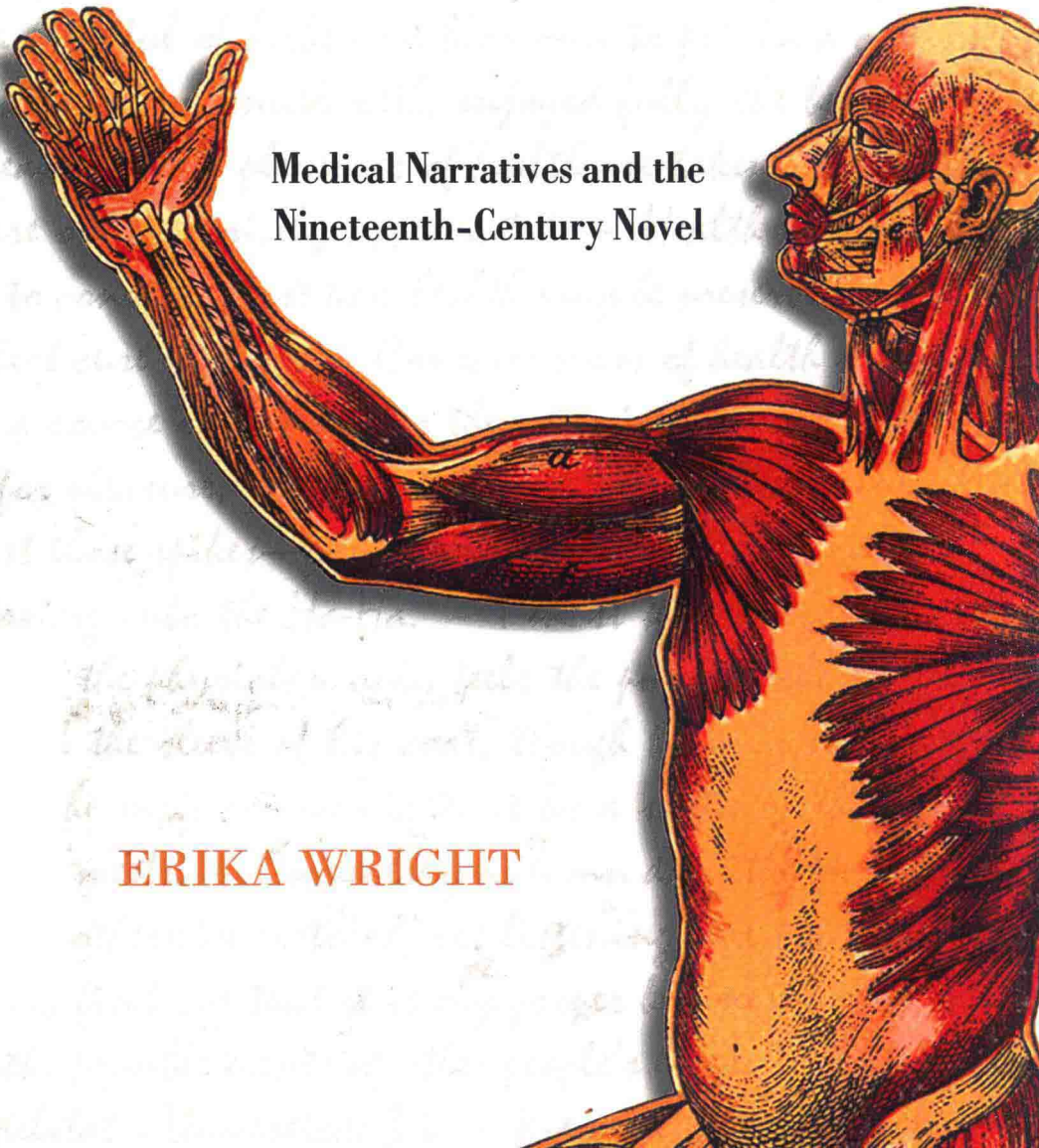


Reading for Health

**Medical Narratives and the
Nineteenth-Century Novel**

ERIKA WRIGHT



Reading for Health

**Medical Narratives and the
Nineteenth-Century Novel**

Erika Wright

OHIO UNIVERSITY PRESS ATHENS, OHIO

Ohio University Press, Athens, Ohio 45701
ohioswallow.com
© 2016 by Ohio University Press
All rights reserved

