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Illness and Nursing in the Brontë Narratives

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by

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Summary of Thesis submitted for PhD degree

by Akiko KAWASAKI

on

Illness and Nursing in the Brontë Narratives

This thesis investigates from narratological and historical perspectives how illness paradoxically enriches the narratives of the Brontë sisters and how the three writers actively and creatively employed illness as a source of their literary imagination despite their forced passivity in the face of real illness experience. The first part of this thesis focuses on illness and explores it in three directions: literary style, plot, and narrative. Chapter 1 shows how illness can be represented in two opposing tones, those of the romantic and the real and traces the process of the evolution of Charlotte Brontë's literary style from free romanticism into self-conscious realism. Chapter 2 first analyses how, as the major 'narrative desire', illness initiates, develops and ends the plot of the Brontës' seven published novels and then considers the 'reportability' of illness-related events. Chapter 3 takes up the old question as to whether Nelly Dean of *Wuthering Heights* is a reliable narrator and contends that, as long as illness is perceived ambiguously, one can produce endless arbitrary interpretations of those who narrate illness-related events. The second part of this thesis deals with one of the dominant themes of the Brontës' illness narratives: nursing. Chapter 4 considers the context of the Brontë sickroom scenes and looks at how the contemporary extensive notion of nursing is related to mothering. Assuming that mothering, or nursing by a maternal figure, is what the Brontë protagonists lack and seek for in the development of

the plots, the following four chapters examine variations on the quest for the mother in *Jane Eyre*, *Shirley*, *Villette*, *Agnes Grey* and *The Tenant of Wildfell Hall*.

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Abbreviations

- AG* Anne Brontë, *Agnes Grey*, edited and with an introduction and notes by Angeline Goreau (London: Penguin, 1988)
- FN* Charlotte Brontë, *Five Novellettes*, transcribed from the original manuscripts and edited by Winifred Gérin (London: The Folio Press, 1971)
- J* *The Juvenilia of Jane Austen and Charlotte Brontë*, ed. Frances Beer (London: Penguin, 1986)
- JE* Charlotte Brontë, *Jane Eyre*, ed. Margaret Smith, with an introduction and revised notes by Sally Shuttleworth (Oxford: Oxford University Press, 2000)
- P* Charlotte Brontë, *The Professor*, ed. Margaret Smith and Herbert Rosengarten, with an introduction by Margaret Smith (Oxford: Oxford University Press, 1991)
- S* Charlotte Brontë, *Shirley*, ed. Herbert Rosengarten and Margaret Smith, with an introduction and notes by Margaret Smith (Oxford: Oxford University Press, 1981)
- TWH* Anne Brontë, *The Tenant of Wildfell Hall*, ed. Herbert Rosengarten, with an introduction by Margaret Smith (Oxford: Oxford University Press, 1993)
- UN* Charlotte Brontë, *Unfinished Novels*, with an introduction by Tom Winnifrith (Phoenix Mill: Alan Sutton in association with The Brontë Society, 1993)
- V* Charlotte Brontë, *Villette*, ed. Margaret Smith and Herbert Rosengarten, with an introduction by Margaret Smith, (Oxford: Oxford University Press, 1998)
- WH* Emily Brontë, *Wuthering Heights*, ed. Ian Jack, with an introduction and notes by Patsy Stoneman (Oxford: Oxford University Press, 1995)

Introduction

This thesis investigates how illness paradoxically enriches the narratives of the Brontë sisters. It starts from an analysis of how illness can be represented in two opposing literary traditions and goes on to see how illness affects the Brontës' plots as well as how it complicates our readings of their narratives. It finally considers how and why nursing functions as a central illness-related activity. Overall, this thesis attempts to explore how illness thoroughly permeates and produces significance in four respects: in the balance between romanticism and realism in the Brontë novels, in their plots, narratives and thematics. Because their lives were famously marked by constant illness from their births to their deaths, the Brontë sisters must have been painfully familiar with illness as their own, or others', experience, and inevitably conscious of its potential to change life, its complicated associations and the rich metaphors we use to describe it. My interest, however, lies not exactly in how their writing consciously and unconsciously reflects their first-hand acquaintance with illness, but rather, in how illness inspires their writing and acts as one of their greatest sources of literary imagination. From other contemporary writers whose life and oeuvre are much affected by illness, I have chosen the Brontës because their different 'management' and 'treatment' of illness in their writing do, I believe, show a divergent response to illness from the three writers who share much of the same family history of illness and live in the same medical discourse.

While there are several words that can refer to a state, or condition, that is the opposite of health and healthiness, this

thesis employs the word 'illness' throughout because of the extensive meaning of the term particularly as it is used by clinicians and psychiatrists, who try to treat their patients within the wider context they and their suffering are placed in. The psychiatrist Arthur Kleinman defines 'illness' as "the innately human experience of symptoms and suffering" which refers to "how the sick person and the members of the family or wider social network perceive, live with, and respond to symptoms and disability."¹ 'Disease' is, by contrast, "the problem from the practitioner's perspective" and reconfigured only as an alteration in biological structure or functioning in the narrow biological terms of the biomedical model.² 'Sickness' can be defined as "the understanding of a disorder in its generic sense across a population in relation to macrosocial (economic, political, institutional) forces."³ For example, when we talk of the relationship of tuberculosis to poverty and malnutrition that places certain populations at higher risk for the disorder, we are invoking it as sickness.⁴ In Arthur L. Caplan's words, 'illness' is "the subjective perception or the phenomenological experience of disease" and thus "specific to time, place and culture", while 'disease' is "any impairment of the functions typical of a particular biological species" and, unlike illness, need not be subjective and variable.⁵ According to these terminologies, it is not exactly

¹ Arthur Kleinman, *The Illness Narratives: Suffering, Healing and the Human Condition* (New York: Basic Books, 1988) 3.

² *Ibid.* 5-6.

³ *Ibid.* 6.

⁴ *Ibid.*

⁵ Arthur L. Caplan, 'The Concepts of Health, Illness, and Disease' in W. F. Bynum and Roy Porter, eds., *Companion Encyclopedia of the History of Medicine* (London and New York: Routledge, 1993) 240-42.

'disease' as biological deviance but illness' as human experience which the Brontë sisters explore and develop in their handling of the dysfunctional body and mind in their writing. For example, the typhus outbreak at Lowood school in *Jane Eyre* caused by malnutrition and the poor living conditions of the school as a microcosm could be defined as a 'sickness', but for Jane it at the same time operates as an experience, an incident to empower her with more freedom and food.

Even if writing stories involving illness itself proves their active engagement with it, the Brontë sisters often faced the prospect of incurability in their real lives and, consequently, may have been forced to endure illness in a passive way as patients or nurses for their sick family and friends. After having six children, their mother, Maria, died at the age of thirty-eight of some ailment vaguely diagnosed an 'internal cancer' in 1821. In 1825, their elder sisters, Maria and Elizabeth, died after being returned from the Clergy Daughters' School at Cowan Bridge when it was attacked by an epidemic. The remaining siblings, apart from Charlotte, died when they were only about thirty years old. The only brother, Branwell, died from an illness which is thought to have been consumption in 1848. His death was immediately followed by the death of Emily Brontë in the same year, from the same illness. The next year furthermore saw Anne Brontë's death. Charlotte Brontë, who had outlived her five siblings, lived only a while longer and died in 1855 at the age of thirty-eight, as young as when her mother died.

In the face of the illness of Emily and Anne, Charlotte Brontë could not passively see them suffering and dying but tried to save her declining sisters. The only thing she could actively do was to

express her anxieties in writing and she sent letters to two of the prominent doctors of her time --- Dr Epps with regard to Emily and Dr Forbes with regard to Anne --- in order to consult them by giving them an account of her sisters' condition through her lay-person's eye. In her letter to Dr Epps of the 9th December, 1848, she describes Emily's condition as follows:

The Patient respecting whose case Dr. Epps is consulted, and for whom his opinion and advice are requested is a female in her 29th. year. [*sic*] A peculiar reserve of character renders it difficult to draw from her all the symptoms of her malady, but as far as they can be ascertained they are as follows.

[. . .] Her appetite failed; she evinced a continual thirst with a craving for acids and required a constant change of beverage.

In appearance she grew rapidly emaciated, her pulse --- the only time she allowed it to be felt --- was found to be 115 per minute. The patient usually appeared worse in the forenoon, she was then frequently exhausted and drowsy; towards evening she often seemed better. [. . .]

Expectoration accompanies the cough. The shortness of breath is aggravated by the slightest exertion. The patient's sleep is supposed to be tolerably good at intervals but disturbed by paroxysms of coughing.

Her resolution to contend against illness being very fixed she has never consented to lie in bed for a single day --- she sits up from 7 in the morning till 10 at night. All medical aid she has rejected --- insisting that Nature shall be left to take her own course --- she has taken no medicine but occasionally

a mild aperient ... and Locock's cough wafers of which she has used about 3 per diem, and considers their effect rather beneficial ... her diet which she regulates herself, is very simple and light.

The patient has hitherto enjoyed pretty good health though she has never looked strong: and the family constitution is not supposed to be robust. Her temperament is highly nervous: she has been accustomed to a sedentary and studious life.⁶

Charlotte Brontë's succinct description of her sister's real illness shares much in style with contemporary medical case histories. The medical journal, *The Lancet*, published Dr Theophilus Thompson's lectures delivered at the Hospital for Consumption and Diseases of the Chest in 1851. The physician introduces a consumptive patient as follows:

W. R., the delicate patient whom I next introduce, has profuse night perspirations; you find, from the marked cavernous cough under the left clavicle, that he has a large vomica in that situation. A cavernulous cough at the apex of the right lung proves that in that side also a cavity is forming. His age is twenty-six. He has no hereditary title to consumption, but is one of a family of eight, all living. His food and clothing have always been good; but he is a compositor, and has worked in a close room, cold during the day, "like an oven at night." His cough began after unusually

⁶ *The Letters of Charlotte Brontë*, vol. 2, 1848-1851. ed. Margaret Smith (Oxford: Clarendon Press, 2000) 150-51.

hard work three months ago; you see how rapidly he is failing.⁷

Another doctor, Charles T. Mackin, reports on a case of gout in the same journal in 1845:

Mr. -----, a middle-aged man, of irritable temperament, spare yet muscular frame, and otherwise healthy habit, is subject to periodic attacks of acute gout, which of latter years have returned pretty regularly about the midsummer months. His father had been subject, in a slight degree, to the same disorder. Its first appearance was about the age of twenty-one, since which time, although a person of regular and methodic habits, as to diet and regimen, he has each year a more or less severe fit; some summers as many as two or three, at successive intervals of one, two, or three months. Warning of the visitation is invariably given by the following symptoms: --- First, increased irritability; second, functional derangement of the abdominal viscera, accompanied with disordered bowels, high-coloured urine, slight feverishness towards evening, dryness of skin, and some acceleration of the pulse, followed by, [*sic*] third, "flying pains," referable to various parts, principally joints previously attacked, and at (as nearly as may be) two, three, or four A. M., the seizure takes place (without previous rigor) in one foot.⁸

⁷ Theophilus Thompson, "Clinical Lectures on Diseases of the Chest" in *The Lancet*, December 13, 1851, vol. 2, 548.

⁸ Charles T. Mackin, "On the Acute Form of Gout, with Remarks on its Similarity to Acute Rheumatism" in *The Lancet*, March 22, 1845, vol. 1, 313-14.

Although both case histories include more technical terms to describe the patients' symptoms, and Dr Thompson directly addresses the audience of medical professionals in his lectures, both doctors mention the patient's age, hereditary constitution, diet, and habit. Like Charlotte Brontë in her account of Emily Brontë's case, Dr Thompson talks about the patient's lifestyle which may have helped to cause the disease and, Dr Mackin, about the patient's pulse, his temperament and the slight change in his symptoms during the day. Both case histories are, on the whole, written in concise style with short sentences like Charlotte Brontë's.

Her letter to Dr Epps in fact made very little difference to the practicality of nursing Emily because his answer reduced Charlotte to her former passivity in her support for her sister's fight against her illness, and turned her expectations from medicine to religion. Charlotte wrote to Ellen Nussey in the same month: "The physician's opinion was expressed too obscurely to be of use --- he sent some medicine which she would not take. Moments so dark as these I have never known --- I pray for God's support to us all".⁹ Charlotte may have been unable to grasp the full meaning of the medical terminology. Dr Epps may have written in a vague language because there was no medical measure left to save Emily in the final stage of her consumption, or, with the limited knowledge of mid-nineteenth century medicine, he could not have cured her even earlier. Emily's refusal of treatment may have made the doctor's prescription and her sister's nursing useless. In any case, Charlotte's correspondence

⁹ *The Letters of Charlotte Brontë*, vol. 2, 1848-1851, 154.

with Dr Epps demonstrates how her active attempt at defiance against illness was frustrated in her real life. This thesis tries to show not only how Charlotte created free dramatisations and rich representations of illness in her fictional writings, despite her ability to write illness in a doctor's observational style, imitate and even parody medical case histories, but also how the three sisters actively employed illness in their literary imagination despite their forced passivity in the face of real illness experience.

The Brontë novels are rich in illness-related events and representations and are shot through with a desire for recovery from illness, and a desire for order after the experience of 'disorder'. Illness can influence the power structure of a household, illuminate the hidden character or inner struggle of the protagonists, and complicate the interpretation of those who are involved in an illness experience. Above all, illness functions as the central issue in the Brontë narratives because it necessitates the act of nursing. As will be fully discussed in Chapter 4, nineteenth-century middle-class people like the Brontë protagonists were rarely treated in hospitals when they were ill, but often remained at home, visited by medical men for consultations and nursed by 'nurses', or not infrequently by their own families. It is this home-nursing by the family which the Brontës' sick protagonists try to secure, are rewarded with, and cured by. Their stories revolve around the search for nursing by familial figures at home because, as is explained later, nursing can ultimately be regarded as a form of mothering. What originally afflicts the Brontë characters is the absence or loss of their mothers and what they truly seek for is an absent or lost mother, or a maternal substitute. It can be said that illness is needed in

the Brontë narratives to create therapeutic nursing scenes or dramatise their failure to reach a safe sickroom with a familial figure to nurse them. In other words, illness is needed to show how the afflicted protagonists attempt a recovery and the 'disordered' narratives restore order.

