation used in each indicates not only the perception of their vices by others (Helen and Nelly), but also the importance placed upon their salvation by them themselves, with Heathcliff dismissing the concerns out of hand instantly and Arthur arguing and pleading with Helen as if she herself held the key to his forgiveness. Despite these differences, however, both characters have to die for the plot to conclude, since their lives and the power dynamics at play are what drive the plots forward. Arthur must die in order for his power

¹⁶¹ Denenholz Morse, p. 111.

¹⁶² Denenholz Morse, p. 122.

¹⁶³ Denenholz Morse, p. 122.

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over Helen to be broken, since nothing else can achieve this. Heathcliff, though not in a position of structural power himself, nevertheless has power and influence over the remaining characters, who require his removal in order to be free of him. This power struggle itself, however, only comes about due to Heathcliff's struggle against the patriarchal power structures that denied him his share of them, and so remains a mere aspect of his healthful rebellion against the structural power represented by Edgar, Hindley, and Arthur. Heathcliff does not succeed in becoming part of the patriarchal power structure, as he wishes to be, since this system, based on white, male, inherited power, cannot allow people like Heathcliff to rise to the top of the structure. He does succeed in besting both Edgar and Hindley, but both Linton Heathcliff and Hareton have more societal power than he does, by virtue of inheritance.¹⁶⁴ He seeks to be a part of the power system, but can never be. Crucially, however, Heathcliff dies only once he has beaten and outlived his persecutors, which makes his healthy and strong life a victory against the representatives of those power structures, though not a victory for his quest for structural power himself.

Conclusion

This chapter has argued that both Emily and Anne Brontë use the issues of health and (im)morality as a lens through which to explore and tackle the issue of power. Both texts present a similar illustration of health and morality's relationship to power, that while power and good morals are not necessary to possess structural power in society, health is necessary in order to *resist* these

¹⁶⁴ Staten, p. 138.

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power structures. Though there was a general belief in the nineteenth century, supported by religious doctrine, self-help literature, and medical texts, that health and morality were causally connected, this was not truly so, and Emily represented the possibilities outside of that relationship in the character of Heathcliff. The characterisations of health and illness also interact with the moral schemes attached to each novel. *Tenant* contains the broad moral message that ‘moral conduct married to religious belief saves in this life and the next’,¹⁶⁵ so preserving health during life as well as after it; *Wuthering Heights*, however, ‘does not provide any moral judgement on the cruel choices and violent actions that take place in the narrative’,¹⁶⁶ which both explains and justifies Emily’s choice to make arguably her most immoral character simultaneously the healthiest.

Although neither health nor morality nor immorality are required in order to have power, because the power structures in place do not require it and are instead predicated on birth, gender, and class status, health is necessary to successfully resist those same power structures. This only becomes visible by considering these three concepts across both texts; despite the numerous differences, the similarities and consistencies between the depictions demonstrates the importance of health as a form of resistance. In the end, it is Helen and Heathcliff who are united in health and in their struggle to fight back against those who bully and abuse them.

So is it possible for one to be ‘good and strong and powerful’? To have health, good morals, and structural power? Helen Huntingdon, despite her good

¹⁶⁵ Maynard, p. 198.

¹⁶⁶ Ingham, p. 208.

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health, strong moral code, and status as a rich widow, is still a woman; her son Arthur is heir, and she marries for a second time into the same system, though assured that the fate that befell her first marriage would not occur again. It seems that the ability to be 'good and strong and powerful' lies solely with the younger generations – young Arthur, Catherine Linton, and Hareton Earnshaw – although both novels conclude before these can bear out. Hareton certainly has promise to be all three, being healthy, the heir to the Heights, and learning to improve the moral character that Heathcliff attempted to ruin; similarly, Catherine is healthy and moral, but, though likely to marry Hareton the heir, still a woman. It seems to be young Arthur Huntingdon who best represents this combination, given his youthful health and strength, his strong moral code instilled by his mother, and his status as the heir to his father's estate. Anne certainly hints at this eventuality, assuring the reader that this Arthur, unlike the first, 'has realized his mother's brightest expectations' (486).

3. 'An exquisite smile, which irradiated her melancholy':
Health, Vitality, and Morbidity in George Eliot's *Middlemarch*

'How impossible it is', wrote George Eliot in 1863, 'for strong healthy people to understand the way in which bodily malaise and suffering eats at the root of one's life'.¹ Eliot suffered from frequent and assorted problems with her health;² she also possessed, however, a frankly disquieting work ethic, and, despite her illnesses and repeated periods of feeling unwell, went for regular long walks and trips around the country and abroad. Her journals are scattered with references to health and to feeling unwell, with regards both to her and to her partner, George Henry Lewes: 'Another glorious morning! But [Lewes]'s head is bad, and that makes us melancholy';³ 'I was not at all well and overwalked myself by going to Belvedere in the evening';⁴ 'For the last ten days I have done little owing to headache and other ailments'.⁵ These instances demonstrate the daily inconvenience of poor health, but importantly also how this lack of health makes Eliot inactive and 'melancholy': her own ill-health and that of her partner inevitably brings sadness and frustration. In this respect, the frequent ill-health of both contributes to morbidity about life more broadly which seems appropriate to the situation. This morbidity appears in more and less dramatic fashion throughout the journals; during the same month in 1862, Eliot records:

¹ George Eliot, quoted in Bruce Haley, *The Healthy Body and Victorian Culture* (Cambridge, MA: Harvard University Press, 1978), p. 197.

² See, for example: Alan Mintz, *George Eliot and the Novel of Vocation* (Cambridge, MA, and London: Harvard University Press, 1978); Kate Flint, 'The Materiality of *Middlemarch*', *Middlemarch in the Twenty-First Century*, ed. Karen Chase (Oxford: Oxford University Press, 2006), pp. 65–86; George Eliot, *The Journals of George Eliot*, eds. Margaret Harris and Judith Johnston (Cambridge: Cambridge University Press, 1998).

³ Eliot, 12 August 1854, p. 23.

⁴ Eliot, 13 September 1854, p. 24.

⁵ Eliot, 24 December 1855, p. 58.

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I am extremely spiritless – dead, and hopeless about my writing. The long state of headache and disordered liver has left me in depression and incapacity. The constantly heavy, clouded and often wet weather tends to increase the depression. I am inwardly irritable and unvisited by good thoughts.⁶

Very good for nothing in health, and consequently depressed about my work.⁷

These two examples of her morbid thinking in the face of actual ill-health demonstrate both her differing levels of upset at her state of health, but also that her ill-health is explicitly linked to her work and her ability to work. Indeed, while in Italy for research and travel, she states her belief that ‘I could have done much more if I had been well – but that regret applies to most years of my life.’⁸

In fact, Eliot’s work and her ability to work contributes hugely to her vitality: she complains at one point, after listing all the work that she has done during the preceding fortnight, that she has ‘done no *visible* work’ but that she does ‘not remember ever feeling so strong in mind and body as I feel at this moment’.⁹ Although these moments are fewer and further between than her complaints about illness, she does experience moments where she is healthy and able to work consistently:

This morning for the first time I feel myself quietly settled at home. I am in excellent health, and long to work steadily and effectively. If it were possible that I should produce better work than I have yet done! At least there is a possibility that I may make greater efforts against indolency and the despondency that comes from too egoistic a dread of failure.¹⁰

⁶ Eliot, 17 December 1862, p. 114.

⁷ Eliot, 26 December 1862, p. 114.

⁸ Eliot, 19 April 1861, p. 89.

⁹ Eliot, 20 July 1856, p. 62.

¹⁰ Eliot, 19 June 1861, p. 90.

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Eliot actively acknowledges the ‘despondency’ that has been exhibited in the examples given above, and her health is explicitly linked to a longing to work and to do ‘better work’. Her longing to do this ‘better work’ is in itself still linked to her health and her embodied experience: several years later, she writes that, despite the fact that she is ‘in better health than has been usual’, she is ‘not yet engaged in any work that makes a higher life for me – a life that is young and grows, though in my other life I am getting old and decaying.’¹¹ Her literary life and her actual life are set at odds in an explicitly physical way, with one being seen as able to be young and healthy, and the other ‘old and decaying’ and haunted with morbidity. Eliot desires health in order to be able to produce good work, but moreover sees her work as being able to be young and healthy of itself, independently of her and her ‘decaying’ body and life; even when experiencing health, the morbidity of her usual ill-health remains with her, underlying her lived experiences.

However, despite her morbid views of her own health, Eliot is extremely conscious of her various blessings, which are more often than not explicitly set against the problems of poor health:

Since I last wrote in this journal I have suffered much from physical weakness accompanied with mental depression. [...] [M]y want of health and strength has prevented me from working much – still worse, has made me despair of ever working well again. I am getting better now by the help of tonics, [...]. In the meantime my cup is full of blessings: my home is bright and warm with love and tenderness, and in more material vulgar matters we are very fortunate.¹²

¹¹ Eliot, 22 November 1868, p. 133.

¹² Eliot, 28 November 1860, p. 86-7.

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Once again, the connection between health and ability to work is made explicitly clear, as is the distinction between health, both physical and mental, and ‘more material vulgar matters’. This suggests not only that Eliot has considerable awareness of her own physical and mental capacity and limitations, but also, more importantly, that she appreciates that good health is not itself the ultimate or definitive factor. In numerous other ways, she has good fortune, and, in this way, can be said to possess vitality in other ways than are simply expressed through her health. She writes of Lewes in much the same way: he is ‘all activity, yet is in very frail health’,¹³ and in spite of ‘much dyspeptic discomfort that has beset him since the beginning of November’, he continues to show ‘wonderful elasticity and nervous energy’,¹⁴ which certainly does demonstrate his vitality in spite of illness. Eliot and Lewes appear to face the problems of their health in the same way, certainly in her writing of it: with melancholy and frustration at illness, but much happiness and awareness of blessings. Indeed, she writes that ‘[w]e have so much happiness in our love and uninterrupted companionship, that we must accept our miserable bodies as our share of mortal ill’.¹⁵ Her morbidity, appropriate in the circumstances of poor health, is consistently tempered with appreciation of blessings, and activity and energy in her reading and work. In this way, Eliot herself reflects the contradictions found between health, ill-health, morbidity, and vitality. Although morbidity is appropriate to her embodied context and her subjective physical experience, her conscious mental vitality fights against it; a morbid body does not mean a morbid mind.

¹³ Eliot, 25 March 1865, p. 123-4.

¹⁴ Eliot, 1 January 1874, p. 144.

¹⁵ Eliot, 7 March 1866, p. 127.

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Eliot's own experience, then, demonstrates that the supposed pairings of vitality with health, and morbidity with a lack of health, are not necessarily correct.

Indeed, we see this tension between vitality and morbidity not only in Eliot's own life and personal writing, but also in her penultimate novel *Middlemarch* (1872). R. H. Hutton, in his review entitled 'The Melancholy of *Middlemarch*' (1872), states that '[i]t is not in any degree true that the incidents are specially melancholy. On the contrary, the story is not at all of a gloomy description, and there are characters in it which the reader enjoys as he enjoys a gleam of warm sunshine on a dull October day.'¹⁶ He argues, however, that although 'George Eliot never makes the world worse than it is', 'she makes it a shade darker. She paints the confusions of life no worse than they are, but she steadily discourages the hope that there is any light for us behind the cloud'.¹⁷ Hutton here, perhaps accidentally, illustrates the 'gleam of ... sunshine' and 'cloud' that represent the concepts of vitality and morbidity at work in the text and the tension between them. He sees Eliot shading in the sunshine of vitality with a dark cloud, but recognises that there remain elements of sunshine; an apt metaphor for Eliot's treatment of the two concepts in the text.

This chapter will examine cases of health and ill-health, and vitality and morbidity in Eliot's *Middlemarch*. Through an examination of the overwhelmingly unified critical perception of the health and ill-health, and vitality and morbidity of Dorothea Brooke, Casaubon, Mr Featherstone, and, to a lesser degree, Will Ladislaw, I will build on an argument put forward by Nina

¹⁶ R. H. Hutton, 'The Melancholy of *Middlemarch*', *Spectator* (1 June 1872), xlv, pp. 685–7, in *George Eliot: The Critical Heritage*, ed. David Carroll (London: Routledge & Kegan Paul, 1971), pp. 297–302, p. 298.

¹⁷ Hutton, 'The Melancholy of *Middlemarch*', p. 298.

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Auerbach in examining how and why Eliot blends together differing combinations of health, ill-health, vitality, and morbidity in her text. Criticism, from the time of the novel's release up to the present, has broadly tended to see Dorothea as a vital character and Casaubon as morbid. There are a few critics who have crept towards a redemption of Casaubon, but this idea is rarely developed, and overwhelmingly Casaubon is characterised as death incarnate. Auerbach's 'Dorothea's Lost Dog' is the exception to this rule: she argues here the Dorothea is not all she seems, and that Casaubon is not as bad as he has been made out to be, aiming to 'dim Dorothea's unearned aura of magnificence'.¹⁸ Auerbach does not deal with questions of vitality and morbidity, but her aim of challenging the received critical opinion is one that I will build on here – Dorothea and Casaubon's vitality and morbidity, respectively, are not all they seem, and are not necessarily in keeping with their lived experiences of health.

This chapter will firstly examine and attempt to define the concepts of vitality and morbidity, and locate these concepts in *Middlemarch*; this first section will elucidate the straightforward connections between health-and-vitality and ill-health-and-morbidity that both contemporaneous and much recent criticism has upheld as a correct reading of the text. The chapter will then proceed to dismantle these connections and readings by arguing against this trend in the criticism. Building on Auerbach's argument that Dorothea is not as she seems, this section will consider the experience of morbidity in a vital body through an examination of this phenomenon in Dorothea, constituting a changed perspective from the received opinion of criticism; the section that

¹⁸ Nina Auerbach, 'Dorothea's Lost Dog', *Middlemarch in the Twenty-First Century*, ed. Karen Chase (Oxford: Oxford University Press, 2006), pp. 87–105, p. 105 fn.

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follows will explore the experience of vitality in a morbid body through an examination of this phenomenon in Casaubon and Featherstone. These two sections, taken together, will look at the idea that characters are necessarily a blend of vitality and morbidity, independent of their actual health, perceived health, and lived experience of health, and with reference to Eliot's explorations of the relationship between the mind and the body.

Ultimately the importance of vitality and morbidity in the text is to bring to light the human relationship with death. Vitality and morbidity are concepts entwined with the very ideas of life and death, and, of course, health; this chapter will contend that these concepts are universalising in *Middlemarch*, that their presence serves to highlight the universalising experience of death, and that an embodied experience of health and vitality is not immune to mental morbidity, just as it is not immune to death. There is light and dark, sunshine and grey, in us all.

The Relationships between Health, Vitality, Ill-Health, and Morbidity

Almost from their first appearances in the English language, the terms 'vitality' and 'morbidity' have been used abstractly and without specific scientific connotations. This is particularly true of 'vitality', since this derives from the principle of vitalism ('the theory that life is generated and sustained through some form of non-mechanical force or power specific to and located in living bodies')¹⁹ and was in use in this sense as early as the sixteenth century and on

¹⁹ Catherine Packham, *Eighteenth-Century Vitalism: Bodies, Culture, Politics* (Basingstoke: Palgrave Macmillan, 2012), p. 1.

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into the nineteenth. In common use from the 1860s onwards, however, is the more abstract definition, found in the OED, of '[a]ctive force or power; mental or physical vigour; activity, animation, liveliness', which demonstrates the breadth of the term and its distancing from the theory of vitalism. 'Morbidity' and 'morbid' follow a similar pattern: though these terms did not spring from a scientific theory, the OED gives both a literal and medicalised definition and a more abstract alternative. This abstract idea of 'morbidity' consists of 'the quality or condition of being morbid', and, correspondingly, the abstract idea of 'morbid' is defined as 'of a person, mental state, etc.: characterized by excessive gloom or apprehension, or (in later use) by an unhealthy preoccupation with disease, death, or other disturbing subject; given to unwholesome brooding.' Both of these were first used in the late-eighteenth century, and their usage continued throughout the nineteenth.

Beyond this, it is difficult to get any clear idea of conceptual or cultural definitions, particularly from contemporaneous sources and texts. A number of comparatively recent medical and scientific texts have used or attempted to define 'vitality' but often these definitions are just as abstract as those already presented. James F. Fries and Lawrence M. Crapo, for example, discuss vitality extensively when devising a theory of aging and life span, but while they mention and use the term, no definition is put forward. They refer to 'attainable life-long vitality',²⁰ to declining vitality in correlation with declining in the efficiency of the immune system with old age;²¹ they refer to 'youthful vigor',²²

²⁰James F. Fries and Lawrence M. Crapo, *Vitality and Aging: Implications of the Rectangular Curve*, (San Francisco: W. H. Freeman and Company, 1981), p. 9.

²¹ Fries and Crapo, p. 98.

²² Fries and Crapo, p. 22.

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‘youth and vigor’,²³ and ‘a long life of vigor and vitality’.²⁴ This suggests that it is expected that these terms are so generally and broadly used that their meaning is implied and they do not require explanation or definition. Lastly, they refer to ‘the period of vitality’ as distinct from ‘the maximum life span’²⁵ – that is, they do not advocate an extension of life span, but instead an extension of the period of life in which one feels healthy and well and strong, and working towards postponing diseases that ‘sap ... vitality’.²⁶ This suggests that vitality is directly connected with health and absence of disease, and, again, that this is such an obvious connection that no explanation is necessary. Indeed, Fries has also discussed morbidity in a similar manner in separate publications – that is, using the term scientifically and medically but without offering a comprehensive definition. Fries’s theory of ‘the compression of morbidity’²⁷ shows how ‘morbidity’ can be ‘compressed into the shorter span between the increasing age at onset of disability and the fixed occurrence of death’.²⁸ Morbidity is explicitly linked to illness, disability, and death, and therefore also with the diseases that ‘sap ... vitality’;²⁹ this implicitly connects both terms but also, more importantly, suggests that one only appears once the other starts to diminish. That is, only when vitality begins to dissolve does the period of morbidity begin to set in, and this is moreover necessary before the ‘fixed occurrence of death’.

Daniel N. Stern, in a similarly recent study of medical vitality, approaches a definition; this remains, however, necessarily abstract. Stern even

²³ Fries and Crapo, p. 17.

²⁴ Fries and Crapo, p. 135.

²⁵ Fries and Crapo, p. 136.

²⁶ Fries and Crapo, p. 136.

²⁷ James F. Fries, ‘Aging, Natural Death, and the Compression of Morbidity’, *The New England Journal of Medicine* 303.3 (1980), pp. 130–5, p. 133.

²⁸ Fries, p. 133.

²⁹ Fries and Crapo, p. 136.

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acknowledges that this ‘aspect of human experience ... remains largely “hidden in plain view”’.³⁰ He asserts that ‘[w]e know that it is a manifestation of life, of being alive. We are very alert to its feel in ourselves and its expression in others.’³¹ Outlining how the concept of vitality issued from the ‘doctrine of “vitalism”’ and how ‘little attention has been paid to vitality subsequently’,³² Stern goes on to define vitality as

a real human experience. [...] We naturally experience people in terms of their vitality. We intuitively evaluate their emotions, states of mind, what they are thinking and what they really mean, their authenticity, what they are likely to do next, as well as their health and illness on the basis of the vitality expressed in their almost constant movements.³³

Vitality is here defined as not only something bodily and particularly discernible in bodily movement – Stern goes on to call vitality a ‘mental creation’ that also has ‘a basis in physical action’³⁴ – but also something expressive and legible. Moreover, Stern explicitly connects vitality with health and its visual appearance, again suggesting legibility of both health and vitality. Lastly, Stern consistently refers to vitality as the ‘sense of being alive’³⁵ and ‘the feel of being alive’.³⁶ Vitality is, then, visible in both a medical and non-medical sense; although it refers to an intangible ‘feel’ and ‘sense’ of feeling alive, it also has a physical and bodily basis, and Stern acknowledges both aspects. Vitality will look different through these two gazes (the medical and non-medical), as we can see in *Middlemarch* through Dr Lydgate’s nuanced perceptions of his patients

³⁰ Daniel N. Stern, *Forms of Vitality: Exploring Dynamic Experience in Psychology, the Arts, Psychotherapy, and Development*, (Oxford: Oxford University Press, 2010), p. 3.

³¹ Stern, p. 3.

³² Stern, p. 3.

³³ Stern, p. 3.

³⁴ Stern, p. 4.

³⁵ Stern, p. 10.

³⁶ Stern, p. 34.

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both as a doctor and an individual; when visiting Dorothea in a medical capacity, for example, he recommends to Sir James that she ‘wants perfect freedom, [...] more than any other prescription’ (462), recognising that there is no medical issue, but rather ‘the strain and conflict of self-repression’ (462) that has affected her vitality.

These modern texts are useful in demonstrating why the concepts of vitality and morbidity are paired together in this chapter, though they do not seem to be explicitly so in nineteenth-century texts. Vitality is characterised by ‘active force’, ‘mental or physical vigour’, ‘activity, animation, liveliness’, ‘youth and vigor’,³⁷ ‘almost constant movements’,³⁸ and the ‘sense’³⁹ and ‘feel of being alive’.⁴⁰ Morbidity is characterised by ‘excessive gloom or apprehension’, ‘an unhealthy preoccupation with disease, death’, ‘unwholesome brooding’, and the period of ‘disability’ before ‘the fixed occurrence of death’.⁴¹ Life and death, health and illness, are represented, both implicitly and explicitly, in these two opposing concepts. For the purposes of this chapter, then, ‘vitality’ is to have the animation and outlook of health, both mentally and physically, while ‘morbidity’ is to be obsessed or preoccupied with illness and death, also both mentally and physically. Pairing these concepts allows for an exploration of both sides of the same topic; this chapter will explore the presence and use of these concepts in *Middlemarch*, and the contradictions that are to be found between health, ill-health, morbidity, and vitality – as has already been explored through Eliot’s writing on her own life and experience. The terms ‘vitality’ and ‘morbidity’ are

³⁷ Fries and Crapo, p. 17.

³⁸ Stern, p. 3.

³⁹ Stern, p. 10.

⁴⁰ Stern, p. 34.

⁴¹ Fries, p. 133.

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not found abundantly throughout *Middlemarch* – Eliot uses the word ‘vital’ only three times, ‘morbid’ only five times, and ‘vitality’ and ‘morbidness’ not at all – but the concepts themselves are present and hard at work in the text.

Though the terms themselves are not frequently used in *Middlemarch*, the abstract concepts of vitality and morbidity are displayed and presented through coded images and metaphors: youth, bloom, animation, and light all equal health when attached to characters, mostly implicitly but occasionally explicitly. The most prominent of these ways in which health is coded in the text is age: though there is by no means a strict correlation between youth and health, and age and infirmity, still less between those qualities and vitality and morbidity, the characters described by their age typically have their age reflect upon their health. This is most notably the case with Casaubon and Will Ladislaw, which affects their relationships with Dorothea.

The first introduction to Casaubon stresses his age and appearance: Dorothea finds, on meeting him, that

the set of his iron-gray hair and his deep eye-sockets made him resemble the portrait of Locke. He had the spare form and the pale complexion which became a student; as different as possible from the blooming Englishman of the red-whiskered type represented by Sir James Chettam.⁴²

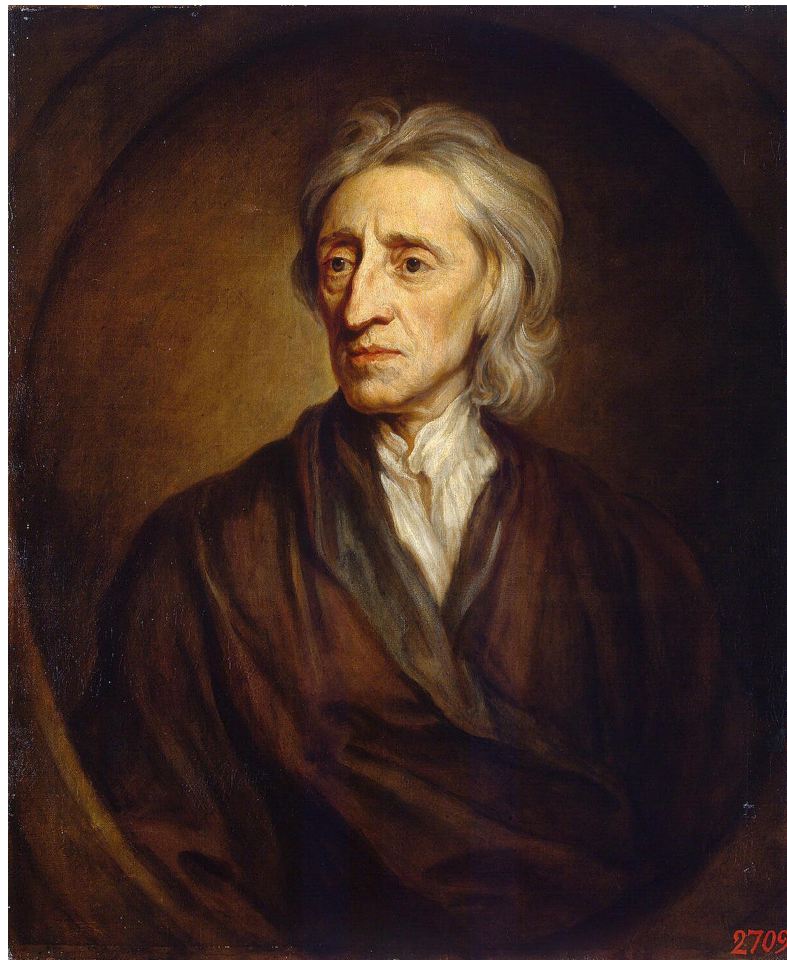
It is, firstly, interesting that Eliot chose the philosopher John Locke to be the primary point of comparison for Casaubon, given the former’s role as one of the most influential Enlightenment philosophers; this suggests wisdom and percipience. However, Eliot chose to refer specifically to the *portrait* of Locke;

⁴² George Eliot, *Middlemarch*, ed. David Carroll (1872; Oxford: Oxford University Press, 1996), p. 15. All subsequent references included parenthetically after quotation.

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as A. D. Nuttall argues, ‘Locke’s prose style, unchecked by any visual information about the writer, would of itself suggest a solid sort of person; the picture shows a wraith, pallid and ghostly.’⁴³ Thus, Eliot implies that the similarity between Casaubon and Locke lies not in sagacity but, more superficially, only in appearance.

The portrait mentioned is ‘most likely to be’ the portrait by Sir Godfrey Kneller:⁴⁴



Sir Godfrey Kneller, 'Portrait of John Locke' (1697)

⁴³ A. D. Nuttall, *Dead from the Waist Down: Scholars and Scholarship in Literature and the Popular Imagination* (New Haven and London: Yale University Press, 2003), p. 29.

⁴⁴ Hugh Witemeyer, *George Eliot and the Visual Arts* (New Haven and London: Yale University Press, 1979), p. 210, ft. 59.

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Dorothea's first thought and later assertion that Casaubon 'is remarkably like the portrait of Locke' (19) makes this portrait a good starting point for considering Casaubon's appearance. His 'iron-gray hair' makes him appear steely and if not old then certainly older than Dorothea, and the 'spare form and ... pale complexion' create an impression of a thin frame and unhealthy appearance. That he is contrasted with the 'blooming Englishman' Sir James Chettam, when 'blooming' is an adjective frequently connected with the glow of health, sets him in opposition to this healthy appearance. Of course, while Dorothea thinks that this look is 'distinguished' (19), her sister Celia forthrightly declares 'How very ugly Mr Casaubon is!' (19) and believes him to be 'sallow' (19), demonstrating the difference in the sisters' interpretation of Casaubon's appearance. Celia's feelings in that regard even extend to 'disgust at the possibility that anything in Dorothea's mind could tend towards such an issue. [...] the idea of marrying Mr Casaubon!' (44), an emotion echoed by the spurned Sir James, whose face wears a look of 'concentrated disgust' (53) upon his discovery of the news. Indeed, Sir James expresses his anger to Mr Cadwallader at Mr Brooke's 'letting that *blooming young girl* marry Casaubon' (63, my emphasis), a man of whom he declares: 'But look at Casaubon! [...] He must be fifty, and I don't believe he could ever have been much more than the shadow of a man. Look at his legs!' (63). Nuttall points out that Casaubon, 'the desiccated walking corpse', is in fact 'somewhere between forty-six and forty-nine'.⁴⁵ It is clear that, despite his actual age, '[t]he hold of senescence upon him is proved, by his chronological age, to be abnormally strong, at the very beginning of the book',⁴⁶ since he possess 'a weedy body that makes him look older than his

⁴⁵ Nuttall, p. 26.

⁴⁶ Nuttall, p. 27.

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forty-six years'.⁴⁷ Moreover, the text is littered with a 'range of imagery of decay through dehydration or decomposition'⁴⁸ with reference to Casaubon; he is 'both dry and damp. His language is arid, as is his laughter; his figure is stick-like.'⁴⁹

Even Lydgate supports these general views, much later in the text, shortly before Casaubon's death, when he observes that the latter is showing

more markedly than ever the signs of premature age—the student's bent shoulders, the emaciated limbs, and the melancholy lines of the mouth. 'Poor fellow,' he thought, 'some men with his years are like lions; one can tell nothing of their age except that they are full grown. (395-6)

Lydgate, with the eye of a medical man (as opposed to the eye of Lydgate the man, discerned earlier), judges that Casaubon is prematurely ageing, which actually suggests that the latter does not look so unhealthy *because* of his age, but rather that he has the appearance of a much older man; this in turn suggests that his health is worse than would generally correspond to his age, which foreshadows the events to come. Furthermore, his age is related to his health through the symbolic linking of his premature age with 'his heart disease, both of which stand for his lack of emotional resonance, vitality and sympathy'.⁵⁰

These various reactions demonstrate the general opinion regarding Casaubon's appearance and his suitability to marry Dorothea, based solely upon his age and the physical appearance of it. There is an implicit assumption that Casaubon is not a fit husband for Dorothea for the reason that, as Elizabeth

⁴⁷ Elizabeth Hale, 'Sickly Scholars and Healthy Novels: The Classical Scholar in Victorian Fiction', *International Journal of the Classical Tradition* 17.2 (2010), pp. 219–243, p. 222.

⁴⁸ Hale, p. 223.

⁴⁹ Hale, p. 223.

⁵⁰ Heike Hartung, *Ageing, Gender, and Illness in Anglophone Literature: Narrating Age in the Bildungsroman* (New York and Abingdon: Routledge, 2016), p. 166.

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Hale explains, ‘the figure of the scholar in [this] and other novels, is depicted as non-sexual. Casaubon does not marry until late in life, and Eliot makes it clear that he is sexually and emotionally inexperienced.’⁵¹ Hale also, however, clarifies that ‘[f]or the citizens of Middlemarch, the notion of Casaubon the scholar as a sexual being is discomfiting, and not entirely accounted for by the generally accepted idea of Casaubon’s impotence and infertility’;⁵² rather, she argues, ‘[t]he Middlemarchers are uneasy about the marriage because to them Casaubon is already dead’.⁵³ This link between Casaubon and death will be explored later in the chapter, but Casaubon’s implicit lack of sexual drive is certainly a factor in the disapproval surrounding the match; Gordon S. Haight identifies this in a sharp comment made by Mrs Cadwallader, that marriage to Casaubon ‘is as good as going to a nunnery’ (54).⁵⁴

The most explicit speculation, by contrast, about Casaubon’s age and health occurs when Mr Brooke tells his niece Dorothea that Mr Casaubon has asked for his permission to make her an offer of marriage. The latter’s age seems to be Mr Brooke’s principal concern:

Well, but Casaubon, now. There is no hurry—I mean for you. It’s true, every year will tell upon him. He is over five-and-forty, you know. I should say a good seven-and-twenty years older than you. [...] And his income is good—he has a handsome property independent of the Church—his income is good. Still he is not young, and I must not conceal from you, my dear, that I think his health is not over-strong. I know nothing else against him. (37)

⁵¹ Hale, p. 228.

⁵² Hale, p. 229.

⁵³ Hale, p. 229.

⁵⁴ Gordon S. Haight, *George Eliot’s Originals and Contemporaries: Essays in Victorian Literary History and Biography* (Ann Arbor: The University of Michigan Press, 1992), p. 25.

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Mr Brooke explicitly connects Casaubon's age and his health, although it is unclear whether he believes the latter's health to be 'not over-strong' simply *because* of his age, or whether he has evidence to support that assertion; given that Casaubon himself seems to have no awareness of having a disease or condition when speaking with Lydgate after he is taken ill later in the novel,⁵⁵ the first explanation seems more likely. Mr Brooke's emphasis on Casaubon's age, the comparison between his age and Dorothea's, and his health combine to suggest that what Mr Brooke fears is that Dorothea will eventually have to nurse her aged husband, rather than grow old mutually with someone of a more suitable age (such as Sir James Chettam), a suggestion supported by Mr Brooke's warning that 'every year will tell upon him'; he also implies that these reasons, age and ill-health, are factors to be considered 'against him'.

Furthermore, Mr Brooke's caution to his niece that '[t]here is no hurry—I mean for you' suggests that there *is*, or at least that he believes there to be, a hurry for Casaubon, that his age and 'not over-strong' health mean that he is essentially waiting for death.⁵⁶ Of course, that this turns out to be terribly prophetic and that Casaubon does indeed die within a few years of his marriage adds to the tragic aspect of Casaubon's life – a life certainly characterised by morbidity.

In stark contrast to the ageing Casaubon is the sprightly figure of Will Ladislaw, who 'fizzes like a firecracker' throughout the text.⁵⁷ Before the character of Ladislaw even appears, he is characterised as youthful, which provides an immediate comparison with Casaubon and, indeed, to Lowick,

⁵⁵ I refer to the point where Casaubon says to Lydgate 'You have not implied to me that the symptoms which [...] you watched with scrupulous care, were those of a fatal disease. But were it so, Mr Lydgate, I should desire to know the truth without reservation, and I appeal to you for an exact statement of your conclusions' (396-7).

⁵⁶ 'Waiting for Death' is, appropriately, the title of Book Three of *Middlemarch*.

⁵⁷ Nuttall, p. 66.

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which 'looked rather melancholy even under the brightest morning' (67); it 'had an air of autumnal decline, and Mr Casaubon, when he presented himself, had no bloom that could be thrown into relief by that background' (67-68).

Casaubon is connected to the house, not merely as its owner but in the characterisation of both as declining and lacking in bloom. Furthermore, the suggestion that even the 'brightest morning' could not relieve the house implies that even Dorothea will not be able to illuminate it; she herself is the brightness that can do nothing to combat the dimness of Lowick, a name itself suggestive of dimness and lack of light ('low wick'). Dorothea, of course, notices none of this, and the 'dark book-shelves, the carpets and curtains with colours subdued by time [...] had no oppression for her' (68); even the room chosen as her boudoir is one in which 'one might fancy the ghost of a tight-laced lady' (69), accentuating the melancholy and faintly gothic descriptions of Lowick. The portraits of Casaubon's family hanging in that room do, however, provide 'a new opening to Celia's imagination, that he came of a family who had all been young in their time' (69). Celia's surprise that anything young could be associated with Casaubon is reflected in her description of Ladislaw, before they have even met:

'Do you know, Dorothea, I saw some one quite young coming up one of the walks.'

'Is that astonishing, Celia?'

[...]

'No, not a gardener,' said Celia; 'a gentleman with a sketch-book. He had light-brown curls. I only saw his back. But he was quite young.' (70)

Ladislaw's youth is emphasised repeatedly here, along with Celia's continued astonishment that anyone young could be associated with either Casaubon or Lowick. When the group meet Ladislaw shortly afterwards, his 'bushy light-brown curls, as well as his youthfulness, identified him at once with Celia's

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apparition' (73), and he is consistently referred to as 'young Ladislaw' (73-4). These repeated insistences on his youth simultaneously fix him in opposition to Casaubon, and draw attention to his presumed health: given that Casaubon's age is connected to his potential ill-health by those same characters, it seems reasonable to suggest that in emphasising Ladislaw's youth his health is also being implied, if not acknowledged.

There are numerous other ways in which the health of these two characters is coded and contrasted in the text. Casaubon is frequently associated with death, both in descriptions of his scholarly pursuits and his appearance: he 'is a little buried in books' (36) and, by his own declaration, '[lives] too much with the dead' (16). Nuttall perceives Casaubon as 'a ghost, conversing more with dead people than with living',⁵⁸ and his link with death becomes physically apparent, as 'the [skull] beneath [his] skin become visible'.⁵⁹ Sir James Chettam declares that he 'has one foot in the grave' (54) and 'is no better than a mummy', although the narrator clarifies that this opinion 'has to be allowed for, as that of a blooming and disappointed rival' (54). Indeed, Casaubon 'had never had a strong bodily frame' (262), an assertion substantiated by his unprecedented 'attack' (268) or 'fit' (266). The prognosis of Casaubon's illness, after his initial attack, connects him with death in a very literal way, in that his health is in danger at every moment. Lydgate tells Dorothea:

[...] I beg you to observe that Mr Casaubon's case is precisely of the kind in which the issue is most difficult to pronounce upon. He may possibly live for fifteen years or more, without much worse health than he has had hitherto.'

⁵⁸ Nuttall, p. 31.

⁵⁹ Hale, p. 225.

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Dorothea had turned very pale, and when Lydgate paused she said in a low voice, 'You mean, if we are very careful.' (271)

Lydgate's comment does not reveal exactly what the state of Casaubon's health *was* prior to this, but that the Casaubons would have to be 'very careful' simply to maintain this level of health demonstrates the potential dangers surrounding it. Similarly, that Dorothea includes herself in the 'we' is reminiscent of Mr Brooke's fears that her youth will be sapped in care for her aged husband. Moreover, Lydgate's honest uncertainty regarding the likely prognosis of this illness is telling of the lack of knowledge surrounding such illnesses during this period, even to a skilled medical practitioner. Indeed, he continues that there is 'no immediate danger from that affection of the heart which I believe to have been the cause of his late attack. On the other hand, it is possible that the disease may develop itself more rapidly: it is one of those cases in which death is sometimes sudden' (271).

Casaubon's failing health is particularly significant, then, because he correspondingly becomes increasingly morbidly obsessed with his own death; indeed, his health and impending death are placed in stark contrast at the forefront of the narrative. This episode occurs in Book Three, 'Waiting for Death', and Casaubon's death occurs in Book Five, 'The Dead Hand', leaving the spectre of his failing health suspended through the text for approximately twenty chapters – and, of course, the consequences of his death and the extension of 'the dead hand' last until the novel's close. As Nuttall succinctly puts it, '[t]he central message, that Mr Casaubon is antagonistic to life, is hammered home in a dozen ways'.⁶⁰

⁶⁰ Nuttall, p. 32.

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Will Ladislaw, by stark contrast, is described in terms of light. Indeed, the ‘first impression on seeing Will was one of sunny brightness’, and ‘[w]hen he turned his head quickly his hair seemed to shake out light, and some persons thought they saw decided genius in this coruscation’ (196), two images which lead one to wonder whether Dorothea shared this first impression on meeting Will. Certainly later in the text she thinks of him as ‘a bright creature’ (739), and the narrator elucidates that ‘[s]ometimes, [...] he looked like an incarnation of the spring whose spirit filled the air—a bright creature, abundant in uncertain promises’ (443). Moreover, as well as his general appearance,

Will Ladislaw’s smile was delightful, [...]: it was a gush of inward light illuminating the transparent skin as well as the eyes, and playing about every curve and line as if some Ariel were touching them with a new charm, and banishing for ever the traces of moodiness. (192)

This image of Will’s inward illumination and glowing skin all combine to create a picture of health, even though his health is not specifically mentioned; his attractive appearance of brightness is connected to the notion of a “healthy glow,” a notion supported by his youth and wellbeing. Crucially, Will’s association with light and brightness provides continued direct and explicit contrast with Casaubon. When the latter is surprised at finding Will in Rome, he ‘was less happy than usual, and this perhaps made him look all the dimmer and more faded; else, the effect might easily have been produced by the contrast of his young cousin’s appearance’ (196); while Will is all sunshine, Casaubon ‘stood rayless’ (196), akin to Lowick and the darkness therein. The first meeting between Dorothea and Will, in which the latter ‘immediately stands out’ against

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the background of Lowick,⁶¹ establishes damage to Casaubon because of his own 'enduring indistinctness',⁶² damage that is maintained throughout the text. Indeed, David Trotter argues that, '[h]ard though Eliot subsequently tries to rehabilitate him, she cannot undo the impression created with such meticulous brutality in chapter 9'.⁶³ The text implies competition between the two men from the moment of Will's introduction; what chance does Casaubon, the 'born loser', stand against this young rival?⁶⁴

This comparison between Casaubon and Ladislav, then, establishes Dorothea and Ladislav in opposition to Casaubon: she is similarly described in terms of light and brightness (which I will come to discuss) and therefore also as young and healthy, making them implicitly well suited, while Casaubon contrasts unfavourably with both. On the first meeting of the three in Rome, Dorothea 'was perhaps not insensible to the contrast' (196) between her husband and his relative, but similarly notes Will's 'young equality' (196) with her, emphasising both his youth and their mutual youth. Similarly, when the two meet later at Lowick, 'each looked at the other as if they had been two flowers which had opened then and there' (341), an image that not only suggests the bloom of youth, but also a mutual and reciprocal connection and attraction between them. Heike Hartung argues that 'Casaubon's suspicions of Will Ladislav are countered by the narrator's comparison of Dorothea and Will with children', because of the 'symbolic link with the innocence of childhood' suggested therein.⁶⁵ I disagree with Hartung here: rather, I believe that the

⁶¹ David Trotter, 'Space, Movement, and Sexual Feeling in *Middlemarch*', *Middlemarch in the Twenty-First Century*, ed. Karen Chase (Oxford: Oxford University Press, 2006), pp. 37–63, p. 39.