To obtain permission to quote, reprint, or otherwise reproduce or distribute material from Ohio University Press publications, please contact our rights and permissions department at (740) 593-1154 or (740) 593-4536 (fax).

Printed in the United States of America
Ohio University Press books are printed on acid-free paper ©™

26 25 24 23 22 21 20 19 18 17 16 5 4 3 2 1

Library of Congress Cataloging-in-Publication Data

Names: Wright, Erika, 1970– author.

Title: Reading for health : medical narratives and the nineteenth-century novel / Erika Wright.

Description: Athens, Ohio : Ohio University Press, [2016] | Series: Series in Victorian studies | Includes bibliographical references and index.

Identifiers: LCCN 2015041247 | ISBN 9780821422243 (hc : alk. paper) | ISBN 9780821445631 (pdf)

Subjects: LCSH: English fiction—19th century—History and criticism. | Literature and medicine—Great Britain—History—19th century. | Medicine in literature.

Classification: LCC PR878.M42 W75 2016 | DDC 823/.8093561—dc23

LC record available at <http://lcn.loc.gov/2015041247>

READING FOR HEALTH

Series in Victorian Studies

Joseph McLaughlin, series editor

Katherine D. Harris, *Forget Me Not: The Rise of the British Literary Annual, 1823–1835*

Rebecca Rainof, *The Victorian Novel of Adulthood: Plot and Purgatory in Fictions of Maturity*

Erika Wright, *Reading for Health: Medical Narratives and the Nineteenth-Century Novel*

Daniel Bivona and Marlene Tromp, editors, *Culture and Money in the Nineteenth Century: Abstracting Economics*

For Ted and Devin

Acknowledgments

Like staying healthy, writing a book takes sustained effort and tremendous discipline. And when that fails, it takes a little luck and a lot of outside support. I am grateful for the opportunity to thank the many people whose advice, encouragement, and humor appear in the pages of this book. My first debt of gratitude goes to Hilary Schor, who devoted countless hours and attention to my work, challenging me to read and think more deeply and inspiring me to write with passion and conviction. Her words and influence are present throughout this book. I want to thank Jim Kincaid for guiding me with his wit and unconventional wisdom, both of which broadened my understanding of Victorian culture and altered my conception of our own. For her insight and encouragement, I offer my sincerest gratitude to Emily Anderson. Our numerous conversations allowed me to see more clearly my vision for this project. Meg Russett read (and reread) the manuscript, offering guidance that helped me clarify my aims and assert my authority. I am grateful to Jonathan Grossman, who, at a crucial moment, transformed my thinking about the book, allowing me to understand the larger stakes of the story I was trying to tell. My heartfelt thanks must go to Joe Boone. His brilliance, friendship, and, above all, unwavering confidence in this project sustained me throughout this process.

I am fortunate to have a strong and extended network of friends, family, and colleagues who have supported me (personally and professionally) along the way. John Jordan, Philippa Levine, Theresa Mangum, Tania Modleski, Susan Zeiger, and the whole cast of The Dickens Universe provided valuable advice early on when I was

still figuring out what to make of illness and health in the Victorian novel. For their thoughtful comments on dissertation chapters, conference papers, book proposals, and manuscript drafts, and for making me laugh, I want to thank Michael Blackie, Leslie Bruce, David Namie, Pamela Schaff, Jeff Solomon, Kathryn Strong Hansen, Alice Villaseñor, and Annalisa Zox-Weaver. I am especially grateful to Beth Callaghan for always being a thoughtful reader and listener, and to Becky Woomer for knowing just what to say and how best to say it. Their scholarly advice and parenting wisdom have served me well. To my mother, Kristin Wright, I owe perhaps the most for always seeing the best in what I do.