The Brontë sisters' novels, especially the illness-ridden novels of Charlotte Brontë have been analysed in relation to medicine in several recent studies. Miriam Bailin's *The Sickroom in Victorian Fiction: The Art of Being Ill* considers the cultural implications and narrative effects of the sickroom scene in Victorian fiction, especially its crucial therapeutic function within Victorian realist narrative and the society such narratives represent.¹⁰ Carefully examining the sickroom scenes in *Jane Eyre*, *Shirley* and *Villette*, Bailin discovers an interesting disjunction between the author's personal experience of illness and her positive representation of disease which provides "the sole access to a hallowed space of connection, of repletion, and of liberty".¹¹ Catherine Judd's *Bedside Seductions: Nursing and the Victorian Imagination, 1830-1880* traces shifts in the status and meaning of the Victorian nurse and the nurse's seminal location in mid-Victorian literary and social history.¹² Judd sees professional parallels between nursing and writing, and contends that within the mid-nineteenth-century Victorian novel, the affiliation of the healing writer and the noble physician is largely displaced by the conception of the writer as heroic nurse. Highlighting the

¹⁰ *The Sickroom in Victorian Fiction: The Art of Being Ill* (Cambridge, New York and Melbourne: Cambridge University Press, 1994).

¹¹ *Ibid.* 7.

¹² *Bedside Seductions: Nursing and the Victorian Imagination, 1830-1880* (Basingstoke and London: MacMillan, 1998).

connections between nursing and surveillance in *Jane Eyre*, Judd argues that Jane Eyre's powerful gaze reflects the claim for power being made for nurses in the late 1840s. Athena Vrettos' *Somatic Fictions: Imagining Illness in Victorian Culture* examines how the Victorian middle classes attempted to understand and control their world through a process of physiological and pathological definition and the problems they encountered in doing so, thereby treating narrative as a crucial component of cultural history.¹³ While paying attention to the power of illness to make the body seem alien and the potential instability of human identity, her work analyses the complex interaction between nineteenth-century medical theory and narrative discourse to determine how Victorian fictions of sickness and health functioned as imaginative by-products of these spheres. In *Love's Madness: Medicine, the Novel, and Female Insanity, 1800-1865*, Helen Small traces the fortunes of 'love-mad' women in fiction and in medicine between 1800, a date at which the sentimentalist movement was in visible decline, and 1865, when sensation fiction began to emerge, and illuminates writers' efforts at originality in characterising the conventional 'love-mad' woman in their novels.¹⁴ Along with other 'love-mad' female characters, she examines the characterisation of Bertha Mason in *Jane Eyre*.

Other critics have also more thoroughly contextualised illness and medicine-related terms and notions in a range of nineteenth-century fictions. Sally Shuttleworth's groundbreaking book, *Charlotte Brontë and Victorian Psychology*, dispels the

¹³ *Somatic Fictions: Imagining Illness in Victorian Culture* (Stanford, California, Stanford University Press, 1995).

¹⁴ *Love's Madness: Medicine, the Novel, and Female Insanity, 1800-1865* (Oxford: Clarendon Press, 1996).

image of Charlotte Brontë as an ahistorical genius in a remote Haworth isolated from the popular science and medical discourse of her time, by carefully examining the writer's medico-historical context.¹⁵ Shuttleworth starts from investigating Brontë's everyday contact with medical discourse in her home, by looking at Thomas John Graham's *Domestic Medicine*, which the Reverend Patrick Brontë certainly frequently consulted. She then goes on to study the literature that was available in Haworth and that could have provided Charlotte Brontë with a knowledge of contemporary popular science, before examining the contemporary psychological discourse which overtly and covertly appears in Brontë's writing as references to mesmerism, psychiatry, physiognomy and phrenology. Jane Wood's *Passion and Pathology in Victorian Fiction* further reads *Shirley* and *The Professor* against the background of neurology and considers the nervous symptoms of women and men, respectively, as signs and functions of the social, moral, sexual, or economic displacement of those who suffer them.¹⁶ Although it does not fully discuss any of the Brontë novels, Lawrence Rothfield's *Vital Signs: Medical Realism in Nineteenth-Century Fiction* investigates how English and French realist novels are woven out of the discourse of clinical medicine and parallels the decline of medical authority and the demise of realism.¹⁷

This thesis, on the other hand, offers a study of all the published novels by the three Brontë sisters and considers some of

¹⁵ *Charlotte Brontë and Victorian Psychology* (Cambridge: Cambridge University Press, 1996).

¹⁶ *Passion and Pathology in Victorian Fiction* (Oxford: Oxford University Press, 2001).

¹⁷ *Vital Signs: Medical Realism in Nineteenth-Century Fiction* (Princeton, New Jersey: Princeton University Press, 1992).

Charlotte Brontë's unfinished writings, not only in relation to illness but also in relation to nursing, a crucial element in the foreground of illness episodes and a central issue particularly in the Brontës' sickroom scenes. Like Bailin's book, this thesis considers the narrative effect of illness but, by including all the Brontës' published novels, I hope to illuminate how illness can operate as a powerful device to develop the plot, not only in those novels in which illness is foregrounded, but also in novels in which it is 'backgrounded'. While Judd's book analyses the socio-historical status of Victorian nurses and the literary metaphor they can produce, this thesis tries to explain how and why the nurse figure becomes so central in Victorian novels, by investigating how mid-nineteenth century nursing was ultimately related to mothering. Vrettos has discussed the interaction between medical theory and narrative discourse, but I would like to focus more firmly on the Brontë sisters' literary texts and illuminate their individual handling of illness narratives. Small has analysed the presentation and function of the mad woman of *Jane Eyre*, Bertha Mason, but I wish to place Bertha rather in the narratological context of the novel, to trace the process in which she is defined as a mad woman. The works mentioned above by Shuttleworth and Wood have successfully contextualised Charlotte Brontë's illness-ridden writing. I would like, however, to consider how the three sisters digested their shared contemporary medical context to create literary universes of their illness narratives, and examine how the specificity of medical theories is organically incorporated into their literary texts.

As this thesis aims to see how illness operates in four literary dimensions of the Brontë works, it adopts more than one critical

approach. Because the thesis analyses the relationship between illness and the Brontë narratives, its most distinctive approach can be defined as, in the accepted terms of recent literary criticism, new historicist and narratological. Thorough narratological analysis such as that which discerns patterns in narratives similar to those described in stylistics seems to reach a critical impasse if one attaches arbitrary significance to the discovered patterns without presenting a convincing reason for their presence. This is what Stanley Fish has indicated in his criticism of stylisticians:

In my argument the institutional facts are the events that are constitutive of the specifically human activity of reading, while the brute facts are the observable formal patterns that can be discerned in the traces or residue of that activity. The stylisticians are thus in the position of trying to do what Searle says cannot be done: explain the brute facts without reference to the institutional facts which give them value. They would specify the meaning of the moves in the game without taking into account the game itself. Paradoxically, however, this gap in their procedures does not hamper but frees them; for while it is true, as Hubert Dreyfus has recently observed, that once the data have "been taken out of context and stripped of all significance, it is not so easy to give it back," the corollary is that it is *very* easy to replace it with whatever significance you wish to bring forward. The result is interpretations that are simultaneously fixed and arbitrary, fixed because they are specified apart from contexts, and arbitrary because they are

fixed, because it is in contexts that meaning occurs.¹⁸

This thesis tries to fill the unavoidable 'gap' between the act of observation and interpretation with the socio-medico-historical 'context' of the Brontë texts: in other words, it 'interprets' the illness-related representations in the Brontë narratives by seeing them in the light of their historical context. In order to illuminate the three writers' literary handling of illness, I refer to contemporary medical literature, when necessary. While the thesis pays constant attention to the way in which illness is narrated, Chapter 2 in particular discusses illness as a plot device and analyses the 'reportability' of illness and is thus ahistorical in its approach. To avoid authorising the 'leap' from the data to a specification of their value, Part 2 contextualises my interpretations. As illness works both literally and symbolically in the Brontë narratives, the combination of these two approaches, historical contextualisation and ahistorical narratology, will, I hope, achieve a fruitful analysis of the Brontë texts. Because I am interested in how illness and nursing are narrated in the Brontë prose texts I do not include their poetry in this thesis, although, strictly speaking, poems can also be seen as having narratives with narrators, narratees, focalization, plot, and so forth.

Most of the diseases mentioned below are discussed more fully in detail later but it seems worth surveying here the examples of physical and mental dysfunction in the Brontë narratives. Many identified diseases which were quite common in the

¹⁸ 'What Is Stylistics and Why Are They Saying Such Terrible Things About It?' in *Is There a Text in This Class?: The Authority of Interpretive Communities* (Cambridge, Massachusetts and London: Harvard University Press, 1980) 85-86.

mid-nineteenth century appear in them. Consumption is the most famous killer disease of the period, and most of the Brontë family were supposed to have died from it.¹⁹ In the Brontës' fiction, Frances, Hindley Earnshaw's wife, in *Wuthering Heights* dies from consumption, Agnes Grey visits the consumptive labourer, Mark Wood, and Mrs Pryor in *Shirley* once thought that if she had continued to work as a governess she would eventually have died from "consumption or decline" (S 378). One of Charlotte Brontë's earliest heroines, Mary, the wife of Zamorna, Arthur Wellesley, the King of Angria, suffers from the disease. The other Frances in *The Professor* is also associated with the disease: her mother has died from it and Zoraïde suspects that Frances herself secretly suffers from it. Helen Burns in *Jane Eyre* dies from consumption while other pupils die from typhus. Typhus not only kills many pupils at Lowood but has also killed Jane Eyre's parents: her clergyman father contracted it while visiting the poor and transmitted it to his wife. Typhoid which is said to have attacked the Cowan Bridge school in 1825 and typhus were often confused with each other and the separation of the two diseases was not achieved until Sir William Jenner, professor at University College, London, and physician to Queen Victoria, provided the definitive prebacteriological work in 1847.²⁰

Measles afflicts Lord Charles Flower and his sisters in *Stancliffe's Hotel*.²¹ This traditional children's disease attacks all the Earnshaw children, Catherine, Hindley and Heathcliff in

¹⁹ For tuberculosis in the Brontë family, see W. H. Helm, "Tuberculosis and the Brontë Family" in *Brontë Studies* 27.2 (2002): 157-67.

²⁰ Roderick E. McGrew, *Encyclopedia of Medical History* (London: Macmillan, 1985) 347-49.

²¹ *Stancliffe's Hotel*, ed. Heather Glen (London: Penguin, 2003) 13.

Wuthering Heights. In *Villette*, Ginevra Fanshawe's son, Alfred Fanshawe de Bassompierre de Hamal, also contracts it along with whooping-cough. Young children were supposed to be susceptible to "hooping-cough" (V 596), which is, according to the domestic medical textbook Reverend Patrick Brontë frequently consulted, a "convulsive cough, accompanied with a shrill hoop, and returning in fits that are frequently terminated by vomiting".²² Gout attacks Anne Brontë's two upper-class male characters: Mr Murray in *Agnes Grey* and Helen Huntingdon's uncle in *The Tenant of Wildfell Hall*. Its counterpart, rheumatism, annoys Miss Marchmont in *Villette*, and one of the cottagers in *Agnes Grey*, Nancy Brown, who also suffers from inflammation of the eye. Although the Brontë sisters were familiar with eye problems because Patrick Brontë had cataracts, Nancy Brown is the only Brontë character with a serious eye disease, apart from the short-sighted William Crimsworth and Frances Henri whose eyes are hurt by lace-mending. Although malaria and cholera are mentioned in the description of Caroline Helstone's decline in *Shirley*, as is explained later, it seems that these famous fatal diseases are mentioned mainly to emphasise the seriousness of her illness. Likewise, "[m]iasma" (S 480) and malaria are mentioned in relation to Louis Moore's fever, but he recovers without becoming too seriously ill. The father of St. John, Diana and Mary Rivers has died of a "stroke" (JE 342). Aunt Reed in *Jane Eyre* dies a while after the shocking news that her debauched son, John Reed, has died, or possibly killed himself brings on a "a stroke" (JE 222) and an "apoplectic attack" (JE 223). While Aunt Reed originally

²² Thomas John Graham, *Modern Domestic Medicine* (London: Simpkin and Marshall, et al., 1826) 339.

inherits the strong constitution of the Gibson family, her husband, who loved the baby Jane Eyre, the daughter of his favourite only sister, was “naturally weak” (*JE* 232) and could not survive to protect his niece.

The Brontë narratives also include some common everyday diseases and minor physical discomforts. Not only Louis Moore but also Georgette Beck, Madame Beck’s youngest child in *Villette*, has a “fever” (*V*122), and Jane Eyre’s pupil, Adèle catches a “cold” (*JE* 110). Mr Bellingham in *Stancliffe’s Hotel* suffers “considerably from a severe attack of influenza”.²³ Headache, which frequently annoyed Charlotte Brontë especially when she was nervous before or after meeting new people and visiting new places, torments Catherine Earnshaw, who resents Hindley’s maltreatment of Heathcliff so much that she cannot even keep her head on the pillow. Agnes Grey also has a “depressing head-ache” (*AG* 127) after sitting in a position in the carriage which makes her sick on the way to church with the Murray family. Travel sickness is experienced also by Lucy Snowe on the boat to Belgium. The headache and sickness which haunted Charlotte Brontë’s life may have been related to her menstrual cycle and female hormonal function, but any description associable with her own sexuality seems to be carefully avoided in her letters. The Brontë sisters’ fictional writings reflect this attitude towards sexuality and include no foregrounded sex or sexually-related diseases. The only exception is death after childbirth. William Crimsworth’s mother has died soon after his birth, while Frances Earnshaw, already weakened with consumption, and Catherine Earnshaw with “brain fever” (*WH* 134) die soon after their childbirth.

²³ *Stancliffe’s Hotel*, 13.

If there is no case of illness directly associated with sexuality, many Brontë protagonists develop illness which is probably more or less related to their being fruitlessly in love with someone or frustrated in a relationship with a character of the other sex. Some characters suffer from identified mind-related diseases which would in today's medicine be categorised and named differently. While Catherine Earnshaw's disease is identified as 'brain fever' in the text, Caroline Helstone's illness is thought to be the same disease by Vrettos and Wood because of its association with mental distress: this is discussed further in Chapter 2.²⁴ Some female characters show 'hysterical' traits: Mrs Yorke in *Shirley* goes into hysteria when her children become unmanageable, while pupils in Madame Beck's school in *Villette* sob hysterically when they hear the news of M. Paul's leaving their school. 'Hypochondria' afflicts many characters, female and male, young and old, and rich and poor. In nineteenth-century medicine, it included both the sense of imaginary perceptions of illness and a low state of mind such as 'incurable despair' and 'melancholy forebodings'.²⁵ William Crimsworth is attacked by a personified hypochondria at the height of his happiness. Rochester calls Jane Eyre a hypochondriac when she tells him of the torn-veil episode and dismisses her story as the creation of her excited nerves. When Mrs Pryor tries to warn her against the idea of working as a governess, Caroline says that she speaks like Miss Mann when she is "most sourly and hypochondriacally disposed" (S 379). Dr John comes to the Rue Fossette because Madame Beck's school doctor, Dr Pillule, must accompany his rich old hypochondriac patient on

²⁴ See *Somatic Fictions*, 41 and *Passion and Pathology in Victorian Fiction*, 36.