⁶² Trotter, p. 38.

⁶³ Trotter, p. 40.

⁶⁴ Trotter, p. 40.

⁶⁵ Hartung, p. 163.

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narrator's representation of Dorothea and Will as children serves instead to emphasise their mutual youth and happy, vital natures, and that this comparison serves to age Casaubon even more. Rather than being countered, Casaubon's suspicions are amplified by the shared characteristics of the young pair. After all, '[w]hat chance for poor Mr Casaubon against this walking sunburst?'⁶⁶

It is not merely youth that they share: even Ladislaw's illuminated smile is echoed in Dorothea, as '[t]he reflection of that smile could not but have a little merriment in it' (192) and so his 'irresistible' smile 'shone back from her face too' (192). Sally Shuttleworth notes that 'Will offers the only hope of light and release. The chance of seeing him acted 'like a lunette opened in the wall of her prison, giving her a glimpse of the sunny air'.⁶⁷ Indeed, the mutual attraction between the two demonstrates vitality in itself: Shuttleworth points out that while Casaubon can produce no offspring, it is 'in marriage to the *vital* Will that [Dorothea] produces the desired heir', thus restoring '[v]itality ... to the social organism'.⁶⁸ Henry Staten also notes that there is a 'vitality ... of Dorothea and Will's earlier relation',⁶⁹ an 'erotic vitality and an intimacy between Will and Dorothea of the sort any husband might fear'.⁷⁰ Lee R. Edwards goes further, outlining that the reason for Dorothea's marrying Will is 'most often given in terms which account for the marriage by opposing Will's presumed sensuality to

⁶⁶ Nuttall, p. 65.

⁶⁷ Sally Shuttleworth, *George Eliot and Nineteenth-Century Science: The Make-Believe of a Beginning*, (Cambridge: Cambridge University, 1984), p. 166.

⁶⁸ Shuttleworth, p. 161, my emphasis.

⁶⁹ Henry Staten, *Spirit Becomes Matter: The Brontës, George Eliot, Nietzsche*, (Edinburgh: Edinburgh University Press, 2014), p. 82.

⁷⁰ Staten, p. 83.

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Casaubon's sterility'.⁷¹ There is certainly a sensual connection between the two, even before Dorothea is aware of it – the image of the 'two flowers which had opened then and there' (341) suggests youth, certainly, but also fertility.

Casaubon is also contrasted to Dorothea directly: on their return from their wedding journey to Rome, Dorothea 'was glowing from her morning toilette as only healthful youth can glow' (256), while Mr Casaubon had 'risen early complaining of palpitation' (257), contrasting the states of health of the couple and providing a foreshadow of the health issues to come. Karen Chase outlines how Eliot frequently "throws into relief" a particular trait she wants to emphasize by way of the surrounding contrast',⁷² which we see done with Dorothea and Casaubon directly through her 'frequently remarked bloom'.⁷³ Indeed, contemporaneous reviewers of the novel could not understand why Dorothea would marry Casaubon, so strong were the contrasts drawn between them. Hutton argues that it is 'somewhat unnatural' that someone like Dorothea 'should fall in love with a man of so little vital warmth and volume of character as Mr Casaubon in spite of the twenty-seven years' difference in age, without any apparent reason beyond her thirst for an intellectual and moral teacher'.⁷⁴ He maintains this view throughout his reviews of the text, observing of the novel as a whole that the emotions and conflicts experienced by Dorothea throughout her unhappy marriage to Casaubon 'are all painted in colours whose glow is all the more striking for the dreary and pallid tone of the wasting and wasted

⁷¹ Lee R. Edwards, 'Women, Energy, and *Middlemarch*', *The Massachusetts Review* 13.1/2 (1972), pp. 223–238, p. 235. Edwards goes on to explain that this solution is not enough for some critics, who 'condemn the author for failing to make Dorothea's savior more sexually viable'.

⁷² Karen Chase, 'Introduction', *Middlemarch in the Twenty-First Century*, ed. Karen Chase (Oxford: Oxford University Press, 2006), pp. 3–14, p. 7.

⁷³ Chase, p. 8.

⁷⁴ R. H. Hutton, 'Review of Book 1', *Spectator* (16 December 1871), xlv, pp. 1528–9, in *George Eliot: The Critical Heritage*, ed. David Carroll (London: Routledge & Kegan Paul, 1971), pp. 286–290, p. 287.

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nature with which her lot is linked'.⁷⁵ It seems the kindest thing to be said about Casaubon is that he is an 'excellent invention'; indeed, 'as a dusky *repoussoir* to the luminous figure of his wife he could not have been better imagined'.⁷⁶

These various comparisons made by both the text and criticism unite health, youth, and vitality, and ill-health, old age, and morbidity, in ways that seem to be perfectly logical. After all, wouldn't you have the 'feel of being alive'⁷⁷ if you were young, passionate, and glowing with physical health? Similarly, if you were old, unwell, and used to reading the tomes of men long dead, an 'unhealthy preoccupation with ... death' seems entirely expected.⁷⁸ These comparisons are, of course, narratively crucial, but they serve to foreground vitality, and consequently health, as the central difference between this unsuitable couple, and similarly use this vitality-health combination to illustrate this very unsuitability and its alternative.

Initially, then, it seems as though Dorothea and Ladislaw uphold the principles of vitality while Casaubon begins and ends an archetype of morbidity, demonstrating throughout an 'unhealthy preoccupation with ... death'; 'the shock lately given to his health [was] always sadly present with him' (393), and he has a 'morbid consciousness that others' (391) thought poorly of him. However, as with Eliot herself, the logical pairings of vitality with health and morbidity with ill-health are not this straightforward or simple, nor are their relationships with youth and old age. Old age is necessarily linked with ill-health

⁷⁵ R. H. Hutton, 'Review of *Middlemarch*, 4 vols', *Spectator* (7 December 1872), xlv, pp. 1554–6, in *George Eliot: The Critical Heritage*, ed. David Carroll (London: Routledge & Kegan Paul, 1971), pp. 305–314, p. 310.

⁷⁶ Henry James, 'unsigned review', *Galaxy* (March 1873), xv, pp. 424–8, in *George Eliot: The Critical Heritage*, ed. David Carroll (London: Routledge & Kegan Paul, 1971), pp. 353–359, p. 358.

⁷⁷ Stern, p. 34.

⁷⁸ Fries, p. 133.

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and physical decline from a biological perspective: ‘it is in the nature of time and our condition as biological creatures that we shall grow old. [...] [T]he consequences of ageing chromosomes, and the ‘wear and tear’ of being alive, are ineluctable.’⁷⁹ An illness that ‘would not have troubled a young person with ample reserve vitality’ can cause an ‘aged person without organ reserve [to] die swiftly and easily’.⁸⁰ However, old age is not *itself* indicative of illness or premature death, just as youth is not in itself indicative of health. Helen Small outlines how

[f]or every conventional negative association of ‘old age’ there is an equally recognizable counter-association: rage/serenity; nostalgia/detachment; folly/wisdom; fear/courage; loss of sexual powers and/or opportunities/liberation from sex; loss of the capacity or right to labour/release from a long life of labour.⁸¹

Different individuals experience old age in different ways; it can be either ‘a ‘privilege’ and ‘special favour’” or ‘a ‘withering’ and ‘languishing’”,⁸² and Lydgate observes that ‘some men with [Casaubon’s] years are like lions’ (395-6). It is clear where Casaubon falls within these opposing divisions, with his greying hair, frail form, pallid features, and implied impotence.

But even Casaubon demonstrates vitality; Dorothea demonstrates morbid behaviour and thoughts. Small goes on to assert that, although ‘the consequences of ageing chromosomes, and the ‘wear and tear’ of being alive, are

⁷⁹ Helen Small, *The Long Life*, (New York: Oxford University Press, 2007), p. 4.

⁸⁰ Fries and Crapo, p. 37.

⁸¹ Small, p. 2.

⁸² Small, p. 2.

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ineluctable', 'we can, and should, contest the ill effects of being labelled 'old' in advance of any serious decline in capacity'.⁸³ Furthermore,

our relation to our own age is particularly complex. It is often described as bifurcated: unless life has severely strained a person's emotional or physical resources, most people report that they feel younger than they 'actually are'. [...] The age we feel is not necessarily the same as our calendrical age, nor is it the same as how we are perceived, or how we register ourselves being perceived by others.⁸⁴

Small outlines the various differences that can occur between self-perception, perception by others, the self's perception of perception by others, and actual fact; and these differences demonstrate how vitality and morbidity can often be found where they would not be expected. The aged and infirm can exhibit great vitality, as *Middlemarch's* Mr Featherstone amply demonstrates (as I will come to discuss), and the young and healthy can display morbid tendencies and thought patterns. Vitality and morbidity are therefore able to reflect contradictions between actual health, perceived health, and lived experience. The chapter will now move on to exploring these contradictions in Dorothea, Casaubon, and Featherstone, building on the work of Auerbach.

The Experience of Morbidity in a Vital Body

Dorothea's vitality has already been touched upon in the comparisons with Ladislaw and the resulting contrasts with her husband. She is consistently depicted as being healthy and vital, both implicitly and explicitly; indeed, J. Hillis Miller states that Dorothea has 'embodied [the life force] from the

⁸³ Small, p. 4.

⁸⁴ Small, p. 3.

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beginning, in her beauty and in her “ardor”⁸⁵ She ‘loved the fresh air’ and when out riding ‘her eyes and cheeks glowed with mingled pleasure’ (9); riding is avowed by Sir James to be ‘the most healthy of exercise’, which, given that Dorothea is ‘a perfect horsewoman’ (20) suggests that she is used to exercise and is consequently healthy. She goes walking ‘briskly in the brisk air’, causing ‘the colour [to rise] in her cheeks’ (25), and her eyes are a consistent focus, being ‘bright and full’ and having a ‘glow’ (25) in them. Her ‘glowing’ ‘healthful youth’ has already been mentioned; this is coupled with ‘gem-like brightness on her coiled hair and in her hazel eyes; there was warm red life in her lips’ (256-7), with an explicit connection between her glowing brightness, her youth, and her health. Nuttall sees this consistent glow of Dorothea’s as suggesting ‘a state close to sexual fulfilment’,⁸⁶ and talk of her glow generally to be ‘erotically excited writing’.⁸⁷ His insistence on seeing sex everywhere leads him to find it ‘surprising, in terms of the general imaginative economy of the novel, that Dorothea should “glow” both after the sensuous experience of riding and after a honeymoon with Dr. Death’;⁸⁸ I would argue instead that this continuous glow is less specifically erotic and more emblematic of her continuous health. Indeed, Nuttall comes round to this idea, suggesting that it is ‘likely’ that Eliot desired simply ‘a vivid contrast between the blooming young wife and the desiccated bridegroom’.⁸⁹

Furthermore, on the day of Casaubon’s death, Dorothea’s maid Tantripp comments that ‘I never saw you look so pale, madam’ (451): Dorothea replies

⁸⁵ J. Hillis Miller, ‘A Conclusion in Which Almost Nothing Is Concluded’, *Middlemarch in the Twenty-First Century*, ed. Karen Chase (Oxford: Oxford University Press, 2006), pp. 133–156, p. 147.

⁸⁶ Nuttall, p. 44.

⁸⁷ Nuttall, p. 45.

⁸⁸ Nuttall, p. 45.

⁸⁹ Nuttall, p. 46.

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'[w]as I ever high-coloured, Tantripp?' receiving the response '[w]ell, not to say high-coloured, but with a bloom like a Chiny rose. But always smelling those leather books, what can be expected?' (451), demonstrating that Tantripp clearly connects her paleness and loss of bloom and health with the work undertaken for Casaubon. Much later in the text, upon discovering Ladislaw and Rosamond Lydgate alone together, though '[Dorothea] was paler than usual she was never animated by a more self-possessed energy', which made her desire 'something active to turn her excitement out upon. She felt power to walk and work for a day, without meat or drink' (730), which in turn prompts Celia to comment 'Dodo, how very bright your eyes are!' (730). The morning after her epochal night of despair, she was 'vigorous enough to have borne that hard night without feeling ill in body' (740), and declares later to Lydgate, with 'animation in her face', 'I am strong: I need the walk' (751). Days later, after

she had had two nights of sound sleep, [she] had not only lost all traces of fatigue, but felt as if she had a great deal of superfluous strength—that is to say, more strength than she could manage to concentrate on any occupation. (756)

These examples all work together to express Dorothea's health: the frequent images of glowing, brightness, animation, and strength are all coded metaphors with which to represent this. Dorothea can certainly be said to embody, quite literally, the notion of vitality, and her mentality of vitality that supports this ('I am strong') is therefore appropriate to her bodily condition.

Dorothea can also, however, be considered a morbid character – not in body, but in her appearance, mentality, outlook, and a number of her actions. Much criticism of the novel sees Dorothea as a straightforwardly vital character, as outlined above; a reassessment of Dorothea first appeared a decade ago, however, in Auerbach's essay 'Dorothea's Lost Dog'. Auerbach opens by

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declaring that ‘Dorothea Brooke has always irritated me; in fact, she makes my flesh creep.’⁹⁰ She notes that Ladislaw and Lydgate ‘enthroned Dorothea in reverential imagery, enticing the reader to do the same’,⁹¹ and, as I have outlined, her own project here is to ‘dim Dorothea’s unearned aura of magnificence’.⁹² I do not necessarily agree with some of Auerbach’s more specific arguments in this article,⁹³ but her overall aim, to alter the way we see Dorothea, is compelling. Building on Auerbach’s work here, I will show how these perceptions about Dorothea’s vitality and their appropriateness to her lived experience are not necessarily all they seem.

Dorothea’s morbid characteristics include a tendency towards the severe: she was ‘enamoured of intensity and greatness, [...] likely to seek martyrdom’ (8). Her marriage to Casaubon constitutes the main part of this morbidity: she states, with ‘grave decision’ (37) that she ‘should not wish to have a husband very near [her] own age’ (37); she also likens her forthcoming marriage to the relationship between Milton and his daughters, emphasising the difference in age between her and Casaubon. Celia finds ‘something funereal in the whole affair’ (45), and Dorothea tells her sister ‘do not grieve’ (45); Celia also regards Casaubon’s ‘learning as a kind of damp which might in due time saturate a neighbouring body’ (261) and thinks that Dorothea ‘is fond of melancholy things and ugly people’ (306). Ladislaw, when speaking to Dorothea about Casaubon, ‘thought the more irritably of beautiful lips kissing holy skulls’ (342), and Dorothea herself, much later in the text, thinks of Will himself as ‘the bright

⁹⁰ Auerbach, p. 87.

⁹¹ Auerbach, p. 90.

⁹² Auerbach, p. 105 fn.

⁹³ Such as that Dorothea ‘continually tread[s] on her less clever and more fragile husband Casaubon, until he wilts’. See Auerbach, p. 88.

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creature [...]—who had come to her like the spirit of morning visiting the dim vault where she sat as the bride of a worn-out life' (739); images of death and its associations abound. Her marriage quickly begins to consist of worrying about her husband's health and potentially early death, particularly given that that is Casaubon's main focus as well: she anxiously questions him 'whether he had felt ill' (395), and visits Lydgate in order to ascertain whether there were any 'signs of change in Mr Casaubon's bodily condition beyond the mental sign of anxiety to know the truth about his illness' (411). She feels 'inward misery' (399) in this situation, 'sat and saw as in one glance all the paths of her young hope which she should never find again' (399), and, after an argument with her husband, she experiences a 'dumb inward cry for help to bear this nightmare of a life in which every energy was arrested by dread' (352). Casaubon even reminds her: 'You are young, and need not to extend your life by watching' (401). Furthermore, Dorothea's lowest moment, which occurs much later in the novel, after Casaubon's death – realising that she does in fact love Will Ladislaw while at the same time believing him to be in love with Rosamond Lydgate – is characterised by dramatic and morbid imagery and action. Reaching 'the limit of resistance', Dorothea sank 'helpless into the clutch of inescapable anguish' while 'waves of suffering shook her' (739). There are frequent images of loss and bereavement, which can arguably be associated with a kind of death: she cries for 'her lost belief which she had planted and kept alive from a very little seed', cries for 'her lost joy of clinging with silent love and faith' (739) to Will, and she sees him as two images,

two living forms that tore her heart in two, as if it had been the heart of a mother who seems to see her child divided by the sword, and presses one bleeding half to her breast while her gaze goes forth in agony towards the half which is carried away [...]. (739)

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This biblical imagery is similarly violent and deathly. Dorothea's state of mind during this episode as well as throughout her marriage can certainly be said to be morbid, gloomy, and deathly; although she does not see this at the start of her marriage, the language of death surrounds her until she begins to take it on board herself. Even her own story, rather than her relationships (particularly with Casaubon), is framed by death: the Prelude hints at it as it talks of 'martyrdom' (3) and the 'tragic failure which [...] sank unwept into oblivion' (3); and the final words of the Finale are explicit, as they look to 'the number who [...] rest in unvisited tombs' (785).

Dorothea therefore demonstrates both vital and morbid tendencies: it seems, in fact, that her *body* is vital and both possesses and displays vitality, but she has morbid tendencies which are displayed in her mentality and, occasionally, in her appearance – although of course not all the time. She is certainly morbid within her marriage, but this mentality is fighting against her bodily vitality and health – a fight that the former side ultimately loses. Shortly after being widowed, Dorothea tells Mr Brooke 'I am quite well now, uncle; I wish to exert myself' (459), and questions 'Why should I sit here idle?' (462) when the capacity to work is there. On being consulted about her health and capacity for action, Lydgate opines that 'Mrs Casaubon should do what would give her the most repose of mind. That repose will not always come from being forbidden to act' (462); further, he tells Sir James to '[l]et Mrs Casaubon do as she likes, [...] She wants perfect freedom, I think, more than any other *prescription*' (462, my emphasis). Lydgate sees the value of action as being able to bring 'repose of mind', and that he values this as a 'prescription' brings Dorothea's bodily and mental state explicitly back to a question of her health, as well as reminding us that the medical and non-medical senses of vitality and

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morbidity are not the same. Furthermore, and as has already been discussed with reference to her vitality, the morning after her night of despair, she was ‘vigorous enough to have borne that hard night without feeling ill in body’ (740); this demonstrates that despite the despair, sorrow and morbidity of the previous night, in which she ‘sobbed herself to sleep’ on the ‘cold floor’ (740), her bodily health carries her through this morbid episode and her vitality leaves her able to cope with the physical and emotional stress. Eliot’s description of Dorothea’s mourning attire encapsulates this image of bodily vitality fighting against a morbid mentality and situation perfectly:

The widow’s cap of those times made an oval frame for the face, and had a crown standing up; the dress was an experiment in the utmost laying on of crape; but this heavy solemnity of clothing made her face look all the younger, with its recovered bloom, and the sweet, inquiring candour of her eyes. (508)

Dorothea’s youth and the ‘recovered bloom’ of her face are emphasised here, in their function as metaphors for her health. Her bloom is ‘recovered’ from the morning of Casaubon’s death, arguably the moment in which Dorothea’s morbid fears for the future of her marriage and life were at their peak – that is, when Casaubon asks her to promise to ‘carry out [his] wishes’ (449) – when Tantripp declares that she ‘never saw [her] look so pale’ (451), one of the few times in which Dorothea’s morbidity has affected her appearance, if not her body as a whole. Furthermore, the focus of the previous quotation is placed, once again, on her eyes: that this is contrasted with the heavy blackness of her widow’s attire demonstrates the disparity between her morbid situation and thoughts, and her bodily vitality that insists on shining through, like her ‘exquisite smile, which irradiated her melancholy’ (367).

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This idea of the body at war with the mind, of Dorothea's bodily vitality fighting against her morbid state of mind, is symptomatic of Eliot's well-documented concern for the mind's relationship to the body. Sally Shuttleworth outlines how '[t]heorists of the unconscious in the mid-nineteenth century tended to assume either, in vitalist fashion, that the mind was ultimately controlled by a dominating Will, or, that the unconscious was only a pre-form of rationality', but also that Lewes 'put forward a theory of unconscious activity that obeyed no such ordering principles'.⁹⁴ Indeed, Lewes, unlike Huxley and others before him, posited that 'any adequate description of the mind must express mental events in terms both of the physical processes involved and, just as importantly, of the subjective experience which those events entail',⁹⁵ and Eliot's own thoughts on the matter were closely aligned to those of her partner.⁹⁶ In *The Physiology of Common Life* (1859), Lewes argues that the mind 'cannot be based solely in the brain, but must extend into the body's nervous system',⁹⁷ since 'an organism's reflex structures, such as the spinal cord, which we might expect to function in an invariable, mechanical way, are in fact capable of some kind of subjective feeling, even though the conscious subject may not always be aware of it'.⁹⁸ Moreover, he 'remains agnostic about any possible causal relationship between the [mental and the physical], seeing them as aspects of the same thing'.⁹⁹ What is particularly important for Lewes's theory, then, is the 'unsettling' idea that 'the actions of the nervous system may often be beyond the

⁹⁴ Shuttleworth, p. 21.

⁹⁵ John Davis, 'Languages of "Matter": Eliot, Lewes, Huxley, and the Mind/Body Relationship', *George Eliot – George Henry Lewes Studies*, 46/47 (2004), pp. 10–27, p. 11.

⁹⁶ John Davis, p. 12.

⁹⁷ John Davis, p. 13.

⁹⁸ Michael Davis, *George Eliot and Nineteenth-Century Psychology: Exploring the Unmapped Country*, (Aldershot and Burlington, VT: Ashgate Publishing Ltd., 2006), p. 16.

⁹⁹ John Davis, p. 14.

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knowledge or control of the conscious part of the mind and yet they are also part of that mind',¹⁰⁰ opening up the possibility that there is 'an unknowable, unconscious self located in the body but still part of the mind as a whole, and with unknown potential'.¹⁰¹ This can be seen demonstrated in Eliot's own fiction; John Davis argues that the 'question of the relationship between the mind and body assumes a particular urgency for Eliot because of the centrality of the body to her ethical vision'.¹⁰² Indeed, he goes on to argue that her focus on bodily experience (he uses the examples of 'impulses' and 'nerves and blood') points to 'the physical processes which underlie the actions of the mind, in any thought or action'.¹⁰³ These explorations, however, leave open 'fundamental questions about exactly how the mind is related to physical life and, conversely, about the limitations of the latter as a means of understanding the former'.¹⁰⁴ This in turn points to another concept that fascinated the Victorians: 'the ways in which the mind remains opaque to itself and its narrators',¹⁰⁵ which led them to the concept of "unconscious cerebration," first used by William Carpenter in 1854'.¹⁰⁶ 'Unconscious cerebration' essentially described 'mental processes that function outside consciousness';¹⁰⁷ processes that work automatically, affect behaviour without our awareness, and operate outside of reason and articulation.¹⁰⁸

¹⁰⁰ Michael Davis, p. 17.

¹⁰¹ Michael Davis, p. 18.

¹⁰² John Davis, p. 14.

¹⁰³ John Davis, p. 15.

¹⁰⁴ John Davis, p. 15.

¹⁰⁵ Vanessa Ryan, *Thinking Without Thinking in the Victorian Novel*, (Baltimore: The Johns Hopkins University Press, 2012), p. 12.

¹⁰⁶ Ryan, *Thinking Without Thinking in the Victorian Novel*, p. 17.

¹⁰⁷ Ryan, *Thinking Without Thinking in the Victorian Novel*, p. 17.

¹⁰⁸ Ryan, *Thinking Without Thinking in the Victorian Novel*, p. 18.

I suggest that this is at play in the struggle between vitality and morbidity, between the vital body and the morbid mind – and, indeed, the morbid body and the vital mind. Eliot consistently ‘foregrounds moments when the mind became unharnessed from conscious control’¹⁰⁹ and simultaneously draws our attention to ‘the impossibility of seeing any action as purely physical and in isolation from the rest of the mind and the environment’.¹¹⁰ The mind is released from conscious control but continues to express itself through the body and through physical processes: no action is *purely* physical, but an action will require physical processes. However, the mind may *try* to express itself through the body – but sometimes this body will not comply, as it has its own biological impulses and behaviour with which it must comply. Eliot’s use of physical language demonstrates that she is alive to the centrality of the physical to express the mental, of ‘physical data to any understanding of the mind’,¹¹¹ pointing to her understanding not only of the ‘paradoxes which characterise the mind’,¹¹² but also to the complex relationship which the body and mind have with each other. For example, if the mind is in a healthy and vital state, happy and animated and optimistic, then this may give some uplift to the body – but if the body is in a morbid state, ill and frail and close to death, then no amount of mental vitality will bring health back to the body. Equally, though certainly a more nuanced example than the one just given, if the mind is in a morbid state, gloomy and fixated on death, then this may depress the body – but the body’s own biological health and vitality will remain.

¹⁰⁹ Vanessa L. Ryan, ‘Reading the Mind: From George Eliot’s Fiction to James Sully’s Psychology’, *Journal of the History of Ideas*, 70.3 (2009), pp. 615–635, p. 626.

¹¹⁰ John Davis, p. 18.

¹¹¹ John Davis, p. 26.

¹¹² John Davis, p. 26.

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Dorothea is attached to morbidity despite the fact that it is not in her nature or her body in the same way it is in Casaubon's; the way in which Celia regarded Casaubon's 'learning as a kind of damp which might in due time saturate a neighbouring body' (261) can, then, be seen to be true of his morbidity instead. Dorothea remains far more a vital character than a morbid one, as noted by critics, but she does often display characteristics of the latter; her display of both characteristics and tendencies crucially suggests that Dorothea's body and mind are not always in accord or agreement. She is healthy throughout the text (though with periods of weakness, such as after Casaubon's death) and therefore possesses physical vitality, but her mentality is frequently out of step with this, demonstrating episodes of morbid thinking despite her physical vitality. Dorothea's morbidity is not appropriate to her embodied context, and yet she experiences it.

The Experience of Vitality in a Morbid Body

This dissonance and struggle between body and mind is displayed throughout *Middlemarch*, and not solely within the heroine herself ('but why always Dorothea?' (261)). Both contemporaneous and recent criticism agrees almost unanimously with the morbid view of Casaubon already outlined, and sees him as representing a grey, ghoulish figure of death: Henry James remarked that '[t]he whole portrait of Mr Casaubon has an admirably sustained greyness of tone'.¹¹³ It is once again, however, Auerbach who begins to mount some defence of Casaubon. She argues for more sympathy to be shown towards him than has

¹¹³ James, p. 358.

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hitherto been the case: she calls him ‘vulnerable’¹¹⁴ and states that Dorothea’s ‘hounding of the dying man to change his will in favor of Ladislaw’ is ‘abrasive’;¹¹⁵ she calls her ‘refusal even to try to work on Casaubon’s Key to All Mythologies after his death ... as consummate a posthumous murder as a spouse can commit’,¹¹⁶ and maintains that, throughout *Middlemarch*, ‘entangled husbands suffer far more memorably than trapped wives do’, summarising that at least Casaubon tries.¹¹⁷ As with her arguments as to Dorothea, I do not agree with all of these points; but, again, her attempt to alter the way we see Casaubon is persuasive. Auerbach is not alone in this project to redeem Casaubon, although it is thus far the most comprehensive: Hartung addresses the sympathy for Casaubon created by the author,¹¹⁸ and a contemporaneous reviewer not only defends Casaubon’s decision to give no restoration to Ladislaw (‘to give even a pedant his due, [...], Casaubon was in the right and Dorothea distinctly in the wrong’), but also asserts that ‘[e]xcept in the matter of his will, when jealousy and ill-health had broken down his gentlemanlike habits, he acts as a gentleman’.¹¹⁹ Building on these thoughts and, once again, on Auerbach’s work, I will show how, mirroring the case of Dorothea, critical perceptions of Casaubon and their relevance to his lived experience are not necessarily all they seem.

Casaubon is indeed the pinnacle of morbidity in the text; he is also, however, surprisingly robust. Haight outlines how, of the list of physical

¹¹⁴ Auerbach, p. 91.

¹¹⁵ Auerbach, p. 93.

¹¹⁶ Auerbach, p. 93.

¹¹⁷ Auerbach, p. 97.

¹¹⁸ Hartung, p. 163.

¹¹⁹ A. V. Dicey, ‘unsigned review I’, *Nation* (23 January 1873), xvi, pp. 60–2, in *George Eliot: The Critical Heritage*, ed. David Carroll (London: Routledge & Kegan Paul, 1971), pp. 339–345, p. 342.

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problems associated with scholars in the quotation from Robert Burton's *The Anatomy of Melancholy* (1621) used as the epigraph to chapter five (in which Casaubon proposes marriage to Dorothea), '[b]esides his sallow complexion and leanness the only defect on this repulsive list found in Mr Casaubon is bad eyes. He shows no obvious signs of sickliness.'¹²⁰ As has already been discussed, his biggest critic in terms of his 'physical deficiencies' is Sir James Chettam, 'the suitor Mr Casaubon has displaced'.¹²¹ Hale observes that

the failure of Casaubon's defective heart, diagnosed by Lydgate as caused by a "fatty degeneration", answers Sir James Chettham's question "has he got a heart?" He does, but it does not work, either physically, or emotionally. The only fat on his desiccated frame is the fat that prevents his heart from working and from communicating with the rest of his body.¹²²

Hale's assessment fits in with the perceived view of Casaubon, and that it is his heart that is defective is of course a significant choice by Eliot. However, at the risk of being pedantically literal, Casaubon has a heart, and it *does* work physically and emotionally, up until it stops doing so completely. He may not be ardent or passionate, but he is, for example, wounded by criticism from Dorothea, and he displays moments of tenderness – such as the 'kind quiet melancholy' with which he tells Dorothea '[y]ou are young, and need not to extend your life by watching' (401). The defective heart of course reflects on his emotional capacity and his behaviour towards others, but it is a working heart nonetheless.

¹²⁰ Haight, p. 24.

¹²¹ Haight, p. 25.

¹²² Hale, p. 238.

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Furthermore, despite '[living] too much with the dead' (16), he demonstrates great concern for his life and his legacy. His decision to marry Dorothea is based on a decision to

adorn his life with the graces of female companionship, to irradiate the gloom which fatigue was apt to hang over the intervals of studious labour with the play of female fancy, and to secure in this, his culminating age, the solace of female tendance for his declining years. (58)

This passage highlights the contrast of the brightness of Dorothea with the gloom of his own mode of life, but it also demonstrates that Casaubon is thinking of his own *life*: his awareness of his age and that he is approaching his 'declining years' seems to be reflected here only in positive terms, in seeking bright companionship with which to 'adorn' them. He seems, initially at least, to genuinely care for Dorothea: during their courtship, 'in looking at her, his face was often lit up by a smile like pale wintry sunshine' (24), echoing and foreshadowing the vitality of Dorothea and Ladislaw later in the text, but also expressing more than a hint of vitality of his own. Nuttall argues that Casaubon's face is 'lit up *only* by a "pale wintry sunshine"',¹²³ and that his 'winter of frigidity is here touched by the sun's rays of a possible love, but only just'.¹²⁴ This is unfair even to Casaubon: 'only just' is still enough, and wintry sunshine is sunshine still. He is demonstrably not the equal of Ladislaw in sunshine terms, but here he displays his vitality with sunshine of his own.

Hale observes that Casaubon 'expects Dorothea to give him life, at times of his choosing', but that he 'does not like the life that Dorothea actually brings

¹²³ Nuttall, p. 32, my emphasis.

¹²⁴ Nuttall, p. 64.

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to the marriage’;¹²⁵ a contemporaneous review similarly observes that Casaubon’s ‘one consolation in marriage would have been a wife stupid enough to admire him, and apathetic enough to leave him to repose’.¹²⁶ It is therefore possible – though, I think, unlikely – that marriage to a woman quite different from Dorothea may have proved happy for him and the woman in question. Equally, Casaubon cannot solely shoulder the blame for misapprehending the state of marriage; Dorothea is also to blame for the unhappiness of the match between them, given that she ‘has also married an idea, rather than a man’.¹²⁷ It is also important to note, especially in light of his widely assumed impotence, that he does desire to ‘receive family pleasures’ (261) and procreate – as Hale notes, he wants to leave a ‘copy of himself’ (261).¹²⁸

After the shock of Casaubon’s initial illness, he recovers most of his usual capabilities and activities: though ‘the shock lately given to his health [was] always sadly present with him[,] [h]e was certainly much revived [and] had recovered all his usual power of work’ (393). Casaubon’s focus may be on death, but he devotes a great amount of time to the work that he can do while he remains alive; his main incentive in speaking to Lydgate about his condition is that, since ‘his mind inevitably dwelt so much on the probabilities of his own life[, ...] the longing to get the nearest possible calculation had at last overcome his proud reticence’ (395), demonstrating that what drives him is knowing how much time he has left, focusing on the life remaining rather than the death forthcoming. Similarly, his query of Lydgate is framed in terms of his work and how he would see it completed, explaining to the doctor that ‘In short, I have

¹²⁵ Hale, p. 229.

¹²⁶ Dicey, p. 342.

¹²⁷ Hale, p. 232.

¹²⁸ Hale, p. 230.

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long had on hand a work which I would fain leave behind me in such a state', from which Lydgate surmises that Casaubon's concern is the 'possible hindrances from want of health' (396). Casaubon supports this surmise: 'If you can tell me that my life is not threatened by anything else than ordinary casualties, I shall rejoice, on ground which I have already indicated' (397). This episode, though certainly overshadowed by the morbid theme of death, shows that Casaubon is concerned for his health and his life; the focus is on the life and health remaining. Lydgate's prognosis is that

death from this disease is often sudden. At the same time, no such result can be predicted. Your condition may be consistent with a tolerably comfortable life for another fifteen years, or even more. I could add no information to this, beyond anatomical or medical details, which would leave expectation at precisely the same point. (397)

The medical expectation, though emphatic about the potential, and quality of, life remaining, of course brings the reality of the state of his health much more forcefully to Casaubon, and the lack of certainty reinforces again the issue of the vulnerability of health. Casaubon's reaction to this news is to 'pace the walk where the dark yew-trees gave him a mute companionship in melancholy' (397): despite the potential for a relatively healthy life to come, Casaubon 'found himself looking into the eyes of death' (397), since '[w]hen the commonplace 'We must all die' transforms itself suddenly into the acute consciousness 'I must die—and soon,' then death grapples us, and his fingers are cruel' (398). This morbidity is, of course, understandable, and indeed sanctioned and justified by the narrator, who asserts that '[i]nstead of wondering at this result of misery in Mr Casaubon, I think it quite ordinary' (392), thus humanising him.¹²⁹ However,

¹²⁹ Hartung, p. 163.

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even when the narrative focus is very much on Casaubon's impending death, this conversely provokes more action and activity in him than has previously been seen throughout the text. Of course, this is manifested in vigour of *mind* only, since his body cannot recover, or rather develop, such animation.

Casaubon's almost vital mind is alive in a failing physical form.

Dorothea believes that, after his meeting with Lydgate, 'there had been some crisis in her husband's mind [...]: he had the very next day begun a new method of arranging his notes, and had associated her quite newly in carrying out his plan' (405), the use of the word 'new' evidence of a fresh attitude and the word 'mind' emphasising the sole location of this freshness. Further, '[h]e seemed to have revived, and to be thinking intently' (447), and begins, with Dorothea, on a new 'sifting process' (447) to begin compiling the actual contents for his work. These actions are signs 'that Mr Casaubon's original reluctance to let Dorothea work with him had given place to the contrary disposition, namely, to demand much interest and labour from her' (447). Dorothea remains concerned for his health, 'remembering Lydgate's cautions' (448), but Casaubon's reassurances ('No, I am not conscious of undue excitement. Thought is easy' (448)) correspond to the 'bird-like speed with which his mind was surveying the ground where it had been creeping for years' (448). Casaubon certainly demonstrates both action and mental vigour in this episode, and his reassurance to Dorothea seems to suggest that he has considered the potential health issues but feels able to continue with the work. However, in thinking about his life and his legacy, Casaubon creates the distress for Dorothea that characterises the rest of his life, asking her whether 'in case of my death, you will carry out my wishes: whether you will avoid doing what I should deprecate, and apply yourself to do what I should desire' (448-9), which suddenly makes

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clear to her ‘why her husband had come to cling to her, as possibly the only hope left that his labours would ever take a shape in which they could be given to the world’ (450); Casaubon’s ‘new’ approach to his life’s work, though demonstrating vitality in itself, is in fact overshadowed by the morbidity of ‘the prospect of a too speedy death’ (450).

Somewhat ironically, however, his actual death is eerily life-like:

Dorothea walks out to meet her husband and, seeing him leaning forward on a table in the summer-house, thinks

at first that he was asleep, and that the summer-house was too damp a place to rest in. But then she remembered that of late she had seen him take that attitude when she was reading to him, as if he found it easier than any other; [...] She went into the summer-house and said, ‘I am come, Edward; I am ready.’

He took no notice, and she thought that he must be fast asleep. (453)

Casaubon has of course died, but his dead body is mistakenly thought to be alive by Dorothea, since his pose is so similar to one adopted during his life; Garrett Stewart notes that Casaubon, in death, is ‘found instead only a little more rigid and impotent than usual’.¹³⁰ That this pose was adopted particularly because it was ‘easier’ seems also to suggest that this pose was better for him physically because of his increased weakness and fatigue – ironic too, then, both that he dies in that attitude, and that Dorothea thinks him to be alive since the posture was one adopted for his health. Moreover, for all the consistent and explicit images of death used not just in this chapter but haunting Casaubon’s narrative, Eliot does not explicitly name Casaubon as dead: Dorothea’s distress is the focus

¹³⁰ Garrett Stewart, *Death Sentences: Styles of Dying in British Fiction*, (London and Cambridge, MA: Harvard University Press, 1984), p. 112.

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of the short remains of the chapter, which ends by announcing that ‘the silence in her husband’s ear was never more to be broken’ (453), a veiled reference to the physical fact of his death and a parallel to the ‘inaudible steps’ (299) with which Mary Garth approaches the dead Mr Featherstone, where ‘the clinical precision of that adjective ‘inaudible’ takes on a freezing irony, transferred from a presumed hyperbole for her gentle tread to the mortal fact of his condition’.¹³¹ This is an interesting choice, given that Casaubon has been consistently linked with death throughout the text, but it is illustrative that Casaubon has more life about him than he is given credit for.

Where does this argument stand with relation to the idea that Casaubon is consistently linked with death, that he is ‘death-in-life’¹³² in the text? Nuttall argues that Casaubon’s famous statement ‘I live too much with the dead’ (16) demonstrates that he shows self-knowledge as to this characterisation:

With this accession of power the novelist crosses the line between character-bound utterance and the more resonant enunciation of a deep underlying theme. The words say, in effect, “I am a ghost.” Within the story, *he* is not supposed to know that he is death-in-life.¹³³

However, this quotation does not necessarily show that he has this self-knowledge; it can also be interpreted as Casaubon appreciating the nature of his work and study as being distant from others’ conceptions of life. Further, he states that he ‘*live[s]*’ with the dead, which can be read as an emphasis of his living by contrast with the long dead authors. Nuttall also states that ‘Casaubon is himself a ghost, conversing more with dead people than with living’:¹³⁴ firstly,

¹³¹ Stewart, p. 113.

¹³² Nuttall, p. 32.

¹³³ Nuttall, p. 31-2.

¹³⁴ Nuttall, p. 31.

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if he is a ghost, what happens at the point of his death, and how is he able to maintain such power over Dorothea?; and secondly, conversing with the dead is impossible, since a conversation requires at least two living people. His comment is more of an acknowledgement of his clear connection with the dead, but there is a distinct difference between Casaubon realising that he is 'death-in-life' and his recognising that he prefers to be among his books, written by authors long gone – and these are not the same thing. Indeed, Hale sees 'Casaubon's desire to be part of the normal living community, specifically his desire to marry and procreate' as exactly what makes him a danger, a 'threat to the community'.¹³⁵ Nuttall argues finally that the 'central message, that Mr Casaubon is antagonistic to life, is hammered home in a dozen ways'.¹³⁶ Certainly Casaubon is consistently associated with death, and he remains the most morbid character of the piece; but he is *not* death itself, not 'antagonistic to life', nor a ghost. Rather, he has life and vitality and health of his own, just in small quantities; A. V. Dicey calls Casaubon 'deficient in vitality',¹³⁷ but deficient suggests having less than a proper amount, rather than a total lack thereof.

Furthermore, the next chapter deals entirely with Casaubon's codicil forbidding Dorothea from marrying Ladislaw, a representation of the extension of Casaubon's life and its power over Dorothea, even in his physical death: this constitutes vitality, since it is an action taken during his lifetime which continues to have an effect on those around him after his death. It also means that Casaubon lives on in the story and in the lives of Dorothea and Will, both metaphorically and more literally, his will preserving 'his 'lifelong bias' even 'to

¹³⁵ Hale, p. 230.

¹³⁶ Nuttall, p. 32.

¹³⁷ A. V. Dicey, p. 342.

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the other side of death' ... in the 'dead hand' of the novels' next book'.¹³⁸ Michael Tondre similarly argues that 'Casaubon's energies do continue after his death', naming the codicil and the request to complete his book as evidence.¹³⁹

Casaubon gains power over his wife's actions through death in a way he could not and did not during his life. Casaubon's morbidity, then, is approved and justified by the narrator, who thinks it is 'quite ordinary' (392) but, as with Dorothea's forays into morbidity, so too does Casaubon sometimes demonstrate the qualities of vitality. The inherent vitality and morbidity of each is used on the surface to contrast them, the two concepts playing off one another; but Dorothea and Casaubon actually absorb some of the other's dominant characteristic. Dorothea's marriage to Casaubon becomes a life contained 'in a virtual tomb' (446), with Casaubon functioning 'as a vampire which fastens itself to Dorothea's soul and sucks out its life',¹⁴⁰ and Dorothea prompts in Casaubon an exhibition of sunshine, pale and wintry though it is.