The funding I received from the University of Southern California's English Department and Gender Studies Department, the Marta Feuchtwanger Foundation, the Philadelphia College of Physicians, and the Huntington Library provided me with the time and resources to research and complete this project. It has been a great pleasure to work with Joseph McLaughlin, Rick Huard, Nancy Basmajian, and Sally Bennett Boyington at Ohio University Press. I am also indebted to Pamela Gilbert for her support of this book and for her scholarship, which has greatly influenced my thinking about Victorian health. I truly appreciate the careful consideration of the anonymous reader of the manuscript and the reader for *Studies in the Novel*, where a portion of chapter 1 first appeared as pages 377–94 in volume 42, no. 4 (2010) and is reprinted with permission by Johns Hopkins University Press.

Finally, the book would not be half as meaningful to me without the love and companionship of Ted Johnson, who has been part of this project from the beginning, and Devin Johnson, who came along at just the right time. I dedicate this book to them. They have enriched my own story beyond measure.

Contents

Acknowledgments	ix
Introduction: Becoming Patient Readers	I
<u>Part One: Domestication</u>	
Chapter One: Jane Austen's Plots of Prevention	23
Chapter Two: Health, Identity, and Narrative Authority in <i>Jane Eyre</i>	55
<u>Part Two: Isolation</u>	
Chapter Three: Quarantine, Social Theory, and <i>Little Dorrit</i>	79
Chapter Four: The Omniscience of Invalidism: The Case of Harriet Martineau	112
<u>Part Three: Professionalization</u>	
Chapter Five: Narrative Competence and the Family Doctor in Gaskell's <i>Wives and Daughters</i>	139
Afterword: Health in Narrative Medicine	180
Notes	185
Bibliography	213
Index	225

Introduction

Becoming Patient Readers

In modern stories prepared for more refined or fastidious audiences than those of [Charles] Dickens, the funereal excitement is obtained, for the most part, not by the infliction of violent or—disgusting death; but in the suspense, the pathos, and the more or less by all felt, and recognized, phenomena of the sick-room. The temptation, to weak writers, of this order of subject is especially great, because the study of it from the living—or dying—model is so easy, and to many has been the most impressive part of their own personal experience.

—John Ruskin, “Fiction, Fair and Foul” (1880)

The pleasures of health are taken as a matter of course, and are only passively appreciated.

—Alexander Shand, “The Pleasures of Sickness” (1889)

Readers of Victorian novels will likely appreciate John Ruskin’s critique of “modern stories.” Disease and death are everywhere in nineteenth-century novels. Imagine Charles Dickens’s *Bleak House* (1853) without Esther Summerson’s delirium or the fetid atmosphere of Tom-All-Alone’s, Charlotte Brontë’s *Jane Eyre* (1847) without a young Jane clutching a dead Helen Burns, or

an Elizabeth Gaskell novel without industrial illness—whether Mary Barton’s inanition or the fluff in little Bessy’s lungs. For many scholars, the Victorian novel would not be *Victorian* without illness.¹ As Miriam Bailin observes in *The Sickroom in Victorian Fiction: The Art of Being Ill*, “There is scarcely a Victorian fictional narrative without its ailing protagonist, its depiction of a sojourn in the sickroom.”² But for Ruskin, these “sojourns” are morally and aesthetically suspect—the mark of a lazy writer. Not only do such scenes cater to the reader’s baser instincts,³ but they also, perhaps more damningly, take minimal effort and almost no talent to depict. “Few authors of second or third rate genius,” Ruskin argues, “can either record or invent a probable conversation in ordinary life; but few, on the other hand, are so destitute of observant faculty as to be unable to chronicle the broken syllables and languid movements of an invalid” (*Works*, 274).