²⁵ Shuttleworth, *Charlotte Brontë and Victorian Psychology*, 141.

a tour of some weeks. After Lucy Snowe detects the hidden hypochondria in the king of Labassecour in the theatre, Dr John in turn calls her illness, which she has developed during the long vacation, hypochondria. Lucy is not only hypochondriac but also monomaniac about Graham's letters. The young Paulina also shows monomaniac attachment to her father while Sir Philip Nunnely's worship of Shirley Keeldar is mentioned as "monomania" (*S* 475). The most outstanding monomaniac of the Brontë characters is Heathcliff who shows extraordinary attachment to Catherine Earnshaw even twenty years after her death.

Some characters suffer from illnesses which are unnameable but psychosomatic and nerve-related. Richard Grey becomes weak and eventually dies after his financial investment fails. The young Jane Eyre falls into a nervous illness when she is confined in the red room. Just as Caroline declines when Robert Moore pays little attention to her, Mary Cave, Uncle Helstone's wife, has quietly suffered from "solitude" and "died of a broken heart" (*S* 53). Many of these nameable and unnameable psychology-related diseases can be defined, in Small's term, as 'love-madness'. One of the Angrian heroines, Lady Zenobia Ellrington, passionately in love with Lord Arthur follows her rival Marian and shows her mad hatred. In the sense that those who are in love develop extreme states of mind, not only Bertha Mason, whom Small discusses as a love-mad woman, but also Caroline Helstone, Lucy Snowe and Heathcliff may be said to be love-mad. Eating disorders, or refusal of food, may also be seen as psychosomatic illness or 'love-madness'. Catherine Earnshaw fasts to attract her husband's attention whereas Heathcliff stops eating without any particular

physical cause. Even if it is unintentional, hunger makes other characters sick and weak. Jane Eyre becomes debilitated after leaving Thornfield Hall and her bigamist fiancé, while Agnes Grey is kept waiting for breakfast until she is “almost ready to faint” (*AG* 127) when her capricious pupils go outdoors after eating breakfast without their governess.

One of the nineteenth-century cure-all medicines, opium, excites Lucy Snowe to strange sensations. Like Branwell Brontë who was addicted to opium, Lord Macara Lofty in Charlotte Brontë’s *Stancilffe’s Hotel* indulges himself in the addictive medicine. “[A]n opiate” (*TWH* 427) is administered to the dying Arthur Huntingdon in *The Tenant of Wildfell Hall*. He not only takes opium as medicine but also is addicted to alcohol as are Hindley Earnshaw, Alexander Ashworth, the hero of Charlotte Brontë’s unfinished novel, ‘Ashworth’, and Mike Hartley, the visionary “Antinomian weaver” (*S* 15) who shoots and wounds Robert Moore before dying of “delirium tremens” (*S* 635) in *Shirley*. If they do not intend to kill themselves, the deaths of Arthur Huntingdon, Hindley Earnshaw and John Reed can be said to be caused by self-destructive debauchery.

Robert Moore is injured by gunshot and turns into an invalid and, in this manner, not only illnesses but also accidental injuries attack the Brontë characters. Hareton Earnshaw is injured by a shotgun fired by mistake and stays in the kitchen. Fifine Beck, Madame Beck’s second child, breaks a bone when she falls from top to bottom of a steep flight of stone steps. Paulina has a shoulder dislocation during the fire panic at the theatre. As Robert Moore is wounded by Mike Hartley, some characters are attacked for a range of different reasons. Jane Eyre is struck by John Reed

and injured by the book he throws at her. Lawrence is attacked by his friend Gilbert Markham who is jealous of his intimacy with Helen Graham. There are also several animal-related injury cases. Arthur Huntingdon, who is already weakened by his addiction to alcohol and dissipation, falls from his horse and becomes fatally ill. Frank, Miss Marchmont's fiancé in *Villette*, dies after falling from his horse. Rochester not only sprains his ankle when he falls from his horse but is also attacked by his 'animal-like' wife, Bertha Mason, who sets fire to his bed. Bertha not only causes fire but also 'bites' like a dog and injures her brother, Richard Mason. Other characters are threatened or injured by real dogs. While Lockwood has a nose-bleed and dizziness when the Earnshaw dogs try to attack him, Catherine Earnshaw is injured by the Linton bulldog, Skulker. Dogs can be dangerous because they transmit hydrophobia. William Crimsworth shoots his son's mastiff-cub, Yorke, after he is bitten in the street by a dog in a rabid state. Like Emily Brontë, Shirley attempts self-cure after she is bitten by a neighbour's dog, Phoebe, which she believes to be rabid.

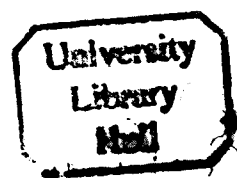
The first part of this thesis focuses on illness and explores it in three directions: literary style, plot, and narrative. Chapter 1 shows how illness can be represented in two opposing tones, those of the romantic and the real. It traces the process of the evolution of Charlotte Brontë's literary style from free romanticism into self-conscious realism, by examining how it handles illness and illness-related events. Chapter 2 first analyses how, as the major 'narrative desire', illness initiates, develops and ends the plot of the seven novels. It then considers the 'reportability' of illness-related events, demonstrating how, while some of the illness-related representations have direct influence on the

plot-development, others are independent of it. Chapter 3 takes up the old question as to whether Nelly Dean of *Wuthering Heights* is a reliable narrator and contends that, as long as illness is perceived ambiguously, one can produce endless arbitrary interpretations of Nelly Dean, who narrates most of the illness-related events in the story. In order to illuminate the process of how illness produces arbitrary interpretations, it examines major illnesses in her narrative against the contemporary medical understanding of them. The second part of this thesis deals with one of the dominant themes of the Brontës' illness narratives: nursing. Chapter 4 considers the context of the Brontë sickroom scenes and looks at how the contemporary extensive notion of nursing is related to mothering. Assuming that mothering, or nursing by a maternal figure, is what the Brontë protagonists lack and seek for in the development of the plots, the following four chapters examine variations on the quest for the mother in *Jane Eyre*, *Shirley*, *Villette*, *Agnes Grey* and *The Tenant of Wildfell Hall*.

Overall my purpose in this thesis is to bring together insights from narratological and historical approaches to the Brontë narratives, to demonstrate the fundamental role that illness plays within them. I cannot claim that a reading of illness and its significance provides the only way into these texts, but I hope to show throughout that it is a key concept, whose analysis helps us to understand why the Brontë narratives are so powerful for so many readers.

Part 1

Illness in the Brontë Narratives



Chapter 1

From Romantic Suffering to Self-Parody:

The Evolution of Charlotte Brontë's Illness Narratives

"There was once a little girl and her name was Anne"¹

There was once a little girl and her name was Anne. She was born at a little village named Thornton and by and by she grew a good girl. Her father and mother was [*sic*] very rich. Mr and Mrs Wood were their names and she was their only child, but she was not too much indulged.

Once little Anne and her mother went to see a fine castle near London, about ten miles from it. Anne was very much pleased with it.

Once Anne and her papa and her Mama went to sea in a ship and they had very fine weather all the way, but Anne's Mama was very sick and Anne attended her with so much care. She gave her her medicine.

The aim of this chapter is to examine Charlotte Brontë's conscious control of the romanticism and realism in her writing, and to trace the part played by illness and medicine in the development of her narratives from the former to the latter. In the originally untitled fragment she wrote in 1839 which is known as "Farewell to Angria", Brontë expresses her determination to end her Angrian saga and move to more realistic writings while revealing her

¹ Charlotte Brontë's earliest extant manuscript written for Anne Brontë around 1826-8: *An Edition of The Early Writings of Charlotte Brontë, Volume 1: The Glass Town Saga 1826-1832*, ed. Christine Alexander (Oxford: Basil Blackwell, 1987) 3.

strong attachment to her old literary realm:

Yet do not urge me too fast, reader: it is no easy theme to dismiss from my imagination the images which have filled it so long; they were my friends and my intimate acquaintances, and I could with little labour describe to you the faces, the voices, the actions, of those who peopled my thoughts by day, and not seldom stole strangely even into my dreams by night. When I depart from these I feel almost as if I stood on the threshold of a home and were bidding farewell to its inmates. When I strive to conjure up new inmates I feel as if I had got into a distant country where every face was unknown, and the character of all the population an enigma which it would take much study to comprehend and much talent to expound. Still, I long to quit for awhile that burning clime where we have sojourned too long --- its skies flame, the glow of sunset is always upon it. The mind would cease from excitement and turn now to a cooler region where the dawn breaks grey and sober, and the coming day for a time at least is subdued by clouds (*J*367).

Although her narratives start to become slightly more realistic in the later episodes of the Angrian saga, for example, including more of the Yorkshire locality,² it is when she bids farewell to Angria that Brontë for the first time consciously tries to open a new

² Brontë uses such terms as "pattens" and the "piece hall", and names fictional places, "Pendleton" and "Boulsworth Hill", after the actual places in neighbourhood of Haworth. See respectively, 334, 347, 321 and 331 in *The Juvenilia of Jane Austen and Charlotte Brontë*, ed. Frances Beer (London: Penguin, 1986).

literary horizon for more straightforward realism, leaving behind her free childhood exoticism and extravagance. To analyse how this wish is realised or frustrated in her post-Angrian writings, the chapter examines them against, among others, the contemporary medical discourse. Medicine, which was, throughout the nineteenth century, increasingly becoming institutionalised and attempting to establish itself as a pure and genuine science, will provide an interesting parallel or lack of it with Brontë's attempt to discard her over-fantastic and imaginary narratives for the sake of the realistic and plausible.

For my discussion of Brontë's attitude towards the concept of realism, George Levine's definition of realism in English novels as something opposed to romanticism and Gothicism seems to be helpful. Instead of attempting to formulate a universal definition of the term 'realism', Levine defines it against some characteristics of its opposing term, 'romance', "the most obvious alternative to realism"³ : "It [realism in England] belongs, almost provincially, to a 'middling' condition and defines itself against the excesses, both stylistic and narrative, of various kinds of romantic, exotic, or sensational literatures".⁴ Levine argues that no major Victorian novelists were deluded into believing that they were offering an unmediated reality: they made a self-conscious "realist effort" by which they struggled to avoid the inevitable conventionality of language and attain unmediated reality, and, in the process of establishing new conventions of representation, they had to

³ George Levine, *The Realistic Imagination: English Fiction from Frankenstein to Lady Chatterley* (Chicago and London: University of Chicago Press, 1981) 9.

⁴ *Ibid.* 5.

dismiss previous ones.⁵ Charlotte Brontë's narratives seem to show this self-conscious effort to dismiss her romantic, fantastic and Gothic literary conventions in order to create a new novelistic world based on the sense of the real, whether or not she straightforwardly wished to attain 'unmediated reality'.⁶ As to *Jane Eyre* which defines itself as an autobiography in the subtitle, one of the five levels of *vraisemblance* defined by Jonathan Culler, that of a literary genre, seems applicable. Culler argues that each literary genre such as tragedy and comedy designates certain kinds of action which makes them representative of the genre and excludes others.⁷ Because *Jane Eyre* is an autobiographical novel, one may be able to use the word 'real' for the tone which narrates various events as acceptable within the frame of an autobiography, the life of a human being.

Among other illnesses, mind-related illness, which is most fully dramatised and explored in Charlotte Brontë's narratives, most vividly demonstrates her romanticism-realism conflict. The first half of the nineteenth century in which Brontë lived saw the modernisation of the management of 'the mad'. Psychiatry as a medical specialism was established in the late eighteenth century supported by two major prerequisites: 'moral management' which operated upon the intellect and emotions instead of using traditional methods of bleedings, purges, and vomiting, and the 'asylum' in which the moral management was put into practice.⁸

⁵ *Ibid.* 8.

⁶ Shuttleworth associates 'the real' in Brontë's novels with the authority of the contemporary medicine to penetrate and know the truth and discusses Brontë's struggle against such authority in *Charlotte Brontë and Victorian Psychology*, 17, 112-14, 243.

⁷ Jonathan Culler, *Structuralist Poetics* (Ithaca, New York: Cornell University Press, 1975) 145-48.

⁸ Jan Goldstein, 'Psychiatry' in Bynum and Porter, eds.,

In the birth of psychiatry as a specialised medical field, there occurred a crucial shift in notions of 'madness': its focus shifted to the brain from the mind or soul. The mind, an immortal, immaterial substance, identical with the Christian doctrine of the soul, was forced to operate through the medium of a material instrument, the brain.⁹ The notion that insanity was caused by organic lesions of the brain supported the asylum doctors' contention that madness was fundamentally a medical problem.¹⁰ The specialisation of the management of the mad created the professionalisation of 'mad doctors'. A small number of orthodox medical men had deliberately shaped themselves as experts in the diagnosis and management of the mad, and used the most up-to-date science, initially phrenology, to do so.¹¹ By 1845 the medical profession had secured the presupposition that insanity was a disease which doctors alone were qualified to treat,¹² and mad doctors had become almost respectable figures.¹³ The management of the mad was also modernised legally: the Madhouse Act of 1828 introduced the first legal requirements with respect to medical attendance; the 1845 Lunatics Act further required asylums to keep records of medical visits and treatments and an asylum with more than a hundred patients to employ a

Companion Encyclopedia of the History of Medicine, vol. 2 (London and New York: Routledge, 1997 [1993]) 1350-63.

⁹ Andrew T. Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London: Allen Lane, 1979) 159.

¹⁰ *Ibid.* 167.

¹¹ Christopher Lawrence, *Medicine in the Making of Modern Britain, 1700-1920* (London and New York: Routledge, 1994) 53.

¹² Scull, 163-4. See also Elaine Showalter, *Female Malady: Women, Madness, and English Culture 1830-1980* (London: Virago, 1996 [1987]) 53-54.

¹³ Lawrence, 53.

medical superintendent. The second half of the nineteenth century, however, saw a new pessimism replace the optimism about the therapeutic efficacy of the asylum, because the increasing asylum populations demonstrated the limits of moral management.¹⁴

Roughly speaking, as Charlotte Brontë's illness narratives become or try to become more realistic, they increasingly come to reflect the contemporary medical discourse, especially the climate of psychiatry. Brontë's representation of illness, especially mind-related illness, during her some twenty-year literary career becomes more 'scientific' and less mysterious or mythical, as if it repeated the process of the modernisation of psychiatric medicine which occurred from the late eighteenth century to the mid-nineteenth century. Her earlier writings enjoy a romanticised and non-scientific approach to mind-related illness and her later novels come to deal with it in a more realistic way, until her last novel reflects the late pessimism of contemporary psychiatry and even parodies some of the representations of mind-related deviance in her previous writings.

Death without Illness and Illness without Body: Early Writings

As the title of one of her earliest stories, 'Two Romantic Tales', suggests, Brontë's juvenilia freely explores the romantic, the adventurous and the fantastic without the author's inhibition about, or the narrators' rationalisation of it. As is indicated by Christine Alexander and Heather Glen, Brontë's juvenilia at some points shows its comical and ironic anti-romanticism, especially in the character of Charles Wellesley and his narratives.¹⁵ It is true,

¹⁴ Goldstein, 1363.