Featherstone is exemplary of the difference between actual health and lived experience, of the medical and non-medical gazes at vitality, and is in fact emblematic of the blending of vitality and morbidity in one body. Despite being literally on his deathbed, he demonstrates the qualities of vitality far more so than Casaubon, whose broad position of morbid body/vital mind he shares. Featherstone's illness and closeness to death are real and not exaggerated: when speaking he frequently '[breaks] into a severe fit of coughing that required Mary Garth to stand near him' (99); he has 'deep-veined hands' (125); Lydgate deems him 'an aged patient—who can hardly believe that medicine would not 'set him

¹³⁸ Stewart, p. 112-3.

¹³⁹ Michael Tondre, 'George Eliot's "Fine Excess": *Middlemarch*, Energy, and the Afterlife of Feeling', *Nineteenth-Century Literature* 67.2 (2012), pp. 204–233, p. 221.

¹⁴⁰ Mintz, p. 114.

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up' if the doctor were only clever enough' (108); and Fred Vincy regards him as 'an old fellow with his constitution breaking up' (103). In spite of his illness, however, he is determinedly and almost aggressively assured of his mental vitality and capacity:

I can alter my will yet, let me tell you. I'm of sound mind—can reckon compound interest in my head, and remember every fool's name as well as I could twenty year ago. What the deuce? I'm under eighty. (101)

Featherstone is adamant that he has retained his mental faculties, demonstrating the same vital mind undiminished by physical weakness, and, in contrast to Casaubon's detractors who regard his 'fifty' (63) years as making him quite aged, Featherstone himself seemingly regards being 'under eighty' as barely any age. This attitude is best evidenced during the episode in which he attempts to make Mary Garth burn one of his two wills: Featherstone 'looked straight at her with eyes that seemed to have recovered all their sharpness' (296), and again asserts himself as to his still having his mental faculties:

You hearken, missy. It's three o'clock in the morning, and I've got all my faculties as well as ever I had in my life. I know all my property, and where the money's put out and everything. And I've made everything ready to change my mind, and do as I like at the last. Do you hear, missy? I've got my faculties. (296)

I tell you, I'm in my right mind. Shan't I do as I like at the last? (297)

Featherstone clearly feels, and presumably sees, the need to assure those around him that his mental faculties do not correspond to his physical faculties, which are obviously depleted and weakened: it can therefore be surmised that he sees the significance of differentiating between the mental and the physical. This

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recalls Small's assertion that 'we can, and should, contest the ill effects of being labelled 'old' in advance of any serious decline in capacity'.¹⁴¹

His physical illness does prevent him from animation on occasion, such as when he becomes too ill to 'amuse himself by saying biting things to [his family]. Too languid to sting, he had the more venom refluent in his blood' (287). However, on other occasions this venom actually creates action in spite of his physical weakness:

Old Featherstone no sooner caught sight of these funereal figures appearing in spite of his orders than rage came to strengthen him more successfully than the cordial. He was propped up on a bed-rest, and always had his gold-headed stick lying by him. He seized it now and swept it backwards and forwards in as large an area as he could [...].
(287)

In contrast to Dorothea, Featherstone's mental vitality and power fights through his physical morbidity and closeness to death, which temporarily makes him far more physically able than previously. He even keeps this stick close 'in case of closer fighting' (288). Similarly, during the night when alone with Mary Garth, he 'seemed to show a strange flaring of nervous energy which enabled him to speak again and again without falling into his usual cough' (298). Despite this, of course, his physical morbidity reasserts itself: Mary knows that '[f]atigue would make him passive' (298). Featherstone's physical morbidity of course dominates his mental vitality, but the aggressive animation and vigour of his vitality is not at one with his physical health.

¹⁴¹ Small, p. 4.

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Conclusion

This chapter has demonstrated the many contradictions and complexities that exist between actual health and perceived health, and between vitality and morbidity. The two concepts are both present in bodies and minds, both mental attitudes and physical expressions of embodied health, or lack thereof. Crucially, morbidity and vitality are simultaneously present even when not appropriate to the embodied context: this serves to highlight, subtly and quietly, the human relationship with death. If vitality is ‘the feel of being alive’¹⁴² and morbidity is a preoccupation with death, then these concepts are tied together at their roots with the idea of life and death. Stewart outlines how it is universally acknowledged that ‘characters die more often, more slowly, and more vocally in the Victorian age than ever before or since’,¹⁴³ and *Middlemarch* is characterised by a number of important deaths throughout. Indeed, death ‘is the star of all these books [within *Middlemarch*], blanketing all stories not as life’s end but as its primary condition’.¹⁴⁴ Stewart in fact argues that Casaubon and Featherstone represent ‘a fatal diptych meant to indict the moribund solipsism’ of the two, and that the death of the latter is narrative ‘preparation’ for the death of the former.¹⁴⁵ Crucially, however, after the reader is prepared for the death, Eliot gives Casaubon’s imminent death ‘the sting of the singular’:¹⁴⁶ ‘When the commonplace ‘[w]e must all die’ transforms itself suddenly into the acute consciousness ‘I must die—and soon,’ then death grapples us, and his fingers are cruel’ (398). Stewart argues that this technique of Eliot’s means that ‘the idea of

¹⁴² Stern, p. 34.

¹⁴³ Stewart, p. 8.

¹⁴⁴ Auerbach, p. 104.

¹⁴⁵ Stewart, p. 112.

¹⁴⁶ Stewart, p. 112.

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dying is humanized to our corporeal ears', and thus Casaubon's story has 'the power for us not of dull commonplace but of universal pertinence'.¹⁴⁷

Casaubon's dying, and his discovery of the likelihood of his own imminent experience of death, becomes a universalising experience.

If the representation of morbidity in *Middlemarch* symbolises thoughts about or a preoccupation with death, then the morbidity experienced by Dorothea, within her healthy and vital body, demonstrates that she too has thoughts about death. In turn, Casaubon and Featherstone's vital minds are held back by their physical morbidity, their physical closeness to death. These characters universally think about death or life even when this is not appropriate to their embodied condition – and since we all must live *and* die, this is universally applicable. Unsurprisingly, this view is visible in Eliot's own writings: despite her poor health, her mind displayed incredible vitality, and she acknowledges that '[w]e have so much happiness in our love and uninterrupted companionship, that we must accept our miserable bodies as our share of mortal ill'.¹⁴⁸ This happiness exists in 'miserable *bodies*', and this is explicitly linked to the very nature of the human relationship with death: we are 'mortal' and so death will come to us.

The boundaries between health and ill-health and those between vitality and morbidity, then, are not clearly cut; while, for example, vitality may seem appropriate based on a character's apparent good health, this is an interpretation of their outward bodily health which does not take into account their lived experience, their own perceptions, or their emotions and the actions

¹⁴⁷ Stewart, p. 112.

¹⁴⁸ Eliot, 7 March 1866, p. 127.

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occurring outside themselves. Vitality and health, however, are obviously closely connected, as are morbidity and death, but Eliot complicates the relationships between these concepts, so that bodily health does not prevent a morbid mind. Indeed, this exploration of the relationship between the mind and body, when the two are at odds and struggle to be reconciled, demonstrates that Eliot was not only aware of the sheer complexities of the relationship between the mind and the body, but also that she did not know how to reconcile them together, or 'exactly how the mind is related to physical life'¹⁴⁹ and vice-versa. This uncertainty and the complex relationships between all these concepts bring us back to the one certainty in the web that comprises the mind and the body, health and ill-health, vitality and morbidity: death itself. Eliot appreciated the complex relationship between humans and death, not least because of her own experiences with illness and morbid thoughts, and explicitly recognised that vitality, no matter how strong and fierce, would not last, that 'the young skins that look blooming in spite of trouble; ... these too will get faded' (261). Morbidity, eventually and literally, becomes us all.

¹⁴⁹ John Davis, p. 15.

4. 'She never blenched or trembled':

Performing the Healthy Body in Elizabeth Gaskell's *North and South*

The body is the register of health externally. Not only is the body the thing that is healthy, but health is represented and embodied through outward appearance. Both ill health and good health are registered and expressed in the face, the skin, and the body, the posture, movements, and appearance. For this reason, bodies shape perception: the body displays these signs that are there to be perceived, and so by representing health externally the body encourages the perception of health. Health becomes a set of symbols and signs that are coded to mean health, and it is the recognition of these legible symbols that leads to a perception of health. These signs are most frequently unconsciously demonstrated by the body, but they can also be created and manipulated at will by individuals for the benefit of the individual or an audience, in order to present a façade of health for whatever reason. Health can be viewed, then, as a form of performance, in which health is enacted for the benefit of an audience.

Health, when considered as a performance, is simultaneously real and faked. The protagonist of *North and South* (1855), Margaret Hale, is a healthy character, and she does not develop any illnesses or diseases throughout the text. However, her narrative sees her weary, grief-stricken, and put-upon, so although she does not become ill, her health declines throughout the text, culminating in a physical collapse after her interview with a policeman. Despite this weariness, Margaret pretends to be in full health, for a variety of reasons – pride, family privacy, and protection of her parents' feelings foremost among them. In this way, she projects the signs of health and performs her healthiness, only ending her performance when alone and it is no longer required. This

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chapter therefore deals with the aesthetics of health, the legible outward signs of it on the body, and sees health as real but also performable.

This chapter will begin by broadly outlining both nineteenth- and twentieth-century and current performance theory, focusing particularly on the work of George Henry Lewes, Erving Goffman, and Richard Schechner, who respectively represent those three stages. Though the nineteenth-century theories focus mostly on theories of acting and actors, those of the twentieth century, particularly the work of Goffman, see ‘everyday life as a kind of performance’, and, importantly, that this ‘kind of performance usually associated with theatre *matters*. It has effects, it shapes societies, it is the very stuff of our ordinary lives.’¹ More recent performance theory, as well as work on performativity by, for example, Judith Butler and Eve Kosofsky Sedgwick, builds on the idea that the ‘illuminations of the ways in which we ‘act’ our identities also had radical implications for how we might think about the relation between theatrical performance and the apparently real or serious world offstage’.² Furthermore, though I have mentioned performativity, and though there is a clear relationship between the two concepts, performance theory here is distinct from performativity. This chapter specifically traces performance theory from the nineteenth-century to the present and uses this to explore health as a form of performance. Within performance theory, the term ‘performative’

has been used adjectivally and quite generally to denote the performance aspect of any object or practice under consideration. Thus, for example,

¹ James Loxley, *Performativity* (London and New York: Routledge, 2007), p. 154.

² Loxley, p. 3.

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to address culture as ‘performative’ would be simply to examine it as some kind of performance.³

The performance of health here will be treated as a form of ‘everyday life as a kind of performance’,⁴ but also as akin to a theatrical acting performance, bridging the gap between the nineteenth- and twentieth-century theories.

Alongside this examination of performance theory, the chapter will begin by explaining my contention for seeing health as a performance, and will outline the nineteenth-century perception of bodily legibility, which is bound up with the idea of bodily performance. Following this, it will go on to explore Margaret’s performance of health in Elizabeth Gaskell’s *North and South*, looking particularly at her self-control, her construction of her identity as a healthy individual, and the reasons for her performance. The chapter will then go on to examine the episode of Margaret’s meeting with the policeman, her lie, and subsequent collapse, and the narrative importance of this abrupt cessation of her performance; this section will also determine that Margaret, through performing her health, constructs and maintains a healthy identity and therefore that her performance can be seen to become truthful.

This chapter will conclude that, despite the belief prevalent in the nineteenth century, performance as depicted in *North and South* is not necessarily deceitful; Margaret, though arguably duplicitous in her performance of her health, does so for good and explicit reasons that are justified throughout the text. Furthermore, her performance, through the creation and sustaining of a healthy identity, becomes a kind of truth, which prevents it from being truly

³ Loxley, p. 140. For an outline of the concept of performativity, see Loxley, p. 1.

⁴ Loxley, p. 154.

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deceitful. What this means more broadly, in terms of the nineteenth-century body, is that the body is not fully legible. There are indeed signs and signifiers of health that Margaret performs and that are themselves legible, which are read by her audiences, who then believe her to be healthy; yet because these are faked, this means that the body is not fully legible, because the audience is reading what Margaret desires them to read. This chapter will argue, therefore, that although the body in the novel is evidently not illegible, it is not fully legible; signs can be performed, but the truth of the body is able to be concealed from observers. Examining health as a performance in *North and South*, then, complicates both the notion of bodily legibility, and the perceived nineteenth-century relationship between performance, authenticity, and deceit.

Performance Theory and Health as Performance

Theories of performance flourished in the nineteenth century, and have continued to grow and develop throughout the twentieth century and into the present day. The subject of acting prompted ‘constant discussion and exchange throughout the nineteenth century by theatre professionals, critics, and philosophers’, and this period was one ‘of increasing attention to ideas about the ‘naturalness’ of performance’.⁵ Nineteenth century performance theory centred around the concept of “natural acting”: this concept, outlined by Lynn Voskuil, is ‘firmly rooted in the nineteenth century’,⁶ bringing together “acting” and “nature” in ways that defy our own poststructuralist partitioning of the two’,⁷

⁵ Katherine Newey, ‘Victorian theatricality’, *The Victorian World*, ed. Martin Hewitt (London and New York: Routledge, 2012), pp. 569–84, p. 576.

⁶ Lynn M. Voskuil, *Acting Naturally: Victorian Theatricality and Authenticity* (Charlottesville and London: University of Virginia Press, 2004), p. 22.

⁷ Voskuil, p. 3.

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and insisting upon ‘spectacle and genuineness, art and artlessness’.⁸ Perhaps the best known proponent of the theory of “natural acting” is George Henry Lewes, whose *On Actors and the Art of Acting* (1875) deals specifically with this concept. Lewes outlines the context of the problem, explaining that ‘[t]he supreme difficulty of an actor is to represent ideal character with such truthfulness that it shall affect us as real, not to drag down ideal character to the vulgar level’.⁹ Furthermore, since the actor is performing for an audience, ‘the symbols must be such as we can sympathetically interpret, and for this purpose they must be the expressions of real human feeling’;¹⁰ he similarly argues that ‘the art of acting’ is shown in ‘vividly presenting character, while never violating the proportions demanded [...] by what the audience will recognise as truth’,¹¹ and the importance placed on audience recognition and interpretation is one to which this chapter will return.

Lewes also criticises actors who bring to ‘the drama of ordinary life’,¹² what he refers to as ‘a coat-and-waistcoat realism’, that which is best suited to ‘the poetic realism of tragedy and comedy’,¹³ insisting instead that actors must be ‘true to nature in the expression of natural emotions, although the technical conditions of the art forbid the expressions being exactly those of real life’.¹⁴ This is the essence of Lewes’s reading of “natural acting”: the actor must ‘select’ and ‘be typical’, must give ‘recognised symbols of our common nature’ a ‘peculiar individual impress of the character represented’.¹⁵ The emulation of

⁸ Voskuil, p. 22.

⁹ George Henry Lewes, *On Actors and the Art of Acting*, 2nd ed. (London: Smith, Elder, & Co., 1875), p. 112.

¹⁰ Lewes, p. 113.

¹¹ Lewes, p. 116.

¹² Lewes, p. 116.

¹³ Lewes, p. 115.

¹⁴ Lewes, p. 120.

¹⁵ Lewes, p. 124.

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the everyday is emphasised, but can only be successful when coupled with the actor's skill:

The nearer the approach to every-day reality implied by the author in his characters and language—the closer the coat-and-waistcoat realism of the drama—the closer must be the actor's imitation of every-day manner; but even then he must idealise, *i.e.* select and heighten—and it is for his tact to determine how much.¹⁶

Lewes clearly places the responsibility on the actor's shoulders – unsurprising given the subject of the work – but he nonetheless retains the importance of the audience receiving the performance; the actor must 'express in well-known symbols what an individual man may be supposed to feel', and it is necessary for the audience to '[recognise] these expressions' and thereby be 'thrown into a state of sympathy'.¹⁷ Although the work is done by the actor, they must make sure to select expressions that the audience will understand, and the audience must understand them. Equally unsurprisingly given the volume of debate on the subject, Lewes's 'emphasis on the representation of feeling, rather than performing the feeling itself' was itself 'the subject of heated debate',¹⁸ a debate revitalised at least in part by the first translation and publication in English of Denis Diderot's *Paradoxe sur le comédien* (*The Paradox of Acting*, 1883) quickly following Lewes's own publication.¹⁹

It was not only Lewes and Diderot, however, who gave thought to the issues of performance, acting, and theatricality during the century. William Hazlitt, for example, believed that 'natural actors must paradoxically cultivate

¹⁶ Lewes, p. 125.

¹⁷ Lewes, p. 124.

¹⁸ Newey, p. 576.

¹⁹ Newey, p. 576.

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spontaneity in both themselves and their audiences by practicing a finely calibrated process of imitation',²⁰ thereby producing 'a virtual reality so convincingly mimetic that audiences cannot distinguish between players and their parts, as if the person does not play the role but becomes it',²¹ differing from Lewes in this respect. John Ruskin also wrote repeatedly about the theatre throughout his career, and was an avid attendee of all kinds of theatrical performances. Sharon Aronofsky Weltman notes how Ruskin 'noticed both the function of theater to help establish identity and the ways in which the self forms through other kinds of performance',²² acknowledging the performance aspects of real life and its relation to the self. Furthermore, Weltman argues that, 'for Ruskin, life is transformation, dynamism, change, metamorphosis, *performance*': for him, '[w]e exist in performing [...] through reiteration of acts that shape us for the moment and only for the moment, thus requiring continual reiteration'.²³ In this way, Ruskin sees performance, and especially repeated performance, as integral to shaping identity, requiring both 'an audience to reify it as well as other performers to model it'.²⁴

The clear connection between performance and theatricality meant that the former came to be viewed as deceitful in the nineteenth century, with theatre itself coming to 'stand for all the dangerous potential of theatricality to invade the authenticity of the best self'.²⁵ Indeed, "[t]heatricality" is such a rich and fearful word in Victorian culture that it is most accurately defined, as

²⁰ Voskuil, p. 28.

²¹ Voskuil, p. 29.

²² Sharon Aronofsky Weltman, *Performing the Victorian: John Ruskin and Identity in Theater, Science, and Education* (Columbus: The Ohio State University Press, 2007), p. 4.

²³ Weltman, p. 10, my emphasis.

²⁴ Weltman, p. 11.

²⁵ Nina Auerbach, *Private Theatricals: The Lives of the Victorians* (London and Cambridge, MA: Harvard University Press, 1990), p. 8-9.

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Carlyle uses it, in relation to the pure things it is not. Sincerity is sanctified and it is not sincere.’²⁶ Katherine Newey outlines that a contemporary study of the history of theatricality notes ‘the difficulties that arise from a form of art that focuses our attention on the uncomfortable idea that we perform our social behaviour, and suggests that ‘theatre and life are inseparable’’,²⁷ thereby suggesting inauthenticity. Nineteenth-century theatricality was perceived to involve ‘the ideas of masking and unmasking, multiple roles, double (and triple) consciousness, flamboyance, spectacle, and self-display’,²⁸ all of which lends itself to the idea that a performance was a deceit: ‘The body performing in front of you is not-real, but it is also not not-real’.²⁹ For all these reasons and more – such as the publicly performing nature of politicians, lawyers, preachers, and lecturers³⁰ – theatricality was demonstrably present in the nineteenth century, and yet it was ‘still regarded as a challenge to authenticity’.³¹ Indeed, Nina Auerbach notes that

Reverent Victorians shunned theatricality as the ultimate, deceitful mobility. It connotes not only lies, but a fluidity of character that decomposes the uniform integrity of the self. The idea that character might be inherently unstable [...] is so unnerving that Victorian literature conveys a covert fear that any activity is destructive of character because all activity smacks of acting.³²

Despite this Victorian belief regarding theatricality, it must also be noted that ‘theatricality is not the polar opposite of authenticity’,³³ and to perform is not

²⁶ Auerbach, p. 4.

²⁷ Newey, p. 569.

²⁸ Voskuil, p. 12.

²⁹ Newey, p. 570.

³⁰ Newey, p. 571-2.

³¹ Newey, p. 572.

³² Auerbach, p. 4.

³³ Newey, p. 572.

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necessarily to be deceitful, as this chapter will show. However, the debates outlined here certainly demonstrate that integrity and authenticity, and their relationship to theatricality and performance, were of crucial importance during the nineteenth century.

As performance theory developed into the twentieth century, it seemed that people at that time also ‘[wanted] to believe in a self “simple, permanent, reliable, and of one essence.”’³⁴ Erving Goffman’s seminal sociological study *The Presentation of the Self in Everyday Life* (1959) took this idea forward by suggesting that everyday life consisted of performances and that ‘we perform our lives as roles society assigns us’,³⁵ but equally adheres to this Victorian idea in ‘[imagining] a single, if depressed, self behind the forced impersonations’.³⁶ Goffman’s work inspired and prompted the current field of performance studies, which, broadly, holds that any type of action can be explored as performance; this chapter will look at health as a form of performance.

The performance of health, then, entails the display of the signifiers of health which demonstrate that the body is healthy. This can be done unconsciously, where the body simply looks to be healthy because it is – to take an example from Gaskell’s *Mary Barton* (1848), Mary’s ‘blooming’ face,³⁷ ‘bright tresses’ (223), ‘clear [pale] complexion’, ‘eloquent blood’, and ‘scarlet’ lips (107) all contribute to an overall picture of health, though uncontrolled by her – or it can be done consciously, in which a conscious self performs these signifiers of health in order to convince an audience of one’s health, deceitfully

³⁴ Auerbach, p. 9.

³⁵ Auerbach, p. 9.

³⁶ Auerbach, p. 9.

³⁷ Elizabeth Gaskell, *Mary Barton*, ed. Shirley Foster (1848; Oxford: Oxford University Press, 2008), p. 28. All subsequent references included parenthetically after quotation.

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or not. It is the latter type that will be explored here, the conscious performance of health: while bright eyes and bloom cannot simply be conjured, action can be taken by the body to present as healthy, as sturdy, and as strong an appearance as possible, and similarly to quell any visible signs of ill-health as far as possible. In fact, as I will go on to show, an active and conscious performance of health often involves an incorporation of a conscious suppression of visible signs of ill-health. Action taken by the body to perform health can include physical self-control to avoid fainting, not allowing expressions of pain to be registered in facial or bodily movements, and attempts to control the colour of the face. In consciously enacting these signifiers of health, characters can be said to be performing health, since they are trying to portray a given characteristic. Performance in this sense is akin to the performance of actors; turning back to Lewes, the person or character performing health must be ‘true to nature in the expression of natural emotions’,³⁸ or in this case the signifiers of health, the ‘recognised symbols of our common nature’.³⁹ Similarly, the emphasis placed by Lewes on the importance of the recognisability of these signs to the audience is equally so here; the symbols of health employed must be those which ‘the audience will recognise as truth’.⁴⁰ Such is my contention for what constitutes a ‘performance of health’.

The field of performance studies has grown and expanded considerably since Goffman’s work of the mid-twentieth century, gaining traction in the 1960s,⁴¹ growing rapidly in the 1980s,⁴² and interacting with philosophy,

³⁸ Lewes, p. 120.

³⁹ Lewes, p. 124.

⁴⁰ Lewes, p. 116.

⁴¹ Richard Schechner, *Performance Studies: An Introduction* (London and New York: Routledge, 2002), p. 10.

⁴² Schechner, p. 16.

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anthropology, feminism, race theory, and queer theory, to name but a few.⁴³ Although it is a comparatively recent field, it has its origins in the performance theory of the nineteenth century outlined above. Since I am exploring an attribute that was not considered a performance in the nineteenth century, I turn now to current performance theory in order to retrospectively support my contention of health as a performance. This will examine the notions of authenticity and deceit already outlined, which were inherently a part of nineteenth-century performance theory. What that theory lacks, however, is an allowance for the exploration of non-theatre-based performances. Richard Schechner argues that '[b]efore performance studies, Western thinkers believed they knew exactly what was and what was not "performance." But in fact, there is no historically or culturally fixable limit to what is or is not "performance."' ⁴⁴ Consequently, the modern field of performance studies has one crucial 'underlying notion': 'that any action that is framed, presented, highlighted, or displayed is a performance'.⁴⁵ Building on this premise, Schechner propounds the theory that 'any behavior, event, action, or thing can be studied "as" performance, can be analyzed in terms of doing, behaving, and showing';⁴⁶ he terms these performances "'as" performance[s]'.⁴⁷ Health, or rather, the performance of the signifiers of health, can be qualified as behaviours, actions, or things; so far, so applicable.

Schechner, in his detailed introduction to the subject, goes on to explain that performances 'occur in eight sometimes separate, sometimes overlapping

⁴³ Schechner, p. 7.

⁴⁴ Schechner, p. 2.

⁴⁵ Schechner, p. 2.

⁴⁶ Schechner, p. 32.

⁴⁷ Schechner, p. 32.

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situations'; most importantly for my purposes, 'in everyday life – cooking, socializing, "just living"⁴⁸ – a useful demarcation since, of course, "[e]veryday life" can encompass most of the other situations.⁴⁹ He goes on to detail the 'seven functions of performance', which include 'to entertain', 'to mark or change identity', 'to heal', and 'to teach, persuade, or convince', but is careful to note that '[n]o performance accomplishes all of these functions, but many performances emphasize more than one'.⁵⁰ Health and the performance of it exist in the space and situation of everyday life. Similarly, health and the performance of it will be shown to have functions during the course of this chapter – specifically the functions of 'altering identity' and 'teaching, persuading, or convincing', which best fit the notion of the performance of health in *North and South*. Margaret expends her energy in persuading and convincing others (both accidentally and deliberately) that she is healthy, and in so doing creates an identity for herself as a particularly healthy and strong young woman, which is commented on by her audience – all in spite of her increasing bodily weakness thanks to incredible emotional strain.

The last qualifier to be detailed by Schechner details the relation of performance to other things:

To treat any object, work, or product "as" performance – a painting, a novel, a show, or anything at all – means to investigate what the object does, how it interacts with other objects of beings, and how it relates to other objects of beings. Performances exist only as actions, interactions, and relationships.⁵¹

⁴⁸ Schechner, p. 25.

⁴⁹ Schechner, p. 25.

⁵⁰ Schechner, p. 38.

⁵¹ Schechner, p. 24.

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The performance of health in fiction is one that has an effect and that always relates to an audience (as we have also seen with Lewes), whether that be other characters, the reader, or even simply the performing character's own reflexive self. Further to this point, Goffman proposed that

A 'performance' may be defined as all the activity of a given participant on a given occasion which serves to influence in any way any of the other participants. Taking a particular participant and his performance as a basic point of reference, we may refer to those who contribute the other performances as the audience, observers, or co-participants.⁵²

Margaret's performance of health takes place exclusively for an audience, and the performance stops once she finds herself alone or if it is no longer required. Moreover, this chapter will argue that the performance of health necessarily depends on interaction and relationships, for the same reason, and that this relates to its function in *North and South*. These are the characteristics that Schechner applies to types of performance, and this chapter will demonstrate that health fits comfortably within these boundaries – particularly given that a number of performance theorists seem to agree that 'any behavior, event, action, or thing can be studied "as" performance'.⁵³

Finally, health as a collection of signs or signifiers constituting a performance does sit in line with Goffman's original theory: when a person enters a room,

[f]or those present, many sources of information become accessible and many carriers (or 'sign-vehicles') become available for conveying this information. If unacquainted with the individual, observers can glean

⁵² Erving Goffman, *The Presentation of Self in Everyday Life* (London: The Penguin Press, 1969), p. 26-7.

⁵³ Schechner, p. 32, my emphasis.

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clues from his conduct and appearance which allow them to apply their previous experience with individuals roughly similar to the one before them or, more important, to apply untested stereotypes to him.⁵⁴

The body acts as a vehicle for conveying information to observers, even if those observers are unacquainted with the characters or body in question; what is key here, however, is that the ‘conduct and appearance’ of health is approximately the same from body to body – that which ‘the audience will recognise as truth’.⁵⁵ In the case of health, the ‘previous experience’ of the observer is only possible if the signifiers of health are as continuous as possible between bodies; in this case, individuals do not need to be ‘roughly similar’ to each other, since it is the signifiers of health which need to be ‘roughly similar’ from one individual to the next. Goffman’s observation still stands, of course, since the body carries information which can be seen by observers, but the experience and similarities come about due to the nature of the signifiers of health, rather than the individual or the character themselves.

These performed signifiers of health, which can be read from body to body, therefore work towards creating a language of health – a language that exists throughout history as well as specifically in the nineteenth century, with the symbols and signs in question changing between different physical locations and time periods – and a semiotics of health that can not only be consciously performed by an individual, but can be read and interpreted by an observer or audience. This language has altered both culturally and historically: there have been many social contexts, for example, in which fat bodies have expressed ‘an array of positive moral attributes’, while the current ‘industrialized West’ sees a

⁵⁴ Goffman, p. 13.

⁵⁵ Lewes, p. 116.

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preference for ‘slim bodies’, explicitly associated with health.⁵⁶ Indeed, health is fashionable, a reified product in capitalism that may have its roots in the nineteenth century. The language and signs of health, then, are contextually dependent – although fatness and slimness as signs of health are signifiers writ large, seeing the body become a unified signifier of its own.

The issue of bodily performance goes hand-in-hand with that of bodily legibility. The legibility of the body and the extent to which control and reading of the body was possible were ideas debated for much of the mid-Victorian period. Indeed, the body’s ability to represent its own interior is a prevalent concept given much attention in both scientific and literary culture for centuries – although it was not until the nineteenth century that it came to the fore with such physiological accuracy. Charles Darwin’s *The Expression of the Emotions in Man and Animals* (1872), Charles Dickens in articles written for his own publications, and Alexander Bain’s *The Emotions and the Will* (1859) have all contributed to this debate: Dickens’s article ‘Faces’, for example, published in *Household Words* in 1854, alongside the serialisation of *North and South*, declares that the face is ‘the outward index of the passions and sentiments within’ and that it ‘may report with terrible fidelity the progress of that inner struggle between good and evil, darkness and the light’;⁵⁷ and Lucy Hartley outlines how Bain even suggests that the mind and body work in tandem to ensure legibility and make inward feeling visible, rather than legibility being a mere by-product.⁵⁸ This declaration of bodily legibility is also made explicit in

⁵⁶ Alexandra A. Brewis, Amber Wutich, Ashlan Falletta-Cowden, and Isa Rodriguez-Soto, ‘Body Norms and Fat Stigma in Global Perspective’, *Current Anthropology*, 52/2 (2011), pp. 269–276, p. 269.

⁵⁷ ‘Faces’, *Household Words* 234 (16th September 1854), n.p.

⁵⁸ Lucy Hartley, *Physiognomy and the Meaning of Expression in Nineteenth-Century Culture* (Cambridge: Cambridge University Press, 2001), p. 139.

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North and South: Nicholas Higgins is able to ‘read [Margaret’s] proud bonny face like a book’ after their first meeting;⁵⁹ Margaret sees the desperation of the striking mill-workers, ‘[reading] it in Boucher’s face, forlornly desperate and livid with rage’ (176); and Margaret reflects that ‘My face must be very expressive’, to which Henry Lennox replies ‘It always was. It has not lost the trick of being eloquent’ (397). Mary Ann O’Farrell interprets these instances as demonstrating that Gaskell seeks ‘characterological and somatic legibility’,⁶⁰ suggesting that Gaskell sees the body as desiring to be read. The body then, both in real life and in fiction, is seen in the nineteenth century to be always legible, and the Victorians seemed to pride themselves on being able to read it.

However, mistakes can be, and are, made. Signifiers can have multiple meanings, just as words in a language can: Schechner suggests that ‘[w]hole suites of gestures, signs, inflections, and emphases are culture-specific. [...] Perhaps the physical displays are universal, while meanings vary from culture to culture and even circumstance to circumstance.’⁶¹ Often these signifiers are not only culture-specific but also context-dependent, as demonstrated by Mr Thornton misinterpreting Margaret based on his mistaken idea that she is in love with another and has acted inappropriately; he assumes her health is maintained due to her love of another, when in fact her health is not holding up at all and she is, in fact, performing. Sometimes these signifiers are simply misread, which are crucial as part of the novel’s plot, as well as being indicative of the body not always being able to accurately represent itself, or others to read

⁵⁹ Elizabeth Gaskell, *North and South*, ed. Patricia Ingham (1855; London: Penguin Books, 2003), p. 74. All subsequent references included parenthetically after quotation.

⁶⁰ Mary Ann O’Farrell, *Telling Complexions: The Nineteenth-Century English Novel and the Blush* (London: Duke University Press, 1997), p. 68.

⁶¹ Schechner, p. 184.

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it. The ability to read other people is one prized by Gaskell, evidenced by its prominence in not only this novel but also a number of her others, but inaccurate readings lead to misunderstandings: O'Farrell refers to *North and South* as a 'festival of error'⁶² due to the sheer volume of narrative misunderstandings that occur, the most prominent example being Mr Thornton taking Frederick for Margaret's lover. O'Farrell goes on to suggest that Gaskell both recognises and draws attention to the idea that 'somatic legibility implies the possibility of misreading, and that a system of legibility based in bodily involuntarity [...] depends upon the illogic of seeking fixity through instability'.⁶³ It is, in fact, precisely because the body is unstable that it cannot be the ideal front for representing interiority.

Though the Victorians believed the body to be legible, even, as argued by Darwin, in instances of self-control,⁶⁴ Margaret's performance of health confounds the suggestion that the body is truly legible and that only misinterpretations complicate this legibility. Margaret understands that the performed signifiers of health together form a language of health that can be read and interpreted by observers, thus making health itself legible. Crucially, this demonstrates that the language of health is not only accessible to and understood by the audience and observers, but also to and by the performer; the bodily language of health is so comprehensible that both performers and audiences understand its meanings. Margaret, however, is *performing* this. While her body is indeed legible, her audience is reading what she, the performer, wants them to read. Furthermore, for almost the whole of the novel,

⁶² O'Farrell, p. 68.

⁶³ O'Farrell, p. 68.

⁶⁴ Charles Darwin, *The Expression of the Emotions in Man and Animals* (1872; Chicago: University of Chicago Press, 1965), p. 152.

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she succeeds in this aim: both her father and Dixon occasionally comment that she does not look well, but it is only Mr Thornton who is able to see the struggle behind the performance, and then only infrequently. Her actual bodily state, a coherent but concealed secret kept beneath her bodily exterior, remains (almost always) hidden from her audience.

From the nineteenth century onwards – and, indeed, still the case in the present – people have always been ‘putting on shows, hiding feelings, dissembling’.⁶⁵ Goffman directly addresses the problem of the dissembler, arguing that ‘this sign-accepting tendency puts the audience in a position to be duped and misled, for there are few signs that cannot be used to attest to the presence of something that is not really there’.⁶⁶ Although Goffman represents the performer who misrepresents the facts in a negative light, this is essentially what we see Margaret doing – ‘[misrepresenting] the facts’ of her health in a performance.⁶⁷ Both parties have a responsibility: the performer to perform accurately and exercise ‘expressive care’ without duping, and the audience to not necessarily accept signs or perceive ‘something that is not really there’. This last point is even addressed nearly ninety years earlier by Darwin, who purported that ‘if from the nature of the circumstances we expect to see any expression, we readily imagine its presence’,⁶⁸ demonstrating how easy it is for audiences to read into a performance meaning that is not there. Not only, therefore, can performers present information that is not necessarily there (such

⁶⁵ Schechner, p. 184.

⁶⁶ Goffman, p. 65.

⁶⁷ Goffman, p. 65.

⁶⁸ Darwin, p. 12-3.

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as Margaret's health), but an audience can read information that is not necessarily present.

What this means is that the body is, in fact, not legible – contrary to the mid-Victorian beliefs already outlined, espoused by prominent figures such as Darwin and Bain, and alluded to by *North and South* itself. As with the distinction made earlier between the unconscious bodily reaction and the conscious presentation of health, the body is assumed to be legible because of this general unconscious bodily reaction; but it can be faked, as seen with conscious presentation, thus showing that bodily performance is at odds with bodily legibility. Margaret's performance of health demonstrates that the signs that create the language of health can be faked, and that audiences can easily misinterpret them. The body confounds interpretation by performing signs that confuse the reading of it. Margaret's body speaks what she intends it to, and though her body can be interpreted as being deceitful, it must be remembered firstly that 'theatricality is not the polar opposite of authenticity',⁶⁹ and, as I will go on to demonstrate, her performance becomes in a way truthful. The performance of these attributes lessens the certainty of bodily legibility, due to the fact that the body cannot be legible if the attributes in question are being faked and performed.

There is also an extra layer to this issue of performance, which is that *North and South* is a fictional text; Margaret's performance of health is itself a written performance, with Gaskell making her character perform as the plot requires. Bodies are, furthermore, legible within the texts, but as readers we are privileged to understand both what is happening under the surface and the

⁶⁹ Newey, p. 572.

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motivations for the performance. With this in mind, I turn now to examining Margaret's performance of health in *North and South*.

The Performance of Health in *North and South*

It is fitting that Margaret's surname is Hale. For approximately a thousand years this word has existed, meaning 'free from disease, health, in good health, well', amid other variations on the same theme; moreover, etymologically, the same Old English word that became "hale" became the word "whole", in its current senses – which is apt, given the 'healthy', 'sound' and 'healed' meaning of the other. Although Gaskell's choices of names do not typically give rise to symbolism and suggestion, Margaret seems to be an exception amongst her female protagonists – her health is signalled from the start.

Margaret's health is not characterised by the dichotomy of health and illness: she does not dramatically fall ill during the course of the novel, and, aside from being injured by the stone flung at her while protecting Mr Thornton from rioters, never suffers any real, physical detriment to her health. In fact, throughout the novel, her health is rarely discussed explicitly, but she is described as being 'young and healthy' (90) with a 'natural healthy colour' (191), and she experiences a steady 're-establishment in health' (283) after the death of her mother. After the shock of the death of her father, she does experience 'depressed spirits and delicate health' (365), but given both time and solitude she 'looks ten years younger than she did' (405), and both 'radiant' and 'much stronger' (419) than at that difficult time. Her health is instead emphasised in contrast to weakness: weakness characterised by physical collapse, inability to cope with events and challenges, and general bodily frailty. She is affected by

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these aspects of weakness during the various ordeals that she faces throughout the novel, and it is with these moments that her health is compared. *North and South* sees a number of characters equating health with strength, and viewing ill-health as weakness. Mrs Thornton, for example, values health and strength as one and the same: she and her son share pride in her assertion that, if she had ever had a headache 'I never complained of it, I'm sure' (94), and she 'had an unconscious contempt for a weak character' (94-5); the 'weak character' in question is her daughter Fanny, who 'was weak in the very points in which her mother and brother were strong' (95).

Fanny's weakness indeed causes 'a kind of pitying tenderness of manner towards her; much of the same description of demeanour with which mothers are wont to treat their weak and sickly children' (95); her weakness is explicitly connected to being 'sickly', a connection supported by Fanny's imminently complaining of a headache (96). Mrs Thornton has little sympathy with those she sees as demonstrating weakness, and both Margaret and Mrs Hale suffer from this judgement. When visiting Mrs Thornton with her father, while her mother is too ill to leave the house,

Margaret explained how it was that her mother could not accompany them to return Mrs Thornton's call; but in her anxiety not to bring back her father's fears too vividly, she gave but a bungling account, and left the impression on Mrs Thornton's mind that Mrs Hale's was some temporary or fanciful fine-ladyish indisposition, which might have been put aside had there been a strong enough motive. (113)

This misunderstanding leads Mrs Thornton to misinterpret Mrs Hale's genuine illness, attributing it to mere weakness and indisposition; she retains an opinion of Mrs Hale as being 'a bit of a fine lady, with her invalidism' (141), until circumstances cause her to realise her error. Mrs Thornton's lack of sympathy

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aside, however, this is the equation into which Margaret's narrative health falls: her health is opposed to physical and mental weakness, and although Mrs Thornton's attitude lacks any kind of sympathy or indeed empathy ('I have never been ill myself, so I am not much up to invalids' fancies' (96)), her attitude exemplifies this equation at work in *North and South*.

Margaret's health is integral to her identity and self-understanding, symbolised by her surname, even in moments when this is at odds with her embodied experience. Consequently, her health is made much of in the novel, not least by her: on being told by her mother that the family servant Dixon had supposed that Margaret would 'shrink' from her mother on discovering the latter's illness, Margaret, 'her lip curling' in annoyance, responds, 'She thought, I suppose, that I was one of those poor sickly women who like to lie on rose leaves, and be fanned all day' (128). She is quite the reverse, and takes no small measure of pride in this, as this response makes clear. Her health is also commented on, notably by Dr Donaldson when relating to her the nature and state of her mother's serious illness. While conveying the information, he watches her closely, 'for the pupils of her eyes dilated into a black horror, and the whiteness of her complexion became livid. He ceased speaking. He waited for that look to go off, – for her gasping breath to come' (126). The anticipated collapse does not come, however; Margaret recovers herself, asks more questions, and then shows the doctor out. Dr Donaldson praises her strength to himself on his journey to his next patient, calling Margaret a 'fine girl!' and considering:

Who would have thought that little hand could have given such a squeeze? But the bones were well put together, and that gives immense power. What a queen she is! [...] I must see she does not overstrain herself. Though it's astonishing how much those thorough-bred creatures

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can do and suffer. That girl's game to the back-bone. Another, who had gone that deadly colour, could never have come round without either fainting or hysterics. But she wouldn't do either – not she! And the very force of her will brought her round. (127)

His concern for her 'overstraining' herself is quickly overcome by his recalling the power of her self-control that she demonstrated in their interaction.