Disappointed by what he saw as an unfortunate dependence on the morbid and the pathological in the fiction of his day, Ruskin called for a return to a healthier literature, one in which the death toll is kept at a minimum, the sickroom scene is understated or absent, and the characters are not so morally repugnant. Ruskin identifies the various deaths in Dickens’s *Bleak House* and the unredeemable characters in George Eliot’s *Mill on the Floss* (1860) as particularly objectionable. By way of contrast, Sir Walter Scott’s novels—which as Ruskin notes favor “character[s] of a highly virtuous and lofty stamp” (*Works*, 285), “landscape[s] [that are] rich” (378), intricately woven plots, and a laudable purpose, which is to “study the effects of true and false religion on conduct” (381)—exemplify the “healthy and helpful literature” (376) for which Ruskin was nostalgic. But even Scott was not completely immune to the allure of sickbeds. Ruskin cites *St. Ronan’s Well* (1824), *The Fair Maid of Perth* (1828), and *Castle Dangerous* (1832), which were written during the period of illness before Scott’s death,⁴ as having sunk “into fellowship with the normal disease which festers throughout the whole body of our lower fictitious literature” (276). Disease, for Ruskin, was literal and metaphorical—the one often sliding into

the other. Although a writer need not be unhealthy to write sick literature, those who suffer from actual illnesses are presumably more likely to succumb to the reading public's prurient desire for "vice and gloom" (276) and to feature an array of diseased characters and insalubrious situations. "No good is ever done to society," Ruskin explains, "by the pictorial representation of its diseases" (376).

Ruskin was not the only critic who thought about literature this way. As Bruce Haley points out in his seminal study *The Healthy Body and Victorian Culture*, "The Victorian critic believed that he should diagnose a work, looking for signs of disease or soundness, then looking further for causes of the disclosed condition."⁵ For example, when Thomas Carlyle writes about Rousseau in 1841, he claims that Rousseau's "books[,] like himself, are what I call unhealthy; not the good sort of Book."⁶ In his 1858 analysis of Scott's Waverley novels, Walter Bagehot implies—as Ruskin would much later—that the author's experience with literal health was somehow integral to literary form, particularly when it comes to depicting monstrous or "anomalous" characters. Bagehot lauds Scott's superior skills of characterization, claiming, "A writer must have sympathy with health before he can show us how and where and to what extent that which is unhealthy deviates from it."⁷

Literary criticism that aligns the author's mental, physical, and moral health with the metaphorical soundness of his text—though common enough during the nineteenth century—represents a type of evaluative and biographical analysis that has largely fallen out of favor. Twentieth- and twenty-first-century scholars are much less inclined to make claims about the role that an author's health plays in the value of his or her work.⁸ But in turning away from such health claims, we have, I suggest, 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.

Ruskin suggests in the above epigraph that illness is "impressive"—that one's experience with illness makes an impression on her life in a way that the experience of health cannot. Narratively

speaking, health functions as little more than an addendum to the story of illness; it becomes simply a charming (or annoying) resolution, an innocuous character trait, or a pernicious metaphor for all that is right and good. In "Pathologizing the Victorians," Kirstie Blair comments on the scholarly interest in disease at the 2000 Victorian Institute Conference on Victorian illness, health, and medicine, observing, "Almost every speaker focuse[d] on illness rather than health" and "Pathology has been the focus of Victorian criticism for some time."⁹ Medical historian Roger Cooter makes a similar point in a 2003 review for *Victorian Studies*: "Corporeality and pathology have become obligatory points of passage in the study of Victorian society and culture."¹⁰ Over a decade later, this preoccupation is still largely the case,¹¹ for although we may be somewhat less interested than the Victorians in judging a novel based on how the writer felt as she wrote, we continue to ask why sickness is so pervasive and what exactly disease means in Victorian novels and to the Victorians themselves.¹²