¹⁵ Alexander, *An Edition of The Early Writings of Charlotte*

however, that the dominant tone of her early writings is that of a 'romance', a story of impossible adventures in remote settings. Although there are some contemporary medical terms such as "nervous system" (*J* 245) and "physiognomy" (*J* 305), and also a few doctor characters, Brontë, on the whole, shows little interest in medicine itself, and illness-related events are described in perfect harmony with her romantic tone. Unlike her later novels which load illness with diverse functions and rich metaphors, the Glass Town and Angrian sagas overall treat illness either as something which disturbs their romanticism so should be excluded, or as something which, by contrast, effectively heightens it.

Brontë often kills her highly romantic characters without making them ill, or without describing their physical reality. For example, Arthur's first wife, Marina, or Marian Hume, dies immediately after she wrongly believes her lover, Albion (Arthur), to be dead:

The reason of Marina's death I shall briefly relate. Four years after Albion's departure, tidings came to the village that he was dead. The news broke Marina's faithful heart. The day after, she was no more (*J* 207).

We do not know from the description how Albion has died, if his death is caused by illness, accident, murder or suicide. The cause of Marina's death is also medically ambiguous because her heart 'broken' by the news could indicate a cardiac problem or 'heart distress' in a strictly medical sense but can simultaneously operate

Brontë, Volume 1: The Glass Town Saga 1826-1832, xv, and Heather Glen, *Charlotte Brontë: The Imagination in History* (Oxford: Oxford University Press, 2002) 9.

as a common metaphor for psychological affliction, her 'heartache'. The death of the young lovers which lacks corporeality increases the anecdotal and unrealistic tone and, in effect, heightens the romantic and fantastic tone of this episode. Another example of a female character's psychological shock-related death with no particular medical explanation is the case of the "beautiful", "very tall" and "graceful" (*FN* 254) Rosamund Wellesley in 'Captain Henry Hastings'. When she falls in love with her tutor Zamorna and faces her relations' disapproval of their intimacy, she hides herself in a place Zamorna offers. When her relations reach the hiding place to capture her, Rosamund simply dies: "Shame & Horror, I suppose, had worked her feelings into Delirium & she died very suddenly" (*FN* 254). Her somatic response to the horror, 'Delirium', lacks physicality in this short sentence and operates mainly as the reflection of her extreme inner suffering. Her death then seems sublimated into a virtual suicide, death of her own volition, which exempts her from physical suffering. Brontë in this way kills her heroines quickly so that she does not need to describe in detail how they weaken and die.

While the omission of the detail of illness and the absence of physicality help to maintain the romantic colour of Charlotte Brontë's juvenilia, illness, when it appears, functions to heighten it by making characters look more delicate and noble. During her husband's absence, Mary, the second wife of Zamorna, is consumed with disquiet and suffers from consumption, but becomes all the more beautiful:

'Many a time', said one of them [Mary's maids] to me [the narrator], 'I have thought, whilst placing the rings on her

little thin nerveless fingers, and clasping the chains of pearl about her wasted neck all over as white and clear as marble --- I have thought it would not be long before we should have to dress her corpse in its shroud and to lay her out, young as she was and divinely beautiful, stiff and icy in her coffin' (*J* 259-60).

Although consumption is an infectious disease with pathological development, the description of Mary's case works mainly to demonstrate her psychological affliction and to emphasise her purity, youth and beauty. Consumption was the most romanticised illness throughout the nineteenth century, associated with youth, beauty and spiritual superiority, as an article from *The Lady's Newspaper* indicates:

Among the manifold evils to which our bodies are liable, consumption seems to claim from us the most sympathy and commiseration. It is the disease of the young, of the beautiful, of those whose outward promise and whose buoyant spirits seem at least to claim some immunity from the common lot of pain and suffering.

When the old man is afflicted, we say it is in the course of nature, and while we pity the individual, are little affected by the circumstance. But a young person, who carries within him the seeds of a disease so deceptive, so fatal --- whose hectic blush and hollow cough are the harbingers of death, while his hopefulness and animation and mental precocity often seem at the same time to give him a more abundant vitality than his fellows --- is, to our thinking, one of the most

touching sights on God's earth. Consumption has, however, its bright side. In most cases, the soul --- to quote the fine expression of an old poet --- "o'erinforms its tenement of clay:" as the body droops, the mind becomes more sensitive, until at last, if the Divine influences of religion have been felt, and if suffering has accomplished the holy work for which it was sent, the spirit, as it approaches the unseen world, becomes "ready-dressed, save wings for heaven."¹⁶

By choosing consumption as the heroine's illness, Brontë describes Mary's psychological affliction and physical transformation without damaging the romantic tone of her narrative. Conversely, the most romanticised illness of her time works to romanticise Mary's suffering. The image of a divine and consumptive young woman later develops into Helen Burns who 'burns' herself out with her religious or religiose belief in a more realistic novel, *Jane Eyre*.

As Mary's physical decline is effectively incorporated into Brontë's early narratives, Zenobia's monomaniac obsession about Zamorna (Lord Arthur) and neurotic jealousy of Marian are described in a way which does not go beyond Glass Town romanticism. One day Zamorna spots Zenobia during her haunting of her rival Marian, who now monopolises his love, and finds her unusually frantic:

Zenobia! How cam'st thou here? What ails thee?

Thy cheek is flushed as with a fever glow;

Thine eyes flash strangest radiance; and thy frame

¹⁶ *The Lady's Newspaper*, May 31, December, 1856, vol. 19, 339.

Trembles like to the wind-stirred aspen tree! (*J211*).

Zenobia's extreme and morbid emotions are, however, relieved to a large extent when she carves a little figure of Apollo, a symbol of serenity and balance in contrast with Dionysian disorder and excess:

Lady Ellrington [Zenobia], when she thus saw that all her hopes were lost in despair, fell into deep melancholy, and while in this state she amused herself with carving the little image before mentioned. After a long time she slowly recovered, and the marquis, convinced that her extravagances had arisen from a disordered brain, consented to honour her with his friendship once more (*J221*).

While Zamorna's explanation about Zenobia's possession as the work of her "disordered brain" echoes the contemporary medical approach to 'madness', it does not necessarily reduce Zenobia to a mentally disordered patient whose extraordinary behaviour can be simply explained in relation to her brain. His explanation rather indicates that her 'madness' has been temporary so she is no incurable mad person. Her miraculous recovery demonstrates the therapeutic power of art and her responsiveness to the Greek divinity. The fact that her problem can be solved not in a physical dimension but in relation to art and mythology helps to retain the overall romantic tone of this episode.

If Zenobia maintains her romantic character despite her extreme emotions, her idol Zamorna also remains as a Byronic hero and dignified king despite his morbid tendencies and 'mad'

looking behaviour. Brontë describes the character of Zamorna (the Marquis of Douro) as follows:

His mind is of the highest order, elegant and cultivated. His genius is lofty and soaring, but he delights to dwell among pensive thoughts and ideas rather than to roam in the bright regions of fancy. In short, the Marquis of Douro's strains are like the soft reverberations of an Aeolian harp which, as its notes alternately die and swell, raise the soul to a pitch of wild sublimity or lead it to mournful and solemn thought (*J*195).

As the metaphor of the "Aeolian harp" suggests, his unwholesome temperament operates as the invisible source of the hero's charisma and as a sign of his developed and complex mentality. In short, he is mad enough to be a special man but sane enough to maintain his dignity. In fact, in "The Spell", the doubt of his sanity is finally explained away by the existence of his twin brother. The abnormal and unhealthy traits of Zamorna are thus treated so that they harmonise with his nobleness.

Not only illness but also healthiness is romanticised in the Glass Town and Angrian sagas to highlight characters' heroism. The twelve members who sail from England in the *Invincible* to establish a new Kingdom are physically and mentally strong: "every one healthy and stout and in the best temper" (*J*183). Mina Laury, a character of a much lower rank but a dignified personality who wins the trust and popularity of Angrian aristocrats and politicians, is blessed not only with natural charisma but also, like the twelve members, with wholesomeness.

She has "strong nerves" (*J*274) and is a "model of beautiful vigour and glowing health" (*J* 272). Mina believes that her moral and bodily strength can make her Zamorna's excellent nurse. Her passion for him is, unlike Zenobia's destructive obsession and jealousy, something which, she believes, can promote his health:

'[. . .] to wait on him when he is sick or wounded, to hear his groans and bear his heart-rending animal patience in enduring pain; to breathe if I can my own inexhaustible health and energy into him, and oh, if it were practicable, to take his fever and agony; to guard his interests, to take on my shoulders power from him that galls me with its weight; to fill a gap in his mighty train of service which nobody else would dare to step into: to do all that, sir, is to fulfil the destiny I was born to [. . . .]' (*J*273).

Mina's devotion makes him call her his "little physician" (*J* 275) and indicates her potential curing power. For Mina, devoted nursing is far superior to medical practice in its effect on the patient:

'If you should receive a wound, if you should fall sick,' continued Mina, 'what can surgeons and physicians do for you? They cannot watch you and wait on you and worship you like me [. . . .]' (*J*276).

Mina's romantic view about nursing the man she loves anticipates Jane Eyre's nursing of Rochester. Not only illness but also nursing in Brontë's early writings is in this way spiritualised and

differentiated from unromantic medical practice.

Mina's view of nursing as something more therapeutic than medical practice reflects the overall insignificance of doctors in Brontë's juvenilia. Doctor characters are overall given minor roles and there are only a few scenes in which they actually perform medical practice. Brontë was, however, interested in doctors as characters of her fictional writing from the beginning of her literary career. Along with noted members of Parliament, well-known poets, writers and critics, 'The origin of the Islanders' written in 1829 mentions three famous medical men of the time: Mr Abernethy (John Abernethy), a noted surgeon, Astley Cooper, a surgeon to George IV and the Duke of Wellington's neurologist, and Henry Halford, a well-known physician and doctor to Mrs Charles Arbuthnot, a close friend of the Duke of Wellington.¹⁷ Brontë's earliest fictional doctor character is Sir Alexander Hume (also Hume Badey) modeled on Dr John Robert Hume, a surgeon to the Duke of Wellington.¹⁸ He behaves like a doctor and administers medicine but it is not always his skill as a clinician which solves the physical problems narrated as central issues in some stories. For example, in the 'First Volume of Tales of the Islanders', when the Duke of Wellington drinks water which contains poison, Hume mentions the harm of drinking cold water. Yet, when the Duke is affected by the poison, Hume does not apply any medical practice but tries to call 'Queens'. It is a 'Giant of Clouds' who miraculously and instantaneously cures the Duke by touching him.¹⁹ Similarly, in the 'Second Vol. of Tales of the

¹⁷ *An Edition of The Early Writings of Charlotte Brontë, Volume 1: The Glass Town Saga 1826-1832*, 6-7, note 3.

¹⁸ *Ibid.* 25, note 14.

¹⁹ *Ibid.* 28.

Islanders', while reviving Charles who faints at the sight of his injured brother by applying "[t]he usual remedies", Hume helplessly sheds tears in front of Arthur who lies motionless, wounded during the school rebellion.²⁰ Arthur recovers when his father, the Duke of Wellington talks to him and the 'Queens' give him "some fairy remedy".²¹ In this way it is not Hume's medical practice but some miraculous and magical power which cures the hero of these narratives.

In "Albion and Marina", Marina's father, Sir Alured Angus, a Scottish physician, has no particular voice.²² In "The Green Dwarf", the narrator Charles in his convalescence from an apparently serious illness narrates "terrible remedies" he has been through, such as the "hot-bath", "roasting before a slow fire", and "a most rigid system of starvation".²³ Despite his bitter complaints, he does not mention the doctor who may have ordered him to practise these remedies but, instead, alludes to Mrs Cook, the housekeeper. In *Stancliffe's Hotel*, Lord Charles Flower and his sisters are recovering from measles under the care of Dr Morrison, the family physician, but this is written only in a newspaper column which

²⁰ *Ibid.* 103.

²¹ *Ibid.* 103-4.

²² Scotland was one of the greatest centres of medical education in Europe and the largest number of university physicians in Great Britain were educated in Edinburgh and Glasgow; during the second half of the eighteenth century, 2,600 students received their degrees in the Scottish universities, more than ten times the number from Oxford and Cambridge: Thomas Neville Bonner, *Becoming a Physician: Medical Education in Britain, France, Germany, and the United States, 1750-1945* (New York and Oxford: Oxford University Press, 1995) 39-42.

²³ *An Edition of The Early Writing of Charlotte Brontë, Volume 2: The Rise of Angria 1833-1835, Part 1: 1833-1834*, Ed. Christine Alexander (Oxford: Basil Blackwell, 1991) 128.

the narrator-character Charles reads at a coffee house.²⁴ Dr Morrison appears once more in the story but is mentioned in passing with no spoken discourse of his own.²⁵ In "The Spell", a doctor character takes a part in narrating the story but he performs virtually no medical practice. The physician Alford is called to see Zamorna who is showing abnormal behaviour. He functions here more as a character who shares the mystery of Zamorna's dubious behaviour with his wife, Mary, than as a professional who diagnoses and treats the patient's symptoms. Although he is a physician, Alford speculates from the patient's attitude to his wife that he is ill, while secretly praising Mary's beauty in the sick room: "Surely, thought I, the young Duke must be ill indeed if he cannot suffer so beautiful a creature [Mary] as this to approach him".²⁶ He tries to bleed Zamorna, as many doctors often did in the early nineteenth century, yet, finding his patient too violent to treat, he simply leaves the house without performing anything particular, but "satisfied that *poison* had nothing to do with his illness".²⁷ The mystery of Zamorna's strange behaviour is finally resolved not by medicine but by the revelation of the existence of his twin brother. The minor roles of doctor characters and the absence of descriptions of their professional activities suggest that illness needs no doctor to be cured and problems related to body and mind can be resolved without medicine in Brontë's romantic and fantastic narratives.

The unfinished 'Ashworth' which Brontë wrote during 1840-1

²⁴ *Stancliffe's Hotel*, 13.

²⁵ *Ibid.* 57.

²⁶ *An Edition of The Early Writing of Charlotte Brontë, Volume 2: The Rise of Angria 1833-1835, Part 2: 1834-1835*, p. 190.