Margaret is set apart as being special ('– not she!') because of this skill and because of her avoidance of the stereotypes of nineteenth-century gender ideology, which sees women responding to such instances with 'either fainting or hysterics'; her 'will' itself is praised as succeeding in controlling her body. Even the doctor's admiration for the squeeze of the hand he received from her implies her bodily strength, especially from such a 'little hand', and his description of her as a 'thorough-bred creature' is positively animalistic, as if she were a racehorse that had proven its strength and worth.

Margaret's control of her body is emphasised throughout the novel. She values her power greatly, since she has 'despised people for showing emotion – [she has] thought them wanting in self-control' (188). Even before her trials in Milton had begun, when her father first informs his family of his plans to uproot them from their home in Helstone, she seeks solitude 'to stifle the hysteric sobs that would force their way at last, after the rigid self-control of the whole day' (48); and her encounter with Dr Donaldson understandably results in crying, but he 'let[s] her have the relief of tears, sure of her power of self-control to check them' (126). Self-control was, however, not a characteristic traditionally associated with women in the nineteenth century. Sally Shuttleworth asserts that 'theories of gender division [...] contrasted male self-control with female

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subjection to the forces of the body',⁷⁰ and *North and South* acknowledges this view during a discussion about Margaret's possible attendance at Mrs Hale's funeral:

'You! My dear, women do not generally go.'

'No: because they can't control themselves. Women of our class don't go, because they have no power over their emotions, and yet are ashamed of showing them. Poor women go, and don't care if they are seen overwhelmed with grief.' (261)

Gaskell draws attention to the classed, as well as gendered, attitude to this most masculine of characteristics, while at the same time implicitly setting Margaret apart from these other woman, poor or otherwise. In fact, Jill L. Matus suggests that 'from Margaret's point of view poor women are *right* in not caring if they are seen overwhelmed with grief',⁷¹ and therefore that 'the social injunction to keep strong feelings in check is a class convention, which may be as bad in its way as the tendency to surrender to excessive emotion'.⁷² Gaskell also highlights the gender hypocrisy at work, since 'men of [the Hales'] class may also have difficulty retaining power over their emotions';⁷³ indeed, earlier in the narrative Margaret herself 'had no time to give way to regular crying [since her] father and brother depended upon her; while they were giving way to grief, she must be working, planning, considering', and, to further compound this, '[e]ven the necessary arrangements for the funeral seemed to devolve upon her' (247).

⁷⁰ Sally Shuttleworth, *Charlotte Brontë and Victorian Psychology* (Cambridge: Cambridge University Press, 1996), p. 4.

⁷¹ Jill L. Matus, 'Mary Barton and *North and South*' in *The Cambridge Companion to Elizabeth Gaskell*, ed. Jill L. Matus (New York: Cambridge University Press, 2007), pp. 27–45, p. 37, my emphasis.

⁷² Matus, p. 37.

⁷³ Matus, p. 37.

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Though not regarded as having enough self-control to attend her mother's funeral, she is thoroughly capable of arranging it.

That Margaret does *eventually* collapse, both literally and metaphorically, under the weight of these pressures and the burden of self-control, demonstrates 'that long strain and self control wear down both mind and body, and that moral fortitude cannot prevent *physical consequences*'.⁷⁴ Self-control, when imposed and figured upon the body, becomes a sign of strength, of the kind so valued by Margaret and Mrs Thornton; but it is also to do with literally controlling the body, and excessive control of this sort can result in harm coming to that body. Self-control is thus bound up not only with the body, but also with strength and health. It is also noted by Schechner that, generally speaking and with exceptions, '[t]he more self-conscious a person is, the more one constructs behavior for those watching and/or listening, the more such behavior is "performing."⁷⁵ Self-control therefore not only binds together the body and health, but it is also indicative of performance; it implies a conscious control of behaviour and physical movement for the benefit of an audience. This creates a gendered dimension to this question of performance: since self-control was a characteristic typically associated with men, this suggests that men were seen to perform their roles in society, while women were not performers but merely experienced emotions as they happened;⁷⁶ indeed, the 'codes of Victorian masculine culture [...] *demand*ed self-control and public

⁷⁴ W. A. Craik, *Elizabeth Gaskell and the English Provincial Novel* (London: Methuen and Co Ltd., 1975), p. 257.

⁷⁵ Schechner, p. 146.

⁷⁶ This is not to suggest that there are no aspects of performance to women's behaviour or to femininity more broadly in the nineteenth century. Rather, with regards to self-control specifically, men were expected to perform while women were assumed to be incapable of doing so.

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rectitude'.⁷⁷ Mr Thornton himself is an excellent example of a male character performing his role in society while his emotions rage beneath the surface, the 'self-controlled actor in charge of his own destiny':⁷⁸ he prides himself on 'the power he showed in compelling himself to face' Margaret (235) and, when Margaret leaves for London after her father's death, there was 'no tone of regret, or emotion of any kind in the voice with which he said goodbye' (361). Margaret herself, however, is singled out as special when she displays the same skills, if the skill is noticed at all, precisely because it is not expected of her woman's body. Her self-control, then, is not only indicative of physical performance, but also integral to it – and to her maintenance of a seemingly healthy body.

Margaret's self-control proves valuable when she finds that she needs to appear healthier and stronger than she feels, hiding her physical weakness and often physical exhaustion, for the benefit of others – her ill mother, her worrying father, the doctor, or her friends and acquaintances who, she feels, have no business knowing more than is necessary about her family's situation. Her bodily self-control of not fainting during her encounter with the doctor, for example, was required because of the pressing matter of the discovery of her mother's illness and the urgency and importance of procuring answers to her questions. In fact, Gaskell's beliefs about self-control, beliefs implied by her consistent use of self-control in her novels and the praise it subsequently receives within them, seem to have been rooted in her Unitarian philosophy. Jenny Uglow refers to Gaskell's 'Unitarian ideals of self-control and tolerance',⁷⁹

⁷⁷ Stephen Garton, 'The Scales of Suffering: Love, Death and Victorian Masculinity', *Social History* 27.1 (2002), pp. 40–58, p. 43, my emphasis.

⁷⁸ Shuttleworth, p. 4.

⁷⁹ Jenny Uglow, *Elizabeth Gaskell: A Habit of Stories* (London: Faber and Faber Ltd., 1993), p. 167.

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the motives for which seemed to be based on ‘universal benevolence and ‘welfare of others’ principle’.⁸⁰ These words give us some indication of how Gaskell herself would have perceived the merits of suppressing one’s emotions. This idea that self-control and the suppression of emotion is particularly beneficial when it can be used to protect others is key to understanding Margaret’s behaviour in *North and South*. The self-control that she exhibits over her body in an effort to maintain an image and impression of health is her conscious performance; her motives are to protect the feelings and welfare of others and prevent anyone from seeing her in a physically weakened state, which both involve performances occurring specifically and only for an audience. Indeed, Goffman argues that a “performance’ may be defined as all the activity of a given participant on a given occasion which serves to influence in any way any of the other participants’,⁸¹ who are referred to as ‘the audience, observers, or co-participants’;⁸² and Lewes, as has been illustrated, focuses much on the necessity of the audience fully comprehending the performance. A performance requires an audience for the performer to influence, and Margaret finds a ready audience to influence with her performance of health. More than this, however, her performances are both done *for* and *to* these people: they are the reason and the motivation behind the performances *and* the audiences for them.

Margaret’s own conscious performances of health, then, when she endeavours (and invariably succeeds) to appear healthy even when she is injured, unwell, or simply run down, occur several times throughout the course

⁸⁰ Gaskell, quoted in Uglow, p. 168.

⁸¹ Goffman, p. 26.

⁸² Goffman, p. 27.

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of the novel. For example, after she has spent the day washing, ironing, and cleaning to prepare for a visit from Mr Thornton, she '[reminds] herself of her father's regard for Mr Thornton, to subdue the irritation of weariness that was stealing over her, and bringing on one of the bad headaches to which she had lately become liable' (76). During the course of the evening visit itself,

Margaret's head still ached, as the paleness of her complexion, and her silence might have testified; but she was resolved to throw herself into the breach, if there was any long untoward pause, rather than that her father's friend, pupil, and guest should have cause to think himself in any way neglected. (80)

Margaret weariness is clearly linked with a physical ailment – the headache – and her motive for performing her health is made explicit: her father's 'regard for Mr Thornton', and the latter's status as a guest in her house. The connection is also clearly made between appearance and ill-health, with Margaret's paleness being noted; however, that this only '*might*' have testified implies that only a close observer would notice this, and her performance, her '[throwing] herself into the breach', would mask this visible discomfort.

Similarly, the novel's most dramatic episode sees Margaret hit in the head with a stone while attempting to protect Mr Thornton from rioting strikers. After the rioters have dispersed, she attempts to 'rise without his help' (178), claiming that '[i]t is nothing, [...] The skin is grazed, and I was stunned at the moment' (178) before 'a film came over her eyes [and] he was only just in time to catch her' (179). When she regains consciousness shortly afterwards, with Mrs Thornton, Fanny Thornton, Jane the servant, and the just-arrived doctor Mr Lowe, her appearance and her words argue against one another: 'a faint pink colour returned to her lips, although the rest of her face was ashen pale' (182), as she says '[i]t is not much, I think. I am better now. I must go

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home' (182). She continues to request to go home, and invoking the necessity of not distressing her mother: 'I must go. Mamma will not see [the wound], I think. It is under the hair, is it not?' (182); and becoming more insistent: 'I must,' said Margaret, decidedly. 'Think of mamma. If they should hear – Besides I must go,' said she, vehemently' (182). The doctor observes that she is 'quite flushed and feverish', which she attributes to 'being here, when I do so want to go' (182). Her speech – an embodied event in itself but in this instance at odds with her body – attempts to prove her health despite her injury, and her body even manages to assist her in some ways: she manages to sit up, stand, maintain consciousness, and speak, though her face is alternately pale and flushed. The clear concern to spare her mother undue distress is also foremost, since she repeatedly mentions her, and it is in fact this which causes the doctor to relent: "I really believe it is as she says," Mr Lowe replied. "If her mother is so ill as you told me on the way here, it may be very serious if she hears of this riot, and does not see her daughter back at the time she expects" (182-3). Margaret's pleading and vehemence were not in vain.

Margaret's endeavours to appear healthy continue to be tied up with fears for her parents, but this concern actually seems to aid her performance:

Margaret's thoughts were quite alive enough to the present to make her desirous of getting rid of both Mr Lowe and the cab before she reached Crampton Crescent, for fear of alarming her father and mother. Beyond that one aim she would not look. That ugly dream of insolent words spoken about herself [while semi-conscious], could never be forgotten – but could be put aside till she was stronger – for, oh! she was very weak; and her mind sought for some present fact to steady itself upon, and keep it from utterly losing consciousness in another hideous, sickly swoon. (183)

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She acknowledges to herself her physical weakness and the danger of her losing consciousness again, but fixates her thoughts on her desire to get rid of the doctor and the cab, recognising that this fixation will in fact help her retain consciousness. It is her body, more than her mind, that concerns her once she arrives home, since this is what her parents may notice: she is 'thankful to see her father so much occupied with her mother as not to notice her looks' (188). Later that evening, when Mr Thornton sends word to ask after her, she again performs her health verbally while her body, though conscious and in control, betrays her somewhat: "Me!" said Margaret, drawing herself up. 'I am quite well. Tell him I am perfectly well.' But her complexion was as deadly white as her handkerchief; and her head ached intensely' (189). Later that evening she is called upon to entertain her father and keep his mind occupied from the fears surrounding his wife's health, and '[w]ith sweet patience did she bear her pain, without a word of complaint' (189), further emphasising that Margaret's health performances are for the benefit of her parents, first and foremost. Indeed, that this constitutes a performance is made clear when the performance is no longer required and she finds herself alone:

She let her colour go – the forced smile fade away – the eyes grow dull with heavy pain. She released her strong will from its laborious task. Till morning she might feel ill and weary.

She lay down and never stirred. To move hand or foot, or even so much as one finger, would have been an exertion beyond the powers of either volition or motion. She was so tired, so stunned, that she thought she never slept at all. (189)

The connection drawn here between Margaret's release of control and her physical weakness is painfully clear. That she '[lets] her colour go' even implies that her bodily control has extended to being able to control the colour of her face, to mask her paleness. Moreover, her entire body is included in the release

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of control; not merely her facial features and expression, but her hands, feet, and by implication her whole body. The structure and punctuation of the first passage illustrates the slightly juddering release of her will, and the entire passage, the build-up of body parts and difficulties, all serve to emphasise the exertion and the exhaustion. The full implication is that only with solitude might Margaret feel tired, 'ill and weary': despite the laborious task, she pours all her effort and her 'strong will' into performing her health for the benefit of her parents.

These examples are illustrative of how Margaret creates and sustains an identity for herself as a particularly healthy and strong individual, and has convinced others (quite easily, it seems) that this is the truth, thereby serving the performance functions of 'altering identity' and 'teaching, persuading, or convincing'.⁸³ According to Schechner, though, '[p]erformances exist only as actions, interactions, and relationships'.⁸⁴ Margaret's performances have succeeded in altering her identity and convincing others of the truth of it, but they necessitate an audience for whom she must perform – and her continued performance for her audience is not without its effects. She is continually misinterpreted because of her seeming health. It is after Mrs Hale's funeral that this becomes most noticeable: Dixon responds to Mr Thornton's query after the family by saying that '[t]hey are as much as is to be expected. Master is terribly broke down. Miss Hale bears up better than likely' (264).⁸⁵ It is this 'bears up better than likely' that causes much confusion and consternation in Mr

⁸³ Schechner, p. 38.

⁸⁴ Schechner, p. 24.

⁸⁵ It is hard to tell whether Dixon is herself completely taken in by Margaret's performance (in this case, purely for the benefit of her father), or whether she, like both Margaret and Mrs Hale, prefers to retain privacy and mask the true sorrow of the household. However, given her honesty regarding Mr Hale's state, and her knowledge of Mr Thornton being a close family friend who has done much for her mistress, I suggest that Dixon herself is taken in by Margaret's performance.

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Thornton's behaviour towards Margaret. Mr Thornton 'would rather have heard that she was suffering the natural sorrow' (264), partly because he '[takes] pleasure in the idea that his great love might come in to comfort and console her' (264). This idea that Margaret is *not* 'suffering the natural sorrow' seems to be bound up with the same ideas of gender and self-control that almost prevented her from attending her mother's funeral; it suggests that to be 'suffering the natural sorrow' one must be *seen* to be 'suffering the natural sorrow'. Margaret's self-control and self-restraint are not taken into consideration, or indeed the reasons why these might be necessary. The expectations of her gender trump her individual character and circumstances. To exacerbate matters, Mr Thornton's opinion of and feelings for Margaret are marred at this point by his incorrect belief that she has a lover – in actuality her brother Frederick, whom she was seen embracing late at night at the Outwood train station by Mr Thornton. Indeed, he was 'haunted by the remembrance of the handsome young man, with whom she stood in an attitude of such familiar confidence' (264). He takes Dixon's comment as a 'miserable, gnawing confirmation' (264) of the fact of this lover: "She bore up better than likely' under this grief. She had then some hope to look to, so bright that even in her affectionate nature it could come in to lighten the dark hours of a daughter newly made motherless' (264). Such is the importance of being *seen* to be suffering; in the absence of visible suffering, Mr Thornton is able to create and justify reasons for this absence that, in turn, sully Margaret's virtue.

Of course, as the reader understands,

[t]he 'bearing up better than likely' was a terrible strain upon Margaret. Sometimes she thought she must give way, and cry out with pain, as the sudden sharp thought came across her, even during her apparently

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cheerful conversations with her father, that she had no longer a mother.
(265)

Gaskell's narrative voice is almost sarcastic in the first sentence, in her treatment of this assessment of Margaret's state of mind, the quoted words contrasting immediately with the 'terrible strain', itself reminiscent of the earlier 'laborious task' (189). Margaret clearly has not given way, since she at this stage only 'thought she must'; and her grief is figured as bodily pain ('sudden' and 'sharp') that requires verbal expression ('cry out with pain'). Margaret's performance is, again, firmly connected with her father; even though the conversations are only '*apparently* cheerful', this cheerfulness is enacted for his benefit. The strain placed on Margaret by the enforced performance is instantly visible to Mr Thornton, despite the success of the performance for others:

Then he turned to Margaret. Not 'better than likely' did she look. Her stately beauty was dimmed with much watching and with many tears. The expression on her countenance was of gentle patient sadness – nay of positive present suffering. (266)

Margaret's performance is still intact, but it has taken a visible physical toll – presumably the dimmed nature of her face and the expression of 'positive present suffering' constitute the visible suffering so valued by Mr Thornton, and both act in opposition to the healthy glow so typical of Margaret. Furthermore, this passage itself serves to demonstrate her devotion to caring for her father: she has undergone much 'watching' and has been, as ever, '[gently] patient' in doing so. However, rather than suggesting that Margaret's performance is flawed or failing, since both Dixon and her father seem to fail to notice, for reasons individual to each, this suggests Mr Thornton's surprising, though inconsistent, ability to read and understand her. Indeed, his ability to perceive her is well documented throughout the novel: he feels 'the consciousness of her

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presence all over, though his eyes had never rested on her' (212); when entering a room, he '[takes] in at a glance the fact of Margaret's presence; but after the first cold distant bow, he never seemed to let his eyes fall on her again' (232); and he even, without truly realising it, feels it a 'stinging pleasure to be in the room with her, and feel her presence' (235). He even seems to have a heightened awareness of Margaret: at the dinner party thrown by his mother, 'he knew what she was doing – or not doing– better than he knew the movements of any one else in the room' (161). Mr Thornton's perception of her 'suffering' expression suggests that he is able to see and comprehend her despite her performance. So moved is he by this visual display of suffering that 'he could not help going up to her, [...] and saying the few necessary common-place words in so tender a voice, that her eyes filled with tears, and she turned away to hide her emotion' (266). When misinterpretations are cleared away, real sympathy can be demonstrated.

These characters believe Margaret's performance not only because she is youthful and typically healthy with a history of good health, but also because she is honest. Indeed, her honesty is tied up with her health and her body: her face shines with 'honest, open brightness' (12), and she confesses her infamous lie to Mr Bell with 'her clear honest eyes' (385). Her reputation for truth is such that Mr Bell proclaims 'Margaret, I go so far in my idea of your truthfulness, that it shall cover your cousin's character' (327), to which an embittered Mr Thornton, believing Margaret to be a liar, retorts 'Is Miss Hale so remarkable for truth?' (327). Mr Thornton had himself, in fact, previously thought of how 'creeping and deadly that fear which could bow down the truthful Margaret to falsehood' (274). This creates the incongruity surrounding Margaret's health: Margaret is honest, and characterised by honesty, yet her performance of her health appears to constitute a deceit, particularly when considered through the eyes of the

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‘[r]everent Victorians’ who ‘shunned theatricality as [...] deceitful’.⁸⁶ Margaret’s performance, however, does not imply any of the negative connotations of the word, and, similarly, there is no need or right of the audience to know the ‘truth’ of her bodily experience. Indeed, it is done, and repeatedly justified by Gaskell, in the interests and service of others, most often her parents; but it is also an attempt by Margaret to protect her family’s privacy, for numerous reasons – her mother’s poor health, her father’s weakness, her brother’s visit which must be kept secret, and her general belief in the value of familial – and bodily – privacy. Her performance is, therefore, justified (and tacitly approved by Gaskell) despite the duplicity at play – but it is duplicitous, and purposefully so.

Margaret does, however, unintentionally extend the parameters of her role: from performance to an audience of family, friends, and acquaintances, with very few consequences attached to the performance which Margaret believes necessary to uphold the privacy of both her family and her body, to a performance, and an outright lie, to a policeman. Margaret’s performance here is more formal, more deceitful, more serious, and therefore requires more justification. Margaret must pay for her lie with her performance of health.

Margaret and the Policeman: The Collapse of the Performance

Margaret’s encounter with the policeman is brief but crucial, consisting of a highly charged and sustained physical performance, followed by a literal physical collapse. The encounter itself follows the evening when Margaret takes Frederick to the Outwood train station to see him on his way safe to London

⁸⁶ Auerbach, p. 4.

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(where Mr Thornton sees the two and assumes that her brother is in fact a lover). Frederick is recognised by someone from Helstone, a man named Leonards; after pushing Margaret and grabbing Frederick, an ensuing scuffle sees the drunk Leonards tripped by Frederick and fall down the railway embankment, 'a height of three or four feet' (259). Frederick makes his train, and is safely removed to London. Leonards survives the fall and goes to a gin palace, but later dies from a drink-related disease that was exacerbated by his injuries. The scene was witnessed, however, by a grocer's assistant, who is able to identify Margaret, bringing the police inspector to her door to pursue his enquiries.

On entering her father's study, into which the inspector has already been shown, Margaret's physical control is immediately demonstrated: 'There was something of indignation expressed in her countenance, but so kept down and controlled, that it gave her a superb air of disdain. There was no surprise, no curiosity' (267); and again,

The large dark eyes, gazing straight into the inspector's face, dilated a little. Otherwise there was no motion perceptible to his experienced observation. Her lips swelled out into a richer curve than ordinary, owing to the enforced tension of the muscles, but he did not know what was their usual appearance, so as to recognize the unwonted sullen defiance of the firm sweeping lines. She never blenched or trembled. She fixed him with her eye. (267)

This control of the body – seemingly so complete that only eye dilation remains uncontrollable – is impressive and intimidating. The inspector's observational skills are commented on, yet Gaskell emphasises that he is at a disadvantage since he does not know how Margaret usually looks. Throughout the interview, 'the lady standing before him showed no emotion, no fluttering fear, no anxiety,

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no desire to end the interview' (267), and the very fact of this being noted by the policeman suggests that Margaret's is not the typical behaviour of ladies experiencing a police interview.

The content and the language of the interview itself are suggestive of another aspect of performance, a scripted encounter. The inspector does not even ask a question before Margaret interrupts with her denial:

'There is also some reason to identify the lady with yourself; in which case –'

'I was not there,' said Margaret. (267)

This denial is simple and deals directly with the inspector's statement: he considers 'the unflinching, calm denial which she gave to such a supposition' as '[she] stood awaiting his next word with a composure that appeared supreme' (268), which demonstrates to the reader the connection between her 'unflinching' denial and her physical self-control and 'composure' – the self-control that governs one governs the other. Margaret's control over her body here is total.

Her second denial, however, reduces the impact of the first. The inspector phrases his enquiry as a full question, based on Margaret's denial: 'Then, madam, I have your denial that you were the lady accompanying the gentleman who struck the blow, or gave the push, which caused the death of this poor man?' (268). Following this question,

A quick, sharp pain went through Margaret's brain. 'Oh God! that I knew Frederick were safe!' A deep observer of human countenances might have seen the momentary agony shoot out of her great gloomy eyes, like the torture of some creature brought to bay. But the inspector though a very keen, was not a very deep observer. He was a little struck, notwithstanding, by the form of the answer, which sounded like a

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mechanical repetition of her first reply – not changed and modified in shape so as to meet his last question.

‘I was not there,’ said she, slowly and heavily. And all this time she never closed her eyes, or ceased from that glassy, dream-like stare. His quick suspicions were aroused by this dull echo of her former denial. It was as if she had forced herself to one untruth, and had been stunned out of all power of varying it. (268-9)

Margaret experiences physical pain located in a physical body part, and she is likened to a tortured creature, a simile that serves to emphasise the physicality of this experience. Her dullness, her slow and heavy speech, and the image of her being ‘stunned’ suggest that her sharpness is fading and her faculties are waning due to excessive control, foreshadowing her imminent collapse. The ‘mechanical repetition’ and the ‘dull echo’ of her original answer are script-like, appropriate neither to the question asked, nor its form. The inspector himself speculates on why this might be, and his suggestion is accurate given what the reader knows of Margaret’s experience of the scene and her honest character in general.

Furthermore, Gaskell makes the distinction between a ‘keen’ and a ‘deep observer’, suggesting a distinction between keen, superficial observation, and deep observation and understanding. Gaskell seems to suggest in this episode that to know the subject well is key to a full and deep observation. For example, since the inspector ‘did not know what was [Margaret’s lips’] usual appearance, so as to recognize the unwonted sullen defiance of the firm sweeping lines’ (267), it is implied that one who knew Margaret better might have identified this change. Indeed, much later in the text, Gaskell observes that Margaret benefited from a seaside visit, ‘as any one might have seen who had the perception to read, or the care to understand, the look that Margaret’s face was gradually acquiring’ (404). The natural development of this thought is that Mr Thornton would be

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able to observe and understand her better than the inspector, given his powers of perception, specifically of Margaret, already discussed. Moreover, Anthea Trodd suggests that ‘Gaskell’s decision to present the scene from the police point of view places the emphasis on Margaret’s indecipherability, not her distress’,⁸⁷ and therefore on her body and physicality from the point of view of the audience figure. Indeed, the

emphasis on the external aspects of Margaret’s perjury reminds us that “experienced observation” of a qualitatively superior kind would have detected clues. Margaret is a candid heroine and the experience of secrecy shows in her expressions, but to the eye of the policeman these clues are indecipherable.⁸⁸

Though Margaret exercises self-control, it is made clear by Gaskell that a ‘qualitatively superior’ observer would have been able to detect the small clues that she does unintentionally exhibit. Essentially, then, her *physical* performance is such as to convince the inspector of her honesty, or at least to impress him with her bearing and being, since the small physical anomalies of her performance are indecipherable to him: it is ostensibly her speech, her script-like repetition, that arouses his suspicions. Indeed, this is evidenced by the policeman attempting to catch her out in some kind of physical movement, as if that would verify his suspicions:

He looked at her sharply. She was still perfectly quiet – no change of colour, or darker shadow of guilt, on her proud face. He thought to have seen her wince: he did not know Margaret Hale. He was a little abashed by her regal composure. It must have been a mistake of identity. (269)

⁸⁷ Anthea Trodd, ‘The Policeman and the Lady: Significant Encounters in Mid-Victorian Fiction’, *Victorian Studies* 27.4 (1984), pp. 435–460, p. 454.

⁸⁸ Trodd, p. 454-455.

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He looks at her ‘sharply’, as if to catch her unawares – reminiscent of a child trying to see whether their toys really do move when unobserved – but of course her self-control prevents this. Once again, it is emphasised that the inspector does not know Margaret in any way, suggesting again that to be a close observer one must know the person being observed, to observe changes or to understand their convictions and strengths. Such is Margaret’s behaviour that the inspector even begins to question his own suspicions, and to suppose that it could not have been Margaret that night at the station; her performance in these few minutes simultaneously kindles his suspicions and quells them. Whether intentionally or not, Margaret succeeds in ‘[discouraging] the police by influence or inscrutability’.⁸⁹ However, it is the nature of the audience that raises the stakes here: her performance is crucial due to the severity of the situation, and the fact that her performance begins to slip (of which her ‘glassy, dream-like stare’ and ‘stunned’ repetition are evidence) due to her exhaustion from the self-control being enforced is what gives the inspector cause for suspicion. Suspicion enough to lead him to ask for Mr Thornton’s assistance, which acts as the major catalyst for Margaret’s distress over the rest of the novel.

Margaret’s physical performance succeeds at first, then, in representing ‘character with such truthfulness that it shall affect [the audience] as real’;⁹⁰ it is her speech that does not ‘affect [the audience] as real’ and which therefore arouses the policeman’s suspicions, compounded by the slow disintegration of her performance, where her physical actions becomes less like ‘the expressions of real human feeling’.⁹¹ This performance and bearing of health and strength

⁸⁹ Trodd, p. 455.

⁹⁰ Lewes, p. 112.

⁹¹ Lewes, p. 113.

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gradually begins to fade into a slow, heavy, and mechanical one. It is what happens following this that best demonstrates the nature of Margaret's performance: once the performance is no longer required, her body takes its revenge for the control exercised upon it, and collapses – 'the iron will [becomes] a vulnerable flesh'.⁹² The absence of performance simultaneously creates the opportunity for, and is the cause of, bodily collapse – and performed health is therefore opposed to the authentic underlying embodiment of health.

Margaret bowed her head as he went towards the door. Her lips were stiff and dry. [...] She shut the door, and went half-way into the study; then turned back, as if moved by some passionate impulse, and locked the door inside.

Then she went into the study, paused – tottered forward – paused again – swayed for an instant where she stood, and fell prone on the floor in a dead swoon. (269-70)

Firstly, it is important to emphasise that this is not a simple 'occurrence of feminine wilting':⁹³ indeed, Gaskell goes to some lengths to suggest 'that Margaret's most private swoon is not the fainting of the fashionably hysterical woman',⁹⁴ not only because of the reasons given to excuse the faint, but also the characterisation that Margaret has received – Dr Donaldson's praising of her strength, her self-control consistently exhibited, her throwing herself into the fray of the riot at Marlborough Mills – which collectively demonstrate that Margaret, set apart from other women, is well able to be courageous, strong, and physically resilient.⁹⁵

⁹² Terence Wright, quoted in Matus, p. 41.

⁹³ Matus, p. 43.

⁹⁴ O'Farrell, p. 77.

⁹⁵ Matus, p. 42.

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Margaret's loss of consciousness has been foreshadowed throughout her interview with the police inspector: her first denial is uttered with 'her expressionless eyes fixed on his face, with the unconscious look of a sleep-walker' (267), and she begins to speak 'slowly and heavily', with a 'glassy, dream-like stare' (269). Her loss of self-control once the performance is no longer required harkens back to the idea that her performance and self-control are, according to Gaskell's Unitarian views, justified by the 'welfare of others' principle';⁹⁶ since the performance is no longer required, neither is the self-control. Matus suggests that Gaskell 'seems more ready to explore (at least in her middle-class characters) what may emerge in states where self-control is shaken'.⁹⁷ Moreover, she argues that Gaskell demonstrates an 'implicit sense that there may be times when the undermining of self-control and will can be useful and informative – a condition, even, for new growth and change', while of course 'not [disputing] the importance of will and rational control'.⁹⁸ In this case, the undermining of Margaret's control serves to develop her character, and that she retains her self-control and begins to exercise it again shortly after this collapse shows how Gaskell does not undermine the importance of will and control in itself. Rather, the collapse serves a function within the text, connected with Margaret's performance and lie. This swoon, following the performance, means that Margaret is 'rescued from the dishonor of the lie by her truth-telling body. Margaret's virtuous body, systemically overwhelmed by the determined lie, shuts down its circulation.'⁹⁹ In this way, Margaret's performance of perjury is implicitly justified by her body's absolving itself of guilt; the importance of the

⁹⁶ Gaskell, quoted in Uglow, p. 168.

⁹⁷ Matus, p. 40.

⁹⁸ Matus, p. 40.

⁹⁹ O'Farrell, p. 76.

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sleepwalking metaphors used throughout the interaction with the inspector is that her body is already distancing itself from the performance, causing a struggle since it is the body maintaining the performance. Essentially, then,

[t]he sense of dissociated consciousness that is conveyed serves to exculpate Margaret (though she roundly condemns herself) from full responsibility for her actions. But even so, her action muddies the ideal of clear moral behaviour, straightforward and beyond reproach.¹⁰⁰

The absence of need for performance allows Margaret the space and time for her body to recover from the controlled performance required of it; however, this collapse serves to exculpate her from her lie, and therefore serves a narrative purpose.¹⁰¹ Both the performance and the absence of performance are, therefore, necessary for Margaret and for the plot.

Margaret remains ‘as still and white as death on the study floor’ (271), her father, Mr Thornton and Dixon all unaware of what has occurred; a fact crucial in itself since it falls upon her to regain consciousness and control enough to gather herself together without assistance. This becomes, then, another example of how this is not ‘the fainting of the fashionably hysterical woman’,¹⁰² as is the textual explanation given for the collapse:

She had sunk under her burden. It had been heavy in weight and long carried; and she had been very meek and patient, till all at once her faith had given way, and she had groped in vain for help! There was a pitiful contraction of suffering upon her beautiful brows, although there was no other sign of consciousness remaining. The mouth – a little while ago, so sullenly projected in defiance – was relaxed and livid. (271)

¹⁰⁰ Matus, p. 43.

¹⁰¹ And, as outlined earlier in the chapter, this narrative purpose served by Margaret’s collapse is demonstrative of Margaret, the fictional character, performing for Gaskell the writer.

¹⁰² O’Farrell, p. 77.

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Margaret is justified in her collapse as she has been in her performances of health: she has been 'meek' and 'patient' in service to others, with a 'burden' carried long and alone. Her suffering is figured on her body and on her face, particularly her mouth, purposefully hearkening back to the defiant lips, of which the inspector did not know the 'usual appearance' (267); the lack of self-control in her unconscious state is emphasised by her 'relaxed' mouth. Her recovery is characterised by an attempt to 'efface the traces of weakness and bring herself into order again' (271), although her state means that 'from time to time, [...] she had to sit down and recover strength' (271). She is comforted solely by the idea that 'her lie had saved [Frederick], if only by gaining some additional time' (271). She knows that if the inspector returned once she had heard of Frederick's safe departure from England, then 'she would brave shame, and stand in her bitter penance' (271); but that if the inspector returned without her having heard from her brother, 'why! she would tell that lie again; though how the words would come out, after all this terrible pause for reflection and self-reproach, without betraying her falsehood, she did not know, she could not tell' (272). Margaret doubts her ability, so worn down is she, to repeat the performance in front of the same audience with any success, but would attempt to do so for her brother's sake, acting always in the service of others. Anthea Trodd speculates that this episode could be interpreted as Margaret 'being taught a salutary lesson: life is more complicated than she had supposed.'¹⁰³ Inevitably, after this episode and having returned to the family circle, Margaret's ability for self-control is temporarily diminished, and her appearance 'showed but too clearly that she required' rest (275), with Dixon even commenting on her

¹⁰³ Trodd, p. 454.

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unhealthy appearance: 'But you're not fit for it. You are more dead than alive' (276).

The ordeal, and therefore the necessity for and difficulty of continued performance, does not end here, however. Margaret discovers the next day that Mr Thornton knows of her lie to the police inspector and took steps to ensure that there would be no inquest into the death of Leonards: the knowledge that '[s]he stood as a liar in his eyes. She was a liar' (277) affects her more deeply than the act of lying itself, and her sleep that night is accompanied by 'exaggerated and monstrous circumstances of pain' (277), Gaskell once again figuring her emotional pain in the language of the physical. Concurrently, she discovers that Frederick managed to leave England safely before Margaret had her first meeting with the police inspector, rendering her entire experience of the previous evening unnecessary: 'Oh! what slight cobwebs of chances stand between us and Temptation! [...] If she had but dared to bravely tell the truth as regarded herself, defying them to find out what she refused to tell concerning another, how light of heart she would now have felt!' (279); 'light of heart' is the inverse of the physical heaviness caused by the weight of the burden she has been carrying, a bodily metaphor that again serves to figure her emotion physically. The emotional burden and physical exhaustion caused by both the events of the previous evening and the two revelations cause a continued yet unintentional relaxation of Margaret's self-control. So much so, indeed, that even Mr Hale notices it: he

was so uneasy about Margaret's pallid looks. She seemed continually on the point of weeping.

'You are sadly overdone, Margaret. It is no wonder. But you must let me nurse you now.'

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He made her lie down on the sofa, and went for a shawl to cover her with.
(280)

Finally, Margaret's performance has been relaxed enough that her father can recognise her suffering and is able to help her, rather than solely the reverse. She does indeed begin to recover somewhat, is 'unspeakably touched by the tender efforts of her father to think of cheerful subjects on which to talk' (281), and even manages 'a poor, weak little smile' (281). However, a mention of Mr Thornton's name by Mr Hale 'renewed her trouble, and produced a relapse into the feeling of depressed, preoccupied exhaustion. She gave way to listless languor' (282), a very physical manifestation of her emotional distress.

Margaret has neither her full health at this stage, nor the energy or ability to perform it, despite her father's best efforts to help her recover. She does recover enough of her health during this episode to be able to regain some semblance of self-control, enough to perform her health for her father: 'Suddenly it struck her that this was a strange manner to show her patience, or to reward her father for his watchful care of her all through the day. She sate up and offered to read aloud' (282). The usual relationship between the two is re-established, with Margaret able to perform her health enough to control her body and voice enough to read to Mr Hale; the role reversal between the two only served to increase her desire to care for him instead of him for her, since, to her mind, he ought to be rewarded for doing so. This successful performance of her health actually leads to 'her re-establishment in health' which, unfortunately, happens almost proportionally to 'her father's relapse into his abstracted musing upon the wife he had lost, and the past era in his life that was closed to him for ever' (283).

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This three-layered story of health performance serves to dramatise and clearly illustrate the performance of health which Margaret undertakes daily. By forcing Margaret to perform her health in this far more serious situation, Gaskell forces her body to perform more comprehensively and more completely; and, by providing this situation which allows for immediate solitude after the inspector has left, allows Margaret's body to give in to the exhaustion felt. Gaskell seems to imply that this collapse was inevitable, and would have happened thanks simply to the daily performance Margaret has undertaken, since her 'burden' had been 'heavy in weight and long carried; and she had been very meek and patient' (271). In creating this situation, however, Gaskell is able to show simultaneously Margaret's dramatic loss of health and control *and* exculpate the lie told to the inspector. Moreover, by making this encounter seem more like a literal acting performance than any other in the text, with Margaret's scripted words, and the emphasis being placed on the audience observing her, Gaskell draws the connection more fully and clearly between Margaret's daily and continuous performances of health and the more dramatic and obvious ones, as seen here.

Moreover, by making the absence of performance an opportunity (and cause) for bodily collapse, this reasserts Margaret's honesty. She performs her health continuously, which is, as discussed, in some ways duplicitous, but this is excused and continuously justified by Gaskell since it is done in the service of others and to better care for her family; indeed, the moment after her mother's death, Margaret 'rose from her trembling and despondency, and became as a strong angel of comfort to her father and brother' (246). Even when it is partially self-interested, it is justified in the same way. The episode with the police inspector, however, cannot merely be justified by Margaret's care for her

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brother. Although this lie is justified by others – Mr Bell asserts that ‘I say it was right. I should have done the same. You forgot yourself in though for another. I hope I should have done the same’ (387) – Gaskell remains uncomfortable with placing her honest heroine in the role of a liar, represented by Margaret’s own reply to Mr Bell: ‘No, you would not. It was wrong, disobedient, faithless’ (387). In the moment of the episode, the lie must be justified by further punishment, so her body revolts from the lie and collapses. The body exacts its revenge on Margaret by refusing to perform and bend to her will any longer.

The incongruity of Margaret’s honesty and her perceived bodily deceit, however, remains unresolved: in this case, what constitutes a lie? Margaret’s performance is indeed deceitful, but is it a falsehood? Goffman suggests that ‘[w]hen we think of those who present a false front or ‘only’ a front, of those who dissemble, deceive, and defraud, we think of a discrepancy between fostered appearances and reality’.¹⁰⁴ What if, however, the discrepancy between appearance and reality is smaller than it initially seems? Schechner argues that these sorts of everyday performances ‘create the very social realities they enact’,¹⁰⁵ and this chapter has already illustrated how Margaret alters her identity with her health performances. Jean Baudrillard, in his work *Simulations* (1983), argues that ‘a person pretending to be sick knows she is not really sick, but someone simulating sickness actually produces the symptoms of the illness and in so doing “is” sick. Once the symptoms appear there is no way to tell someone who is “sick” from someone who is sick.’¹⁰⁶ Although he is, of course, discussing sickness as an example of simulated behaviour, this can also

¹⁰⁴ Goffman, p. 66.

¹⁰⁵ Schechner, p. 35.

¹⁰⁶ Jean Baudrillard, paraphrased in Schechner, p. 118.

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be applied to health and the simulation of a healthy identity. Moreover, Baudrillard goes on to argue that to simulate an illness is to take on some genuine symptoms of that illness and therefore to some degree become ill, blurring the lines between what is true and what is not,¹⁰⁷ an idea which complicates even what it means for there to be such a truth. This only occurs with simulation, not feigning: ‘To simulate is to feign to have what one hasn’t’, but ‘to simulate is not simply to feign’,¹⁰⁸ and it is only ‘simulation [that] threatens the difference between the “true” and “false,” “real” and “imaginary”’.¹⁰⁹ Given the earlier clarification of what it means to simulate, Margaret can certainly be said to do this: although, as is painfully clear in her case, simulating and performing health cannot *create* health, it does require and mean taking on some of the characteristics of health, and in this way ‘produces the symptoms’¹¹⁰ so as to create an identity of health that convinces others.

In this way, ‘[p]henomenologically, the distinction between real and feigned disappears’.¹¹¹ Schechner clarifies this argument by suggesting that ‘a person’s sense of self is very much tied to her ability to believe in the roles she plays. The matter is complicated because the roles are not played by a single, stable self. The self is created by the roles even as it plays them’,¹¹² which is reminiscent of Ruskin’s belief that repeated performances are integral to shaping the self. Loxley, outlining Schechner’s theory, explains that the performer ‘behaves ‘as if’ she or he were someone else, but in doing so also lays claim to that someone else, performing the ‘not me’ and the ‘not not me’

¹⁰⁷ Jean Baudrillard, found in Schechner, p. 118.

¹⁰⁸ Jean Baudrillard, found in Schechner, p. 118.

¹⁰⁹ Jean Baudrillard, quoted in Schechner, p. 118.

¹¹⁰ Jean Baudrillard, paraphrased in Schechner, p. 118.

¹¹¹ Schechner, p. 118.

¹¹² Schechner, p. 182.