My reading of the Victorian novel draws from these two critical modes: first, the current scholarly interest in disease, and second, the nineteenth-century call for "healthy literature." I am sympathetic to our persistent fascination in Victorian studies with the pathological, and I am inspired by the methods recent scholars have used to articulate the social, political, and narrative implications of illness. But I am equally intrigued by Ruskin's frustration with the ample material Victorian writers left us. I do not aim, as Ruskin did, to condemn the Victorian writers' gratuitous use of illness, nor do I want to use sickness as a barometer for evaluating their characters. I do, however, want to ask, "Why always disease?" In asking this question, I want to suggest that health is an epistemological problem and that nineteenth-century narratives register, through both their form and their content, the difficulty of knowing what health is, how to preserve it, and whose is best.¹³ These questions are made explicit in the periodical press, in government pamphlets, and in memoirs, and are implicit as well as explicit in novels.¹⁴

One reason for the critical interest in disease, of course, is that disease and illness are medically and narratively more interesting than health. To use Ruskin's term, illness is "impressive," whereas health is, as Alexander Shand notes in the second epigraph to this introduction, a "matter of course," only "passively appreciated." Health is, in other words, a nonstory. Like Athena Vrettos, who points out in *Somatic Fictions* (1995) that "[t]o be ill is to produce narrative,"¹⁵ John Wiltshire surmises in his work on Jane Austen, "If the healthy body is largely passive, unconscious of itself, then the unhealthy body, as a site of anxious self-concentration, is the source of events, of narrative energies."¹⁶ For the doctor, illness is a problem *to solve*; it must be diagnosed, treated, and cured. For the patient, illness is an obstacle *to overcome* or perhaps a punishment for sin. Indeed, illness forces 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 condition that incites narrative, but it is certainly not what keeps the story going.

Robert James's definition of health in his three-volume *A Medicinal Dictionary* (1743–45)¹⁷ attests to the unconsciousness that attends health: the body is in a "sound state," he explains, when "nothing is wanting" (lxvi). James depicts health as a negation or an absence ("nothing is wanting") rather than an affirmation or presence (that is, "every need is met"). Borrowing from D. A. Miller, whose work has greatly influenced this book, we might describe health as the nonnarratable state of "quiescence assumed by a novel before the beginning and supposedly *recovered* by it at the end."¹⁸ But even here, we can see just how pervasive the disease narrative is, for the very form of the traditional novel and the language we use to theorize it rely on a reading of crisis and recovery that imagines health as the end or beginning, as absence of action. After all, since its rise in the eighteenth century, the novel has persistently trained its readers to expect conflict and resolution, mysteries and

solutions, a beginning that moves (but not too quickly) toward an end. The endings of eighteenth-century texts, such as Charlotte Lennox's *Female Quixote* (1752) and Tobias Smollett's *The Expedition of Humphrey Clinker* (1771), for example, spectacularly showcase cure from illness as the desired and achievable goal.

In this book, I consider the effort (and, as the medical advice warns, it takes effort) that goes into reading for health. I identify a model of reading that interprets health as more than a point of entry or of departure—as more than something to be “passively appreciated.” The novels of Jane Austen, Charlotte Brontë, Harriet Martineau, Charles Dickens, and Elizabeth Gaskell—novels that prominently feature invalids and their doctors, contagions and fevers, sicknesses and cures—provide lessons not only in how to be healthy but also in how to read for health. Whereas a study such as Haley's offers insight into the former, this book seeks to broaden our understanding of the latter by exploring the difficulty of replacing the familiar narrative arc of prelude, crisis, and cure (which I refer to as *therapeutic*) with one centered on more-static models of maintenance and prevention (what I am calling *hygienic*). The novelists and medical advisers featured in the following chapters demonstrate that health has a narrative of its own, one that complements even as it complicates the linearity of the disease-cure model. Through cautionary tales and secondary narratives and characters, the writers I study provide strategies for reading others and the environment for hygienic purposes. Reading for health's narrative challenges our sense of order and temporality, setting and metaphor, point of view and voice. It means reading for what has largely remained unread.