²⁷ *Ibid.* 195.

shortly after her announcement of farewell to Angria shows her first conscious attempt to avoid excessive romanticism. In fact, the novel is set in a "cooler region", in the West Riding of Yorkshire, and, her 'realist effort' is reflected in the narrator's attitude towards the romantic and the real. The narrator is well aware that what is narrated can be interpreted as something both romantic and realistic, in other words, s/he knows that s/he can exercise the privilege of controlling the tone of the story and leading or misleading the reader. The narrator, most strikingly, announces to the reader that s/he consciously withholds his or her own interpretation of the mysterious esquire, Alexander Ashworth: "I am now speaking of real events, and, as a faithful chronicler, I must say the tale as 'twas said to me" (*UN* 21). Instead of expressing his or her impression of Ashworth's extraordinary character, the narrator presents several possible interpretations:

To some, he will have appeared a very bad young man, too completely the slave of flagrant vice to be capable of appreciating anything good or aspiring after anything lofty; to others, an eccentric and wild being whose oddity was a constant puzzle, sometimes seeming the accompaniment of superior and commanding talent and, at other times, the result of a brain irretrievably cracked. Others again will recognize him by neither of these descriptions but have preserved an image of him in their memories far different from those above hinted at (*UN*21).

The narrator's intentionally ambiguous narration leaves the question unanswered as to whether Ashworth is a genius or mad:

in other words, as to whether his mysterious behaviour should be interpreted as showing his "superior and commanding talent" in Glass Town and Angrian heroism, or simply as indicating his "brain irretrievably cracked" in medico-materialist terms.

Whether or not the narrator tries to be neutral, the character and action of Ashworth are in any case more difficult to grasp and more complex to interpret. He first shows his religious passion or fanaticism during "an attack of delirium tremens, the result of some weeks of reckless debauchery" (UN 34). While his sudden religious interest can be taken as biblical and anecdotal, delirium tremens whose symptoms can produce mad-looking behaviour is caused by an unromantic physical factor, excessive drinking. *The Lancet* reports in 1842 how a patient with delirium tremens showed affinities with the mad and was in fact treated as such:

Helen Cashmere, aetat. 34, married, of a sanguine, lymphatic temperament, was received into Harrison's attic at three, p. m., May 30, 1839, under the care of Dr. Frampton, jun. She has for some time past been addicted to the excessive employment of ardent spirits, and this is the second time she has left her home after such indulgences. [. . .] There is a peculiar distrustful and *knowing* look, which is followed by a laugh, and to which succeeds an indulgence in the most extravagant ideas; a disposition to talk first on one subject and then on another; tremulous motion of the lips, tongue, hands, and muscles generally; constant watchfulness; a warm, clammy face; flushed cheeks; frequent pulse; clean and moist tongue; no headach [sic.]. The nurses were obliged to use the strait-jacket, and to fasten her down

to the bed with leather straps, which she dislikes exceedingly. [. . .] there have been furious paroxysms of delirium, and great muscular efforts made to liberate herself from the jacket. She at first endeavours to persuade one to free her, but on finding her entreaties unavailing, she begins to rave, and utters the most horrid curses. There are spectral illusions, and she is incessantly haunted either by frightful creatures, or occupied with extremely ridiculous ideas.²⁸

If his behavior is seen to be caused by the effect of alcohol on his body, Ashworth's 'madness' is then essentially different from Zamorna's charisma and Zenobia's passion. In 'Ashworth', Brontë for the first time creates a complicated character and a mind-related illness that defy hasty interpretations and cannot be straightforwardly seen as romanticised or deromanticised. The comical and pathetic image of the drunkard is shown by the intoxicated Pelet in *The Professor*, the 'eccentric' character of Ashworth looks forward to the drunken 'visionary' Mike Hartley in *Shirley*, and unidealised violent madness is dramatised by Bertha Mason in *Jane Eyre*. The complexity of mind-related illness is in this way further explored in the representations of Brontë's other characters who are given different narratological and thematic roles.

The Relapse of the Romantic: *The Professor*

In *The Professor*, the protagonist Crimsworth, the narrator Crimsworth and the author Brontë share the same determination to avoid falling into romantic extravagance by maintaining

²⁸ *The Lancet*, December 31, 1842, 1842-43, vol. 1, 496-97.

healthy realism. It is, however, finally frustrated at the end of the narrative by the hypochondria episode which functions as the climax, or anticlimax, of the protagonist's life narrative, and the hydrophobia episode in which Victor Crimsworth first shows his unwholesome nature. There are some notions in the text which reflect contemporary medical discourse, for example, the phrase "animal magnetism" (P 3), Crimsworth's phrenological analysis of his Belgian female pupils, and his attempt to calm his "nerves" (P 39) by stimulating his body.²⁹ Despite these illness and medicine-related episodes and notions, Charlotte Brontë's first complete novel after 'Farewell to Angria' overall deals with illness at an abstract, metaphoric and psychological level.

Crimsworth the character constantly attempts to repress excessive emotion, expectation and excitement by using the power of reason. At the beginning of the novel, when he reads Edward's letter to the effect that he would employ his younger brother, Crimsworth tries to control his expectation of a romantic reunion with his long estranged brother: "I repressed all ... even *mental* comment on his note" (P 6). Waiting to see Edward at Crimsworth Hall, he finds himself excited while recollecting the unfriendly tone of his brother's letters:

Edward's letters had always been such as to prevent the engendering or harbouring of delusions of this sort. Still as I sat awaiting his arrival ... I felt eager ... very eager ... I

²⁹ See also *The Professor*, 73, 173 and 198. Crimsworth's description of walking so that the action of his muscles "might harmonise with the action of [his] nerves" echoes the contemporary view that the individual is seen no longer as a unified agent and action and feeling could be dictated by different parts of the mind: Shuttleworth, 52.

cannot tell you why; my hand, so utterly a stranger to the grasp of a kindred hand, clenched itself to repress the tremor with which impatience would fain have shaken it (*P*7).

His tendency to become easily excited and expect something romantic intensifies his sense of final disillusionment. It turns out that the literary Crimsworth and his businessman brother cannot get along well with each other. After the underwhelming fraternal reunion, he entertains fresh romantic expectations of his life in Belgium, while being aware of the general unflattering image of the country: "Belgium! name unromantic and unpoetic, yet name that whenever uttered, has in my ear a sound, in my heart an echo such as no other assemblage of syllables, however sweet or classic, can produce. Belgium!" (*P* 49). On arrival in "picturesque" (*P* 50) Belgium, however, he must soon start to deal with practicalities such as finding a job and accommodation: "the two gentlemen left the room, suddenly the illusion ceased; reality and business came back" (*P* 52).

The pattern of experiencing disillusionment after having romantic expectations about unromantic objects or in unromantic situations is most vividly shown in the episode of his infatuation with Zoraïde. While admitting that she is no charismatic or beautiful figure in a conventional sense, Crimsworth believes that he can penetrate her worth under her "business-air" (*P*80) and her hidden moral beauty:

"I am growing wiser," thought I as I walked back to M. Pelet's. "Look at this little real woman! is she like the women of novelists and romancers? To read of female character as

depicted in Poetry and Fiction, one would think it was made up of sentiment, either for good or bad --- here is a specimen, and a most sensible and respectable specimen too, whose staple ingredient is abstract reason. No Talleyrand was ever more passionless than Zoraïde Reuter!" --- So I thought then --- I found afterwards that blunt susceptibilities are very consistent with strong propensities (*P* 81).

By believing that he would not fall into a romantic fallacy as long as the object of worship is "real", Crimsworth indulges himself in romantic imagination. His expectation culminates in the garden on a fine May afternoon with Zoraïde: "It seemed as if the romantic visions my imagination had suggested of this garden, while it was yet hidden from me by the jealous boards, were more than realized" (*P* 97). His romanticism is all the more frustrated when he soon witnesses Zoraïde and M. Pelet intimately walking together and discovers their secret engagement.

After this anticlimax, he renews his determination not to be deluded by wishful imagination any more, comparing his susceptibility to romantic expectations to illness and injury, and powers of reason to a physician's effect on a patient:

The nightfever over --- I looked about for balm to that wound also, and found some nearer home than at Gilead. Reason was my physician; [. . .] Her medicament did me good --- I felt its strengthening effect when I met the Directress next day (*P* 103).

Crimsworth's self-warning against the overromantic leads to a

warning to novelists in general, as if Charlotte Brontë addresses herself, whereby the realistic point of view is compared to the realist-style narratives:

Novelists should never allow themselves to weary of the study of real Life --- if they observed this duty conscientiously, they would give us fewer pictures checquered with vivid contrasts of light and shade; they would seldom elevate their heroes and heroines to the heights of rapture (*P* 147).

His respect for reason and the real intensifies his disrespect for illness, especially frenzy and madness. Facing the intoxication and excitement of M. Pelet, the fiancé of his former object of worship, Crimsworth regards him as "either mad or drunk" (*P* 169). Unlike the narrators of "Ashworth" and *Shirley* who give no definite answer as to whether Alexander Ashworth and Mike Hartley are 'mad' in a romantic sense, or 'drunk' in a materialistic sense, Crimsworth simply dismisses him as a "just medium between the fool and the lunatic" (*P* 169). He despises intoxication, both literal and metaphorical, as something he has already gone through and is determined to avoid. He in turn praises the self-control of Frances who is "neither hysterical nor liable to fainting-fits" (*P* 155) at their reunion in the Protestant cemetery. On their parting, he attempts to cope reasonably and sensibly with his extreme emotional and sexual excitement aroused by Frances's presence:

I had much ado to resist a strong inward impulse, urging me to take a warmer, a more expressive leave: what so natural as to fold her for a moment in a close embrace, to imprint one

kiss on her cheek or forehead? I was not unreasonable --- that was all I wanted; satisfied in that point, I could go away content --- and Reason denied me even this, she ordered me to turn my eyes from her [Frances's] face and my steps from her apartment, to quit her as dryly and coldly as I would have quitted old Mde. Pelet (*P*163).

Although he at this point succeeds in repressing his excitement, his dream of the sky and the sea operates as a typical Freudian sign of his unconscious which he cannot perfectly hold in check, and as an omen of a more powerful version of the visitation of the uncontrollable.

When he obtains a better teaching post and his marriage to Frances is arranged, Crimsworth is unexpectedly attacked by "Hypochondria", which had repeatedly troubled him in his lonely boyhood. Thomas John Graham's *Modern Domestic Medicine* describes the symptoms of the disease as follows:

SYMPTOMS.---The common corporeal symptoms are, a troublesome flatulency in the stomach or bowels, acrid eructations, costiveness, a copious discharge of pale urine, spasmodic pains in the head and other parts of the body, giddiness, dimness of sight, palpitations, general sleeplessness, and often an utter inability of fixing the attention upon any subject of importance, or engaging in any thing that demands vigour or courage. The mental feelings, and peculiar train of ideas that haunt the imagination and overwhelm the judgment, exhibit an infinite diversity: sometimes the hypochondriac is tormented with a visionary

or exaggerated sense of pains, or some concealed disease; a whimsical dislike of particular persons, places, or things; groundless apprehensions of personal danger or poverty; a general listlessness and disgust; or an irksomeness and weariness of life: in other instances, the disease is strikingly accompanied with peevishness, and general malevolence; they are soon tired with all things; discontented; disquieted; upon every light occasion, or no occasion, object; often tempted to make away with themselves; they cannot die, they will not live; they complain, weep, lament, and think they lead a most miserable life: never was any one so bad.³⁰

What was thought to occasion the disease among the educated classes is 'mental exertion and fatigue, or prolonged or overstrained attention and devotion to a particular subject' and it was often discussed in relation to contemporary debates about excess and moderation, especially of sexual desire.³¹ Crimsworth himself adopts this excess theory to explain how he became a "prey to Hypochondria" in his youth: he was "with many affections and few objects, glowing aspirations and gloomy prospects, strong desires and slender hopes" (*P* 211). As Shuttleworth argues, Crimsworth's case seems to be precipitated by the relaxation of control consequent on his sense of achievement.³²

What he has repressed with all his efforts seems to return in the hypochondria scene: intense emotions in a fantastic and

³⁰ Thomas John Graham, *Modern Domestic Medicine* (London: Simpkin and Marshall, et al, 1826) 344.

³¹ Jane Wood, *Passion and Pathology in Victorian Fiction* (Oxford: Oxford University Press, 2001) 62 and 84.

³² Shuttleworth, 141.

imaginary setting, in short, the Glass Town and Angrian romanticism. Although it is a nameable illness whose symptoms and mechanism explain Crimsworth's condition to some extent, hypochondria is depicted not exactly in materialistic or medical terms but overall at a highly metaphorical and abstract level. Crimsworth hears a "voice" (P210), sees the old "sorceress" (P211) and calls hypochondria, which is personified in a female figure, "the evil spirit" (P 212). The use of these supernatural notions suggests that not only Crimsworth the character but also Crimsworth the narrator and, ultimately, the author Charlotte Brontë are gravitating towards the old mode of the Glass Town and Angrian sagas. The oxymorons such as "sweet delirium" and "troubled ecstasy [*sic*]" and the phrase, "[i]n the midst of Life, we are in Death" (P210), symbolise Crimsworth's conflict between the two opposing desires, Eros and Thanatos. The hypochondria attack functions as a disturbing undercurrent in Crimsworth's desperate attempt to gain the real and reject the romantic but, at the same time, paradoxically, as something familiar and ultimately pleasurable.

The final disappearance of hypochondria after ten days does not really end Crimsworth's anxiety.³³ When the dog Yorke is bitten by another rabid canine, Crimsworth immediately shoots it. Victor, who is intensely attached to Yorke, accuses his father, "lost in a passion of the wildest woe" (243). Although Crimsworth finally succeeds in controlling his son's emotions, he soon detects something ominous in Victor:

³³ Helene Moglen, for example, sees his recovery as a psychic rebirth and an entry into a new life in *Charlotte Brontë: The Self Conceived* (New York: Norton, 1978) 96.

She [Frances] sees, as I also see ... a something in Victor's temper, a kind of electrical ardour and power, which emits, now and then, ominous sparks ... Hunsden calls it his spirit and says it should not be curbed ... I call it the leaven of the offending Adam and consider that it should be if not *whipped* out of him, at least soundly disciplined, and that he will be cheap of any amount of either bodily or mental suffering which will ground him radically in the art of self-control: Frances gives this *something* in her son's marked character no name, but when it appears in the grinding of his teeth; in the glittering of his eye ... in the fierce revolt of feeling against disappointment, mischance, sudden sorrow or supposed injustice ... she folds him to her breast, or takes him to walk with her alone in the wood, then she reasons with him like any philosopher, and to reason Victor is ever accessible; then she looks at him with eyes of love ... and by love Victor can be infallibly subjugated ... but will reason or love be the weapons with which in future the world will meet his violence? Oh no! for that flash in his black eye ... for that cloud on his bony brow ... for that compressure of his statuesque lips, the lad will some day get blows instead of blandishments ... kicks instead of kisses ... then for the fit of mute fury which will sicken his body and madden his soul ... then for the ordeal of merited and salutary suffering ... out of which he will come (I trust) a wiser and a better man (P245).