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simultaneously. This behaviour is neither actually mine, nor merely a fiction.¹¹³

The example that Schechner uses is that of Laurence Olivier playing Hamlet, in which ‘Olivier is *not exactly* being Hamlet, and *not exactly* being himself’.¹¹⁴

Loxley goes on to state that the ‘subjunctive, liminal nature of theatre emerges here not so much in a secure difference from the settled, certain and actual, but more in its capacity to corrode any such assertion of a secure difference’,¹¹⁵

which resonates with the non-theatrical process of Margaret becoming healthy through her performance of health; there is no ‘secure difference’ between her performance and her bodily reality. Margaret, in persevering with her performances of health and attaching to them a sense of pride in her own self-control, can be said to believe in the role of ‘healthy person’, to fully take on this healthy identity. In so doing, Margaret’s body in a way becomes her performance: her performance of health contributes to, builds upon, and emphasises her identity as a healthy individual, and her audience, her observers, identify her as being healthy because of her performance. Bodies shape perception, and though Margaret’s body is neither unhealthy nor fully healthy, she is equally ‘not not’ healthy. Although Margaret’s performance of health constitutes a kind of duplicity, her performance becomes a kind of truth.

Conclusion

Margaret is vindicated from her lie and returned to her reputation for honesty when her performance becomes a kind of reality; but the very fact that she

¹¹³ Loxley, p. 158.

¹¹⁴ Loxley, p. 158.

¹¹⁵ Loxley, p. 158.

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cannot be worked out from simple observation of her body and its signs demonstrates, then, that the nineteenth-century body is not fully legible. Indeed, this prevalent belief that the body is legible is demonstrated in the text, when those around her read Margaret and believe that what they have read is the truth. It is Thornton who comes closest to an accurate reading of Margaret, due to his attention to and sympathy with her – ‘the perception to read’ and ‘the care to understand’ (404) – but even he does not succeed entirely, and misapprehensions of events lead him to misunderstandings of her body and its signs. Gaskell seems to imply that a close sympathy with the subject is necessary in order to accurately read and interpret them, but even Mr Thornton is inconsistent in this respect.

The signs and signifiers of health performed by Margaret are themselves legible; but that these are performed masks the legibility of the body. Even though Margaret’s performance becomes a kind of truth, it is not the full truth, nor is she either healthy or unhealthy. She embodies the identity of a healthy individual, but she is not in full health for much of the text; indeed, she is sometimes unwell, as with her occasional headaches or her collapse after her father’s death. This therefore confounds the very idea of legibility, since it is near impossible to get at the truth of Margaret’s bodily experience; the aesthetic and bodily signs of health exhibited by her are never fully accurate windows into her bodily experience of health.

Health is performed in *North and South*, therefore, in order to complicate and question the idea and ideal of bodily legibility. Although Gaskell suggests that close and deep observation of the performer and a knowledge of their character allows the observer to notice signs that may indicate that it is a performance, the fact that this never occurs means that it remains only a

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suggestion. Margaret's performance is widely believed, and therefore successful, having affected her audience 'as real',¹¹⁶ and that it is a *performance* is only noticed by others on the occasion of its temporary absences – most obviously in her encounter with the policeman. Furthermore, since bodily legibility implies honesty and a truthful representation of the body, Margaret's truthful character enhances the general belief in her performance; and that even she is driven to tell a lie to the degree that she does demonstrates that she is capable of a less-than-truthful representation of her body.

By considering health as a performance, the language and signifiers of health of the mid-nineteenth century are exposed and made evident by Margaret's knowing what to display, which 'well-known symbols'¹¹⁷ to employ, to persuade her audience that her performance is truth. To the Victorians, who placed value in being able to read and interpret people – take phrenology, physiology, Darwin's *The Expression of the Emotions in Man and Animals*, and the numerous examples of people being read and reading others in *North and South* and Gaskell's other novels – this would have been viewed as inherently deceitful, suggesting 'not only lies, but a fluidity of character that decomposes the uniform integrity of the self'.¹¹⁸ Margaret, however, though her performance is duplicitous, is not a fluid character and certainly does not lack integrity; her performance – and her lie – are continually justified as being done for the right and the best intentions. Gaskell demonstrates, then, that authenticity, integrity, and performance are not the mutually exclusive attributes that we saw espoused by critics at the start of the chapter, and similarly that bodily legibility is far

¹¹⁶ Lewes, p. 112.

¹¹⁷ Lewes, p. 124.

¹¹⁸ Auerbach, *Private Theatricals*, p. 4.

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more complex than it was believed to be. Health is both able and allowed to be performed; health, as 'life itself', is 'a dramatically enacted thing'.¹¹⁹

¹¹⁹ Erving Goffman, quoted in Schechner, p. 177.

5. 'Something to do':

Health, Action, and Occupation in Charlotte Brontë's *Shirley*

I have to live, perhaps, till seventy years. As far as I know, I have good health; half a century of existence may lie before me. How am I to occupy it? What am I to do to fill the interval of time which spreads between me and the grave?¹

So asks Caroline Helstone in Charlotte Brontë's *Shirley* (1849), and in so doing elicits more questions than answers. Caroline's query raises three central issues: firstly, a question of time; secondly, the presence of health; and thirdly, the issue of occupation. These three issues are inextricably connected: because she has good health she has time, and since she has time surely she must have occupation. This raises the further question of how health, age, and occupation are connected and what they mean for each other. Essentially, Caroline's statement suggests that she is predominantly concerned with finding something to occupy the remainder of her life. Time seems to her to be viewed as an allotted span of existence that she '[has] to live', with the rest of her time and life laid out before her like a path to be trod. Her question of how to occupy herself on this journey, then, suggests a time-bound nature of action and occupation, an idea of a certain bequeathed amount of life.

The term 'life expectancy' was first used in 1847 in the fourth edition of W. H. Robertson's *A Popular Treatise on Diet and Regimen*, which discusses the 'influence on health and life-expectancy of the combined physical causes'

¹ Charlotte Brontë, *Shirley*, ed. Jessica Cox (1849; London: Penguin Books, 2006), p. 168. All subsequent references included parenthetically after quotation.

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contained within its pages.² It is not clear from this citation whether this term was in common use and/or known to Brontë; however, her father, the Reverend Patrick Brontë, wrote to the General Board of Health in London in the summer of 1849, following the announcement of the Public Health Act of 1848; this Act referred to ‘the death rate’ of particular areas, and provisioned that ‘if the death rate exceeded 23 per 1000, [...] an inquiry could be held and something could be done’.³ Patrick Brontë sent his petition on behalf of the people of Haworth asking for assistance for the village the day after Charlotte had communicated to her publishers that *Shirley* was complete.⁴ This circumstance would suggest that the idea of ‘death rates’ and life expectancy were concepts and phrases familiar to the Brontë family – particularly at this time, so soon after the loss of Branwell, Emily, and Anne. Moreover, the phrase ‘expectation of life’, meaning the same, had been in use since 1725 and appears throughout the nineteenth century, including in John Ramsey McCulloch’s *A Descriptive and Statistical Account of the British Empire* (1837), which suggests that the concept of a life expectancy was generally known.

Furthermore, Caroline’s assessment of ‘perhaps ... seventy years’ has Biblical origins:

The days of our years are threescore years and ten; and if by reason of strength they be fourscore years, yet is their strength labour and sorrow; for it is soon cut off, and we fly away.⁵

² William Henry Robertson, *A Popular Treatise on Diet and Regimen*, 4th ed. (London: John Churchill, Princes Street, Soho, 1847), p. 8.

³ Heather Glen, *Charlotte Brontë: The Imagination in History* (Oxford: Oxford University Press, 2002), p. 189.

⁴ Glen, p. 189.

⁵ King James Bible, Psalms 90:10.

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Not only does this passage put the number of years of human life at seventy, but it also acknowledges that any extension of this number is 'by reason of strength'. Even supposing that Brontë was unfamiliar with this particular psalm, it is reasonable to suppose that not only was the concept of a life expectancy generally known, but that 'threescore years and ten' was considered to be a satisfactory approximate life expectancy (regardless of any actual statistical information). Caroline is aware of her situation as a young woman with approximately 'half a century of existence' left to live, and therefore begins questioning what she can do to occupy herself during this time. This existential crisis of health and occupation is one accessed predominantly by middle-class women, as opposed to the working class generally, who are employed by necessity, and middle-class men, who have work and employment to occupy them – middle-class women suffer particularly since any form of occupation or action that is not deemed suitable for women is denied to them. Elizabeth Langland outlines how the 'limited opportunities for employment afforded to women of the educated classes' were matched by '[c]onstrictions in educational opportunities',⁶ meaning that the options available to this class of women 'resolved themselves to two: educate other young women and small children as a governess and schoolmistress or become a writer.'⁷ This second profession was of course the one pursued by Brontë herself, as well as the other female authors examined in this thesis, but even this was no easy feat: Brontë had written to Robert Southey seeking 'encouragement to write poetry', and was told that 'her business must be running a household.'⁸

⁶ Elizabeth Langland, *Anne Brontë: The Other One* (Totowa, NJ: Barnes and Noble Books, 1989), p. 25.

⁷ Langland, p. 26.

⁸ Langland, p. 26.

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Caroline and Shirley occupy two forms of middle-ground between classes and gendered experiences: Caroline ‘is both genteel and poor, a member of the middle class with access to the “best families” of the neighborhood and sympathetic to the plight of the unemployed laborers to whom she, as a single, portionless woman without a vocation, is compared’;⁹ Shirley, by contrast, is ‘not a dependent inmate or a passive suppliant, not a housekeeper or housewife. She is a wealthy heiress’ with a male name, the ‘Lord of the Manor’ (197).¹⁰ Indeed, Shirley is ‘a heroine who serves in all ways as a contrast to Caroline’,¹¹ and the two women together represent both the middle- and upper-classes, and both female and male identity. Shirley acts upon this male identity too, ‘[reading] the newspapers and letters of the civic leaders’ and securing a loan for Robert Moore.¹² However, the gender of both is repeatedly insisted upon by Brontë, and the ‘text suggests ... that gender is a stronger determinant than class’.¹³ The emphasis is placed throughout on the pair’s continued lack of opportunity for action and employment, except in marriage: Shirley, ‘for all her assertiveness’, is as ‘confined by her gender, as excluded from male society’ as Caroline.¹⁴ Indeed, despite possessing ‘all the material, non-gender specific bases upon which social power is grounded’, Shirley finds that ‘[m]aterial power is insufficient to defeat the forces of patriarchy’.¹⁵

⁹ Miriam Bailin, *The Sickroom in Victorian Fiction: The Art of Being Ill* (Cambridge: Cambridge University Press, 1994), p. 54.

¹⁰ Sandra M. Gilbert, and Susan Gubar, *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination*, 2nd ed. (New Haven and London: Yale University Press, 2000), p. 381.

¹¹ Gilbert and Gubar, p. 381.

¹² Gilbert and Gubar, p. 383.

¹³ Sally Shuttleworth, *Charlotte Brontë and Victorian Psychology* (Cambridge: Cambridge University Press, 1996), p. 209.

¹⁴ Gilbert and Gubar, p. 383.

¹⁵ Shuttleworth, p. 187.

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Through an examination of Caroline's return to health from sickness in *Shirley*, this chapter will explore the requirement of health for action and the requirement of action for health, and the way that time is inextricably connected with the two, focusing specifically on the figure of the middle-class woman in this text. The chapter will propose a definition of 'action', drawing on Brontë's letters and the writing of John Stuart Mill, Harriet Martineau, Florence Nightingale, and other prominent nineteenth-century writers, and explore the connection between action and health with relation to *Shirley*. It will then go on to consider Caroline's fall into illness and her return to health, focusing on Caroline and contrasting her with the healthier Shirley; following this, it will look closely at the relationship between Caroline's health and her search for occupation and employment, alongside the writing of Harriet Martineau, Florence Nightingale, and Brontë's own letters, which also deal with this subject.

Women's occupation and work are part of a debate that is certainly tied to health, particularly given the reciprocal relationship, identified in the nineteenth century, between health and action; that is, that health is required for action, and action is necessary for health. Caroline's illness and its numerous associations have been considered by a number of critics, including Beth E. Torgerson, Miriam Bailin, Sandra M. Gilbert and Susan Gubar, Sally Shuttleworth, and Katherine Byrne. Torgerson sees Caroline's illness as developing from the 'discrepancy between [her] desire [for marriage] and her inability to achieve it';¹⁶ while Bailin views Caroline's illness as a form of

¹⁶ Beth E. Torgerson, *Reading the Brontë Body: Disease, Desire, and the Constraints of Culture* (New York: Palgrave Macmillan, 2005), p. 44.

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rebellion, manifested ‘in a socially acceptable way’.¹⁷ Gilbert and Gubar similarly view this illness as ‘the result of her misery at what she terms her own impotence’;¹⁸ Shuttleworth explores it in light of the ‘female economy’, in which ‘[o]bstructed circulation leads to a breakdown of the system’;¹⁹ and Byrne sees Caroline’s ‘wasting body [as] a symbol of her emotional starvation’.²⁰ Few, if any, writers, however, have traced her health, and specifically her return to health from illness, which is itself bound up with the idea of action and occupation.

By examining the problem of women’s lack of action and occupation through the rubric of health, I will demonstrate that action, health, and time, a long lifespan, all come together to make a life of substance and happiness, but one which is often denied to middle- and upper-class women like Caroline and Shirley. Action is not merely about sustaining health, just as health is not merely about sustaining action – although they are reciprocal in this way – but both are required in tandem over time to make a life in which it is not a chore to ‘fill the interval of time which spreads between [us] and the grave’ (168).

Defining Action and its Relationship to Health

The morning after the riot at the mill, after a difficult night’s sleep, Caroline ‘felt that revival of spirits which the return of day, of action, gives to all but the wholly despairing or actually dying’ (332). But this concept of action, used here

¹⁷ Bailin, p. 57.

¹⁸ Gilbert and Gubar, p. 388.

¹⁹ Shuttleworth, p. 186.

²⁰ Katherine Byrne, *Tuberculosis and the Victorian Literary Imagination* (New York: Cambridge University press, 2011), p. 85.

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by Brontë, is difficult to define, especially considering the manifold meanings of such terms in the period and the conflation of terms such as ‘occupation’, ‘employment’, and ‘work’. ‘Action’ is defined in the OED as ‘something that is done’, ‘something done or performed, a deed, an act; ... habitual or ordinary deeds, conduct’, while ‘act’ is defined as ‘to perform actions, to do things; to take action’, with both terms used during the mid-nineteenth century. Somewhat similarly, ‘occupation’ is ‘the state of having one’s time or attention occupied; what a person is engaged in; employment, business; work, toil’, and also ‘a particular action or course of action in which a person is engaged, esp. habitually; a particular job or profession; a particular pursuit or activity.’ It is only ‘employment’ that is used to denote the undertaking of work in exchange for wages, but not every definition reflects this: it was simply defined as ‘an activity in which a person engages; a pursuit. Also as a mass noun: activity, occupation’ until 1927. The central meaning behind these terms is similar, and essentially reads as approximate to “doing something.”

William James, in his President’s Address before the American Psychological Association in December 1904 (later published in *The Psychological Review* in January 1905), agrees with this idea:

Now it is obvious that we are tempted to affirm activity wherever we find anything *going on*. Taken in the broadest sense, any apprehension of something *doing*, is an experience of activity. Were our world describable only by the words ‘nothing happening,’ ‘nothing changing,’ ‘nothing doing,’ we should unquestionably call it an ‘inactive’ world. [...] The sense of activity is thus in the broadest and vaguest way synonymous with the sense of ‘life.’²¹

²¹ William James, ‘The Experience of Activity’ in *Essays in Radical Empiricism* (London: Longmans, Green, and Co., 1912), pp. 155–189, p. 161.

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James expands on the idea of activity (or action) as ‘something *doing*’ by suggesting that this equates to the very idea of life itself – that life is synonymous with activity, and indeed that life is, in its most basic sense, a series of events. He goes on to add further clarifications for what he means by ‘activity’: it ‘comes with definite direction; it comes with desire and a sense of goal; it comes complicated with resistances which it overcomes or succumbs to, and with the efforts which the feeling of resistance so often provokes’, all of which also contributes to the notion of ‘passivity as opposed to activity’.²² An activity ‘is either aimless or directed’²³ and it is dependent on being experienced;²⁴ indeed, according to James, ‘[s]ustaining, persevering, striving, paying with effort as we go, hanging on, and finally achieving our intention – this *is* action.’²⁵ Activity and action are, for James, concerned with direction, intention, and goal (or lack thereof), and resistance, either succumbed to or overcome; it is also, crucially, something that is *experienced*.

James’s thoughts arrive at the end of a century in which writers often considered the nature of action, even simply as asides or as part of their fiction. Thomas Carlyle wrote that ‘there was no help for “health of *mind*” but “action—religious action”’,²⁶ and that the ‘perfection of bodily well-being is, that the collective bodily activities seem one; and be manifested, moreover, not in themselves, but in the action they accomplish’.²⁷ Bruce Haley summarises that, for the Victorians, ‘[a]ll life ... involves work, not just labor but work in the

²² James, p. 163.

²³ James, p. 165.

²⁴ James, p. 167.

²⁵ James, p. 183.

²⁶ Bruce Haley, *The Healthy Body and Victorian Culture* (Cambridge, MA: Harvard University Press, 1978), p. 78.

²⁷ Thomas Carlyle, quoted in Haley, p. 72.

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Carlylean sense: socially useful and personally creative labor’,²⁸ and that ‘any activity was spiritually healthful which included the component of work’.²⁹ Charles Kingsley, influenced by Carlyle, saw ‘heroism’ as being ‘a life of action made possible by observing the laws of health’;³⁰ Henry Maudsley believed that a ‘healthy mind, like a healthy body, should lose the consciousness of self in the energy of action’;³¹ and Samuel Smiles declared that the ‘only remedy for this green-sickness in youth is physical exercise—action, work, and bodily occupation.’³² Much earlier than the nineteenth century, Robert Burton’s *The Anatomy of Melancholy* (1621) argued that those ‘most subject to *melancholy*’ are those who are ‘solitary by nature, great students, given to much contemplation, lead a life out of action’.³³ These various writers represent different aspects of action: something that alleviates suffering, isolation, and melancholy; doing something that improves life for others; and simply continuing to live. These ideas do not themselves seem to be particular to the nineteenth century, but rather a part of a long tradition, as evidenced by Burton; however, it seems that this thinking reached a peak in the nineteenth century, particularly when considering the prominence of the writing of the likes of Smiles and Carlyle.

Perhaps the most in-depth, though implicit, consideration of action is to be found in John Stuart Mill’s *Autobiography* (1873), in which he considers it through the lens of the idea of occupation and a purpose in life. He describes his discovery of ‘an object in life; to be a reformer of the world. My conception of my

²⁸ Haley, p. 257.

²⁹ Haley, p. 259.

³⁰ Haley, p. 112.

³¹ Henry Maudsley, quoted in Haley, p. 157.

³² Samuel Smiles, *Self-Help* (1859; Oxford: Oxford University Press, 2002), p. 263.

³³ Robert Burton, *The Anatomy of Melancholy* (1621; New York: Tudor Publishing Company, 1927), p. 150.

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own happiness was entirely identified with this object.’³⁴ This early confidence in this object and this happiness result in a crisis later in Mill’s life, in which he questions whether, in the event of his life’s objectives being realised, this would be a ‘great joy and happiness to [him]’.³⁵ Mill’s ‘irrepressible self-consciousness’ answers “No!” At this my heart sank within me: the whole foundation on which my life was constructed fell down. All my happiness was to have been found in the continual pursuit of this end. [...] I seemed to have nothing left to live for.’³⁶ Mill’s life is explicitly linked to an object, a goal, and the ‘continual pursuit’ of this object. Furthermore, the need for an object (‘the end’) is what provides the satisfaction in the ‘continual pursuit’ of it (‘the means’); not only is action required to achieve life goals, but life goals are needed in order to provide a reason for action. Rectifying this crisis, Mill concludes that ‘[t]hose only are happy [...] who have their minds fixed on some object other than their own happiness’, with this object pursued ‘not as a means, but as itself an ideal end. Aiming thus at something else, they find happiness by the way.’³⁷ Mill therefore considers action and activity as crucial to happiness, and the latter can only be found by treating the former ‘as the purpose of life’.³⁸ Furthermore, in explicitly discussing the connection between action and life, he echoes both Caroline Helstone’s plea for occupation during her remaining ‘half a century of existence’ (168) and the connection between action and time. Indeed, speaking of Harriet Taylor, the woman who would later become his wife and a famed political writer in her own right, Mill notes that she was ‘shut out by the social disabilities of women from any adequate exercise of her highest faculties in action on the

³⁴ John Stuart Mill, *Autobiography*, (1873; London: Longmans, Green and Co., 1886), p. 132.

³⁵ Mill, *Autobiography*, p. 133-4.

³⁶ Mill, *Autobiography*, p. 134.

³⁷ Mill, *Autobiography*, p. 142.

³⁸ Mill, *Autobiography*, p. 142.

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world without'.³⁹ This 'action on the world without' is precisely what is missing for women; yet women's assessment of 'action' is strikingly similar to that presented by the male writers detailed above.

Janet Gezari, in her introduction to the *Selected Letters* of Charlotte Brontë, highlights how Brontë finding 'the business of a woman's life' dull 'anticipates Jane Eyre's famous protest [that] women ... 'need exercise for their faculties and a field for their efforts as much as their brothers do'',⁴⁰ with Brontë's use of 'business' ironically highlighting the lack of any important or meaningful work for women. Moreover, this protest of Jane's also explicitly uses the word action, as Jane declares that human beings 'must have action; and they will make it if they cannot find it' (109). Gezari demonstrates throughout that Brontë's letters 'catalogue not only the obstacles to her ambition and her habitual suppression of her restless longing for a larger scope for the life of her mind and imagination but the huge double bind that restrained her and other Victorian women', explaining that Brontë 'longed for a wider experience and wanted to be active and earning money—like her brother Branwell—yet she felt bound to stay at home with her widowed father'.⁴¹ This conflict between duty and a desire to be 'active' is made explicit in her letters, often in throwaway comments about daily life, which serve to provide the reader with an idea of how Brontë saw the issue affecting women at a local level, and her own life.

In a letter to Branwell in 1843, she explains how 'one wearies from day to day of caring nothing, fearing nothing, liking nothing hating nothing—being

³⁹ Mill, *Autobiography*, p. 185-6.

⁴⁰ Janet Gezari, 'Introduction,' *Selected Letters*, ed. Margaret Smith (New York: Oxford University Press, 2010), p. xxviii; Charlotte Brontë, *Jane Eyre*, ed. Margaret Smith (1847; Oxford: Oxford University Press, 2008), p. 109. All subsequent references included parenthetically after quotation.

⁴¹ Gezari, p. xxix.

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nothing, *doing nothing*—'.⁴² Not only does this pre-empt James's 'inactive' world' of 'nothing happening,' 'nothing changing,' 'nothing doing,'⁴³ but in ending her complaint with the words 'doing nothing', this acts as the pinnacle of her feeling of nothingness, with all the activities ('caring', 'fearing', 'liking', etc.) culminating in the idea of 'doing' as a whole. Furthermore, in coupling and isolating 'being nothing, doing nothing', Brontë seems to suggest that being and doing are inextricably tied together, that to live is to be active. Indeed, she wished for a life of routine activity. In a letter to her friend Ellen Nussey, written in 1844, Brontë writes:

—what I wish for now is active exertion—a stake in life—Haworth seems such a lonely, quiet spot, buried away from the world—I no longer regard myself as young, indeed I shall soon be 28—and it seems as if I ought to be working and braving the rough realities of the world as other people do—It is however my duty to restrain this feeling at present and I will endeavour to do so.⁴⁴

Brontë almost defines 'action' and 'active exertion', as 'a stake in life' and, through 'working', as 'braving the rough realities of the world'. Her wish for 'a stake in life' implies that there must be action in order for one to care about and fully engage with life, an opinion that she expresses explicitly in *Shirley* but also one that anticipates Mill's belief that '[t]hose only are happy ... who have their minds fixed on some object other than their own happiness'.⁴⁵ Furthermore, of course, the battle between duty and wish is also demonstrated clearly in this

⁴² Charlotte Brontë to Branwell Brontë, 1 May 1843, *Selected Letters*, ed. Margaret Smith (Oxford: Oxford University Press, 2007), p. 41, my emphasis.

⁴³ James, p. 161.

⁴⁴ Brontë to Ellen Nussey, 23 January 1844, p. 47.

⁴⁵ Mill, *Autobiography*, p. 142.

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letter. A little over a year later, Brontë wrote again to Nussey with a similar grievance:

I can hardly tell you how time gets on here at Haworth—There is no event whatever to mark its progress—one day resembles another—[...]—meantime life wears away—I shall soon be 30—and I have done nothing yet—Sometimes I get melancholy—at the prospect before and behind me—yet it is wrong and foolish to repine—undoubtedly my Duty directs me to stay at home for the present—There was a time when Haworth was a very pleasant place to me, it is not so now—I feel as if we were all buried here—I long to travel—to work to live a life of action—.46

Brontë's account of occasional melancholy appears to affirm Burton's assessment that those who are 'subject to *melancholy*' are those who 'lead a life out of action',⁴⁷ given that she connects the two herself, with 'I have done nothing yet' being followed by her declaration of melancholy. In a disconcerting foreshadowing of the deaths of her siblings that would occur three years later, Brontë feels 'buried' at home, and continues to bemoan the fact that 'Duty' has meant that she has 'done nothing yet', clearly relating her desire for 'a life of action' with a longing to travel and work. Her inaction here takes the form of monotonous and indistinguishable days, and the '[wearing] away' of life, focusing on the time remaining to her.

Finally, a year and a half later, Brontë mentions this subject again to Nussey:

I know life is passing away and I am doing nothing—earning nothing—a very bitter knowledge it is at moments—but I see no way out of the mist—More than one very favourable opportunity has now offered which

⁴⁶ Brontë to Ellen Nussey, 24 March 1845, p. 59-60.

⁴⁷ Burton, p. 150.

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I have been obliged to put aside—probably when I am free to leave home I shall neither be able to find place nor employment—perhaps too I shall be quite past the prime of life—my faculties will be rusted—and my few acquirements in a great measure forgotten—These ideas sting me keenly sometimes—but whenever I consult my Conscience it affirms that I am doing right in staying at home—and bitter are its upbraidings when I yield to an eager desire for release.⁴⁸

This letter demonstrates the most explicit link in her letters between the ideas of occupation of time and the earning of money. Brontë considers the offers and opportunities specifically for earning money that she has received over the years, which duty and ‘Conscience’ have dictated she must refuse; her belief that she may be ‘quite past the prime of life’ by the time she is ‘free’ imply that her skills have an expiration date, which again highlights the importance of time to the question of action. Moreover, despite this ‘bitter knowledge’ and the ‘sting’ of the ideas, Brontë sticks by the decision of her conscience and, despite a ‘desire for release’, believes that she has done the right thing: a thought process that itself demonstrates not only her internal struggle but also the strength of the call of duty, however much that duty contradicts desire, particularly when that desire is neither frivolous nor impractical.

Of course, Brontë is not the only prominent female writer of this period who comments on the issue of female occupation and employment. Harriet Martineau’s *Life in the Sick-Room* (1844) deals with ‘the activity of ordinary life’⁴⁹ and the consequent difficulty of completing these activities due to invalidism; activities done by others cause ‘painful sympathy’ in the sufferer, such as ‘[seeing] the servants going about their work’, ‘hearing of a long walk, or

⁴⁸ Brontë to Ellen Nussey, 14 October 1846, p. 80-81.

⁴⁹ Harriet Martineau, *Life in the Sick-Room*, ed. Maria H. Frawley (1844; Ontario: Broadview Press, 2003), p. 54.

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even ... seeing ... friends sitting upright upon chairs'.⁵⁰ Not simply these domestic activities, however: Martineau longs to 'mount a horse, and gallop over the sea-sands or the race-course, or visit [...] friends or the theatre, or resort to music, or romp with children'.⁵¹ Her aim in describing these actions is to remind those who are not, or have never been invalids, 'that [invalids] cannot do these things'.⁵² She groups together the notion of 'activity' with 'what it will be to enjoy ease again, – to be useful again',⁵³ introducing the concept of being 'useful'; she also argues that '[n]owhere are habits of regular employment more necessary than in such a life as [an invalid's]',⁵⁴ 'regular employment' which deals with 'the activity of ordinary life'. For Martineau, action equates to time-bound leisure pursuits and sociability, rather than the meaningful occupation and even paid employment that Brontë seeks or the lifelong vocation advocated by Mill. However, her lack of physical ability to undertake *any* action highlights the importance of bodily ability for physical activity and action, which in turn serves to highlight the unmentioned assumption that action is, at least partly, a physical endeavour; though Mill speaks of lifelong vocation, for example, he 'grew up healthy and hardy' 'from temperance and much walking',⁵⁵ and though he 'could do no feats of skill or physical strength'⁵⁶ this physical exercise helped with his studies. Furthermore, the particular importance placed by Martineau on being 'useful' has pre-emptive echoes of James's assessment of activity as being 'either aimless or directed';⁵⁷ though she mentions activities that are social

⁵⁰ Martineau, p. 114.

⁵¹ Martineau, p. 132.

⁵² Martineau, p. 132.

⁵³ Martineau, p. 135.

⁵⁴ Martineau, p. 143.

⁵⁵ Mill, *Autobiography*, p. 35.

⁵⁶ Mill, *Autobiography*, p. 35-6.

⁵⁷ James, p. 165.

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and/or leisure pursuits, these can be read as precursors to the real work of being useful and serving a purpose. Indeed, her order of phrasing even suggests this interpretation: she wants to ‘enjoy ease again, – to be useful again’.⁵⁸ Of course, Martineau’s view of action remains a very specific one, given her status as an invalid, rather than a view of action and activity for women more generally.

Florence Nightingale, by contrast, explicitly tackles the issue of occupation and employment for women in her letters and writing; most often with particular reference to the nursing and medical profession but also in general and with reference to employment for the purposes of earning money and independent living. Nightingale herself had no interest whatsoever in marriage, self-identifying as a ‘single, celibate woman’,⁵⁹ and experienced an ‘adolescent “call to service”’⁶⁰ that drove her on to her nursing career despite familial opposition. This opposition took many forms, and Nightingale was continuously frustrated in her efforts to escape and take up what she saw as her life’s work. Mary Poovey writes that ‘Nightingale despaired of ever escaping the monotonous round of aimless leisure’;⁶¹ despite not being Nightingale’s own word, ‘aimless’ is indicative of her own feelings, that occupation should have an aim and a purpose – once again, an idea later echoed by James – and moreover that a woman’s life ought to have an aim and purpose, rather than simply

⁵⁸ Martineau, p. 135.

⁵⁹ Lynn McDonald, *Florence Nightingale on Women, Medicine, Midwifery and Prostitution: Volume 8 of the Collected Works of Florence Nightingale* (Ontario: Wilfred Laurier University Press, 2005), p. 88.

⁶⁰ Lynn McDonald, *Florence Nightingale on Public Health Care: Volume 6 of the Collected Works of Florence Nightingale* (Ontario: Wilfred Laurier University Press, 2004), p. 1.

⁶¹ Mary Poovey, ‘Introduction,’ *Cassandra and other selections from Suggestions for Thought* (London: Pickering & Chatto, 1991), pp. vii–xxviii, p. x.

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comprising leisure pursuits. Indeed, this ‘call to service’⁶² has echoes itself of a religious calling, with good reason:

Nightingale formulated her quest for work in terms of religious training [...] because the question of what middle-class women could or should do with their lives was as thoroughly a religious as a secular concern at mid-century. As long as contemporaries believed that God assigned human beings ‘natures’ according to their sexes, women were expected to fulfil God’s plan by marrying, bearing children, and caring for a home. By contrast, working outside the home – especially for pay – seemed to undermine God’s plan – not to mention subverting the money-getting role that was argued to be as natural to men as childbearing was to women.⁶³

This contemporary religious belief about the assigned natures of the sexes was, by its very nature, extremely difficult to argue with, since doing so was seen to ‘undermine God’s plan’. Nightingale, however, spins this religious rhetoric on its head with her own beliefs regarding the situation:

I don’t agree *at all* that “a woman has no reason [...] for not marrying a good man who asks her,” and I don’t think Providence does either. I think He has as clearly marked out some to be single women as He has others to be wives, and has organized them accordingly for their vocation.⁶⁴

Nightingale clearly believes that the idea of marriage and motherhood as the sole vocation for all women by dint of the accident of their having been born such is a ridiculous one, and she in fact believes the opposite to be true: that women who remain single are meant to be such, and that *this* is part of God’s

⁶² McDonald, *Florence Nightingale on Public Health Care*, p. 1.

⁶³ Poovey, p. xviii.

⁶⁴ McDonald, *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, p. 89.

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plan. Such was her opinion on the right of women to remain unmarried; her feelings on women working were much more complex.

Despite a number of differences in opinion on the subject of women's rights, Nightingale agreed with Mill (with whom she maintained a correspondence, though the two never met)⁶⁵ that 'all women were entitled to try their way in any field'.⁶⁶ However, '[o]n women in paid employment Nightingale was less radical': her letters and writings demonstrate her concern 'about the cost to family life' since 'she assumed marriages would remain intact and women would not require independent pensions', but she was also aware of the 'damage that unpaid work could do in bringing down wages'.⁶⁷ Nightingale's lack of radicalism on the subject of women's employment and rights comes as something of a surprise given her own status as a prominent working woman during the nineteenth century. Indeed, Nightingale was not radically in favour of women's rights, except within her own field of healthcare: '[w]omen's rights, in the political sense, remained low on her list of priorities', not because she did not believe in it, but because it was 'simply ... of minor importance' to one whose 'lifetime work was health and sanitation'.⁶⁸ Nightingale had not suffered personally from the legal restrictions placed on women in this period, since her suffering had come from 'the prison of upper class social conventions'.⁶⁹ This

⁶⁵ For a detailed examination of the correspondence between Nightingale and Mill and their political similarities and differences on the subject of women's rights, see Evelyn L. Pugh, 'Florence Nightingale and J. S. Mill Debate Women's Rights', *Journal of British Studies* 21.2 (1982), pp. 118–138.

⁶⁶ McDonald, *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, p. 16.

⁶⁷ McDonald, *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, p. 67.

⁶⁸ Evelyn L. Pugh, 'Florence Nightingale and J. S. Mill Debate Women's Rights', *Journal of British Studies* 21.2 (1982), pp. 118–138, p. 134.

⁶⁹ Pugh, p. 135.

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difference between her situation and that of the population of women as a whole led to a discord between her way of thinking and the larger reality:

[...] there was still little recognition on her part that such barriers had to be breached before more than a small number of women could enlarge their roles to lead the useful lives she envisioned. She had broken through and provided an example for other women. Her inability to perceive that her own situation had been truly unique and her lack of this perception in relation to the problem of the masses of women is at the heart of her lack of comprehension of Mill's viewpoint.⁷⁰

Nightingale's inability to see the differences apparent in their situations meant that she believed that 'women could solve their problems by perseverance and hard work', very much a theory of 'individual action'.⁷¹

Although she was 'less radical'⁷² on the subject of employment than on other subjects, however, Nightingale still demonstrates a belief that women should be paid for their work, and was herself 'committed to professionalized training for women and to women working for pay'.⁷³ She sees work as the best kind of action for women, describing the ideal situation as being a 'continuous line of action, with a full and interesting life, with training constantly kept up to the occupation, occupation constantly testing the training', which would mean that women's 'life is filled, [as] they have found their work'.⁷⁴ She takes this incitement to work very seriously, instructing women 'who are called to any particular vocation' to 'qualify yourselves for it as a man does for his work', to 'not exact a woman's privileges—the privilege of inaccuracy, of weakness', and to

⁷⁰ Pugh, p. 134.

⁷¹ Pugh, p. 137.

⁷² McDonald, *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, p. 67.

⁷³ Poovey, p. xx.

⁷⁴ Florence Nightingale, *Cassandra and other selections from Suggestions for Thought*, ed. Mary Poovey (1852; London: Pickering & Chatto, 1991), p. 219.

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‘work—work in silence at first, in silence for years—it will not be time wasted’.⁷⁵ Complex as Nightingale’s opinions on this subject are, her belief can be summarised thus: women should ‘be able to control their own lives, pursue their own goals or vocation. For obvious reasons combining marriage *and* a career was seldom possible for women’,⁷⁶ and ‘a woman could remain single, un beholden to any man yet not in a religious community and subject to its regime. She could then pursue her own goals, even a “calling,” in the world.’⁷⁷ She saw opportunities for single women, and indeed for women to purposely remain single, in order to pursue a vocation; her thoughts imply a belief that women do have goals and vocations of their own and want only the time and the freedom to pursue them. Indeed, her work *Cassandra* (1852), which will be examined later in the chapter, was ‘a cry for freedom and time to engage in useful work and for women to control their own lives’.⁷⁸

John Stuart Mill and Harriet Taylor Mill similarly devoted much time to the subject of women’s employment. The two wrote an unpublished piece entitled ‘Women’s Rights’, thought to be composed sometime between 1847 and 1850 (therefore before their marriage), which, among other things, questioned the circumstance in which women find themselves, dedicated from birth towards one form of occupation, that being motherhood: ‘is it in other cases thought necessary to dedicate a multitude of people from their birth to one exclusive employment lest there should not be people enough, or people qualified enough, to fill it?’⁷⁹ John Stuart Mill also devoted considerable

⁷⁵ McDonald, *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, p. 69-70.

⁷⁶ McDonald, *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, p. 87.

⁷⁷ McDonald, *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, p. 88.

⁷⁸ Pugh, p. 135.

⁷⁹ Harriet Taylor and John Stuart Mill, ‘Women’s Rights’, *Sexual Equality: Writings by John Stuart Mill, Harriet Taylor Mill, and Helen Taylor*, eds. Ann P. Robson and John M. Robson (1847-50; Toronto: University of Toronto Press Incorporated, 1994), pp. 161–177, p. 165.

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attention to this problem in *The Subjection of Women* (1869), asserting that, were it not for the fact that men wished to maintain women's subordination,

I think that almost every one, in the existing state of opinion in politics and political economy, would admit the injustice of excluding half the human race from the greater number of lucrative occupations [...]; ordaining from their birth either that they are not, and cannot by any possibility become, fit for employments which are legally open to the stupidest and basest of the other sex, or else that however fit they may be, those employments shall be interdicted to them, in order to be preserved for the exclusive benefit of males.⁸⁰

Not only does this suggest that 'opinion in politics' has developed from the early 1850s to the late 1860s, enough that Mill believes 'almost every one' would recognise the injustice and acknowledge it as such, but it also criticises the fact that even the stupidest men find more success in the field of employment than the most-qualified women, and, worse, that this is supported by law. Mill's use of the terms 'employments' and 'lucrative occupations' suggest that he is specifically discussing work which would allow women to earn money: 'lucrative' in particular is not only suggestive of employment for money, but of profit to both the nation and to the women themselves. Indeed, he addresses this point of the benefit of work to *all* women, explicitly:

[T]he mere consciousness a woman would then have of being a human being like any other, entitled to choose her pursuits, urged or invited by the same inducements as any one else to interest herself in whatever is interesting to human beings, entitled to exert the share of influence on all human concerns which belongs to an individual opinion, whether she attempted actual participation in them or not—this alone would effect an

⁸⁰ John Stuart Mill, 'The Subjection of Women', *Sexual Equality: Writings by John Stuart Mill, Harriet Taylor Mill, and Helen Taylor*, eds. Ann P. Robson and John M. Robson (1869; Toronto: University of Toronto Press Incorporated, 1994), pp. 305–400, p. 351.

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immense expansion of the faculties of women, as well as enlargement of the range of their moral sentiments.⁸¹

Regardless of whether women chose to take up employment or an alternative occupation to marriage and motherhood, the existence of this option would be beneficial for all women. The principle, for Mill, of women's occupation and employment, then, is about the freedom of women to choose and the resultant benefit to society.

How, then, to define the concept of action? The thoughts collected here include a number of possibilities: 'something *doing*';⁸² 'exertion in contradiction to [...] self-indulgent ease and sloth';⁸³ 'active exertion';⁸⁴ and 'exercise for [the] faculties and a field for [the] efforts'.⁸⁵ Action comes with 'definite direction; it comes with desire and a sense of goal; it comes complicated with resistances.'⁸⁶ Action contains 'an object in life',⁸⁷ and '[t]hose only are happy ... who have their minds fixed on some object other than their own happiness; on the happiness of others, on the improvement of mankind, even on some art or pursuit, followed not as a means, but as itself an ideal end.'⁸⁸ Action is the opposite of 'doing nothing—earning nothing';⁸⁹ it is 'working and braving the rough realities of the world',⁹⁰ and '[being] useful again'.⁹¹ It is the opposite of spending 'every day in passively doing what conventional life tells us, when we would so gladly be at work'.⁹² Some of these thoughts refer to occupation of time over the duration of

⁸¹ Mill, 'The Subjection of Women', p. 383-4.

⁸² James, p. 161.

⁸³ Mill, *Autobiography*, p. 47.

⁸⁴ Brontë to Ellen Nussey, 23 January 1844, p. 47.

⁸⁵ Gezari, p. xxviii.

⁸⁶ James, p. 163.

⁸⁷ Mill, *Autobiography*, p. 132.

⁸⁸ Mill, *Autobiography*, p. 142.

⁸⁹ Brontë to Ellen Nussey, 14 October 1846, p. 80-81.

⁹⁰ Brontë to Ellen Nussey, 23 January 1844, p. 47.

⁹¹ Martineau, p. 135.

⁹² Nightingale, p. 217.

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a life, some to pursuits to occupy daily life, and some to paid employment; taken together, they boil down to three principal components – purpose, usefulness, and exertion. These are, of course, very difficult to qualify and measure, just as action is difficult to comprehensively define. In this chapter, I will be looking at two specific types of action, and considering them against the three components, and will endeavour to explicitly elucidate their presence.