Physicians have long registered their concern about society's passive appreciation of health. In *The Code of Health and Longevity* (1807), Sir John Sinclair laments, “People seldom attend to their health till it be too late. They scarcely ever think of it till they are seriously impaired.”¹⁹ The year before, Thomas Beddoes supposed

in his *Manual of Health* (1806) that “could you but once lead the public to suspect that health may be SOMEWHAT OF AN ACCOMPLISHMENT, they would then, I think, cultivate it uninterruptedly without grudging, and not dismiss it as shortly as they can, like an importunate creditor.”²⁰ By the end of the century, James Hinton was still warning readers in *Thoughts on Health* (1871), “The time for unconscious fulfillment of the laws of health has practically past. We must either know or suffer.”²¹ These criticisms recur in numerous medical and nonmedical texts throughout the eighteenth and nineteenth centuries, a time during which handbooks such as these rose in popularity and accessibility. The 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.²² The mass of material during this period also registers an epistemological anxiety about the possibility of ever truly knowing health. Victorian surgeon John Milner Fothergill captures this concern when he exclaims in the introduction to *The Maintenance of Health* (1874), “Health! What is it? And how is it maintained?”²³ Health is both something we can assert emphatically (“Health!”) and something that remains a mystery (“What is it?”).

An entire industry was dedicated (and still is) to answering Fothergill’s questions and to helping readers solve the mystery of health, which was often imagined in vague yet alluring terms. Fothergill claims that health is the “balance betwixt the various parts of the organism” (1), whereas Hinton declares that it involves being in “harmony with the ceaseless activities of nature” (*Thoughts*, 333). Such a view of health explains why it is easy to ignore and why it seems to fail as a model for narrative. Health is or should be unremarkable: “[N]o man is truly healthy,” Hinton claims, “who is thinking about his health” (332). We might think here of Aristotle’s conception of tragedy; his emphasis on catastrophe and the consequent catharsis (purification) as offering an early articulation of this critical investment in crisis and cure. But even Hinton’s

definition of health's congruence signifies its narrative potential: health "exists in ceaseless adaptation to all the infinite variety of nature—ever the same, yet ever new. . . . Health knows no *monotony*" (333, emphasis added). Such claims allow us to interpret health as largely a process, a movement, or an act of loss or gain—in short, as narrative.

The desire to foreground health's narratability—to make it legible—has been central to medical advice since antiquity. As Greek physician and philosopher Galen explains, health is part one of a two-part story: "Since, both in importance and in time, health precedes disease, so we ought to consider first how health may be preserved, and then how one may best cure disease."²⁴ P. N. Singer notes in the introduction to his translation of *Galen: Selected Works* that doctors, such as Galen, were part of the Roman elites' "daily entourage" and that health was, since at least "Hippocratic times[. . . something which involve[d] certain types of constant, daily practice for its maintenance."²⁵ The advice Galen and subsequent medical writers offer distinguishes between health and disease, between the "daily practice" and the temporary treatment. "Whereas the science concerned with the human body is one," Galen notes, "its foremost and largest subdivisions are two: one of these is called hygiene, the other therapeutics, differing in their respective functions, the former being concerned to maintain, the latter to modify, the condition of the body."²⁶

Galen's demarcation between hygiene and therapeutics, as well as the format of his medical advice, persisted with surprisingly little alteration—given the changes in medical knowledge—well into the nineteenth century. The concern that medical writers express about their readers' inability to recognize health did not originate in the nineteenth century, and it certainly did not end there; but the availability of written material on the subject, the developments in medicine, and the vastness of the reading public converged during the nineteenth century to make it a period of intense debate about health, particularly in terms of the two categories of