In this present-tense narrative, Zamorna's ominous nature may be seen as returning, reincarnated in Victor. As Heather Glen indicates, the presence of the child reveals the defencelessness and

dependence of Crimsworth's overall triumphant narrative of self-defence and independence.³⁴ His mother can now 'reason' with Victor, but she cannot control his "something" once he is taken away from her and sent to Eton. Crimsworth can eradicate hydrophobia in his dog simply by shooting him to death, but he cannot kill his son in order to terminate something excessive and unhealthy which has so much agonised him at the dog's death. As Shuttleworth argues, Crimsworth's anxiety about the existence of something disturbing which invades his realistic world is displaced onto the next generation.³⁵

As Crimsworth the father cannot perfectly control Victor's ominous power, as narrator he cannot close and distance his own story and so dispel further anxiety. The past tense is suddenly replaced by the present tense at the end of his narrative, which consequently leaves it with an open ending. The very last words of Crimsworth's story are symbolically uttered by Victor who tempts his father back to his side: "Papa --- come!" (P 247). Thus, despite the conscious attempt of the author, the narrator and the protagonist to maintain a realistic tone, *The Professor* is, at its ending, violated by the relapse of illness, the return of the Glass Town and Angrian romantic, which in fact haunts all Brontë's novels in one form or another. This return of the repressed and the final victory of the romantic marked by the presence of Victor, however, can be interpreted as something which enables Brontë to enjoy the literary world she has bid farewell to. Brontë no longer uses magic or supernatural power to change the plot in a moment. By employing mind-related illness as the most plausible cause of

³⁴ Glen, *Charlotte Brontë: The Imagination in History*, 48.

³⁵ Shuttleworth, 147.

phenomena beyond the real, however, she can incorporate fantastical and unrealistic scenes into her realistic narrative. Even if she fails to represent *The Professor* in a realistic mode to the end, Brontë, like Crimsworth in his hypochondria episode, tastes her old pleasure in her new illness narrative.

The Polarisation of Romanticised Illness and Unromanticised Illness: *Jane Eyre*

While *The Professor* is haunted and finally disturbed by Glass Town and Angrian romanticism, *Jane Eyre*, a novel with a mixture of realistic and unrealistic elements, presents the polarisation between romantic and unromantic illness. Like *The Professor*, it includes descriptions which are influenced by one of the most popular contemporary pseudo-sciences, phrenology. Like William Crimsworth, Jane Eyre tries to penetrate Rochester's invisible inner quality by analysing his features and Rochester, disguised as a gypsy fortune-teller, 'reads' her character and present situation. *Jane Eyre* also includes two doctor characters, Mr Bates, a surgeon, who comes out of the school building and leaves on his horse after attending the consumptive Helen Burns, and Rochester's surgeon, Mr Carter, who treats Rochester's ankle injury and Richard Mason's injury and later amputates Rochester's hand. These doctor figures, however, play only minor roles: Jane talks not to Mr Bates but to a nurse who accompanies him and there is no full depiction of Carter's performing medical practice. Their presence seems to be needed as a component of the novel's realism: the scenes of illness and injury often include doctor characters. While giving doctor characters minor roles, Brontë's second novel includes a far wider range of illness and

injury than her first, and this is partly why illness can be categorised into two opposing directions. *Jane Eyre* also kills many characters in the course of the plot-development. Illness now functions not as a disturbing undercurrent but as one of the central themes to be directly treated and fully dramatised in the text.

Helen Burns's consumption and the other pupils' typhus at Lowood are the best examples of the polarisation of romanticised and unromanticised illnesses *Jane Eyre* presents.³⁶ Considering that both diseases are serious and can easily be fatal but only Helen suffers from consumption when more than half of the school pupils fall into typhus, she is given a special significance in Jane's illness experienced at Lowood. As has been discussed above, consumption was regarded as the most romantic illness during the nineteenth century. In the literary world, it was viewed as a 'creative' disease and dying of it was considered highly romantic in the early nineteenth century. Byron wished he could die of it, John Keats really died of it, and Percy Bysshe Shelley had advanced tuberculosis when he drowned.³⁷ Susan Sontag argues that there exists an aesthetic ranking among various diseases and death by TB is highly fantasised and aestheticised in contrast to death by cancers which are often considered the least romantic.³⁸ TB is a disease of the lung and, metaphorically, a disease of the soul because of the traditional association of the organ with breath and

³⁶ For the typhus episode at Cowan Bridge Clergy Daughters' School in 1825, see Jack Roberts, 'Was It Really Typhus?' in *Bronte Studies* 27.1 (2002): 49-53.

³⁷ Roderick E. McGrew, *Encyclopedia of Medical History* (London: Macmillan, 1985) 340-41.

³⁸ Susan Sontag, *Illness as Metaphor and AIDS and its Metaphors* (New York: Doubleday, 1989) 17-18.

life.³⁹ It is and was also understood as a disease of passion because it consumes the body.⁴⁰ Helen's surname not only associates her with Robert Burns whose poetry Brontë greatly admired but also implies that the girl 'burns' and 'consumes' herself with her religious passion to die as an unhappy but somewhat holy child. The aestheticising of consumption may also be related to the outward appearance of its patients. Thomas John Graham's *Modern Domestic Medicine* describes how a typical consumptive patient looks in his or her middle stage of the disease:

[. . .] the teeth increase in transparency, and the white of the eye is pearly-white; the fingers are shrunk, except at the joints, which become prominent; the nails are bent for want of support, and become painful; the nose is sharp; the cheeks are red; the eyes sunk, but bright; the countenance as if smiling; the spine projects; and the shoulder blades stand out like the wings of birds.⁴¹

It is unusual for Graham to use metaphors in his book such as "as if smiling" and "like the wings of birds". The appearance of the consumptive requires, or attracts, such a literary technique to describe even in a medical dictionary. A person with transparent teeth, pearly-white, sunk but bright eyes, slim fingers, a sharp nose, and red cheeks, who looks as if smiling and whose upper-body looks like a bird's, may certainly look ill but simultaneously beautiful.

Typhus patients, on the contrary, have neither such romantic

³⁹ *Ibid.* 17-18.

⁴⁰ *Ibid.* 20.

⁴¹ Graham, *Modern Domestic Medicine*, 239.

associations nor aesthetic looks. According to Graham's *Modern Domestic Medicine*, the patients of typhus, often called 'putrid fever', show a "brownish appearance of the skin" and, in the advanced period of the disease, "a black gangrenous thrush" around the mouth and throat.⁴² The symptoms of typhus patients --- restlessness, muttering delirium or furious madness --- are contrasted with Helen's spiritual peace in the face of death. Furthermore, the cause of the disease is unromantic, reflecting the harsh 'reality' of patients. In 1841, *The Lancet* reports the cases of typhus in Bradford, Halifax and Huddersfield in Yorkshire, towns quite near to Haworth.⁴³ The fever was supposedly brought by Irish men but was certainly widespread because of the local poverty: the cold winter which even froze liquids "in a few minutes", starvation, poor clothing and want of cleanliness among the people.⁴⁴ These conditions are faithfully represented in the description of Lowood: extreme coldness, frozen water which prevents the pupils from washing themselves (Helen is scolded for her dirty nails) and inedible, scanty food. Thus, while Helen's consumption is associated with spiritual superiority and physical beauty and evokes romantic images, the typhus outbreak demonstrates the miserable 'reality' of the orphans.

Aunt Reed's apoplexy is another identified serious illness in *Jane Eyre*. The death of her debauched son, John Reed,

⁴² *Ibid.* 507-8.

⁴³ John S. Hiley, "Epidemic of Typhus Fever in Yorkshire" in *The Lancet*, May 15, 1841, 1840-41, vol. 2, 260-65.

⁴⁴ Jane's parents have also died of typhus. Her clergyman father caught it while visiting the poor and sick and then passed it to his wife. In this case, typhus seems to signify her father's devotion for them as a clergyman, and his closeness to his wife. The episode may also imply the couple's humble life as well as the destitution of the parish residents.

supposedly by suicide, shocks her and causes an apoplectic attack. Graham's *Modern Domestic Medicine* explains the causes of the disease as follows:

CAUSES.--- The most common immediate cause of apoplexy is pressure on the brain, either from an effusion of blood or serum, or from a distention of the vessels of the brain, by an accumulation of blood in them, independently of effusion.

Whatever operates in determining a great quantity of blood to the head, or in impeding a free return from it, may produce excessive distention or effusion within the cranium, and be, therefore, reckoned as exciting causes: such are violent passions of the mind, immoderate exercise, intense study, fits of intemperance, excessive straining, ligatures about the neck, the suppression of accustomed evacuations, as piles, &c. unrestrained indulgence of the appetite, and exposure to sudden and great heat, or to excessive cold.

This disease may happen at any age, but is most frequent about the middle, or in the decline of life, especially in persons of a plethoric habit, who have short thick necks, and who are indolent, and indulge much in eating and drinking.⁴⁵

While apoplexy can be related to psychological shock, it is simultaneously associated with the patient's self-indulgent habits and their looks which are not beautiful in a conventional sense. The attack may demonstrate her mental affliction, but Mrs Reed's apoplexy has no such romantic amplifications as the immediate

⁴⁵ Graham, *Modern Domestic Medicine*, 197.

death of Marina and Rosamund Wellesley after receiving psychological shocks in Brontë's juvenile writing, or the psychosomatic illnesses of William Crimsworth, Caroline Helstone and Lucy Snowe.

Another polarisation between romantic and unromantic illness is demonstrated in the representational contrast between Jane's 'uniqueness' and Bertha's 'insanity'. If Bertha's animality makes a sharp contrast with Helen's spirituality (in fact, she bites her brother like a rabid dog), it is also contrasted narratologically with Jane's unusual traits. Although madness in the novel is easily associated with Bertha, Jane herself possesses some traits which can look extraordinary: the nervous fit in the red room, her strange familiarity with the moon which has traditionally been associated with 'lunacy', her reception of the telepathic message from Rochester which can be related to one of the typical symptoms of schizophrenia, her prophetic and visionary dreams, and her great talents in art, both in imaginative pictures and in accurate portraits. As in the case of Alexander Ashworth and Mike Hartley, however, these traits are open to wide interpretations, so can be seen as something positive. For example, according to Lillian Feder's wide range of prototypes of madness, her talents in art can be categorised as the ancient Greek type: madness as a blessing, and inducement to prophecy and the arts.⁴⁶ Bertha's madness, by contrast, is described as something fixed in medical terms with no interpretative amplifications: hereditary, medically certified and incurable. As a result, no character in the novel seems to doubt Bertha's madness, and, although it is 'certified' by

⁴⁶ Lillian Feder, *Madness and Literature* (Princeton, New Jersey: Princeton University Press, 1980) 6.

a doctor, she paradoxically receives no medical care but only Grace Poole's watch. Zenobia's frantic behaviour is tolerated in relation to her temporarily disordered 'brain' and she remains a noble figure in the text, whereas Bertha's whole existence is reduced to her madness when Rochester reveals her presence to his wedding guests.

It is important to note that Jane's status as the sole narrator of the story and her narrative techniques consolidate the polarisation between her own traits, which can be interpreted as mad but, at the same time, taken as something creative and romantic, and Bertha's medically proven madness, which functions largely as a hindrance to the heroine's happy marriage.⁴⁷ The first narrative technique is the narrator Jane's frequent intrusion into her "autobiography" and direct address to "the reader". These acts seem to prove the narrator's strong concern for her readers and consequently produce what Wayne C. Booth called "the pleasure of collaboration".⁴⁸ She also forms intimacy with the reader by sharing her secret, for example, telling the reader about her perception of Rochester's telepathic message while hiding it from him. Even if the modern reader does not mistake the narrator for the author Currer Bell or Charlotte Brontë, and cannot easily identify with the addressed "reader", with so many intrusions, the narrator and "the reader" she mentions could almost be considered as characters in the novel. Then the reader can identify with "the reader" and respond to the narrator's

⁴⁷ How Jane is exempt from the label of a mad person with her narrative techniques is discussed more in detail in Akiko Kawasaki's "Voicing and Silencing madness: A Reading of *Jane Eyre*" in *Studies in English Literature* 78. 2 (2001) 87-103.

⁴⁸ Wayne C. Booth, *The Rhetoric of Fiction*. 2nd ed. (Chicago and London: The University Chicago Press, 1983) 302.

personal address. With such intimacy and sympathy with the communicative narrator Jane, it is easy for the reader to accept her story as real but difficult to see her as a mad person telling an irrational story. Consequently Jane can be easily seen as a sane person, while Bertha absorbs most associations with madness circulating in the text.

Another narrative technique which works to confirm Bertha as a mad person and deny Jane's possible madness is the narrator's editing and manipulation of the narrated accounts of events and the direct presentation of dramatic scenes.⁴⁹ Bertha is, except for once, constantly depicted within the spoken discourse of Jane, Rochester, Richard Mason and the hotel-keeper. It should be noted that even the torn veil episode, which Jane has really witnessed, is set in the frame of Jane's narration of the incident to Rochester a day later. Consequently, Bertha is, unlike the eloquent Jane, never allowed to explain or defend herself. There is one directly dramatised scene with Bertha: Rochester shows his wedding guests his mad wife in the attic. This, however, becomes powerful evidence of her madness because the characters and the reader witness her at her worst, bellowing and groveling on all fours like a beast.

In *Jane Eyre*, the narrator succeeds with these narrative devices in polarising romantic and unromantic madness, and associating the former mainly with herself and the latter with

⁴⁹ Direct representation can be defined as 'mimetic' and indirect presentation as 'diegetic': Gérard Genette, *Narrative Discourse* (Ithaca, New York: Cornell University Press, 1980) 162-64, and David Lodge, *After Bakhtin* (London and New York: Routledge, 1990) 28-44. It seems that in diegetic scenes the reader easily identifies with the narrator, whereas in mimetic scenes s/he tends to invest feeling directly into the character acting and speaking in the scenes.

another character.⁵⁰ At least as the narrator, if not as a character, Jane can control her own mad-looking elements in her narrative. In the preface of "The Spell, An Extravaganza" (1834), the narrator Charles announces his determination to prove his brother Zamorna's madness to the reader.⁵¹ The straightforward expression of his hatred towards his brother can, however, make the reader suspect something abnormal in the narrator himself. In *The Professor*, Crimsworth both as a character and as the narrator tries not to be affected by illness and madness, but when illness returns in the form of hypochondria and the ominous power of Victor, he loses control over his own narrative. *Jane Eyre* is Brontë's first narrative in which the narrator succeeds in controlling the representation of her own and others' illness by differentiating the romantic illness from the unromantic illness. Although it is not only illness which determines the romantic and realistic tone of the novel, reading it through illness certainly shows how *Jane Eyre* successfully unites the legacy of her juvenile romanticism and the realism she has newly explored.

Illness as Initiation into Realistic Life Narratives: *Shirley*

Shirley is Brontë's only novel with a third-person narrative which was complete and published during her lifetime. While the

⁵⁰ Jane's narrative, which in effect makes her look sane, makes a striking contrast with Antoinette's narrative in Jean Rhys's *Wide Sargasso Sea*. Her first-person narrative is framed by Grace Poole's narrative, so her voice seems to be under the control of the watcher. Antoinette neither speaks to the reader nor tries to edit her story with narrative techniques which can win her the reader's trust and sympathy. Thus Antoinette/ Bertha exists as a mad person throughout the text.