Considering its gendered meanings, ‘action’ as a concept for women in the nineteenth century can be broken down into three types of action and occupation: firstly, leisure pursuits and traditionally feminine pursuits such as worsted work and charitable activities; secondly, employment and work, specifically for remuneration, the most controversial of the three; and thirdly, marriage and motherhood, the principal and expected occupation for women, and the one endorsed by society. For the purpose of this chapter, I will be focusing on the latter two aspects, employment and motherhood, and the (necessary) divide between the two. This is particularly pertinent for *Shirley*, since although it was written and published in 1849, at that time of budding debate surrounding women’s roles and possible occupations, it is set 37-8 years earlier, in 1811-2, making the possibility for female employment even less likely than at the time of its writing. Caroline’s return to health from sickness is inextricably bound up with her struggle between marriage and employment – although, of course, in opposition to women such as Nightingale and Brontë’s friend Mary Taylor, Caroline actually desires to become a wife and mother and only seeks employment when she is convinced that this will never happen. It is purpose, usefulness, and exertion that Caroline seeks, and she experiences conflict in trying to find out how best to achieve these things, while simultaneously occupying the ‘half a century of existence’ (168) before her. In

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this way, health reflects both society's goals and its fears – a healthy woman can be a mother, but a healthy woman can also work. All Caroline is really looking for is 'something to do' (370).

The connection between health and action is therefore simultaneously self-explanatory and complex: it logically follows that one must be at least somewhat healthy in order to undertake most actions,⁹³ but there is a much more complex relationship at play between the two concepts. At its most basic level, examples of the need for health for action are visible in the texts already mentioned: in a letter to Nussey of May 1842, Brontë writes that she and her sister Emily 'have had good health & therefore we have been able to work well',⁹⁴ drawing a clear connection between their good health and their ability to work. Two years later, in a letter to Constantin Heger on the subject of her plan to open a school at Haworth, she writes that 'the effort alone will do me good—I fear nothing so much as idleness—lack of employment—inertia—lethargy of the faculties—when the body is idle, the spirit suffers cruelly. I would not experience this lethargy if I could write—',⁹⁵ which similarly makes clear that the mere effort of doing something, even without succeeding in the endeavour, will prevent idleness and inertia and consequently 'do [her] good'. Martineau writes of 'the healthy and busy'⁹⁶ and the 'active and healthy',⁹⁷ illustrating that she found it logical to group the people of these descriptions together.

⁹³ Though not necessarily all actions. Take writing, for instance, and invalid writers of the period in particular, Harriet Martineau being the most famous.

⁹⁴ Brontë to Ellen Nussey, May 1842, p. 36.

⁹⁵ Brontë to Constantin Heger, 24 July 1844, p. 51-52.

⁹⁶ Martineau, p. 118.

⁹⁷ Martineau, p. 128.

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If action is therefore connected to health, then it follows that inaction is connected to ill-health and illness, and indeed to melancholy.⁹⁸ In order to prevent illness, lethargy, and melancholy, then, one must be active, and active in the sense of work and employment, as opposed to leisure pursuits or marriage and homemaking. If, however, middle-class women are not in a position to be active in any way, as Brontë, Martineau, Nightingale, and Mill have illuminated, how can they then be expected to keep their health? The religious orthodoxy of the period, which dictated that women would be in defiance of God's divine plan if they were to work,⁹⁹ and the debates surrounding the enforced distinction between femininity and usefulness meant that it was unnecessarily difficult for middle- and upper-class women who did not *need* to work to find something to do.¹⁰⁰ *Shirley's* Caroline struggles extensively with these issues: she wants to be a governess, but is reasoned out of this plan by Mrs Pryor, and though she endeavours to do charitable works she lacks the drive and commitment for it. That she herself believes strongly in the benefit of activity and occupation is made clear throughout the novel:

'Caroline,' demanded [Shirley] abruptly, 'don't you wish you had a profession – a trade?'

'I wish it fifty times a day. As it is, I often wonder what I came into the world for. I long to have something absorbing and compulsory to fill my head and hands, and to occupy my thoughts.'

'Can labour alone make a human being happy?'

'No; but it can give varieties of pain, and prevent us from breaking our hearts with a single tyrant master-torture. Besides, successful labour has its recompense; a vacant, weary, lonely, hopeless life has none.' (216)

⁹⁸ Burton, p. 150.

⁹⁹ Frawley, p. xviii.

¹⁰⁰ 'The Communion of Labour; a Lecture on the Social Employments of Women,' p. 295.

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Caroline closely connects the physical and mental aspects of occupation and employment ('head and hands, and [...] thoughts'), as well as the idea of usefulness, questioning why she was born if she was to have nothing to do. She creates her own definition of action and occupation in longing for something 'absorbing and compulsory', but, as with the other definitions, this 'something' remains undefined and elusive. Her response to Shirley's second question demonstrates not only her aims and why she is keen for occupation and employment in the first place, but also that she is aware of the negative aspects of labour and has given the matter at least some consideration. Caroline seeks the absorbing and even painful nature of labour as a distraction from the great emotional pain by which she is burdened; she is aware that a life of occupation and employment is better than her current situation, and indeed has its 'recompense'. Shirley's second question alludes to the debate surrounding women's work – and indeed issues of labour and wealth that would come to the fore later in the century¹⁰¹ – but the gender neutrality of the phrasing ('human being') makes this question and answer not one of gender politics, but one questioning the very nature and value of work.

Caroline's desire for work stems from a desire to escape, or at least to overwhelm or alleviate, the emotional crisis that she experiences when she realises that she will never be able to marry Robert Moore. When she questions for what purpose she came into the world, it is actually the 'culturally prescribed destiny for a woman as wife and mother'¹⁰² that is what both she and society

¹⁰¹ See, for example: John Ruskin, 'Unto This Last', *Unto This Last and Other Writings*, ed. Clive Wilmer (1860; London: Penguin Books, 1997), pp. 155–228.

¹⁰² Torgerson, p. 44.

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want for her, but her question arises precisely because this prescription has become unavailable to her – or so, at least, she believes. As Torgerson notes:

It is important to recognize that Caroline's illness is not a result of her wanting something different from what her culture deems appropriate for her. She wants the same life of wife and mother that her culture expects her to fulfill. For Caroline, it is the discrepancy between this desire and her inability to achieve it, which will lead to her illness.¹⁰³

Caroline views this 'life of wife and mother' as an action and an occupation in and of itself, something to occupy her 'head and hands'; with the removal of this option, she suddenly sees her life as lacking an occupation. It is at this point of inaction, and realisation of the inevitability of future inaction, that she falls dramatically and near-fatally ill. Caroline's illness has indeed been extensively examined critically, as outlined earlier; her return to health from illness, however, has rarely been considered in the same detail. This recovery is bound up with the idea of action and occupation; since the action Caroline seeks (and that society expects for her) is denied her, she actively begins to seek employment, realising that she requires some form of occupation in order to both recover and maintain her health. Her search for action is therefore complicated by her true desires, her fluctuating health, and the ever-changing prospect of the time left to her.

Return to Action, Return to Health; Return to Health, Return to Action

Caroline's question, then, of what she is to do for the next fifty years, is explicitly and inextricably tied up with her health: firstly, the ambiguous nature of her

¹⁰³ Torgerson, p. 44.

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health, which she herself acknowledges with the slightly ominous (given her impending illness) '[a]s far as I know...' (168). Though accepting and noting her present good health, she is aware of her lack of any real knowledge regarding it, and is presumably also aware of the potential dangers to it. This is not the first time that Caroline experiences confusion about her health: when she falls seriously ill with fever, she is 'in perfect health, as she imagined'. The next day, however, even she cannot decipher whether she is healthy or not:

'Am I ill?' she asked, and looked at herself in the glass. Her eyes were bright, their pupils dilated, her cheeks seemed rosier, and fuller than usual. 'I look well; why can I not eat?' (392)

Caroline's health, and body as a whole, attracts interpretative activity, even by Caroline herself; her words demonstrate that even she cannot decipher whether her healthy looks match her experience, which is of course all the more unexpected since she is the one doing the experiencing. It is not enough for her simply to feel well: she must examine her own reflection in order to ascertain whether she *looks* well, and that she does promotes confusion as to the actual state of her health.¹⁰⁴ Moreover, her limited knowledge surrounding health is matched, and even exacerbated, by the limited knowledge of her friends, family, and even medical professionals who are unable to diagnose her accurately: 'after

¹⁰⁴ This misreading is also reminiscent of the misinterpretation of the signifiers of health, echoed in this exchange between Mr Hale and his daughter in Gaskell's *North and South*:

'Indeed, Margaret, you are growing fanciful! God knows I should be the first to take the alarm if your mother were really ill; ... She looks quite pale and white when she is ill; and now she has a bright healthy colour in her cheeks, just as she used to have when I first knew her.'

'But, papa,' said Margaret, with hesitation, 'do you know, I think that is the flush of pain.' (104)

It is particularly significant that it is the blush, the 'colour in [Mrs Hale's] cheeks', that is the quality misread here, given the frequency with which the generic 'healthy glow' is used to denote health itself; indeed, this frequency is partly what has given rise to Mr Hale's misinterpretation. Although colour in the face is often perceived to be healthy, this does not necessitate its always being so.

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two hot days and worried nights, there was no violence in the symptoms, and neither her uncle, nor Fanny, nor the doctor, nor Miss Keeldar, when she called, had any fear for her. A few days would restore her, every one believed' (393).

By contrast with Caroline, Shirley is the epitome of health, and this is readily decipherable in her appearance:

Perfect health was Shirley's enviable portion. Though warm-hearted and sympathetic, she was not nervous; powerful emotions could rouse and sway without exhausting her spirit. The tempest troubled and shook her while it lasted, but it left her elasticity unbent, and her freshness quite unblighted. As every day brought her stimulating emotion, so every night yielded her recreating rest. Caroline now watched her sleeping, and read the serenity of her mind in the beauty of her happy countenance. (331)

This passage illustrates the richness of possible significances of the word "health". All the qualities listed are explicitly connected with Shirley's health, but encompassing physical strength and mental clarity, as well as more abstract qualities; all of these are desirable properties of character that serve to make this picture of health 'enviable' indeed, particularly by the weakened Caroline. Moreover, some of these qualities are presented as a balance that needs to be struck, between 'warm-hearted' and 'exhausted', or 'emotional' and 'elastic', suggesting that the qualities themselves are not necessarily sufficient, but that a balance between several needs to be achieved to constitute health – and more importantly still, health is also the means by which this balance is achieved. Health is not only the result of the balance, but also the background to and regulator of these attributes; in Shirley's face, health is both the measure and the cause of serenity and happiness. Crucially, Shirley's contrast with Caroline in terms of their health highlights both the contrasts and similarities in terms of their ability to act. In one respect, 'Shirley is Caroline's double', and '[w]hat

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Shirley *does* is what Caroline would like to do’;¹⁰⁵ Shirley, with her upper-class, healthy, masculine identity, has ‘greater freedom of action’ within the realm of men,¹⁰⁶ as outlined earlier, but in reality she is no more able to act than her middle-class, poor, ill, feminine friend, ‘limited by her gender in ... fundamental ways’.¹⁰⁷ The health of both is crucial to this characterisation; since health is required for action at its root, Shirley’s ‘perfect health’ represents her ability for action, and Caroline’s lapse into illness her inability, but health cannot overcome the barrier of gender in the limitations of action. Shirley’s health, therefore, allows us to ‘see more of the externals of the conflict between women and the male power structure’ while Caroline’s illness shows the ‘internal struggles which cannot progress to the point of action’.¹⁰⁸

Despite the ambiguity surrounding her own state of health, Caroline both realises and accepts that good health necessitates a long life, and her struggle is one of filling that time. The very nature of her struggle is set in opposition to the idea, established in the eighteenth century, of health as a blessing; when health was a bonus rather than the norm.¹⁰⁹ Caroline’s situation instead gives rise to the idea that health can sometimes be a curse rather than a blessing. Indeed, Caroline is put in an unusual position by Brontë in that she is given an opportunity to die – or rather, to actively choose to continue living. While being nursed by Mrs Pryor during her illness, the former asks Caroline ‘Do you wish to live?’, to which Caroline responds, ‘I have no object in life’ (403). Without directly answering ‘yes’ to Mrs Pryor’s question, Caroline’s answer clearly

¹⁰⁵ Gilbert and Gubar, p. 382.

¹⁰⁶ Torgerson, p. 48.

¹⁰⁷ Torgerson, p. 48.

¹⁰⁸ Torgerson, p. 47.

¹⁰⁹ Roy Porter and Dorothy Porter, *In Sickness and In Health: The British Experience 1650 – 1850* (London: Fourth Estate Ltd, 1988), p. 25.

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implies that she feels her life empty and therefore not worth living; that to wish to live one must have an 'object', something on which to focus, foreshadowing Mill's pursuit of the same.¹¹⁰ This focus point shortly arrives, when Mrs Pryor reveals that she is in fact Caroline's mother, a discovery which prompts an instant change in Caroline: 'But if you *are* my mother, the world is all changed to me. Surely I can live— I should like to recover—' (404). The significance and importance of this revelation is reflected in Caroline's declaration that her world is altered, and with it her view of her own life. From this point onwards, Caroline's health begins, slowly, to return; that this occurs subsequent to her explicit wish to recover suggests that her wishing and her motivation has at least some effect on her eventually recovered health.

Prior to this recovery, and while it is never explicitly stated that Caroline wants to die,¹¹¹ the connection drawn between her physical illness and her emotional state is a clear one; her illness, in its origin and figuration, is explicitly paralleled with her emotional circumstances. The evening before her illness begins, she experiences a shock when it is implied by Robert Moore's sister Hortense that Moore, the man Caroline loves, may in the future marry Shirley; 'her star withdrew as she spoke' (391). This immediately precedes the chapter entitled 'The Valley of the Shadow of Death' (392), which charts Caroline's fall from health: during this chapter, Caroline, though 'in health ... never accustomed to think aloud', deliriously cries out to God about Moore: 'Oh, I *should* see him once more before all is over! Heaven *might* favour me thus far!' (397). Here Brontë explicitly connects Caroline's lack of 'healthy self-possession

¹¹⁰ Mill, *Autobiography*, p. 132.

¹¹¹ It is certainly, however, implied: Gilbert and Gubar, for example, refer to 'Caroline's silent slow suicide'. See Gilbert and Gubar, p. 391.

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and self-control' (397) to her feelings for Moore. However, if her fall into illness is characterised by her emotional state, then so too is her return to health, coupled as it is with Mrs Pryor's revelation. Caroline's decision that she 'should like to recover—' is swiftly followed by a declaration that 'If *wishing* to get well will help me, I shall not be long sick. This morning I had no reason and no strength to wish it' (410). Caroline demonstrates an awareness of her own health, acknowledging that she wishes to be better, but is simultaneously aware that wishing will not work, or at least will not work alone. Despite her intention and wish to get well, her lack of strength prior to making the discovery about her mother continues to present an obstacle to her recovery.

Caroline's eventual recovery is habitually depicted as a struggle between a desire to recover and the actuality of her physical lack of health. Despite her knowledge that will alone cannot hasten her recovery, it is continually implied that if she did not have this motivation to be better then she would not succeed at all: 'There was always a touching endeavour to *appear* better, but too often ability refused to second will; too often the attempt to bear up failed. The effort to eat, to talk, to look cheerful, was unsuccessful' (413). Brontë highlights clearly the distinction between appearance and actual health, and between ability and will – the implication being that there is by no means a necessary correlation between the appearance of health and actual health, nor between the will to be healthy and the ability. Brontë's detailing of how Caroline attempts to appear better by eating, talking, and '[looking] cheerful' labels these aspects as the ways in which health is codified to appear externally; Caroline's will encourages these aspects while the severity of her real physical illness prevents her body from succeeding in this endeavour consistently, a severity emphasised by how ill Caroline remains even when genuinely attempting to be and look healthy. Her

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bodily and emotional experiences are not in agreement, and ‘her physical convalescence could not keep pace with her returning mental tranquillity’ (414).

Despite the fact that Caroline’s will cannot circumvent her illness and restore her to health, however, her previous good health does contribute to her recovery, in particular her ‘youth’, which ‘could now be of some avail to her’ (414). Thanks in part to this, and in part to ‘her mother’s nurture’, ‘a genuine, material convalescence ... commenced’ (414). That this recovery is emphasised as being both ‘genuine’ and ‘material’ suggests that recovery back to health can only be genuine once it begins to happen materially and physically, and cannot be measured by ‘returning mental tranquillity’. Caroline’s eventual return to health, then, raises the question of how far her will played a part in her physical recovery: Brontë depicts a struggle between will and actuality, between wishing and succeeding, and makes it clear that Caroline’s will and desire to be better cannot alone ensure success. However, Caroline makes an active choice to get better, and then eventually does. Consequently, although this active choice to live (‘Surely I can live— I should like to recover—’) does not equate to her recovery, it is the means of her accessing the ability to do so.

Caroline’s life, having recently been one in which she questioned how she was to occupy it, becomes in this moment a life with renewed purpose. In being able to foster and develop a relationship with her newly-found mother, her life is filled with a new interest and direction. Bailin argues that, thematically, ‘the nurse-patient relationship represents a preferable alternative to marriage and the workplace’;¹¹² while this is true to an extent, in that Caroline certainly finds solace with Mrs Pryor in the sickroom, I would argue firstly that this

¹¹² Bailin, p. 65.

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relationship only proves a preferable alternative once it is revealed to be that of mother-daughter as well as nurse-patient, since prior to this revelation it seems that death was the preferred option; and secondly, this relationship becomes key precisely because it presents Caroline with a reason to try to *leave* the sickroom. For Caroline, simply “being a daughter” seems to be enough of a purpose in life to give her not only the motivation to physically recover from her illness, but also a new activity or action to which to devote herself. It is indeed fitting that Caroline finds such consolation at the idea of being a daughter, since her fall from health occurs due to the realisation that she will never be a wife or mother. Just after questioning how she is to occupy her life, she reflects

I shall not be married, it appears, ... I suppose, as Robert does not care for me, I shall never have a husband to love, nor little children to take care of. Till lately I had reckoned securely on the duties and affections of wife and mother to occupy my existence. I considered, somehow, as a matter of course, that I was growing up to the ordinary destiny, and never troubled myself to seek any other; but now I perceive plainly I may have been mistaken. Probably I shall be an old maid. I shall live to see Robert married to some one else, some rich lady. I shall never marry. What was I created for, I wonder? Where is my place in the world? (168-9)

The dual role of wife and mother is established as being a possible, suitable, and indeed ‘ordinary destiny’ for Caroline; so secure did it seem, that she had ‘never troubled’ to even contemplate an alternative. It is certainly worth noting that although this is the expected course for Caroline, she actively embraced this as a future and not simply for the sake of marrying, which is made clear by her decision not to marry at all since marriage to the man she loves is prevented. Once this occupation is denied her, she questions for what purpose she was created and what her role is in the world, a state of mind that prevails for her

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until the denied role of wife and mother is replaced by the role of daughter. Caroline's fall from health is thereby characterised by a lack of anything meaningful to do, and Brontë's whole characterisation of Caroline revolves around this question: how is she to occupy the rest of her existence?

Brontë voices her consideration of this problem most distinctively and explicitly in a passionate and lengthy railing by Caroline against the lack of employment or activity for women:

Look at the numerous families of girls in this neighbourhood ... The brothers of these girls are every one in business or in professions; they have something to do. Their sisters have no earthly employment but household work and sewing, no earthly pleasure but an unprofitable visiting, and no hope, in all their life to come, of anything better. This stagnant state of things makes them decline in health. They are never well, and their minds and views shrink to wondrous narrowness. (370)

Through Caroline, Brontë explicitly connects inaction and lack of occupation to health: this inaction is also specifically grounded in material 'earthly' considerations, which implicitly rejects any suggestion that potential heavenly rewards are adequate compensation. The abstract element of 'something to do' is clearly connected to 'business', 'professions', and employment; and again, Caroline specifically considers a whole *lifetime* without such occupation. Furthermore, the decline in health of these 'sisters' not only produces the physical result of being 'never well', but also a mental 'narrowness', a shrinking of their views and capabilities. Indeed, Torgerson argues that in Caroline's tirade 'Brontë stresses that the lack of opportunities for middle-class women to lead fulfilling lives results in a lack of health, not just for individual women but

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for the nation'; that if women's search for fulfilment is 'not taken seriously', 'consumption [and] decline' will be all that awaits them.¹¹³

Caroline's response immediately following the question 'What was I created for, I wonder?' (169) is a realisation that this is 'the question which most old maids are puzzled to solve' (169). Caroline's first search for occupation, then, centres around her belief that she will never marry and will therefore become an old maid, living a life 'outside the cycles of both production and reproduction'.¹¹⁴ She seeks out the two old maids of the village, Miss Mann and Miss Ainley, of whom she is the novel's 'reluctant ally',¹¹⁵ to investigate how they occupy their time, and to consider her own compatibility with their lifestyles – with unsatisfactory results. Yet, feeling that pining and '[growing] old doing nothing' is undesirable, she allots time for studying, time for assisting Miss Ainley in helping the poor, and time for exercise. She perseveres though the work is hard; but though 'it forced her to be employed' (178), it does not bring her 'health of body nor continued peace of mind' (178). Though occupying her time in a physical sense, this occupation has left her mind unoccupied, and serves to highlight her own loneliness. Her health is already beginning to fade by this point in the novel, and, despite her search, she has not yet found a kind of action that will alleviate her physical suffering. Throughout this episode, however, Caroline continues to demonstrate knowledge of what she must do to help both her body and mind, a pragmatic attitude towards searching for employment, and an awareness of her own physical state.

¹¹³ Torgerson, p. 40.

¹¹⁴ Shuttleworth, p. 184.

¹¹⁵ Bailin, p. 54.

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Caroline, '[refusing] tamely to succumb' (179), then turns to an alternative occupation for a young unmarried woman. Through she continues 'so busy, so studious, and, above all, so active' (179), she feels, with strong echoes of Brontë's own letters, that 'she could bear it no longer', that 'she must seek and find a change somehow', '[longing] to leave Briarfield [and] go to some very distant place', and even simply '[longing] for something else' (180).¹¹⁶ Abstract though these desires are, there is 'one project ... whose execution seemed likely to bring her a hope of relief: it was to take a situation, to be a governess; she could do nothing else' (180). It is at this point, when she approaches her uncle about this project, since she is 'not well, and [needs] a change' (183), that Caroline experiences the lack of being taken seriously that Torgerson presents as crucial for health. Upon examining her, her uncle 'discovered she had *experienced* a change, at any rate', noting that 'the rose had dwindled and faded to a mere snowdrop; bloom had vanished, flesh wasted; she sat before him drooping, colourless, and thin' (183), corroborated by Caroline's own opinion that she 'was altered within the last month; [...] she was not, in short, so pretty or so fresh as she used to be' (171). Though he notices this, Mr Helstone's response consists of a desire that she should go on holiday ('You shall go to a watering-place. I don't mind the expense' (184)), disbelief that she seeks work *because* she feels weak ('She feels weak, and *therefore* she should be set to hard labour' (184)), and an entire disregard for her opinion and the idea in general, implicitly blaming Caroline for her role in her lack of health:

These women are incomprehensible. [...] To-day you see them bouncing, buxom, red as cherries, and round as apples; to-morrow they exhibit

¹¹⁶ It is at this point in the narrative that Caroline's desire to know her mother, a desire always present, grows and becomes a more obvious aspect of her character, foreshadowing Mrs Pryor's later revelation.

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themselves effete as dead weeds, blanched and broken down. And the reason of it all? That's the puzzle. She has her meals, her liberty, a good house to live in, and good clothes to wear, as usual. A while since that sufficed to keep her handsome and cheery, and there she sits now a poor, little, pale, puling chit enough. Provoking! (183)

Her uncle considers here only the purely practical considerations for health, and his speech suggests his belief that it is a mere fancy of Caroline's that has led to this change – since she is given food, freedom, shelter, and clothing, any alteration must be her own doing. Inextricably connected to that idea, of course, is the fact that she is a woman: her uncle's speech suggests that Caroline has become 'broken down' deliberately; since women 'exhibit themselves', her being 'broken down' must be a performance intended to effect a result. Women as a group are therefore 'incomprehensible', their behaviour a 'puzzle'.

Caroline's pragmatic reasons for wanting to seek a situation as a governess ('some day I must do something for myself; I have no fortune. I had better begin now', 'I should wish to get accustomed to the yoke before any habits of ease and independence are formed', and 'I believe I should have more to do' (184)) are brushed aside by her uncle with a refusal to have a member of his family in such a profession, and a declaration that since his own 'health and constitution are excellent' (184) she has no fear for being provided for. Caroline's last attempt, a simple declaration that 'I long for a change' is answered with the patronising cry of 'There speaks the woman! [...] A change! a change! Always fantastical and whimsical!' (184), before being dismissed completely. Caroline is aware 'that she would be better off if she were able to earn her own living',¹¹⁷ but it is her choice of occupation here that is most

¹¹⁷ Gilbert and Gubar, p. 377.

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significant. She does not have many options for employment, but that she has chosen to attempt a career as a governess shows her desperation; Brontë's own miserable experience of being a governess is well documented, and characters such as Jane Eyre espouse this ill-feeling. That Brontë has Caroline earnestly desire to pursue this path shows the lengths that the latter will go in order to relieve her suffering; indeed, Gilbert and Gubar see Caroline as happy to 'welcome what she knows to be an uncomfortable position as governess because it would at least alleviate the inertia that suffocates her'.¹¹⁸

Caroline's health, after this complete rejection of a serious attempt at action, 'neither grew worse nor better', but had her constitution 'contained the seeds of consumption, decline, or slow fever, those diseases would have been rapidly developed' (185); although Caroline's health does worsen, her youth and previously healthy state keep her temporarily safe. Brontë points out that '[p]eople never die of love or grief alone', but there are those who suffer for these problems 'and are racked, shaken, shattered; their beauty and bloom perish, [...] they are reduced to pallor, debility, and emaciation' (185). While some may think that these individuals may 'withdraw to sick-beds, perish there, and cease from among the healthy and happy', in fact these individuals who are 'sound by nature' 'regain strength and serenity' though they 'cannot regain youth and gaiety' (185). Brontë confirms that 'most people said [Caroline] was going to die' (185), but her assessment of the case of those who are reduced but regain strength foreshadows the path that Caroline's illness will take. Her eventual return to health and strength is implicitly suggested, and, indeed, occurs:

¹¹⁸ Gilbert and Gubar, p. 380.

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It was not merely Caroline's smile which was brighter, or her spirits which were cheered, but a certain look had passed from her face and eye – [...] Long before the emaciated outlines of her aspect began to fill, or its departed colour to return, a more subtle change took place; all grew softer and warmer. Instead of a marble mask and glassy eye, Mrs Pryor saw laid on the pillow a face pale and wasted enough, perhaps more haggard than the other appearance, but less awful; for it was a sick, living girl, not a mere white mould or rigid piece of statuary. (414)

This passage illustrates Caroline's return to health by referencing the lost qualities now regained, such as her now-returned 'departed colour'. Moreover, she has now returned to *life*; though sick, she is again a 'living girl'. When Shirley returns from her trip and visits Caroline, she '[gives] her one look' before pronouncing 'You are better. [...] I see you are safe now' (420). As Caroline 'read the serenity of [Shirley's] mind in the beauty of her happy countenance' (331), so too can Shirley see Caroline's returning health written on her face; in returning to the picture of outward health she was before, her recovery is recognisable.

Caroline, as one of those who are 'sound by nature', has the advantage of youth and previous health, and is acutely and apprehensively aware of what fate may lie in store for her without something with which to occupy her life. With her eyes open to these dangers, she searches for an alternative to a lifetime of idleness and indolence, in action. In searching for occupation while dejectedly contemplating the length of her life to come, Caroline can be said to be contradictorily looking to maintain her health through activity while simultaneously wishing her life to be shorter; she is, at first, unenthused to even attempt recovery, as Mrs Pryor's question to her about whether she wishes to live (403) suggests. What is crucial here is that health is simultaneously the *measure* and the *cause* of physical activity: health is the means by which

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physical activity is undertaken and achieved, *and* the result of physical activity in exercise. Indeed, Martineau addresses the healthy by asking them to ‘remember that we cannot do these things, – that the very weakness which subjects us to these troubles, forbids our escape from them.’¹¹⁹ Health and physical activity are therefore inextricably linked, working together to enhance each other.

For Martineau, sickness is an ‘imprisonment’;¹²⁰ this implies that if sick people are imprisoned, then healthy people are free, an implication compounded by her use of the phrase ‘the healthy and the happy’¹²¹ on more than one occasion. Caroline’s narrative, however, produces the countering idea that health can be a curse. For Caroline, her health, upon discovering her lack of purpose, becomes an encumbrance. She may be free from illness (at that point in the narrative), but is not free to act according to her desires, despite her health, thereby mirroring Shirley. Of course, her illness does not allow her this freedom either, but her health has not provided her with freedom; this remains constrained by her gender and, though to a lesser extent, her class. Indeed, for both women, ‘there are no ideal models’, since ‘[e]very female character has seemingly been compromised by the reality of few positive alternatives’.¹²² The novel displays a number of different ‘women’s situations both in and out of marriage’,¹²³ demonstrating the limited recourse for women, whether healthy or otherwise.

¹¹⁹ Martineau, p. 132.

¹²⁰ Martineau, p. 67.

¹²¹ Martineau, p. 160. See also p. 4, p. 52, and p. 159.

¹²² Torgerson, p. 47.

¹²³ Torgerson, p. 47.

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Florence Nightingale explored this gender- and class-specific curse in *Cassandra*, a fragment that became part of her *Suggestions for Thought* that constitutes a passionate railing against the lack of employment opportunities for middle-class women in the early- to mid-nineteenth century, of which Caroline's own speeches and predicament present strong echoes. Though Nightingale's aims were antithetical to Brontë's for Caroline, equally dejected did Nightingale become in 1851 at her mother refusing to allow her to enter the nursing profession. She expressed her own desire for her life to come to an end that she could escape the 'monotonous round of aimless leisure.'¹²⁴

In my 31st year I see nothing desirable but death [...]. Oh weary days. On evenings that seem never to end – for how many long years I have watched that drawing room clock [...] thought it never would reach the ten & for 20 or so more years to do this This is the sting of death. Why do I wish to leave this world? God knows I do not expect a heaven beyond – but that He will set me down in St. Giles' [a notorious London slum parish] at a Kaiserswerth, there to find my work & my salvation in my work.¹²⁵

Nightingale's references to the 'many long years' and '20 or so more years' echo the issue of time that has resounded through this chapter; she too is aware of how long she has left to live and frustrated with the prospect of occupying it. She, however, does not question *what* she wants to do, but rather how she is to accomplish her long-held goal of becoming a nurse. For Nightingale, death would bring a heavenly reward to 'find [her] work and salvation' and, at the time of writing, feels that this will end up as her only opportunity to do so.

Nightingale's eventual success in achieving this aim was preceded by a battle

¹²⁴ Poovey, p. x.

¹²⁵ Poovey, p. x.

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with her family, an argument that she attempted to order and structure in *Cassandra* and *Suggestions for Thought*.

Nightingale's concern was specifically for women who had no occupation or employment, or prospect of either; and although her discussions are not specifically framed within the bounds of bodily health, many of her arguments are related, even if only metaphorically, to the ideas of pain, suffering, and consequently health. 'Give us back our suffering, we cry to Heaven in our hearts – suffering rather than indifferentism; for out of nothing comes nothing. But out of suffering may come the cure. Better have pain than paralysis!'¹²⁶ Nightingale classifies suffering itself as a kind of action or occupation, but only in opposition to 'indifferentism'; though in itself not desirable, she invokes the idea that it is better to feel something, anything, than nothing. Not only is her argument that 'out of nothing comes nothing' reminiscent of Brontë's list of nothings,¹²⁷ but the idea of suffering as an incentive is exhibited in *Shirley*, as Caroline's 'sufferings were her only spur, and being very real and sharp, they roused her spirit keenly' (179). In addition to the metaphor of paralysis, Nightingale sees real, physical detrimental effects on the body: she sees 'girls and boys of seventeen, ... ere they are thirty, ... withered, paralysed, extinguished',¹²⁸ and bodies becoming 'incapable of consecutive or strenuous work'.¹²⁹ These images, but in particular that of the 'withered, paralysed, extinguished' body, echo Brontë's image of the 'stagnant state of things' and the 'shrink[ing]' of the mind that this 'decline in

¹²⁶ Nightingale, p. 208.

¹²⁷ Brontë to Branwell Brontë, 1 May 1843, p. 41.

¹²⁸ Nightingale, p. 215.

¹²⁹ Nightingale, p. 219.

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health' (370) evinces. Both Nightingale and Brontë see a lack of occupation resulting in stagnation, a weakening and indeed almost a rotting of the body.

While Martineau tackles the prospect of the occupation of the body from the point of view of a long-term invalid, Nightingale examines the same issue through a much more personal lens, both in terms of her own ambition and frustrations, and in terms of what she sees as the wasting away of the healthy body that occurs without occupation. She asserts that if women

see and enter into a continuous line of action, with a full and interesting life, with training constantly kept up to the occupation, occupation constantly testing the training ... they are re-tempered, their life is filled, they have found their work, *and the means to do it*.¹³⁰

That women will find both 'their work' and 'the means to do it' again highlights the crucial point that health is simultaneously the measure and the cause of action: through action and occupation, women's health is maintained in order to allow them to continue the action itself. Nightingale's 'plan' for women does not necessarily invoke any particular occupation: Lynn McDonald explains that she 'wanted all women to use their talents for the common good',¹³¹ but seemed rather to be in favour of the purpose that comes from 'the practical reality of life',¹³² which simply requires that that occupation is not a mere mechanism with which to '[fritter] away'¹³³ time. Although, as discussed, her views were, 'less radical'¹³⁴ than others', Nightingale is seemingly more fixed on altering the status quo than Brontë, who, despite questioning and challenging the existing conditions of women and work, concludes her narrative with the marriage of the

¹³⁰ Nightingale, p. 219, my emphasis.

¹³¹ McDonald, *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, p. 91.

¹³² Nightingale, p. 219.

¹³³ Nightingale, p. 221.

¹³⁴ McDonald, *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, p. 67.

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challenger. The text demonstrates, instead of an upheaval of societal norms, a desire and a need to be loved.

That Brontë positions Caroline as yearning to become a wife and mother, and only seeking employment and serious occupation once this path is no longer an option, positions her as less than radical despite the text's railings against the status quo. Indeed, that she views wifedom as constituting an occupation positions her as even less of a radical; her 'arguments are ultimately conservative in import'.¹³⁵ Brontë came under fire for this decision from her friend Mary Taylor; as Gezari explains, Taylor wrote to Brontë after the publication of *Shirley*, '[taking] her friend to task for the views of working women expressed in her novel:'

I have seen some extracts from Shirley in which you talk of women working. And this first duty, this great necessity you seem to think that some women may indulge in—if they give up marriage & don't make themselves too disagreeable to the other sex. You are a coward & a traitor.¹³⁶

Brontë certainly goes some way to addressing the issues surrounding women, work, and occupation, but not far enough for Taylor, who herself wrote on 'the economic condition of women [and who] did not lack romance or the force of personality to write combatively to Brontë about her political views',¹³⁷ of which this letter is evidence.

Brontë did, however, give the issues of women and work due consideration, as this letter, written to W. S. Williams (literary adviser to

¹³⁵ Shuttleworth, p. 202.

¹³⁶ Gezari, p. xxvii.

¹³⁷ Gezari, p. xxvi-xxvii.

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Brontë's publishers with whom she maintained a friendly correspondence) the year before *Shirley* was published, demonstrates:

I often wish to say something about the “condition of women” question—but it is one respecting which so much “cant” has been talked, that one feels a sort of repugnance to approach it. [...] Many say that the professions now filled only by men should be open to women also—[...] Is there any room for female lawyers, female doctors, female engravers, for more female artists, more authoresses? [...] When a woman has a little family to rear and educate and a household [*sic*] to conduct, her hands are full, her vocation is evident—when her destiny isolates her—I suppose she must do what she can—live as she can—complain as little—bear as much—work as well as possible. This is not high theory—but I believe it is sound practice—. ¹³⁸

Brontë's principal concern is not the identification of the problem, but what the remedy should be, in practical terms. She seems loath to discuss the problem due to the amount that it has already been discussed, despite her own desire to do so – a desire we can see fulfilled in *Shirley*, and a running theme throughout her writing. Crucially, however, Brontë also demonstrates a tacit acceptance of the fact that women would continue to be wives, mothers, and managers of the household, and that this in itself counts as a ‘vocation’; it is when a woman remains single that she must source an occupation of some kind. Nightingale, however, though she was ‘concerned about the cost [of female employment] to family life’ since ‘she assumed marriages would remain intact’, ¹³⁹ and of course ‘combining marriage *and* a career was seldom possible for women’, ¹⁴⁰ believed that women should be able to freely remain single and ‘un beholden to any

¹³⁸ Brontë to W. S. Williams, 12 May 1848, p. 108.

¹³⁹ McDonald, *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, p. 67.

¹⁴⁰ McDonald, *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, p. 87.

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man'.¹⁴¹ Both women agree that marriage and occupation are incompatible: where they differ is on the subject of whether women should embrace this incompatibility, refuse marriage, and seek occupation, or whether this incompatibility is unfortunate and undesirable, and occupation is the last refuge of the isolated.

Brontë's acknowledgement of her belief that being a wife and mother with a household to care for is indeed a 'vocation' in itself is key to understanding Caroline's narrative; the desire for marriage portrayed in the text, and the conclusion of Caroline's story in her marriage, is given credence as an occupation in itself – and, indeed, she regains her health once this occupation begins. In *Shirley*, Brontë does not attempt to create a unifying and idealistic 'high theory' of women and work, but instead tries to make practical sense of the condition of women's employment. Indeed, her belief that marriage constitutes an occupation does not prevent her deep personal admiration of women who succeed alone, without this 'vocation' of wifedom and motherhood. This is made clear in a letter to Margaret Wooley, her former schoolteacher, penned three years prior to the publication of *Shirley*:

I always feel a peculiar satisfaction when I hear of your enjoying yourself [...] it seems that even "a lone woman" can be happy, as well as cherished wives and proud mothers—I am glad of that—I speculate much on the existence of unmarried and never-to-be married women nowadays and I have already got to the point of considering that there is no more respectable character on this earth than an unmarried woman who makes her own way through life quietly perseveringly—without support of husband or brother.¹⁴²

¹⁴¹ McDonald, *Florence Nightingale on Women, Medicine, Midwifery and Prostitution*, p. 88.

¹⁴² Brontë to Margaret Wooley, 30 January 1846, p. 71.

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The fate of 'lone women' is one that Brontë deals with explicitly in *Shirley*, through Caroline, Mrs Pryor, Miss Mann and Miss Ainley, and Shirley herself, all of whom belong to different classes, social circles, and generations, and her admiration for those women who '[make their] own way through life' is explicit and genuine.

When Shirley questions Caroline as to whether she wished she had a trade, the former points out that 'hard labour and learned professions, they say, make women masculine, coarse, unwomanly', to which Caroline responds: 'And what does it signify, whether unmarried and never-to-be-married women are unattractive and inelegant, or not? – provided only they are decent, decorous, and neat, it is enough' (216). This question and its answer make explicit the fact that Brontë saw the debate surrounding women and work as only relevant to 'unmarried and never-to-be-married women' – at the time, at least. The question of occupation in the sense of 'hard labour and learned professions' only concerned those women who would never fulfil the roles of wife and mother.

Conclusion

Martineau argues that 'it matters infinitely less what we *do* than what we *are*'. While this may seem to detract from the idea of the beneficial nature of action to health, Martineau herself clarifies that 'no one will be so short-sighted as to apply it as an excuse for indolence in the active and healthy, – so clear is it that such cannot *be* what they ought to be, unless they *do* all they can.'¹⁴³ She values this idea as one which provides the most relief to sufferers, particularly invalids

¹⁴³ Martineau, p. 128.

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like herself, so as to shift the focus away from their physical inability to act – but in her clarification, she draws the connection clearly between physical activity, health, and the importance of *doing* when one has the ability to do so. She also clearly establishes the close connection between ‘being’ and ‘doing’, echoing Brontë’s fears of ‘being nothing, doing nothing—’¹⁴⁴ and inextricably linking the two concepts.

This poses the question: if, as a healthy person, you cannot be what you ought without doing what you ought, what happens when you are prevented from doing? If you are a healthy person prevented from doing anything (a middle-class woman with lack of occupation or employment, for example), are you also not being? This suggests that a lack of action actually removes individual agency and even limits existence, a suggestion echoed much later by James in his declaration that ‘[t]he sense of activity is thus in the broadest and vaguest way synonymous with the sense of ‘life’’.¹⁴⁵ The implication of Martineau’s argument is that being a healthy person who is *able to be active* but is *not* being active (who is ‘being’ but not ‘doing’) equates to indolence. However, Brontë and Nightingale’s arguments present the counter view that this healthy person is more likely to be wasting and stagnant rather than indolent, perhaps living in enforced indolence due to their class and gender, and therefore not likely to be in possession of good health for long – although their previous health makes them better equipped to recover, as we see in Caroline’s case. There was the risk, of course, that Caroline would not succeed; she,

¹⁴⁴ Brontë to Branwell Brontë, 1 May 1843, p. 41.

¹⁴⁵ James, p. 161.

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representative of countless others, had the capacity for action, but it went unused, wasted, and almost forgotten.