⁵¹ "The Spell, An Extravaganza" in *An Edition of The Early Writings of Charlotte Brontë, Volume 2: The Rise of Angria 1833-1835, Part 2: 1834-1835*, 150-51.

narrator of "Ashworth" expresses his or her determination not to interpret Alexander Ashworth's strange behaviour, the narrator of *Shirley* voices his or her own opinion about the narrative and the lives of some of the main characters. As early as in the second paragraph of the novel, the narrator addresses the reader in a somewhat challenging tone to discourage any expectation of a romantic story:

If you think, from this prelude, that anything like a romance is preparing for you, reader, you never were more mistaken. Do you anticipate sentiment, and poetry, and reverie? Do you expect passion, and stimulus, and melodrama? Calm your expectations; reduce them to a lowly standard. Something real, cool, and solid, lies before you; something unromantic as Monday morning, when all who have work wake with the consciousness that they must rise and betake themselves thereto (*S*5).

This statement echoes Brontë's announcement of her intention to write in a more realistic mode in 'Farewell to Angria' and Crimsworth's determination not to be deluded by the over-romantic. The narrator compares Caroline Helstone's life to a romantic narrative which is bound to turn into a realistic one, thereby universalising how people grow out of romanticism in youth to face the reality of adulthood, using the first person plurals:

Caroline Helstone was just eighteen years old; and at eighteen the true narrative of life is yet to be commenced.

Before that time, we sit listening to a tale, a marvellous fiction: delightful sometimes, and sad sometimes; almost always unreal. Before that time, our world is heroic; its inhabitants half-divine or semi-demon; its scenes are dream-scenes: darker woods, and stranger hills; brighter skies, more dangerous waters; sweeter flowers, more tempting fruits; wider plains, drearier deserts, sunnier fields than are found in nature, overspread our enchanted globe. What a moon we gaze on before that time! How the trembling of our hearts at her aspect bears witness to its unutterable beauty! As to our sun, it is a burning heaven--- the world of gods.

At that time --- at eighteen, drawing near the confines of illusive, void dreams, Elf-land lies behind us, the shores of Reality rise in front (S97).

Caroline is still living in a heroic dreamland with unrealistic inhabitants, in short, in a Glass Town and Angrian-like romance which is inappropriate as a "true narrative". Caroline is destined to repeat what Brontë experienced as a writer, leaving the old fantasy world to start realistic narratives with difficulty and pain.

'Pain', in Caroline's movement from the "unreal" world to "Reality", operates both literally and metaphorically. According to David Morris, every culture includes rites and ordeals of initiation that mark the passage into adulthood, and pain constitutes one of their most important features.⁵² In *Shirley*, illness functions as a rite of passage into characters' true and real life narratives

⁵² David B. Morris, *The Culture of Pain* (Berkeley and Los Angeles, California, and London: University of California Press, 1993) 180.

because of the physical and psychological pain it causes. Not only Caroline but also almost all the characters of the novel must, at one point of their life, face reality in the form of physical weakness. Some die from it, some survive it, and others are gradually undermined by it from within. Mary Cave, Caroline's aunt, dies a year or two after her marriage to the insensitive and inattentive Helstone. Mrs Pryor has once verged on mental collapse while working as a governess because of her socially awkward position in the household and emotionally barren life. Miss Mann, one of the two "old maids" in the novel, gradually declines with her "canker" (S180) and exhibits a typical Freudian death instinct: "to avoid excitement was one of Miss Mann's aims in life" (S178).

Whether one dies of, recovers from, or coexists with it, illness in *Shirley* is most often caused by psychological affliction, or, in some cases, generates it after characters become physically weak. Caroline's case shows the most typical example of psychologically caused illness, as Mrs Pryor indicates:

"But your mind, Caroline: your mind is crushed; your heart is almost broken: you have been so neglected, so repulsed, left so desolate."

"I believe grief is, and always has been, my worst ailment. I sometimes think, if an abundant gush of happiness came on me, I could revive yet" (S432).

Her physical decline reveals her inner suffering to Mrs Pryor and Caroline admits the psychosomatic nature of her illness. Illness in *Shirley* in this way gives form to characters' invisible inner sufferings so that the sick confront them as a problem to resolve. If

illness mainly serves to provide a place where Caroline can face her psychological reality, then there is no particular need to identify her illness. The narrator relates Caroline's illness to the weather and to something which has come from Asia, but it is almost impossible to identify the disease from the abstract description:

The future sometimes seems to sob a low warning of the events it is bringing us, like some gathering though yet remote storm, which, in tones of the wind, in flushings of the firmament, in clouds strangely torn, announces a blast strong to strew the sea with wrecks; or commissioned to bring in fog the yellow taint of pestilence, covering white Western isles with the poisoned exhalations of the East, dimming the lattices of English homes with the breath of Indian plague (*S*421).

When that was over the sun broke out genially, heaven regained its azure, and earth its green: the livid cholera-tint had vanished from the face of nature: the hills rose clear round the horizon, absolved from that pale malaria-haze (*S* 444).

The disease is described with vague phrases such as "the yellow taint of pestilence", "the poisoned exhalations" and "the breath of Indian plague". Moreover, cholera and malaria, two quite different diseases, are casually juxtaposed. In short, nosology is not important in Caroline's case, because illness here serves to show the intensity of her inner affliction which even causes or

precipitates the attack of a serious and potentially fatal illness. In this manner, the "storm" works not only literally but also as a metaphor of the heroine's inner turmoil, like the sea storms in *Villette*.

If illness is caused by psychological distress, then it is also cured by its solution. In the sense that illness is caused and cured in a psychological dimension, *Shirley* is a novel which places illness beyond medicine and manipulates illness independently from medicine. This explains not only why Caroline's illness remains unidentified but also why doctor characters in *Shirley* are given little significance but mainly function as necessary and natural constituents of the sickroom scenes. When she discovers her nurse, Mrs Pryor, to be her true mother, Caroline is liberated from her long emotional starvation and tells her uncle that she needs no doctor, whether it is Dr. Rile, a supposedly well-educated physician, or MacTurk, a local surgeon: "No: I don't want a doctor; mama shall be my only physician" (*S* 439). Mina Laury's belief that devoted nursing is fundamentally superior to, and more therapeutic than medicine is dramatised in Caroline's illness episode.

If physical problems mirror their psychological afflictions, how they fall into illness reflects the nature of the protagonists. Caroline's emotional starvation debilitates her and working as a governess has once enfeebled Mrs Pryor. Louis Moore, a somewhat feminised figure because of his vulnerable social position as a tutor ('male governess') catches "fever" (*S* 479), while visiting the poor, with Sir Philip Nunnely's wooing of Shirley in mind. Unlike these delicate and sensitive characters, Shirley and Robert, mentally and physically tough characters, are made weak not by illness

which develops within them but by accident which unexpectedly and violently attacks them from without. The reverse of the feminised Louis, Shirley, who is masculinised by her androgynous name and high social position, is bitten by a dog which she believes to be rabid. Robert is shot by Mike Hartley, the "Antinomian weaver" (S 15) who is said to see visions. While other characters first struggle with their inner sufferings and become ill as a result, Shirley and Robert experience psychological weakness after they are injured and made to view the world more introspectively. Shirley becomes "nervous" (S 507) and Robert feels his mind grow unstable. These basically strong and healthy characters are also psychologically castrated and experience 'pain' to go through a rite of passage into more realistic life narratives.

After the shocking initiation of illness, however, come transformation and regeneration. Once she is reunited with her mother, Caroline immediately regains the will to live and gradually recovers. This dramatic encounter or reunion between a daughter and a mother, followed by Caroline's miraculous recovery, is the sole episode in the novel which escapes the frame of realism prevailing in the text. *Shirley* certainly stages exciting scenes such as the attack on Robert Moore's factory, but they represent the Luddite risings which Charlotte Brontë consciously included to engender a more historical and realistic novel. It is illness which successfully integrates the otherwise incredible and abrupt revelation of Mrs Pryor's identity and Caroline's recovery into the story, with its power to bring dramatic changes and create new situations. The narrator in this way takes control of his or her realistic narrative while leading Caroline to a new realistic life narrative. Although the changes are less dramatic than in

Caroline's case, other characters are also transformed by their experience of illness. Shirley is released from superstition and regains her spirits after Louis reassures her that she will not contract hydrophobia through the dog-bite. Louis, with the same first name as Pasteur, the discoverer of an effective vaccine and the campaigner for immunisation against rabies, in this way leads the "nervous and womanish" (S 511) Shirley to a more scientific and realistic understanding of the world. By weakening and 'feminising' him, Robert's illness makes him notice Caroline's affection and the importance of feelings.

Robert's case illuminates how illness functions as shared experience which ties people. Robert and Caroline are not only reunited by illness in his sick room, but also become emotionally closer to each other:

"Do you suffer pain, Robert?"

"Not so much pain now; but I am hopelessly weak, and the state of my mind is inexpressible ... dark, barren, impotent. Do you not read it all in my face? I look a mere ghost."

"Altered, yet I should have known you anywhere: but I understand your feelings: I experienced something like it. Since we met, I too have been very ill."

"Very ill?"

"I thought I should die. The tale of my life seemed told. Every night just at midnight I used to wake from awful dreams ... and the book lay open before me, at the last page where was written 'Finis.' I had strange feelings."

"You speak my experience."

"I believed I should never see you again; and I grew so thin --- as thin as you are now: I could do nothing for myself --- neither rise nor lie down; and I could not eat --- yet, you see I am better."

"Comforter! sad as sweet: I am too feeble to say what I feel; but, while you speak, I *do* feel" (S583).

Illness as shared experience operates for Caroline and Robert like the telepathic message from Rochester to Jane. The diverse cultural functions of illness, however, enable them to communicate with each other in a more realistic way than through supernatural power. Caroline's illness caused by her mental distress and Robert's depression brought by his physical debility make them face their reality and articulate whom they love. After these painful initiations by illness, their narratives not only resume in a more realistic tone, but also integrate into each other's.

After creating two couples, the narrator briefly tells that Mike Hartley dies of delirium tremens a year after he has shot Robert, without answering the question as to whether he is just a drunkard or a real visionary. Thus dies the last figure who could be interpreted as representing Glass Town and Angrian mysticism. Furthermore, at the very end of the novel, the narrator inserts the episode of the last fairy in Fieldhead Hollow. The narrator's old housekeeper, Martha, tells that her mother saw the last "fairish" (S 646) fifty years ago. In *Wuthering Heights*, the boy's account at the ending of the novel of seeing Heathcliff and a woman revives its Gothicism which prevails in the earlier part of the novel. *Shirley's* ending, by contrast, suggests that, with the death of the mysterious Mike Hartley and the extinction of fairies, the last tint

of Glass Town and Angrian romanticism has died away. This ending anticipates Brontë's last novel which not only dismisses her childhood heroism but also radically parodies her earlier romanticism.

Self-Parody and the Satire of Medicine: *Villette*

Villette, published in 1853 soon after the death of Brontë's childhood idol, the Duke of Wellington, powerfully and painfully demonstrates the end of the straightforward enacting of her girlhood heroism. It contains Gothic elements, as Eve Kosofsky Sedgwick indicates, such as a ghostly nun and a live burial.⁵³ They are, however, presented in a twisted form, for example, the live burial is not of a person but of the letters from Dr John. In her last published novel, Brontë for the first time foregrounds medicine as well as illness. As early as its first page, the text mentions a doctor figure who is not part of a sick-room scene but one of the main family of characters: Mr Bretton, a physician, Mrs Bretton's late husband and Graham's father. His son Graham, or Dr John, is, unlike other doctor figures in Brontë's earlier writings, one of the main characters whom the heroine is secretly infatuated with.⁵⁴ While "The Spell" includes no scene of the physician Alford's medical practice, *Villette* describes how Dr John treats his patients with his medical skill. While the physician Sir Alured Angus whose daughter Marina marries the king has no voice, Dr

⁵³ Eve Kosofsky Sedgwick, "Immediacy, Doubtfulness, and The Unspeakable: *Wuthering Heights* and *Villette*" in *The Coherence of Gothic Conventions* (New York and London: Methuen, 1986 [1976]) 126 and 129.

⁵⁴ The character of Dr John may have been inspired by Mr Hope, the doctor character in Harriet Martineau's *Deerbrook* which Brontë read and highly acclaimed, see *Harriet Martineau's Autobiography*, vol. 2 (London: Virago, 1983) 323.

John speaks much, acts autonomously and marries the aristocratic Paulina.

If Brontë for the first time creates a narratologically significant medical character, however, it does not necessarily indicate the rising status of doctors or Brontë's growing positive perception of them. In the mid-nineteenth century the social prestige of medical men according to the British gentlemanly ideal still remained inferior to that of other liberal professionals in law, the ministry, and the military,⁵⁵ mainly because of the craft of surgery they used.⁵⁶ It can be said then that Brontë does not so straightforwardly romanticise the character of Dr John as she once did her noble characters in her juvenilia. The character of Dr John rather serves to develop the novel's realism and increase the ironical effects medicine produces. In fact, what the narrator-heroine observes and experiences in relation to medicine and illness overall turns out to be comical, disappointing and disillusioning. Illness no longer retains any tint of romanticism but, on the contrary, functions to dispel the romantic associations it produces in Brontë's other novels. In this respect, *Villette* parodies Brontë's earlier works which use illness as a powerful device to develop the plots towards the protagonists' happy-ending and as a place to explore their psychological truth, especially *Jane Eyre* and *Shirley* whose heroines survive and even thrive on illness. Lucy Snowe despises falsehood, as is shown in her refusal to dress herself as a man for the school vaudeville. Illness in

⁵⁵ Toby Gelfand, "The History of the Medical Profession" in *Companion Encyclopedia of the History of Medicine*, 1134-36. See also M. Jeanne Peterson, "The Struggle for Status and Income" in *The Medical Profession in Mid-Victorian London* (Berkeley, Los Angeles and London: University of California Press, 1978).

⁵⁶ Peterson, 196.

Villette, however, frustrates and torments her by revealing falsehood throughout the text. As a result, while Jane Eyre assertively recounts her experience as something which leads her and the reader to truth, Lucy narrates her experience of falsehood and disillusionment in a much more reserved, distanced and inarticulate way.

The short description of how Paulina's mother has died is the first example of an illness episode which, despite its seriousness, produces somewhat comical effects:

Mrs. Home (Home it seems was the name) had been a very pretty, but a giddy, careless woman, who had neglected her child, and disappointed and disheartened her husband. So far from congenial had the union proved, that separation at last ensued ... separation by mutual consent, not after any legal process. Soon after this event, the lady having overexerted herself at a ball, caught cold, took a fever, and died after a very brief illness (V7).