Brontë, Martineau, and Nightingale all present action as being crucial to health and health as crucial for action; indeed, health is both the measure and the cause of action. Caroline realises this, and similarly realises what may become of her existence if she does not have occupation with which to fill it; consequently, she actively searches for an occupation (an activity in itself not enough to prevent her illness). She knows that a life – and a long length of time, at that – of enforced idleness awaits her, and by extension her kind, if she does not succeed in finding some form of action and occupation, and she would rather relinquish her life than waste it: it is far better to die trying to be active, than to live idle. In Nightingale's words: 'A hundred struggle and drown in the breakers. One discovers the new world. But rather, ten times rather, die in the surf, heralding the way to that new world, than stand idly on the shore!'¹⁴⁶

Action is unequivocally needed for health, despite a general disagreement about what exactly constitutes it: Caroline regains her health once both family and the promise of marriage to the man she loves is restored to her, while others would (and did) disagree that this constitutes an occupation at all. The one thing that seems to be agreed upon by all the writers, and indeed characters, is that, despite its problematic nature, action, health, and time all work together to make a life worth living: James equates action in the 'broadest and vaguest way' with 'life';¹⁴⁷ Mill sees a lack of action as leaving him 'nothing [...] to live for';¹⁴⁸ Nightingale sees action as necessary to 'a full and interesting

¹⁴⁶ Nightingale, p. 208.

¹⁴⁷ James, p. 161.

¹⁴⁸ Mill, *Autobiography*, p. 134.

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life' and indeed a life that is 'filled';¹⁴⁹ and Brontë herself desires 'to work to live a life of action—'.¹⁵⁰ Action is not simply a means to an end, a method of guaranteeing health. Rather, action and health work together to meaningfully fill the 'interval of time which spreads between [us] and the grave' (168), precisely so that life is not viewed, as it is by Caroline, as something that simply has to be lived.

¹⁴⁹ Nightingale, p. 219.

¹⁵⁰ Brontë to Ellen Nussey, 24 March 1845, p. 59-60.

6. 'I left all my experiences on the healthy shore':
The Pattern of Recovery in the Novels of Charles Dickens

Healing and recoveries feature hugely in Charles Dickens's fiction. It surely ought to go without saying that his novels contain a great deal of illness and death, for this is a fact all but universally acknowledged. It is important to note, as Daragh Downes stresses, however, that '[w]riting for Dickens was always and ever a *job*',¹ and therefore his narrative illnesses and deaths are 'always for the discrete needs of the text at hand'.² Thus his illnesses and deaths seem perfectly carved for that character – reminiscent of Elizabeth Gaskell's letter to Dickens about her own work *North and South*, in which she tells him that '[t]here are [five] deaths, each beautifully suited to the character of the individual'.³ But often Dickens's characters do not succumb to death: instead, they recover. Statistically, indeed, this was the far more likely outcome in the nineteenth century: James C. Riley explains that

[e]ven in the seventeenth and early eighteenth century, when lethal epidemics were common and the crude death rate exceeded 30 people per 1000 a year (in contrast to about 9 per 1000 per year in the same regions [i.e. Europe and North America] of the world today), most ailments ended in recovery. The sufferer resumed his or her ordinary activities.⁴

¹ Daragh Downes, 'The Best of Time, The Worst of Time: Temporal Consciousness in Dickens', *Victorian Time: Technologies, Standardizations, Catastrophes*, ed. Trish Ferguson (New York: Palgrave Macmillan, 2013), pp. 16–37, p. 19.

² Downes, p. 29.

³ Elizabeth Gaskell to Charles Dickens, 17 December 1854, *The Letters of Mrs Gaskell*, eds. J. A. V. Chapple and Arthur Pollard (Manchester: Manchester University Press, 1997), p. 324.

⁴ James C. Riley, *Sickness, Recovery and Death: A History and Forecast of Ill Health* (Iowa City: University of Iowa Press, 1989), p. 2.

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Although Riley does not specify the nineteenth century here, the implication is that, despite the numerous and equally lethal epidemics that swamped the country in that century, the mortality rate was somewhere in between that for the earlier and the present centuries. Sickness has always had ‘two possible outcomes, recovery or death’; it is merely that ‘the distribution between the two has changed over time’.⁵ The recoveries within the novels, then, are all deeply significant, as has been discussed and dissected by numerous critics – particularly in the cases of Esther Summerson of *Bleak House*, Pip of *Great Expectations*, and Eugene Wrayburn of *Our Mutual Friend* – and, as with Gaskell’s deaths, each recovery is ‘beautifully suited’⁶ to the character, the story, and the narrative purpose.

Across the recovery episodes in Dickens’s novels, there is a pattern, consistent to all, that can be perceived. The pattern is that of attention to lived, subjective experience while sequestered, a pattern demonstrated by two different aspects of subjective bodily experience: the perception of time, and the unified experience of body. During illness, the body cannot accurately perceive or experience either time or body; a recovery and return to health, then, is a return to the world in which subjective experience of time and of body is unified and accurate. The return to health is, equally, a return to relationships, often lost or damaged prior to the illness episodes; a return to the world in which there are interactions and bonds with people. Miriam Bailin notes this tendency across a number of the novels, describing the sickrooms in question as a place in which

⁵ Riley, p. 91.

⁶ Elizabeth Gaskell to Charles Dickens, 17 December 1854, p. 324.

the barriers between hitherto estranged loved ones, or between aspects of their own divided selves, collapse under the leveling power of physical distress. In just such a manner is Eugene Wrayburn united with Lizzie Hexam, Arthur Clennam with Little Dorrit, Dick Swiveller with the Marchioness [...]. It is thus that Pip is reconciled with Joe, Esther Summerson with Lady Dedlock, [...], and, of course, all of them with themselves.⁷

Dick Swiveller and the Marchioness, for example, celebrate, in their married life, the ‘anniversary of the day on which he found her in his sick-room’.⁸

Eugene Wrayburn and Lizzie Hexam’s marriage is only possible because of the former’s injury and at the expense of his bodily integrity: it is ‘enabled (like that between *Jane Eyre* and Rochester) by the physical mutilation of the socially superior male’,⁹ not least because his mutilation ‘helps to defuse the sexual threat he has posed’.¹⁰ Their union, then, is entirely bound up with his illness and subsequent recovery, for ‘he never got on well without her’.¹¹ And Esther’s scarring becomes a barometer for measuring the integrity of other characters in *Bleak House*, since ‘no sympathetic character even notices Esther’s changed appearance’.¹² Social ties, then, are part of this healthy world, and a return to the healthy world of full lived experience includes the forging of new relationships and the strengthening or repairing of old ones. Indeed, Bailin refers to the

⁷ Miriam Bailin, *The Sickroom in Victorian Fiction: The Art of Being Ill* (Cambridge: Cambridge University Press, 1994), p. 79.

⁸ Charles Dickens, *The Old Curiosity Shop*, ed. Elizabeth M. Brennan (1841; Oxford: Clarendon Press, 1997), p. 572. All subsequent references included parenthetically after quotation.

⁹ Juliet John, *Dickens’s Villains: Melodrama, Character, Popular Culture* (Oxford: Oxford University Press, 2001), p. 196.

¹⁰ Catherine Waters, *Dickens and the Politics of the Family* (Cambridge: Cambridge University Press, 1997), p. 199-200.

¹¹ Charles Dickens, *Our Mutual Friend*, ed. Michael Cotsell (1865; Oxford: Oxford University Press, 1989), p. 811. All subsequent references included parenthetically after quotation.

¹² Laura Fasick, ‘Dickens and the Diseased Body in *Bleak House*’, *Dickens Studies Annual: Essays on Victorian Fiction* 24 (1996), pp. 135–151, p. 141.

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Dickensian sickroom as a ‘hallowed ground of matrimonial, filial, and self-unification’.¹³

This chapter will, firstly, outline Dickens’s interest in health, healing, and recovery, through the medium of his interest in mesmerism. Dickens’s fascination with mesmerism led to him training as a practitioner and “healing” others through this hypnotic medium. Though mesmerism itself does not feature explicitly in any of the texts explored here, it is my contention that Dickens’s interest in practical, physical healing spilled over into his writing, and contributed to his physical representations of recovery. After all, ‘Dickens, the artist, was also Dickens the mesmerist’.¹⁴ The chapter will go on to explore this pattern of attention to subjective experience during sequestration and recovery across five novels by Dickens: *The Old Curiosity Shop* (1840-1), focusing on Dick Swiveller’s recovery from an unspecified illness; *Bleak House* (1852-3), focusing on Esther Summerson’s recovery from (assumed) smallpox; *Little Dorrit* (1855-7), focusing on Arthur Clennam’s recovery from an unspecified illness; *Great Expectations* (1860-1), focusing on Pip’s recovery from an unspecified illness; *Our Mutual Friend* (1864-5), focusing on Eugene Wrayburn’s recovery from an attempted murder. The two sides to this pattern – the perception of time, and the unified experience of body – will be examined in turn, and taken together these two aspects represent the active, time-bound world of health within the texts.

This chapter will argue that the pattern of recovery present and consistent across these novels constitutes a symbolic return to the living world

¹³ Bailin, p. 79.

¹⁴ Martin Willis and Catherine Wynne, ‘Introduction’, *Victorian Literary Mesmerism*, eds. Martin Willis and Catherine Wynne (Amsterdam and New York: Rodopi, 2006), pp. 1–16, p. 3.

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of corporeality and time, from which the characters have been temporarily removed and alienated by illness. Furthermore, this literal return to health and symbolic return to this world is emblematic of the characters' self-discovery, connected to Dickens's personal belief in mesmerism's ability to allow both to be achieved, but with a focus on the frame of lived, bodily experience of health. Through detailed exploration of these five texts, with regard to time and bodily experience, this chapter will conclude that these recoveries are epiphanic, and that once health is restored there is always gain, in the form of knowledge and understanding of the body, renewed and sharpened insight, or indeed the new or recovered relationships noted above. Renewed health after illness, then, can be said to be healthier than before.

Dickens, Healing, and Mesmerism

The healing and recovery present in Dickens's novels has often been overlooked in favour of the study of the illnesses themselves; unsurprisingly, there has been a huge amount of critical work on the subject of illness in these texts. Very broadly, illness is seen to represent a variety of aspects of society. Michael S. Gurney, for example, sees smallpox, 'with its recognized property of transmissibility, [as] the perfect vehicle to expose the problem of relationship in Dickens's England¹⁵; through this extremely communicable illness, Dickens 'exposes a corrupt, greedy, mechanized society that has extinguished personal identity, paralyzed individual action, and broken human bonds, replacing them

¹⁵ Michael S. Gurney, 'Disease as Device: The Role of Smallpox in *Bleak House*', *Literature and Medicine* 9 (1990), pp. 79–92, p. 84.

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with financial ones',¹⁶ and thus reveals the ills in society in the nation.¹⁷ Garrett Stewart similarly argues that, 'as if in symbolic reprisal for society's own blindness and neglect', Jo becomes 'society's victim, Esther its martyr'.¹⁸ The illness itself, however, stands in place for Esther's desire for escape – 'from life or from dying, from herself or her niche in society, such are the ambiguities'.¹⁹ Catherine Gallagher, by contrast, explores the question of bioeconomics in *Our Mutual Friend*, noting that bodies are key, that wealth is rooted 'in bodily well-being',²⁰ and that 'suspending the body's animation allows the liberation of value'.²¹ In Gallagher's reading, Eugene '[fears] the returning health of his body' precisely because Lizzie is only able to 'add value to him [...] while his body is ... broken'.²² Jules Law sees Eugene's illness as fundamentally and inextricably linked with the river, since the river raises 'the question of the borders between self and other, body and environment, possession and self-possession'.²³ Nicholas Royle argues that *Our Mutual Friend* is about the phenomenon of being 'neither living nor dead', most notably embodied by the character John Harmon, but also Jenny Wren, Betty Higden, and Eugene Wrayburn;²⁴ and Miriam Bailin notes the presence and importance of the sickroom in most of Dickens's novels, including all those that this chapter will explore.

¹⁶ Gurney, p. 84.

¹⁷ Gurney, p. 90.

¹⁸ Garrett Stewart, 'The New Mortality of *Bleak House*', *ELH* 45.3 (1978), pp. 443–487, p. 463.

¹⁹ Stewart, 'The New Mortality of *Bleak House*', p. 464.

²⁰ Catherine Gallagher, *The Body Economic: Life, Death, and Sensation in Political Economy and the Victorian Novel* (Princeton and Oxford: Princeton University Press, 2006), p. 87.

²¹ Gallagher, p. 109.

²² Gallagher, p. 109.

²³ Jules Law, *The Social Life of Fluids: Blood, Milk, and Water in the Victorian Novel* (Ithaca and London: Cornell University Press, 2010), p. 61.

²⁴ Nicholas Royle, 'Our Mutual Friend', *Dickens Refigured: Bodies, desires and other histories*, ed. John Schad (Manchester and New York: Manchester University Press, 1996), pp. 39–54, p. 49.

The recoveries have not been ignored completely, however: much of this criticism centres around the illness *and* the recoveries, in tandem, acting as rebirths. Helena Michie explains that many critics have argued that '*Bleak House* is about the formation of the self and that Esther's narrative is the story of a self coming into being'.²⁵ Gurney argues that, '[h]aving completed her spiritual death and transformation, Esther is ready for rebirth'.²⁶ Law points to a similar reading of Eugene's near-death in *Our Mutual Friend*, noting that not only is 'the novel ... intensely preoccupied with the human body', but that that body is inextricably connected with the river, alluding to such traditional tropes as the 'concepts of rebirth and transmutation, whether spiritual or secular in orientation';²⁷ similarly, Michal Peled Ginsburg suggests that Eugene's 'old careless self dies and out of his maimed body a new man is reborn', akin to the 'economy of recycling'.²⁸ As Bailin summarises: '[i]llness in Dickens's fiction is the *sine qua non* both of restored or reconstructed identity, and of narrative structure and closure'.²⁹

The recoveries from illness depicted in these texts have, then, been examined critically alongside the illnesses themselves. What has not been done, however, is an examination of the recovery episodes across a number of texts. There are links and connections made thematically, structurally, and particularly in terms of imagery, in these episodes – these can be missed when looking at the texts in isolation, but a pattern emerges and becomes clear once they are looked at collectively, and this pattern is in itself significant. Dickens

²⁵ Helena Michie, "'Who Is This in Pain?": Scarring, Disfigurement, and Female Identity in *Bleak House* and *Our Mutual Friend*', *NOVEL: A Forum on Fiction* 22.2 (1989), pp. 199–212, p. 200-1.

²⁶ Gurney, p. 88.

²⁷ Law, p. 56.

²⁸ Michal Peled Ginsburg, 'The Case Against Plot in *Bleak House* and *Our Mutual Friend*', *ELH* 59.1 (1992), pp. 175–195, p. 190.

²⁹ Bailin, p. 79.

chooses to portray these recoveries from illness using similar imagery, language, and structure, despite the great differences in context, purpose, and indeed the illnesses themselves.

Dickens was deeply interested in the healing and fate of the body, and, indeed, saw himself as a healer, thanks to his interest in and practice of mesmerism.³⁰ Dickens was fascinated by mesmerism – the theory and practice designed to produce a hypnotic state in a patient in order to cure a variety of ills, developed by Franz Anton Mesmer in the late eighteenth century. Mesmer's claims, as summarised by Fred Kaplan, 'can be reduced to two basic principles':

(1) Mechanical laws, working in an alternate ebb and flow, control "a mutual influence between the Heavenly bodies, the Earth and Animate Bodies which exist as a universally distributed and continuous fluid ... of an incomparably rarified nature." (2) Since all "the properties of matter and the organic body depend upon this operation" whose influence or force may be communicated to animate and inanimate bodies, it is possible to create a new theory about the nature of influence and power relationships between people and between people and the objects in their environment.³¹

Mesmer named this phenomenon – that is, the force that is shared between organic bodies – 'animal magnetism', but the act and the phenomenon of this practice also took on his own name, with both names used synonymously.³² It is

³⁰ It is important to note that Dickens's relationship with mesmerism has been viewed in a number of different ways, particularly with regards to the connotations of and the contemporary debates surrounding the potential sexual immorality of the practice. The practice of mesmerism was male dominated, with women most often the subjects of experimentation. See, for example: Steven Connor, 'All I Believed is True: Dickens under the Influence', *19: Interdisciplinary Studies in the Long Nineteenth Century* 10 (2010), pp. 1–19, p. 10, 12; Sharrona Pearl, 'Dazed and Abused: Gender and Mesmerism in Wilkie Collins', *Victorian Literary Mesmerism*, eds. Martin Willis and Catherine Wynne (Amsterdam and New York: Rodopi, 2006), pp. 163–181, p. 163, 164; Kaplan, p. 72; Willis and Wynne, p. 3.

³¹ Fred Kaplan, *Dickens and Mesmerism: The Hidden Springs of Fiction* (Princeton, NJ: Princeton University Press, 1975), p. 7.

³² Kaplan, p. 7-8.

also important to note, despite contemporary views on this belief and practice, that he was almost certainly ‘no charlatan’; he had medical training, and considered his technique ‘a legitimate scientific tool with overwhelming therapeutic possibilities’.³³

Regardless of the details of its devising, mesmerism ‘particularly fascinated an age almost obsessed by the possibility of curing all illnesses and that suffered various epidemics of its own, particularly plagues of the nervous system and the psyche’,³⁴ since it offered, theoretically at least, the possibility that disease could be ‘cured and eliminated’, alongside ‘corruption, discord, [and] war’.³⁵ It is important equally to note both that Mesmer himself ‘believed that he had discovered a power that could cure a wide range of diseases that had seemed previously an inevitable part of man’s burden’, and that ‘almost all the major mesmeric theorists and innovators in England in the first half of the nineteenth were medical practitioners’.³⁶ Essentially, therefore, if Mesmer’s theory works and is used, ‘the art of healing will thus reach its final stage of perfection’.³⁷

Dickens was particularly interested in this, the healing potential of mesmerism. He was good friends with the man ‘most responsible for the “mesmeric mania” in England’,³⁸ John Elliotson; and ‘at least as early as January 1838’,³⁹ Dickens attended Elliotson’s experiments. His friendship with the latter ‘dates from about this time’, which suggests that he was indeed

³³ Kaplan, p. 8.

³⁴ Kaplan, p. 8.

³⁵ Kaplan, p. 7.

³⁶ Kaplan, p. 9.

³⁷ Kaplan, p. 7.

³⁸ Kaplan, p. 13.

³⁹ Kaplan, p. 26.

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fascinated by these experiments – a suggestion helped by the fact that he ‘returned again and again to witness experiments and demonstrations’.⁴⁰ Moreover, Dickens also ‘studied mesmerism closely and learned ... how to function as an operator and induce mesmeric sleep’.⁴¹ Between ‘January 1839 and June 1844, [...] Dickens began to talk about and practice mesmerism with an enthusiasm that found its way into the letters and memoirs of those years’,⁴² most famously on Madame Augusta de la Rue, and he ‘began to mesmerize members of his family and friends, both in circumstances of social levity and in *serious instances of illness*’.⁴³ Crucially, Dickens exerted ‘his own mesmeric powers for what he thought were *good and therapeutic ends*’.⁴⁴

It was this therapeutic and healing aspect of mesmerism that seems to have been the main reason Dickens practiced the technique. He maintained a doctor-patient relationship with Augusta de la Rue for a number of years beginning in 1844, and in a letter to her husband Emile de la Rue in January 1845, Dickens expressed his ‘hope and [belief] that with God’s leave the worst parts of her disorder will fall down prostrate, and be crushed the soonest, before it’.⁴⁵ A few years later, in 1849, Dickens assisted at the sick-bed of John Leech, a friend of his who had been staying with him and his family on the Isle of Wight, who was injured when felled by a wave.⁴⁶ Dickens,

observing the terrible restlessness of his condition, and knowing the utter impossibility of his getting better, and the moral certainty of his

⁴⁰ Kaplan, p. 28.

⁴¹ Kaplan, p. 28.

⁴² Kaplan, p. 55.

⁴³ Kaplan, p. 71, my emphasis.

⁴⁴ Kaplan, p. 74, my emphasis.

⁴⁵ Charles Dickens to Emile de la Rue, 27 January 1845, *The Selected Letters of Charles Dickens*, ed. Jenny Hartley (Oxford: Oxford University Press, 2012), p. 155.

⁴⁶ Dickens to Frederick Evans, 25 September 1849, p. 199, fn.

becoming worse, unless he could fall asleep, suggested that it might be well to mesmerize him.⁴⁷

It was arranged that the doctor's medicine would be given a 'fair trial, and, if it did not succeed send to [Dickens]'; this being the case, Dickens performed his mesmerism, and the 'effect began, and [the patient] said he felt comfortable and happy'.⁴⁸ After being mesmerised, the patient slept a good deal, 'during which a gentle perspiration came out upon his skin, and his face lost a very unpromising anxiety it had worn, and became quiet and perfectly peaceful', and upon waking 'expressed himself much refreshed, and took some breakfast in good spirits and with a relish'.⁴⁹ Interestingly, the following morning, Dickens decides not to tell the doctor about the mesmerism:

The doctor pronounces him greatly better (the said doctor was despondent and uneasy to me, last evening), and is much pleased with the improvement. To prevent talk about it, we have agreed not to tell him, the Doctor, of the thing—at all events for the present—though I understand he is favourable to Magnetism.⁵⁰

Although the reason given here is to 'prevent talk', this quotation has a hint of proud (possibly even smug) magnanimity on Dickens's part; that he succeeded where the doctor failed, but allows the doctor to have the public victory. This also implies an intellectual superiority over the doctor, who is simply 'pleased with the improvement' rather than questioning how the improvement came about; furthermore, though the doctor is thought to be 'favourable' towards the technique, that he did not try it himself similarly promotes the superiority of

⁴⁷ Dickens to Frederick Evans, 25 September 1849, p. 198.

⁴⁸ Dickens to Frederick Evans, 25 September 1849, p. 198.

⁴⁹ Dickens to Frederick Evans, 25 September 1849, p. 198.

⁵⁰ Dickens to Frederick Evans, 25 September 1849, p. 198.

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Dickens as a healer – and this episode certainly confirms that Dickens thought himself one.

Dickens therefore saw mesmerism as a genuine therapy for recovery from illness, but he also saw it as a method of self-exploration and definition. Kaplan outlines that, from the time that Dickens discovered it, for him ‘mesmerism was a vehicle of self-discovery as well as a tool to explore the nature of the self as a concept and as an active force in determining personality and human relationships’.⁵¹ Indeed, his relationship with Augusta de la Rue, founded on the premise of recovery, was itself ‘a crucial step in the process of self-discovery’⁵² for Dickens. Of course, Dickens’s identity was inextricably tied to his writing, so questions he posed about the ‘nature and the power of self and of mind’⁵³ were ‘not asked with the objective purposefulness of the philosopher or the scientist but as the developing artist asks them, intuitively, in terms of personal experience’.⁵⁴ Mesmerism was a unification of these two aspects – recovery and self-discovery – and meant that Dickens felt ‘not only graced with the healing powers of a doctor in touch with the deepest forces of the universe’, but also ‘like some great magician who specialized in the magic of psychic insight and manipulation’.⁵⁵

Mesmerism matters because it is through this that Dickens’s attention to healing can be observed more closely. Thanks, at least in part, to his interest in mesmerism, and despite any other motives he may have had for pursuing this interest, he paid great attention to the detail and method of bodily recovery

⁵¹ Kaplan, p. 109.

⁵² Kaplan, p. 106.

⁵³ Kaplan, p. 107.

⁵⁴ Kaplan, p. 108.

⁵⁵ Kaplan, p. 138.

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from illness. Indeed, ‘by the 1830s’ Dickens had ‘absorbed mesmerism into his “creative consciousness”’.⁵⁶ Steven Connor notes that there are ‘perhaps only two incidents in Dickens’s work in which mesmerism seems to be represented as something like a literal truth, rather than as a metaphorical suggestion or framework’⁵⁷ – those two being *Oliver Twist* (1837-9) and *The Mystery of Edwin Drood* (1870) – but despite its not being mentioned or used explicitly, that Dickens saw himself as a healer and was explicitly interested in the fate of the body is tied to his relationship with mesmerism, as outlined above. This chapter focuses on this notion of bodily renewal and the healing power that Dickens believed he possessed, and considers how this contributes towards the formulation of the recovery episodes in the novels; he saw himself as a healer in life, and so took on the role of healer in his fictional universe. The chapter also suggests that because Dickens used mesmerism as both a method of recovery of health and as a method of self-discovery, that in his fiction recovery becomes a form of self-discovery. Though this notion of self-discovery is related to the exploration of illness-and-recovery as a form of rebirth, the ‘restored or reconstructed identity’⁵⁸ identified by Bailin, this chapter focuses on the lived, bodily experience of the recoveries specifically, and therefore also the more subjective experience of *self*-discovery and its connection with recovery. Recoveries, in Dickens’s novels, are simultaneously literal returns to health but also metaphorical forms of self-discovery; this self-discovery is then represented through a return to the healthy, active, time-bound, human world. The recoveries back to health bring with them a deep sense of self-discovery and concomitantly revelations about life and love; the recoveries, therefore, become

⁵⁶ Willis and Wynne, p. 2.

⁵⁷ Connor, p. 15.

⁵⁸ Bailin, p. 79.

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epiphanic. This chapter will now explore the two sides of the pattern identified in the recovery episodes of the five novels already outlined – the perception of time, and the unified experience of body – and will demonstrate that this pattern shows these recoveries to be epiphanic, as they bring the characters back to the living world of corporeality and time with new understanding and insight.

The Perception of Time

The very nature of time changed in the nineteenth century. Trish Ferguson outlines this using the illustrative symbolism of ‘Big Ben’, the construction of which was completed in 1859; this clock, in the centre of London, became ‘the focal point of an increasingly disciplinary industrial world of factories, the mail system and transport schedules, all of which was facilitated by the strict observance of the newly developed concept of public time kept by the town clock’.⁵⁹ The ‘transport schedules’ of course indicates the railways, which changed the experience of time in terms of journeying: Wolfgang Schivelbusch explains how the ‘average traveling [*sic*] speed of the early railways in England’ was ‘roughly three times the speed previously achieved by the stagecoaches’.⁶⁰ Therefore,

any given distance is covered in one-third of the customary time:
temporally that distance shrinks to one-third of its former length. In

⁵⁹ Trish Ferguson, ‘Introduction’, *Victorian Time: Technologies, Standardizations, Catastrophes*, ed. Trish Ferguson (New York: Palgrave Macmillan, 2013), pp. 1–15, p. 1.

⁶⁰ Wolfgang Schivelbusch, *The Railway Journey: Trains and Travel in the 19th Century* (Oxford: Basil Blackwell, 1977), p. 41.

early nineteenth-century writings the temporal diminution is expressed mostly in terms of a shrinking of space.⁶¹

Though of course an invention like the railway necessarily had both temporal and spatial effects (existing both in time and physically across the country), this spatial representation of a temporal shrinking perhaps indicates how new and unusual this experience was, that it could not easily be represented in language and a different avenue for expression was sought. Moreover, the railroads removed 'local time' from the regions, thus depriving them of their 'temporal identity', which would have undoubtedly affected the people of these regions in terms of their experience of time: prior to this invention, they had 'individual times', in which 'London time ran four minutes ahead of time in Reading, seven minutes and thirty seconds ahead of Cirencester time, fourteen minutes ahead of Bridgewater time'.⁶² In the 1840s, the railway companies attempted to 'standardize time, while not coordinating their efforts with each other',⁶³ with Greenwich Time 'introduced as the standard time valid on all the lines';⁶⁴ but it was not until 1880 that 'railroad time [became] general standard time in England', since '[a]s the rail network [grew] denser, incorporating more and more regions, the retention of local times [became] untenable'.⁶⁵ The introduction of railway time or standardised time was no straightforward matter, therefore, with nearly half the nineteenth century seeing confusion on the subject. What can be said, however, is that the country became regimented

⁶¹ Schivelbusch, p. 41.

⁶² Schivelbusch, p. 48.

⁶³ Schivelbusch, p. 48.

⁶⁴ Schivelbusch, p. 50.

⁶⁵ Schivelbusch, p. 50.

by time during this period, and time, particularly recognising and keeping to time, became part of the way the country and indeed the world worked.

Downes points out that '[a] social historian coming to Dickens for insights into a society painfully adjusting to the distinctive new tempos of modernity and the growing dominance of clock time will find much arresting material'.⁶⁶ Dickens focuses a great deal on time – memory, clocks, history, experience – across most of his work: Patrick J. Creevy counts 'nearly five hundred' references to time in *Bleak House* alone,⁶⁷ and Downes argues that 'time and its passing, marking, measuring and saving constitutes an unignorable Dickensian preoccupation' which must not be reduced 'in his fiction to a kind of documentary inertness'.⁶⁸ Time is important to Dickens not simply for its requirement as a temporal structure within fiction, but also for what it can represent. John Henry Raleigh explores this idea further, suggesting that Dickens employs two main senses of time: firstly, 'the concrete', that is 'such things as the historical date at which he placed his imaginary events and the actual chronology'; secondly, 'the philosophical', that is 'ideas or concepts regarding the nature of time that appear or play a role in the novels'.⁶⁹ Of this latter, there were many concepts used by Dickens, including 'the inexorability of time', time as river, time as 'the ultimate sage, who knows all things', time as mechanical, and time as fatality,⁷⁰ all of which demonstrate that Dickens uses time not merely as an organisational or chronological device. Philip Rogers examines the use of time in *The Old Curiosity Shop*, arguing that '[h]uman

⁶⁶ Downes, p. 27.

⁶⁷ Patrick J. Creevy, 'In Time and Out: The Tempo of Life in *Bleak House*', *Dickens Studies Annual*, Volume 12 (New York: AMS Press, Inc., 1983), pp. 63–80, p. 63.

⁶⁸ Downes, p. 28.

⁶⁹ John Henry Raleigh, 'Dickens and the Sense of Time', *Nineteenth-Century Fiction* 13.2 (1958), pp. 127–137, p. 127.

⁷⁰ Raleigh, p. 129–131.

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existence [...] is shaped and measured by time', with time presenting the possibility for 'growth as well as ... the inevitability of decay';⁷¹ and Stephen L. Franklin looks at Dickens's use of clocks and timepieces 'to symbolize or heighten various facets of time and change',⁷² arguing that there is 'one central idea' of Dickens's focus on clocks, which is that 'Christian man has no choice but to accept time and to confront its reality'.⁷³ Lastly, Downes argues that Dickens's foregrounding of time is always just what the text in question requires, varying according to context;⁷⁴ he concludes that the overall point of his repeated, contextually dependent, and varied use of time and time-pieces is that 'everyone runs out of time in the end', and therefore that '[o]ne's relationship to time ... discloses one's relationship to life, oneself and the selves around one'.⁷⁵

When it comes to questions of health and illness specifically, however, there are fewer examples of the connection between these aspects and time, though where this has been done it has been both excellent and thorough. Garrett Stewart picks up on details of references to time during the periods of illness in the texts, which I will also examine here, but essentially argues that time is 'curative',⁷⁶ with which I will disagree. His observations exist as comments and asides during broad and detailed explorations of fevers in these novels – such as when he reports, with reference to John Harmon's illness in *Our Mutual Friend*, that '[a]s usual, time is warped, and the 'spaces' between his impressions 'are not pervaded by any idea of time', with 'days, weeks,

⁷¹ Philip Rogers, 'The Dynamics of Time in *The Old Curiosity Shop*', *Nineteenth-Century Fiction* 28.2 (1973), pp. 127–144, p. 127.

⁷² Stephen L. Franklin, 'Dickens and Time: The Clock without Hands', *Dickens Studies Annual*, Volume 4 (Carbondale and Edwardsville: Southern Illinois University Press, 1975), pp. 1–35, p. 2.

⁷³ Franklin, p. 3.

⁷⁴ Downes, p. 29.

⁷⁵ Downes, p. 30.

⁷⁶ Garrett Stewart, *Dickens and the Trials of Imagination* (Cambridge, MA, and London: Harvard University Press, 1974), p. 187.

months, years' being all the same to him"⁷⁷ – whereas I will be focusing closely on these moments where time becomes 'warped' and examining their importance. This section will draw mostly on Downes and Stewart's arguments with reference to the five Dickens novels: I will focus on the recoveries and returns to health from illness and consider how time is treated as part of these recoveries, which also necessitates attention to the illnesses themselves in order to show the contrast between the period of illness and the period of recovery. I will argue that Dickens uses a removal from time, in terms of personal experience of time, to indicate illness and thereby a removal from the world of the living, which was dominated and regulated by time. The return to health is therefore a return to the world of the living, to the world regulated by time – and therefore a return to a regulated personal experience of time, a pattern present across all the texts.

On the level of individual experience, then, illness involves a crisis of time – or rather, a crisis in the perception of time. The perception of time is itself a difficult concept to clarify. J. J. Gibson argues that '[t]here is no such thing as the perception of time, but only the perception of events and locomotions', which occur in 'an environment that is rigid and permanent'.⁷⁸ Gibson suggests that the 'feeling of *now*' comes from 'proprioception,⁷⁹ that is, from the perception of the body of the observer himself as distinguished from his environment'.⁸⁰ I will use this concept – the perception and experience of

⁷⁷ Stewart, *Dickens and the Trials of Imagination*, p. 192, my emphasis.

⁷⁸ J. J. Gibson, 'Events Are Perceivable But Time Is Not', *The Study of Time II: Proceedings of the Second Conference of the International Society for the Study of Time*, ed. J. T. Fraser (New York: Springer-Verlag, 1975), pp. 295–301, p. 295.

⁷⁹ A proprioceptor is defined by the OED as '[a] sensory receptor which responds to stimuli arising within the body, esp. from muscle or nerve tissue'. This creates proprioception, defined by the OED as '[t]he activity of proprioceptors; the perception of the position and movements of the body, esp. as derived from proprioceptors.'

⁸⁰ Gibson, p. 300.

the characters themselves (either from their first-person narration or the third-person narration relating their experience) – to examine how their individual experiences of time alter based on their illness and subsequent return to health. In these narratives of illness and recovery, there appear ruptures in the characters’ experiences of time, in which they are unable to keep accurate track of the passage of time. Downes tells us that keeping and not keeping to time is indicative, in Dickens, of a number of character traits: he points out, for example, that *Bleak House*’s Harold Skimpole ‘is fond of telling people that he has ‘no idea of time’’, and wryly observes that this is ‘the phoney present tense in which all hedonists seek squatting rights’.⁸¹ More broadly, however, ‘obedience to clock time ... can be a marker of geniality, honesty, rigidity, or villainy’:⁸² I would add to this list and argue that ‘health’ is also generally marked by this obedience to (and recognition of) time, as illness is marked by a lack thereof, as I will demonstrate. This is, of course, less of a specific character trait and more of a necessity for characters residing in this regimented world of standardised time. Nonetheless, there is an ‘insistent strain’ within Dickens of the ‘notion of the escape from time’,⁸³ and illness is one example of this escape being achieved.

Esther Summerson’s account of her illness differs from most of the other examples in that her narrative is written in retrospect. She knows, therefore, that she ‘lay ill through several weeks’,⁸⁴ despite the fact that she did not experience time in this way. The actual experience of her illness is a confusion of the experience of time: she refers to ‘that time in my disorder’ in which she was

⁸¹ Downes, p. 23.

⁸² Downes, p. 29.

⁸³ Downes, p. 31.

⁸⁴ Charles Dickens, *Bleak House*, ed. Stephen Gill (1853; Oxford: Oxford University Press, 2008), p. 513. All subsequent references included parenthetically after quotation.

essentially delusional, but acknowledges that ‘it seemed one long night, but I believe there were both nights and days in it’ (513); indeed, Andrew Sanders notes, in a broader discussion about the purpose and track of her illness, that ‘[a]s her delirium increases, she loses a proper sense of time’,⁸⁵ her loss of time increasing proportionally to her illness. This bears similarities to Pip’s experiences in *Great Expectations*, which, like Esther’s narrative, is told retrospectively in the first person. Despite this similarity, his time-bound experience of illness seems to be more present. At the approach of his unspecified fever, Pip lay in his rooms ‘[f]or a day or two’, before ‘one night which appeared of great duration’⁸⁶ which signals the start of his illness. He is aware of little, excepting ‘[t]hat I had a fever and was avoided, that I suffered greatly, that I often lost my reason, *that the time seemed interminable*, that I confounded impossible existences with my own identity’ (457, my emphasis). Furthermore, upon waking and recovering enough to recognise and speak to Joe, Pip questions:

‘How long, dear Joe?’

‘Which you meantersay, Pip, how long have your illness lasted, dear old chap?’

‘Yes, Joe.’

‘It’s the end of May, Pip. To-morrow is the first of June.’ (458)

This underscores Pip’s confusion as to the passage of time during his illness: not only has time seemed ‘interminable’ (457) to him, but he is unaware of how much of it has passed. Contrastingly, while Esther distances herself from the past of her illness, using phrases such as ‘[w]hile I was very ill’ (513), ‘(or so I

⁸⁵ Andrew Sanders, *Charles Dickens: Resurrectionist* (London and Basingstoke: The Macmillan Press, 1982), p. 160.

⁸⁶ Charles Dickens, *Great Expectations*, ed. Margaret Cardwell (1861; London: Vintage, 2008), p. 455–6. All subsequent references included parenthetically after quotation.

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think now)' (514), and '[h]ow well I remember [...]' (515), Pip simultaneously keeps his distance and immerses himself: he declares that 'I knew that [the illness] was coming on me *now*' (455), but also that 'I know of my own remembrance, and did in some sort know at the time' (457). There is a confusion here between the expression of the memory using the past tense, and the immersive recollection of it indicated by the use of the present tense and the word 'now'.

Eugene Wrayburn's period of sickness, though not written retrospectively, bears the hallmarks of those found in *Bleak House* and *Great Expectations*. The narrator of *Our Mutual Friend* clarifies for the reader the actual passage of time in the sick-room: 'two days became three, and the three days became four' (736) and that '[h]ours and hours, days and nights, he remained in this same condition' (739). Eugene, speaking in one of his lucid moments of the attack which rendered him close to death, declares that 'I don't know how long ago it was done, whether weeks, days, or hours. No matter' (739); the aggregation of time matters more to Eugene here than accurately measuring its passing. Later on in the chapter, Eugene questions, when 'sensible', 'How does the time go?' (752). Though brief, these representations of time and the language used to describe them, by the narrator and by Eugene himself, are similar; Eugene's statement, however, is driven by his lack of experience of the passage of time during this period, while the narrator's is presumably to emphasise the seriousness of his injury and the nature of the sick-room.

Similar to this is Arthur Clennam's illness in *Little Dorrit*, in brevity as well as in tone. Now a prisoner of the Marshalsea, Arthur 'felt that his health

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was sinking'⁸⁷ under his ordeal. He succumbs to this illness, '[d]ozing and dreaming, without the power of reckoning time, so that a minute might have been an hour and an hour a minute' (739-40). During one of his delirious dozes, he recovers himself enough to realise that someone has brought him flowers and left them in his cell:

It was not until he had delighted in them for some time, that he wondered who had sent them; and opened his door to ask the woman who must have put them there, how they had come into her hands. But she was gone, and seemed to have been long gone; for the tea she had left for him on the table was cold. (740)

His ability to judge time is necessarily affected by his illness, so that he is unable to judge it in any context, even when he is conscious; that he cannot reckon the time to the extent that he spends so long poring over the flowers that the provider of them has long left serves to further emphasise his confusion regarding the passage of time during his illness. Despite his inability to register the time, he is nevertheless able to tell Little Dorrit truthfully that he has thought of her 'every day, every hour, every minute, since I have been here' (741); he is aware of his own personal perception and experience of time, but this is not in keeping with the actual passage of time around him.

The Old Curiosity Shop is perhaps the most immersive of these examples, not least because of the time devoted in the narrative to the experiences of the waking and recovering character. Richard Swiveller is, very suddenly, 'seized with an alarming illness' and is struck 'with a raging fever' (490). As with the previous examples, particularly Esther and Pip, Dickens

⁸⁷ Charles Dickens, *Little Dorrit*, ed. Harvey Peter Sucksmith (1857; Oxford: Oxford University Press, 2012), p. 738. All subsequent references included parenthetically after quotation.

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dwells on the delirium of the fever in some detail – a mass of long sentences and verbal confusion – before bringing the character back to consciousness. Dick Swiveller awakes ‘[w]ith a sensation of most blissful rest, better than sleep itself and he begins ‘gradually to remember something of these sufferings, *and to think what a long night it had been*, and whether he had not been delirious twice or thrice’ (491, my emphasis). As with the previous examples, Dick has lost the ability to monitor and gauge the passage of time; however, he also binds this confusion with similar confusion about his location and space. As he looks around the room, he notes that it is

The same room certainly, and still by candlelight; but with what unbounded astonishment did he see all those bottles, and basins, and articles of linen airing by the fire, and such-like furniture of a sick chamber—all very clean and neat, but all quite different from anything he had left there, when he went to bed! (491)

His lack of comprehension at having been asleep for more than one evening is inextricably linked to his confusion at the state of his room, and how this change could have come about. His rationale for this change is that he is dreaming: ‘If this is not a dream, I have woke up, by mistake, in an Arabian Night, instead of a London one. But I have no doubt I’m asleep. Not the least’ (492). Even when he has decided that he is in fact awake, ‘that the objects by which he was surrounded were real’ (493), he still concludes that “[i]t’s an Arabian night; that’s what it is, [...] I’m in Damascus or Grand Cairo’ (493). He assumes (deliriously) that it is his location that has altered, when in fact it is time that has made the changes he sees; he believes the change to be spatial and physical, when it is actually temporal.

Upon beginning to piece together the events leading to this situation, Dick does not at first come straight to the question of time, unlike Pip and

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Eugene; he first establishes from the Marchioness ‘that I have been ill’ (493). Upon receiving confirmation, he proceeds then to ask ‘[v]ery ill, Marchioness, have I been?’ (494) to which she responds ‘[d]ead, all but, [...] I never thought you’d get better’ (494). It is only after establishing this that he ‘[inquires] how long he had been there’ (494):

‘Three weeks to-morrow,’ replied the small servant.

‘Three what?’ said Dick.

‘Weeks,’ returned the Marchioness emphatically; ‘three long, slow, weeks.’ (494)

Unlike with Esther and Pip, whose narrations necessitate that they know the durations of their illnesses, and Eugene and Clennam, who never seem to find out or care how long they have been in their respective states, we see the effect of this information on Dick. His shock is clear given his repeat of the Marchioness’s words, and her emphatic repetition, particularly the second time with the addition of ‘long’ and ‘slow’, accentuates both the severity of his illness but also, crucially, how much he has misjudged the duration of his illness. This, cyclically, also suggests the severity of his illness, since it is implied that his delirium produced this confusion. Indeed, the ‘bare thought of having been in such extremity, caused Richard to fall into another silence, and to lie flat down again, at his full length’ (494). Furthermore, his recovery, or at least the beginnings of it, are emphasised by Dickens only a few pages later, when Dick, ‘being indeed fatigued, fell into a slumber, and waking in about half an hour, inquired what time it was’ (496); that it has only been half an hour, and that he comprehends this passage of time upon being informed of it, demonstrates, by contrast with the earlier confusion, that he is on his way towards recovery.

Illness is thereby represented as a departure from the recognition and strictures of time. Recovery, in turn, is represented, though subtly, by the return

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to this recognition and these strictures – specifically through an explicit recognition of the passage of time and the structure of days. Esther speaks of ‘the glorious light coming *every day* more fully and brightly on me’ (514, my emphasis), suggesting a slow but daily progression back towards health, and that she ‘read the letters that my dear wrote to me *every morning and evening*’ (514, my emphasis), implying that these concepts are once again part of her routine. Esther’s resumption of activity, such as ‘the pleasant afternoon when I was raised in bed with pillows for the first time’ (515), is tied to the structure of the day and indicative of the routine of her life prior to the illness. Eugene Wrayburn’s recovery is not depicted in the novel, but it is hinted at after his sickbed marriage to Lizzie Hexam: as they are married, ‘[t]he sun was rising, and his first rays struck into the room as she came back and put her lips to his. ‘I bless the day!’ said Eugene. ‘I bless the day!’ said Lizzie’ (752). Evidently the dawn of the new day is suggestive in itself of recovery, but that Eugene recognises the time and its passage contributes towards this. The rest of the chapter, after this new day has broken, contains further hints of a recovery, with Eugene appearing ‘a little more hopeful’ (753) and ‘rallying more of his old manner than he had ever yet got together (753-4).

Similarly, during his recovery and a return to the recognition of time, Pip ‘looked forward to the day when [he] should go out for a ride’ (461). He recognises the significance of the day being Sunday, and ‘the Sunday bells’ (462) bring him gratitude and peace; and he tells Joe that this time of illness and reunion ‘has been a memorable time for me’ (465). This simple acknowledgement of the differing days and the recognition of the importance of them demonstrate his return to health – though even after this it takes him several ‘days more of recovery’ (467). For Arthur Clennam, the recognition is

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over a much shorter period of time: when Little Dorrit visits him, she stays for the whole day. ‘The shadow moved with the sun, but she never moved from his side, except to wait upon him. The sun went down and she was still there’ (742).

He recovers enough in her presence to recognise this passage of time, and when the bell rings for the end of visiting at the prison, he recognises this enough to ‘[take] her mantle from the wall, and tenderly [wrap] it round her’ (744).

Arthur’s full recovery, in turn, is also characterised by the passage of time; the period of time, however, is specific, and it is implied that Arthur is aware now of the time, meaning that his experience and the actual are once again matched:

On a healthy autumn day, the Marshalsea prisoner, weak but otherwise restored, sat listening to a voice that read to him. On a healthy autumn day; when the golden fields had been reaped and ploughed again, when the summer fruits had ripened and waned, when the green perspectives of hops had been laid low by the busy pickers, when the apples clustering in the orchards were russet, and the berries of the mountain ash were crimson among the yellowing foliage. (794)

Though Dickens does not mention minutes and hours, he is nonetheless specific about the time in a broader context, and connects the health of the day with the ‘restored’ Arthur, and with the season and the implications of time that this brings. That Arthur’s returned health is connected with this time implies that, though still imprisoned, he is aware of the time and the associations of the season. It is perhaps unusual that his recovery is associated with autumn and not spring, as one might predict – but Dickens’s associations are evidently with the productivity of autumn and of the harvest, and of the maturity of the mentioned character existing alongside them; not youthful, but nonetheless productive, useful, and full of life yet. Stewart argues that this, the opening to

the last chapter, demonstrates that '[t]ime has once again become curative';⁸⁸ I would argue instead that the time mentioned, the season of autumn, is emblematic of the cure. Time itself has not cured Arthur, but a return to health occasioned by the nursing of Little Dorrit brings with it a return to the world of regulated time, evidenced by this 'liquidly styled ode to autumn'.⁸⁹

The pressing plot of *The Old Curiosity Shop* effectively interrupts Dick's recovery, and he is plunged into a sense of urgency after the Marchioness's revelation. However, despite this, there are still indications that he is now able to comprehend time again, and base his actions upon this information. He acts 'hastily' (499) and asks the Marchioness to 'retire for a few minutes and see what sort of a night it is' (499), recognising the time of day. Once the Marchioness has returned from her errand to fetch Mr Abel, the two see Dick once again sleeping in the 'dimly-lighted sick chamber' (504), at which she comments '[a]n't it nice to see him lying there so quiet? [...] Oh! you'd say it was, if you had only seen him two or three days ago' (504), which emphasises once more the length of his illness. Crucially, however, after the Marchioness tells her story once more for the benefit of Mr Abel, Dick urges him to action, declaring that '[a]fter this long delay, every minute is an age' (505) and '[i]f you lose another minute looking at me, sir, I'll never forgive you!' (505). This is a reflection on the three weeks that Dick spent ill – his 'long delay' in his sick bed has necessitated that now every minute is precious. Time becomes crucial in his recovery, but rather than merely a recognition of the structures of time, it is compounded by a recognition that his illness has cost them time, and his recovery is therefore required in order to recover this lost time. Regardless of

⁸⁸ Stewart, *Dickens and the Trials of Imagination*, p. 187.

⁸⁹ Stewart, *Dickens and the Trials of Imagination*, p. 186.

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the differences between this novel and the others explored here, this accurate perception of time by Dick certainly still equates to this return to the recognition of time and its importance. The pattern is clear: the return to health, for all these characters, is a return to time, to a correct and regulated personal experience of time as it is experienced in the world, in which such regulated time is crucial.

The Unified Experience of Body

There is simultaneously an enormous emphasis on physicality in these novels, and yet no detail – no physiological detail, no detail of illness or injury, and in most cases the disease or malaise is not even identified or defined. And yet there is an extraordinary emphasis on bodily and corporeal experience, particularly in the cases of Dick Swiveller and Eugene Wrayburn but nonetheless true of all the characters during their illness and recoveries. There is also the permanent consequence and marked bodily transformation of scarring, most notably, of course, of Esther and Eugene. They are branded by the periods of sickness in question, though for very different reasons: Esther displays her moral righteousness, in that she did not leave the sick Jo despite the risk to herself; and Eugene, as discussed with regards to his relationship to Lizzie, requires rescuing from himself and reformation. Miriam Bailin notes that, for Esther, the ‘disfigurement [...] functions as a mark of separation from the shame of [the] past, as well as being the symbolic trace of that shame’,⁹⁰ but this can also be said of Eugene too; while Esther’s shame is her illegitimacy, Eugene’s is his

⁹⁰ Bailin, p. 105.

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‘excessive, unformed, and thus “diseased” desire’.⁹¹ For both of these characters, however, there is the suggestion that the scarring or maiming will not last, which leads us to question why this is the case within the narratives.

I will focus on the bodily experience and bodily confusion that occurs during the recoveries from these illnesses, which, as with the previous section, necessitates some attention to the illnesses in order to provide the contrast between the period of illness and the period of recovery. I will argue that Dickens uses the personal experience of bodily confusion – as if the self and the body have become distanced – to indicate illness, since functioning in the world requires a complete and unified corporeal experience. Similar to the crisis of perception of time, the lived experienced of the characters is distanced from their corporeal reality, and they return to their bodies as they return to time, the world, and their health. The return to health is therefore a return to the world of the living as regulated by a unity between the body and the self, and therefore a return to this unified bodily existence, adhering to the pattern present across the texts.

Pip and Arthur, given the smaller amount of time dedicated to their periods of illness, are the subtlest of the examples. Arthur Clennam feels that ‘his health was sinking’ (738), and a few days later he is ‘settled down in the despondency of low, slow fever’ (739). This fever follows a few days of ‘indescribable suffering’ and anxiety to be out of prison, the seeming-claustrophobia making him feel ‘stifled’ (738), and the fact that this anxiety and physical action ‘[grow] fainter’ and are ‘succeeded’ by a ‘desolate calm’ (739) suggests that his mind is becoming distanced from his body. During his illness

⁹¹ Bailin, p. 104.

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he is 'light of head' and 'conscious [...] of going astray' (739), and, a tiny detail, his 'sense of taste [has] forsaken him' (739), which is when the confusion about the passage of time begins to set in. His body is distanced from his self, and the detail of his unresponsive taste buds is symbolic of this. Little Dorrit's appearance causes him to '[rouse] himself' (740); and the rest of the chapter is figured physically, with 'her hands laid on his breast, [...] and with her knees upon the floor at his feet' (740). As she improves his room and brings food, 'he found himself composed in his chair' (742), and she frequently brings him water and smooths his hair throughout the day – and though not '[steadying] Clennam's trembling voice or hand, or [strengthening] him in his weakness' (742), he is able to speak clearly and persuasively to her, and indeed to walk her down to the exit ('though, but for her visit, he was almost too weak to walk' (745)). Her visit does not cure him, then, but temporarily reunites his body and mind, which illness separated. Pip's bodily confusion centres primarily on his becoming weak and child-like, regressing into the boyish relationship that he had in the past with Joe. He becomes 'little Pip again', 'like a child in [Joe's] hands', 'as if [he] were still the small helpless creature to whom he had so abundantly given the wealth of his great nature' (461). He is genuinely weakened by his illness, but attempts to retain this weak childlikeness even as his strength returns, in an effort to preserve the improved relationship with Joe: in Pip's 'weakness and entire dependence on him, the dear fellow had fallen into the old tone, and called me by the old names' (464), and Pip attempts to maintain this balance by '[pretending] to be weaker than [he] was, and [asking] Joe for his arm' (465). Pip must reject this bodily confusion and return to his natural, adult state of strength and health, but, as discussed above, he succeeds in reconciling this adult state and his relationship with Joe.

As with the theme of time, *The Old Curiosity Shop* explores this immediate bodily confusion more explicitly than the novels already discussed. Upon waking from his delirious three weeks of fever and sleep, Dick happens to raise his hand, and is 'astonished to find how heavy it seemed, and yet how thin and light it really was' (491). His vision is at odds with his experience of his body, understandably both heavy-feeling and thin-looking after three weeks of illness. He feels, however, 'indifferent and happy', and feels 'no curiosity to pursue the subject' (491), which we can presumably attribute to his confusion about the time and his physical location already discussed. Indeed, Dick Swiveller's bodily experience is undoubtedly tied up with his confusion as to time and place, given that it is part and parcel of his conviction that he is dreaming:

'I'm dreaming,' thought Richard, 'that's clear. When I went to bed, *my hands were not made of egg-shells; and now I can almost see through 'em*. If this is not a dream, I have woke up, by mistake, in an Arabian Night, instead of a London one. But I have no doubt I'm asleep. Not the least.' (492, my emphasis)

Dick's vision is doubly at odds with his bodily experience: his perception of his hands is that they are thin and delicate like 'egg-shells', despite this not being the case when he went to bed the previous evening (or so he believes), and is therefore at odds with his anticipated bodily experience; but he also expresses this contradiction as being almost able to 'see through 'em', a visual expression.

His other senses are similarly confused by their expectation and the reality. 'For the purposes of testing his real condition', Dick 'pinched himself in the arm' (492). He declares the results: 'Queerer still! [...] I came to bed rather plump than otherwise, and now there's nothing to lay hold of' (492-3). He then undertakes an 'additional inspection' which convinces him 'that the objects by

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which he was surrounded were real, and that he saw them, beyond all question, with his waking eyes' (493). Once again, Dick's body does not match up to his expectation and, as with his hands, this indicates that he has lost quite some weight. In this state, and despite the immediate physical evidence of the pinch of his arm, Dick sees his body, the time, his physical place, and the details of his surroundings as inextricable, and to be convinced of one he must be convinced of all; this is assisted by his further inspection, and is answered once he begins to question the Marchioness. Indeed, his first two questions to her are to do with his body: 'First of all, will you have the goodness to inform me where I shall find my voice; and secondly, what has become of my flesh?' (493). It is from the Marchioness's answers to these questions, coupled of course with his current bodily experience, that he '[begins] to infer [...] that [he has] been ill' (493). It is telling that he does not experience his body as having been ill: he can recognise it visually as different from what it was and therefore his current expectations, but nonetheless he does not feel it physically. The sheer duration and seriousness of his illness shocks him ('the bare thought ... caused Richard to fall into another silence, and to lie flat down again' (494)), and of course he receives this information only from the Marchioness. In his case then, his body is distanced from him to such a degree that not only is his experience jarring with what his eyes can see, but he requires his nurse to inform him of what his physical experience has been. Even the eventual physical description of him following the illness as a 'wasted face' (505) is provided by the narrator rather than Dick himself.

Eugene Wrayburn is also distanced from his body, but in a very different way to Dick: his body is so wounded and damaged from the attack that nearly killed him, that he is broadly unable to use it. He is described as simply 'a figure

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on the bed' (736), rather than the individual Eugene; furthermore, he is 'swathed and bandaged and bound, lying helpless on its back, with its two useless arms in splints at its sides' (736). The lack of individuality and humanity that began with his being described as 'a figure' is furthered by his being referred to as 'it'. He is 'helpless' and 'useless', and later in the chapter, Lizzie is alarmed by the 'utter helplessness of the wreck of him' (753). In being so broken physically, Eugene no longer has access to his bodily autonomy and thereby identity, a point made more explicitly by Dickens in the same chapter:

Sometimes his eyes were open, sometimes closed. When they were open, there was no meaning in their unwinking stare at one spot straight before them, unless for a moment the brow knitted into a faint expression of anger, or surprise. [...] But in an instant consciousness was gone again, *and no spirit of Eugene was in Eugene's crushed outer form.* (736, my emphasis)

Dickens implies here that when there is consciousness, there is also the 'spirit of Eugene', and presumably this is solely to be found in the moments in which his face expresses some emotion, rather than the more frequent times in which there was 'no meaning' in his eyes. More often than not, however, the 'spirit of Eugene' is not present in the body of Eugene; and the emphasis is placed back on his 'crushed outer form' at the close of the sentence, just as his inner form has departed. In this way, Eugene's body and his 'spirit' are frequently separated by his recurring bouts of unconsciousness. Eugene himself becomes aware of these bouts during his conscious and lucid moments, asking Mortimer to give him some medicine to 'prevent my wandering away I don't know where—for I begin to be sensible that I have just come back, and that I shall lose myself again—' (737), his broken speech representing his broken consciousness and thought patterns.

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As with Dick Swiveller, this condition is connected with the issue of the passage of time, as for '[h]ours and hours, days and nights, [Eugene] remained in this same condition' (739). His period of convalescence is characterised by 'times when he would calmly speak to his friend after a long period of unconsciousness, and would say he was better, and would ask for something' followed immediately by him '[going] again' (739). The descriptions of these times employ similar language to suggest that his spirit and corporeal form are separate entities: his friends frequently find 'that his spirit would glide away again and be lost, in the moment of their joy that it was there' (740), and this 'frequent rising of a drowning man from the deep, to sink again, was dreadful to the beholders' (740). While the image of the drowning man of course conjures to mind Eugene and the other drowned men of the narrative, reminding us of his physically injured body, it also depicts his spirit as one rising to the top and sinking down again, emphasising the disconnection between his body and his spirit. That he is aware of this happening ('I begin to be sensible that I have just come back, and that I shall lose myself again—' (737)) shows that this is also part of his own bodily experience.

Though it seems that Eugene will die, he recovers, and loses the bodily confusion that characterised his sequestration – though he is '[s]adly wan and worn', walks 'resting on his wife's arm, and leaning heavily upon a stick' (811). Despite this weakness, he 'daily [grows] stronger and better' and, particularly interestingly, 'it was declared by the medical attendants that he might not be much disfigured by-and-bye' (811). Given that his disfigurements are never explicitly stated – aside from his 'useless arms' which, given that he uses a stick, we can assume have at least partially recovered –, this begs two questions: firstly, what were his disfigurements, and secondly, how will they disappear?

When used of a body, the word ‘disfigure’ broadly implies cosmetic or surface-level injury: the OED’s citations for this centre around facial injuries or scars. It is possible that the medical attendants refer to his physical limb injuries, and thus he may be able to walk without his wife or his stick in future, but it seems unusual to refer to bodily/limb injury as a disfigurement. Of course, Eugene also has an injury to his head – Bradley Headstone’s attack is seemingly to the former’s head,⁹² given both the ‘bloody face’ (699) that Lizzie spies in the water and Eugene’s own assessment of his ‘thumped head’ (812) – which has presumably resulted in a facial or skull disfigurement of some kind. Indeed, it must be facial, since, in a discussion with Mortimer, Eugene becomes so excited and fervent that a ‘glow ... shone upon him as he spoke the words [which] so irradiated his features, that he looked, for the time, as though he had never been mutilated’ (813). In this case, if his disfigurement is serious enough to prompt death (as the word ‘mutilated’ would seem to indicate), such as a broken skull, how can it change to ‘not be much’ (811); and if his disfigurement is “simply” a swollen, bruised area from a severe beating, surely this would never have resulted in a permanent disfigurement? It may be that Dickens is merely using this as a metaphor for Eugene’s previous aristocratic dissipation and lack of direction, and thus his “disfigurement” will disappear as his character and seriousness improves. I do not find this plausible: the level of bodily injury, though unspecified, nevertheless suggests a specifically physical disfigurement of some kind or other, though we cannot know of what order.

⁹² The attack begins with ‘a dreadful crash’, and Eugene sees ‘flames [shooting] jaggedly across the air, and the moon and stars come bursting from the sky’ (698). He is ‘*under* ... blows that were blinding him and mashing his life’ (698), implying that the blows are coming from above and therefore hitting his head, causing the stars and lights in his vision. He finds that his ‘arms were broken, or he was paralysed’ (698), which certainly explains his broken, ‘useless arms’ (736), but does not exclude the possibility that he has been beaten all over his torso and head.

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Despite his physical mutilation or disfigurement, however, he is certainly recovered from his period in the sick-room: he refers to Lizzie as ‘the preserver of my life’, and attributes his ‘trembling voice’ when speaking on this subject to the fact that he is ‘hardly strong yet’ and ‘not man enough’ (812) to speak of her without trembling. Similarly, when becoming heated in discussing his future life with Lizzie, he declares to Mortimer ‘with a high look’: ‘I can say to you of the healthful music of my pulse what Hamlet said of his. My blood is up, but wholesomely up, when I think of it!’ (812-3). He distinguishes between negative and positive heightened emotions, and assures his surprised friend that ‘this thumped head’ of his is not over-excited (812), merely furious at even the thought that it would be a correct course of action to take himself and Lizzie to ‘one of the colonies’ (812) ‘as if [he] were ashamed of her’ (813). It is interesting to note, too, that the quote from *Hamlet* (1599) to which Dickens refers makes an explicit link between the body’s physical processes and time:

My pulse, as yours, doth temperately keep time,
And makes as healthful music: it is not madness
That I have utter’d: (III. iv. 142-4)

Hamlet tells his mother here that he is assuredly not mad, and that his body is as healthy as hers. Crucially, however, he connects his pulse, the literal embodiment of life, to the concept of keeping time, and uses this as proof of both health and life; a connection and proof that Dickens uses throughout his texts, as I have demonstrated.

Esther, as has been the pattern throughout, experiences a different form of bodily distance and confusion to the other characters. Initially it is figured in a similar way, with the gradual restoration of her strength resulting in the recovery of her body: Esther describes how she would lie

with so strange a calmness, watching what was done for me, as if it were done for someone else whom I was quietly sorry for, I helped it a little, and so on to a little more and much more, until I became useful to myself, and interested, and attached to life again. (514-5)

Esther expresses her feelings about her body as if it were the body of another, and the calmness at the treatment she receives and the language used here is suggestive, anachronistically, of an out-of-body experience, or of the psychological concept of dissociation.⁹³ She speaks of her own body as a separate object ('I helped *it* a little') and thus the conclusion, that she becomes 'attached to life again', suggests that her mind and her body have reunited, literally attached together once more.

Esther also, however, employs this sense of her body as a separate person, 'someone else', as she comes to terms with her newly scarred appearance; she is physically distanced from her body in a way different to the other characters discussed thus far, in that she must reconcile herself to a new appearance, and therefore a new identity. This is all despite the fact that, although '[t]he narrative makes much of Esther's face; the narrative opening focuses on her looking into the face of representation and seeing her doll; her face is scarred by smallpox, and the narrative ends on her face, on Woodcourt's asking her if she "ever look[s] in the glass" to see that she is prettier than she ever was',⁹⁴ Esther also 'glides her way through the book without a single

⁹³ 'According to a recent definition, "dissociation represents a process whereby certain mental functions which are ordinarily integrated with other functions presumably operate in a more compartmentalized or automatic way usually outside the sphere of conscious awareness or memory recall". A similar description of dissociation was given by Pierre Janet a century ago.' See Onno van der Hart and Rutger Horst, 'The Dissociation Theory of Pierre Janet', *Journal of Traumatic Stress* 2.4 (1989), pp. 397-412, p. 397.

⁹⁴ Eleanor Salotto, 'Detecting Esther Summerson's Secrets: Dickens's Bleak House of Representation', *Victorian Literature and Culture* 25.2 (1997), pp. 333-349, p. 338.

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physical description'.⁹⁵ She refers simply to her 'old face' (516), and desire to become 'a little more used to my altered self' (519), this latter quotation demonstrating clearly that she feels her self, her spirit (to borrow from *Our Mutual Friend*), to be altered. She expresses a similar view regarding her potential relationship with Allan Woodcourt, relieved that she does not have to inform him 'that the poor face he had known as mine was quite gone from him, and that I freely released him from his bondage to one whom he had never seen!' (526), entirely separating the two faces as if they belonged to two different people.

Esther's disease is never actually specified. Mary Wilson Carpenter points out that 'Dickens does not name [...] any of the illnesses described in *Bleak House*', but the clues presented 'all point to smallpox'.⁹⁶ Michael S. Gurney notes that it is the scarring that gives us the clearest indication, since

[t]he badge of a smallpox infection, the pockmarked scarring, was quite common in the nineteenth century [...]. Dickens's contemporary readers no doubt recalled images of friends and former beauties marked by smallpox.⁹⁷

We can assume therefore that although Dickens does not specify, the narrative clues would have been more than sufficient for his contemporary readers to gauge the nature of Esther's illness. Furthermore, this disfiguration is never explicitly described, presumably for the same reason. Gurney provides some details to fill in the gaps:

⁹⁵ Fasick, p. 138.

⁹⁶ Mary Wilson Carpenter, *Health, Medicine, and Society in Victorian England* (Santa Barbara, CA: ABC-CLIO, LLC, 2010), p. 92.

⁹⁷ Gurney, p. 85.

The rash and its subsequent scars were more prominent over the extremities and face than the trunk. The scars were deep, four to six millimeters in size, and there was a predilection for lesions to develop over bone prominences or tendons. In the facial area, this included the forehead, bridge of the nose, cheekbone, and the chin. Over the first several months following an infection, the scars became hyperpigmented, further accentuating their presence.⁹⁸

This makes for quite gruesome reading, and a renewed sense of pity for Esther, particularly when we consider the required constant revelation of her ‘new face’ to her friends and acquaintances; indeed, ‘with every public appearance [the smallpox scars] test the courage and resolve of the formerly self-conscious little girl’.⁹⁹ So self-conscious, indeed, that when she looks at her face in the mirror after her illness, and ‘[a]lthough Esther does not mention it’, we realise that ‘this is ... the first time we are to see Esther gazing at herself’.¹⁰⁰

This mirror scene is similarly loaded with the language suggestive of a split between her self and her body, the two different people with different faces. She approaches the veil-covered mirror through a veil of her own long, thick hair, which survived the illness unscathed:

My hair had not been cut off, though it had been in danger more than once. It was long and thick. I let it down, and shook it out, and went up to the glass upon the dressing-table. There was a little muslin curtain drawn across it. I drew it back and stood for a moment looking through such a veil of my own hair that I could see nothing else. Then I put my hair aside, and looked at the reflection in the mirror; encouraged by seeing how placidly it looked at me. I was very much changed—O very, very much. At first, my face was so strange to me, that I think I should have

⁹⁸ Gurney, p. 85-6.

⁹⁹ Gurney, p. 88.

¹⁰⁰ Michie, ‘Who Is This in Pain?’, p. 206.

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put my hands before it and started back, but for the encouragement I have mentioned. Very soon it became more familiar, and then I knew the extent of the alteration in it better than I had done at first. (528)

Once again, Esther refers to her face and herself as 'it', separating her reflection from her own body. Her face is a stranger to her, and she is almost (but not quite) shocked by the change; she notes the degree of change but is encouraged by the familiarity of the 'it' in the mirror to the extent that she does not cover her face and retreat. There is still no actual description of her features: although she can 'imagine "nothing definite" of her disfigurement before she actually views herself in a mirror, ... even then the reader does not see "anything definite"'.¹⁰¹ We do, however, receive a description of her hair, and, as Helena Michie points out, 'its physicality is startling'.¹⁰² Michie also notes that,

[i]mportantly, the description of her hair, this first hint at the contours of Esther's body, occurs *before* she looks in the mirror. Esther, it seems, has known from the beginning what her hair looks and feels like; she needs neither mirror nor mother to reproduce its texture.¹⁰³

Although Esther's hair is, again, not explicitly described, we gain a sense of some pride in her hair; the simple description '[i]t was long and thick' has no obvious indication of merit, and yet these are positive qualities in hair, especially in the nineteenth century. She also seems grateful that it was salvaged from the wreck of her illness, and Michie suggests that she takes comfort in knowing her hair, that she remembers and understands it as a constant through this time of change.

¹⁰¹ Fasick, p. 141.

¹⁰² Michie, 'Who Is This in Pain?', p. 206.

¹⁰³ Michie, 'Who Is This in Pain?', p. 206.

Her hair is therefore part of the same spirit and the same face as previously – it is only her face that is called ‘it’. This new face quickly becomes ‘more familiar’ and she is soon able to chart the alterations, and so we can observe her coming to terms with her changed appearance. She is upset, crying ‘a few not bitter tears’ (528), but seems to be comforted by the fact that she ‘had never been a beauty, and had never thought myself one; but I had been very different from this. It was all gone now’ (528).¹⁰⁴ She continues to refer to her previous looks and her new face as ‘it’, and appears to be as if in mourning for her past appearance. Once she has seen herself, however, she begins to move on, helped in no small measure by the acceptance she receives from Ada, Richard, and Allan Woodcourt, having feared their revulsion. Indeed, as Helena Michie explains, ‘Esther’s first encounters with other characters after the illness serve as a sort of litmus test of their love for her’¹⁰⁵ or, in the words of John Gordon, as a ‘test of virtue’.¹⁰⁶ She believes ‘(wrongly) that her ugliness will take Woodcourt out of her future, and (rightly) that it has made her correspondingly eligible to John Jarndyce’,¹⁰⁷ and it is only later in the text that Woodcourt reveals both that he loves her, and that ‘[her] scarred face was all unchanged to him’ (866).

This ‘unchanged’ face leads us to the question of what happens to Esther’s scars at the end of the novel: it is suggested that Woodcourt’s asking his

¹⁰⁴ John Gordon conducts an in-depth analysis on the question of ‘Is Esther Pretty?’, a question that ‘matters because ... [i]n a Victorian novel, a young woman’s looks are important’. He suggests that the phrase used by Woodcourt, “prettier than you ever were” [begs] the question, “And just how pretty was *that*, pray tell?”. He argues that although ‘[t]he problem is, she *isn’t* prettier than she ever was’, that is not the point: for Esther, “whether or not she ever was pretty is secondary to her need to let us know that in any case she certainly isn’t now’. See John Gordon, *Sensation and Sublimation in Charles Dickens* (New York: Palgrave Macmillan, 2011), p. 174-6.

¹⁰⁵ Helena Michie, ‘From Blood to Law: The Embarrassments of Family in Dickens’, in *Charles Dickens Studies*, eds. John Bowen and Robert L. Patten (Basingstoke: Palgrave Macmillan Ltd., 2006), pp. 131–154, p. 150.

¹⁰⁶ Gordon, p. 123.

¹⁰⁷ Gordon, p. 133.

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wife '[a]nd don't you know that you are prettier than you ever were?' (914) and Esther's closing of her narrative by asserting 'that they can very well do without any beauty in me—even supposing—' (914) are indications that the scars are no longer physically there. There is a divide within criticism as to whether they actually disappear or not, with some critics, such as Eleanor Salotto, referring simply to 'the miraculous disappearance of her scars at the ending of the text',¹⁰⁸ and others such as Robert Douglas-Fairhurst questioning whether this is 'evidence of medical progress or a fairytale transformation', either 'the final example of Dickens dwelling on the romantic side of familiar things, or another form of psychological realism – the idea that Esther seems beautiful to the people who love her?'¹⁰⁹ Indeed, medically speaking, as Gurney explains, after the hyperpigmentation of scars during the 'first several months following an infection', mentioned above,

this pigmentation often faded over the years and scars lost their depth, occasionally to the point of complete disappearance. Consequently, in the last lines of the novel where Esther muses about her appearance, there may well be some truth in Woodcourt's flattery.¹¹⁰

This is corroborated by a letter written by Dickens in 1856, in which he remarked 'of a young woman that "she had the smallpox two or three years ago, and bears the traces of it here and there, by daylight"',¹¹¹ with Gordon slyly commenting, 'that is, not, one infers, by moonlight',¹¹² as Esther is at the moment of Woodcourt's comment.

¹⁰⁸ Salotto, p. 337.

¹⁰⁹ Robert Douglas-Fairhurst, 'Dickens and the Line of Beauty', *The Persistence of Beauty*, Michael O'Neill, Mark Sandy, and Sarah Wootton, eds. (London: Pickering & Chatto, 2015), pp. 31–43, p. 43.

¹¹⁰ Gurney, p. 86.

¹¹¹ Gordon, p. 177.

¹¹² Gordon, p. 177.

Given this medical explanation and Dickens's own experiences, it seems extraordinarily unlikely that Esther's scars have 'miraculously disappeared'; at best they will have faded over time somewhat. The point remains, then, that Esther was and is scarred by her illness. Laura Fasick argues that 'whether or not Esther remains scarred is unimportant because Esther's body itself is unimportant. It is not simply that her soul is the most important thing about her: it is virtually the only thing about her.'¹¹³ Though Fasick is correct in one respect – that is, we gain no physical descriptions of Esther and have no real idea what she even looks like, and essentially all we know of her is her character rather than body – I argue instead that Esther's body is far from unimportant. Nancy Aycock Metz concurs, saying that 'Dickens's choice of a disfiguring illness like smallpox [...] is directly related to his self-conscious efforts to keep the fact of disease visible before us, even after it has run its course, to make it always 'a sight to see'',¹¹⁴ a purpose which keeps Esther's body at the forefront of the narrative even as we gain no information or detail about her appearance, and even as she distances herself from it. And, as Beth Newman tells us, Esther's 'narrative nevertheless insists on her body's presence, materiality, and visibility, for her body is what succumbs to illness, suffers, and is scarred in a crucial turn of the plot'.¹¹⁵ Her constant unveilings, the plot regarding her connection with Lady Dedlock, and the ending of the novel remind us constantly of Esther's scarred appearance and her bodily affliction, making her body far from unimportant. Key to the text and to Esther's story as a whole is that Esther comes to terms with her new face, her new body and appearance, reducing that

¹¹³ Fasick, p. 142.

¹¹⁴ Nancy Aycock Metz, quoted in Gurney, p. 89.

¹¹⁵ Beth Newman, *Subjects on Display: Psychoanalysis, Social Expectation, and Victorian Femininity* (Athens, OH: Ohio University Press, 2004), p. 76.

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distance until it becomes once more simply her face, an experience best expressed as she continues her recovery in Lincolnshire: ‘The air blew as freshly and revivingly upon me as it had ever blown, and the healthy colour came into my new face as it had come into my old one’ (531). Esther reconciles the new and old and takes ownership of both faces (*my new face*), recognising the continuity between the two, and reintroducing her self to her body and face – and similarly acknowledging her full return to health by the presence of the ‘healthy colour’ even in her new and unfamiliar scarred appearance.

Throughout the novels, then, we can see that Dickens uses a subjective experience of bodily confusion, in which the body is distanced from the inner self, to represent illness, and a corresponding return to unity of the body and the spirit to represent the return to health. The return to health brings with it a return to physical action – be it Dick’s urgency to save Kit, Esther’s determination to complete her recovery away from Bleak House, or Eugene simply going to visit his friends – that characterises the world of the living. The characters must return to their bodies in health, in order to return to the world.

Conclusion

This chapter has argued that there is a clear pattern across the recovery episodes of Dickens’s novels, explored in five of those works spanning a twenty-five year period. This pattern sees illness as a removal from both the regulated experience of time and a sense of bodily and self-unity. Correspondingly, once the characters recover, or begin to recover, they return to that world of regulated time, in which they can understand the passage of time and match their personal experience of it to reality; and they reunite their body and self, and

return to a complete and accurate subjective bodily experience. The beginnings of the recoveries back to health are, therefore, also the first ‘stage [...] of order and restored relation’.¹¹⁶ Through exploring these episodes in detail, I have demonstrated that while these aspects may be figured differently in the different texts, they are nonetheless demonstrable and noticeable, and this is made more evident and explicit by drawing together the individual episodes from a number of texts.

This subjective and bodily personal experience and the idea of the unity of the body and the self are all related to the idea of self-discovery that was so important to Dickens, both personally and in his fiction. Dickens’s amalgamation of the ideas of recovery from illness and self-discovery demonstrates that he saw the two as connected; that a recovery can simultaneously be a form of self-discovery, perfectly coinciding with a return back to a world in which knowledge of the self is prized, if not necessary. These recoveries promote an epiphany of knowledge of the self – either emotionally with regards to relationships, or more literally with regards to subjective bodily experience of both time and the body itself. Once health is recovered, therefore, there is always gain –in the form of corporeal unity and the awareness and acceptance of the body, in the form of sharpened insight of time, priorities, urgency, and, alongside these, in the form of new or repaired relationships. The recoveries are, therefore, not merely returns to the world of time and health; they are returns to this world, in which you return with more than you departed with. The characters are healthier for having lost their health.

¹¹⁶ Bailin, p. 82.

Conclusion

Conclusion:

The sign of health is no longer Unconsciousness?

This thesis has opened out some of the multiple, subtle meanings of health in the literature and culture of the mid-nineteenth century. The investigation has been exploratory in nature, in the hope of providing a detailed outline of some of the observable meanings of health in Victorian fiction while not seeking to arrive at a comprehensive analysis that would rule out further such lines of literary interpretation. The thesis has laid a piece of groundwork for the potential further study of health in literature of the period.

Chapter one explored the vulnerability and instability of health in Gaskell's *Wives and Daughters*, looking specifically at the falls from health of Osborne Hamley and Molly Gibson, and at the transitions in medical and scientific knowledge and terminology from the eighteenth into the early- and mid-nineteenth centuries. It argued that, through charting these changes on the bodies of Osborne and Molly and on the work of Mr Gibson, Gaskell demonstrates the effect of the huge societal changes on the experience of those living through this transitional period, and how these changes affected the wider cultural representation and construction of health. Chapter two examined the relationship between health, morality, and power in Anne Brontë's *The Tenant of Wildfell Hall* and Emily Brontë's *Wuthering Heights*. Through a consideration of the relationship between these three aspects, with particular regard to Arthur and Helen Huntingdon and Heathcliff, this chapter argued that, though to hold structural and societal power one does not require or depend on health, ill-health, morality, or immorality, any attempt at resistance of those power structures requires health. It concluded, therefore, that Helen

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Huntingdon and Heathcliff, though entirely dissimilar characters in all other respects, are united in their requirement for health in order to resist their oppressors.

Chapter three looked at health, vitality, and morbidity in Eliot's *Middlemarch*, in particular the actual, perceived, and lived experience of health of Dorothea Brooke, Casaubon, and Featherstone. Through an examination of the concepts of vitality and morbidity expressed in these bodies, alongside Eliot's thoughts on the relationship between the mind and body, and that between humanity, health, life, and death, this chapter argued that Eliot complicates the perceived relationships between these concepts, showing that healthy bodies can be morbid and ill ones vital, and thereby highlighting the universalising human relationship with death. Chapter four considered the idea of health as a performance in Gaskell's *North and South*. After exploring both contemporaneous and recent performance theory, it looked at Margaret Hale's performance of health, particularly the signs that constitute visible symbols of health, the observation and reception of these signs, and whether Margaret's performance constitutes deceit. The chapter argued that Margaret's performance is not necessarily deceitful, but that the effectiveness of her performance means that the body is not legible, as it was often assumed to be; although Margaret's performance becomes a kind of truth, her underlying bodily experience is not visible through her body due to her skilled performance of health.

Chapter five explored the relationship between health, action, and occupation in Charlotte Brontë's *Shirley*. It considered the return to health of Caroline Helstone, through the lens of her lack of occupation as a middle-class woman, looking particularly at the options and examples presented to her in the

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text, the nature of a lifespan to be occupied, and the mutual relationship between health and action explored in the text. The chapter argued that action and health are required for each other, and, moreover, that both are required to allow a meaningful and fulfilled life. Chapter six, adopting a somewhat broader canvas, examined the pattern of recovery across five novels by Dickens: *The Old Curiosity Shop*, *Bleak House*, *Little Dorrit*, *Great Expectations*, and *Our Mutual Friend*. Through an exploration of a single episode from each text, the chapter identified a pattern across the five recovery episodes, with the two aspects of the perception of time and the unified experience of body, viewed through the frame of Dickens's belief in himself as a healer through his deep interest in mesmerism. The chapter then concluded that the pattern across these recovery episodes is symbolic of a return to the living world of corporeality structured by time, from which the characters were removed by illness, and that this literal recovery and metaphorical return is itself emblematic of self-discovery for the characters.

This study has therefore taken a step towards redressing the balance in favour of the overlooked, healthy bodies in these texts, examining incidences of illness only in the service of deepening our understanding of this seemingly self-evident category of experience. It has demonstrated that health has a range of meanings and significances, some of which have been explored here, and, through engagement with other writers and texts of the period alongside the novels themselves, it has shown how these fictional representations reflect on and respond to the culture of health in the mid-nineteenth century. I hope to have demonstrated that narrative health is worthy of study in order to begin to establish the importance of health in the nineteenth century; it is my belief that in attempting to isolate health from illness, we are better able to see the ideas of

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prevention, maintenance, gain, and the construction of health represented in the fiction.

The Victorians, overall, both in fiction and more generally, considered health to be more than simply the absence of disease, although this was certainly a part of their idea of health. The definition proposed by Haley, comprising ideas taken from writers of the period, suggested that health involved 'growth and development', harmony of operation, at the behest of 'vital energy', 'moral will', or both, with the results of 'capability', 'useful ... labour', and a feeling of 'wholeness'. Health for the people of the nineteenth century was being able to undertake action, of whatever sort, and to live a long, moral, and meaningful life. The healthy body figured so insistently in Victorian culture precisely because it figured equally in the culture as a thing to be coveted, worked at, and protected, to which the ranges of health manuals and advertising throughout the period are testament. In the novels considered here, then, the healthy body was used not only to explore the issues I have addressed in the body of the thesis – ideas such as bodily vitality, or performing health – but also to represent and depict, within the specific context of the novel, attributes that could otherwise not be articulated; Shirley Keeldar's health, for instance, signifies something entirely different to that of Roger Hamley. The healthy body in fiction also spoke to the fears surrounding it in culture; not only the practical vulnerability of health and the risks of illness prevalent at the time, but also fears based on bodily integrity, such as Margaret's bodily duplicity contrasting with her integrity, or Heathcliff's continued health and strength in spite of his immorality. Similarly, the novels respond to the ideas surrounding the maintenance of health in the nineteenth century by exploring both maintenance and loss of health, as a point of comparison, but also by presenting alternative

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narratives in which health cannot be easily or simply maintained.

Overall, the thesis sought to answer the question of how the insistent figuration and fictional depiction of health in the mid-nineteenth century both represented and contributed to contemporary ideas surrounding the meaning, importance, and significance of bodily health. The fictional representation of health in these novels both considered and responded to the debates and developments that were occurring throughout the century. The authors themselves often engaged directly with both the material – such as the Brontës with their copy of Graham’s *Modern Domestic Medicine*, or Eliot with writers such as Huxley and Lewes – and with the realities of health maintenance, or lack thereof, in their own lives – such as Eliot’s frequent illness, Dickens’s practice of mesmeric healing, or Charlotte Brontë coping with the death of her siblings. Each author used health for different means and had their differing conceptions of what health meant to them, and what it meant for any given novel; the context of these health explorations changes with each author, each text, each world. Health is not static, even among the same author’s works, and their creations and depictions of health were then received into the culture that helped to produce them. Health, its protection, improvement, and recovery, was accorded such importance in the nineteenth century that it was almost unavoidable that the fiction of the same time would consider, absorb, use, and respond to the numerous meanings, the importance, and the significance of bodily health. In these novels of the mid-nineteenth century, the ‘sign of health’ was far from being ‘Unconsciousness’.¹

¹ Thomas Carlyle, ‘Characteristics’, *The Edinburgh Review*, vol. 54 (1831), n.p..

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