Mrs Home's illness and death after she has attended a ball and caught cold could be associated with consumption, which afflicts the beautiful Mary in Brontë's juvenilia and kills the precocious Helen Burns in *Jane Eyre*. In fact, Thomas John Graham writes that catarrhal consumption, one of the three kinds of pulmonary consumption, is "chiefly produced by catching cold, or the neglect of a common catarrh".⁵⁷ The above quoted article which defines consumption as the disease of the young and beautiful also describes how ladies typically contract it after dancing:

⁵⁷ Graham, *Modern Domestic Medicine*, 240.

[. . .] Then the way in which ladies expose themselves to cold-taking is really marvellous. In their low dresses they will go out to evening-parties, having probably taken off much of the warm under-clothing they had worn through the day; they spend hours in a heated atmosphere, dance themselves warmer still, and then pass from the ball-room into their carriages, breathing the night air, without any extra covering, and cooling themselves perhaps at the open window, without a thought of harm.⁵⁸

Despite the grave and sombre elements of this episode such as the neglect of the child, the separation of the couple, and the mother's eventual death, and despite the romantic image it evokes in association with consumption, the short and anecdotal description of Mrs Home's illness and death at the same time bears a slightly whimsical colour and tempts the reader to picture a merry and silly Ginevra Fanshawe-like woman dancing and dying.

Like Mrs Home's death, her surviving daughter's extraordinary attachment to her father which looks to Lucy almost like a "monomaniac tendency" (V 14) is described in a somewhat humorous way. On her arrival, Paulina looks like a fake, a miniature gentle lady doll: "Seated on my godmother's ample lap, she looked a mere doll; her neck, delicate as wax, her head of silky curls, increased, I thought, the resemblance" (V 9); "I observed her draw a square-inch or two of pocket-handkerchief from the doll-pocket of her doll-skirt, and then I heard her weep" (V 10). Lucy also later sees Paulina "laying her elfish hand on her elfish

⁵⁸ *The Lady's Newspaper*, May 31, 1856, vol. 19. 339.

breast" (V 40). Paulina's outward appearance in this way reduces the potential seriousness of the disease, monomania. Although the Angrian ladies maintain their romantic image and noble dignity even in their agony and sickness, the temporarily deserted aristocratic child, Paulina, produces comical-pathetic effects in the chapters which feature her suffering.

After observing how a fundamentally serious situation could look comical, Lucy herself goes through an experience of romantic expectations leading to a farcical scene. On the ship to the Continent, Lucy first thinks herself free from sea-sickness while many other passengers suffer from it. She feels sick, however, just when she starts fantasising her destination and future life there:

In my reverie, methought I saw the continent of Europe, like a wide dream-land, far away. Sunshine lay on it, making the long coast one line of gold; tiniest tracery of clustered town and snow-gleaming tower, of woods deep-massed, of heights serrated, of smooth pasturage and veiny stream, embossed the metal-bright prospect. For background, spread a sky, solemn and dark-blue, and --- grand with imperial promise, soft with tints of enchantment --- strode from north to south a God-bent bow, the arch of hope.

Cancel the whole of that, if you please, reader --- or rather let it stand, and draw thence a moral --- an alliterative, text-hand copy ---

"Day-dreams are delusions of the demon."

Becoming excessively sick, I faltered down into the cabin (V 68-69).

In a more indirect way than the narrator of *Shirley* does, Lucy here warns the reader against a delusive romanticism which only brings an anticlimax and physical trouble. Like Caroline, Lucy must discard her romanticism and face the reality of her literal and metaphorical voyage in the form of illness. Unlike Caroline's unidentified serious illness which dramatically brings her mother back, however, Lucy's sea-sickness brings neither reunion nor regeneration, but only torments her with symptoms which can be very unpleasant but whose overall image is somewhat comical.

In *Villette*, Lucy observes a strange medical 'ceremony' performed by Dr John and the Beck family. When Dr John for the first time comes to the Pensionnat Beck, on behalf of Dr Pillule, to treat the broken arm of Fifine, Madame Beck's second child, the mother and the daughters instantly find him agreeable. As soon as Fifine's arm is cured, Désirée, the eldest daughter, starts to say that she is ill, but Lucy suspects her of feigning illness in order to enjoy the privileges of the sick, Dr John's company. To Lucy's surprise, not only Madame Beck and her children but also Dr John participate in the family's illness games and perfectly construct his expected role as their doctor:

What surprised me was that Dr. John (so the young Englishman had taught Fifine to call him, and we all took from her the habit of addressing him by this name, till it became an established custom, and he was known by no other in the Rue Fossette) ... that Dr. John consented tacitly to adopt madame's tactics, and to fall in with her manoeuvres. He betrayed, indeed, a period of comic doubt, cast one or two rapid glances from the child to the mother, indulged in an

interval of self-consultation, but finally resigned himself with a good grace to play his part in the farce (V118).

Every day, on this mere pretext of a motive, he gave punctual attendance; madame always received him with the same empressement, the same sunshine for himself, the same admirably counterfeited air of concern for her child. Dr. John wrote harmless prescriptions for the patient, and viewed her mother with a shrewdly sparkling eye (V119).

Dr John's frequent visits for false illness make an ironical contrast with the lack of medical attendance for Lucy's real illness during the long vacation. These ceremonial visits also parody the contemporary custom of home visits by doctors. In the Victorian era, middle-class and upper-class patients did not really expect their doctor to perform miracles on their illness but they usually valued him for his gentlemanly manner as someone who entered their respectable household.⁵⁹ Therefore patients chose doctors for their manners and their gentlemanly conduct as much as for their medical expertise.⁶⁰ An article from *The Lady's Newspaper* of July 19, 1856 has two articles on doctors' relation to their clientele. The first article describes how women tended to choose pleasant and agreeable doctors:

It would be strange enough, if one could ascertain the reasons for selection by which we are actuated in our choice

⁵⁹ Roy Porter, *Blood and Guts: A Short History of Medicine* (London: Allen Lane, 2002) 37-41.

⁶⁰ Lawrence, *Medicine in the Making of Modern Britain 1700-1920*, 27.

of a medical attendant. Perhaps in many cases we should find it impossible to state them. One man has a large practice or always appears busy; another keeps a showy equipage; a third looks clever, and so, of course, must be; a fourth (but this is seldom a prevailing motive), is an old friend of the family; a fifth has written a book which is said to be an authority, and a sixth conducted an almost hopeless case successfully. Reasons for choice, such as these, are among the most powerful; and when once a medical man is engaged, who is there that likes to change him?

With ladies the preference is oftentimes a mere matter of fancy. One practitioner is short and blunt in his manner, and indifferent about his dress, and they cannot endure him; another is bland and plausible, with lively manners and conversational powers, and he is pronounced "a love of a man," [. . .].⁶¹

The second article, 'Advice to a young physician' warns against any expectation of being treated as friends by their clientele:

Let me strongly forewarn you against one frequent error. Young physicians often dream that by extending the circle of their private acquaintances, they thus afford themselves the best chance of extending the circle of their private patients. [. . .] To have professional faith and confidence in you, he [man] must respect you in your calling as a physician, and not merely in your character as a social friend and companion. The qualities for which he might esteem you in

⁶¹ *The Lady's Newspaper*, July 19, 1856, Vol. 20. 35.

the latter capacity are often the very reverse of those which would induce him to confide in you in the former. The accomplishments which may render you acceptable in the drawing-room are not always those which would make your visits longed for and valued in the chamber of sickness and sorrow. I repeat, therefore, that if you dream of making patients by making friends, you will utterly delude yourselves, and damage your own prospects. By your undivided devotion to your profession, labour to create for yourselves a sound and just medical reputation, and that reputation will create for you patients. --- *Simpson's Physicians and Physic.*⁶²

Dr John's calls on the Rue Fossette which look like a "farce" to Lucy's eye then caricature the visits of the well-mannered family doctors, ladies' personal preference for their doctor because of his manner and charm, and, furthermore, his need and will to gain new clients even by flattering 'patients' with feigned illness. While he is certainly a young, well-mannered and pleasant doctor-character one can easily romanticise, Lucy is disappointed to see comical features in his visits and his acceptance of falsehood.

The episode of Lucy's illness during the long vacation works most vividly as Brontë's revision of her earlier works. Lucy's confinement in the garret by M. Paul is not the only scene which parodies the incarceration of Bertha Mason. The mysterious and dangerous mad woman in the attic in *Jane Eyre* now appears as the "crétin", Marie Broc, whom Lucy is forced to look after in the

⁶² *Ibid.* 40.

empty school. Like Bertha, Marie is associated with the bestial or sub-human and described as a "tameless animal" (V195). Unlike Bertha who agilely escapes from the attic and sets disastrous fire to Thornfield, however, Marie loves sunshine, a safe and healthy version of heat, and easily falls into a state of inertia. While Bertha's presence is kept strictly confidential, Marie is the acknowledged burden of the whole school, whom everyone tries to avoid looking after. Lucy, as an amateur temporary carer, strenuously performs her duty which even seems to require "the nerve of a hospital nurse" (V195). This recalls the drunken and irresponsible 'professional' keeper Grace Poole, who used to work in an asylum. Furthermore, left alone with Marie Broc on the school premises, Lucy herself becomes a 'confined' female character like Bertha Mason in the attic, Jane Eyre in the red room and the young Caroline Helstone in the garret room. Jane and Caroline are released from the rooms where they are confined by screaming out, but Lucy stays in her room when her health fails after Marie is taken away by her aunt. One can compare Lucy's solitary stay in her room which affects her mind, as Showalter does, to the 'solitary confinement' in prisons and asylums whose favorable effects were doubted by the 1850s.⁶³ At the same time, one can view it as comic self-imprisonment and a parody of Brontë's other confinement episodes, because the door is not locked so Lucy is not really confined unlike when M. Paul locks her into a garret to learn her lines for the school play.

Even though Lucy's illness is serious and caused by genuine emotional starvation, it never brings her an epiphanic moment but, instead, shows her a sham reality. While Crimsworth confronts his

⁶³ Showalter, *The Female Malady*, 69.

old foe Hypochondria in his delirium and learns the maxim, 'In the midst of life, we are in Death', Lucy in her suffering starts idolising Ginevra Farnshawe and realises how her nerves are exhausted:

Ginevra gradually became with me a sort of heroine. One day, perceiving this growing illusion, I said, "I really believe my nerves are getting overstretched: my mind has suffered somewhat too much; a malady is growing upon it ... what shall I do? How shall I keep well?" (V196).

In her desperate attempt to retain her sanity, Lucy reaches the confessional of a Catholic church. Traditionally, torture was sometimes used as a means of extracting a confession,⁶⁴ and confessants own up to their sin. What the mentally tormented Lucy first tells her confessor is, however, that she is a Protestant as if that in itself were a great sin: "Mon père, je suis Protestante" (V199). If Lucy is simply telling him that she is not of his faith, her seriousness makes the first sentence of her confession slightly comical, considering the bloody history of confessions. By listening to her story, the priest, Père Silas, a Frenchman, relieves Lucy's mental pain like a mind doctor and kindly invites her to his house. In France, there was a long tradition of the Catholic Church taking care of the insane, where priests virtually played the role of spiritual mad doctors.⁶⁵ In nineteenth-century England, asylum

⁶⁴ David B. Morris, *The Culture of Pain*, 185.

⁶⁵ For the medical-clerical relations in France, see Jan Goldstein, "Religious roots and rivals" in *Console and Classify: The French psychiatric profession in the nineteenth century* (Chicago and London: University of Chicago Press, 2001[1987]).

doctors in turn had taken over the role of the priest and moral mentor.⁶⁶ The confession episode reflects the priest-doctor relation and shows Père Silas's therapeutic success. The narrating-Lucy, however, interrupts and explains hurriedly and defensively that her depression made her lose her sense so her confession was an act of temporary madness:

Did I, do you suppose, reader, contemplate venturing again within that worthy priest's reach? As soon should I have thought of walking into a Babylonish furnace [. . .] Had I gone to him, he would have shown me all that was tender, and comforting, and gentle, in the honest popish superstition. Then he would have tried to kindle, blow and stir up in me the zeal of good works. I know not how it would all have ended. We all think ourselves strong in some points; we all know ourselves weak in many; the probabilities are that had I visited Numéro 3, Rue des Mages, at the hour and day appointed, I might just now, instead of writing this heretic narrative, be counting my beads in the cell of a certain Carmelite convent on the Boulevard of Crécy in Vilette (V 201).

Lucy here indirectly associates Père Silas with a quack who deceives the sick with false therapy. The confession episode is in this way turned into something so obviously amiss that the older Lucy wants to explain, involving the reader emotionally by using the subject "we". It parodies Brontë's most dramatic therapy-related episode: Caroline's illness brings her to her real

⁶⁶ Shuttleworth, 42.

mother in *Shirley*, whereas Lucy's depression takes her to her spiritual 'father' who turns out to be a false one.

In La Terrasse, by first doubting her sanity and then seeing the truth, Lucy experiences the reversal of the confession episode in which she first believes that what is happening is genuine and truth-revealing but then notices that her mind has temporarily been disordered. Lucy doubts her sanity when she finds furniture which she has seen in the Bretton family's house many years ago:

Reader, I felt alarmed! Why? you will ask. What was there in this simple and somewhat pretty sleeping-closet to startle the most timid? Merely this --- these articles of furniture could not be real, solid arm-chairs, looking-glasses, and wash-stands --- they must be the ghosts of such articles; or, if this were denied as too wild an hypothesis --- and, confounded as I was, I *did* deny it --- there remained but to conclude that I had myself passed into an abnormal state of mind; in short, that I was very ill and delirious: and even then, mine was the strangest figment with which delirium had ever harassed a victim (V211-12).

Lucy soon finds out that the pieces of furniture were brought to Villette by Mrs Bretton. While Jane Eyre is in control of her identity in Moor House, pretending to be 'Jane Elliott', although she is very frail, Lucy is in this way constantly manipulated by the interplay between falsehood and reality in relation to illness.

When Lucy finds the nun inexplicable within a rational dimension, the narrating-Lucy tempts the reader to doubt the sanity of the narrated-Lucy whose mind is, at this point, recovered

from the crisis during the long vacation but overexcited by the long waited letter from Dr John:

Say what you will, reader --- tell me I was nervous, or mad; affirm that I was unsettled by the excitement of that letter; declare that I dreamed: this I vow --- I saw there --- in that room --- on that night --- an image like --- a NUN (V 306).

The nun in the garret is another mysterious woman in the attic and, furthermore, when she loses sight of the precious letter, Lucy herself behaves like Bertha Mason, whom Jane Eyre witnesses grovelling on all fours: “ ‘Oh! they have taken my letter!’ cried the grovelling, groping, monomaniac” (V308). While Jane calls Bertha “it” (JE 293) because she first cannot identify the violent creature as a human being, the narrating Lucy comically calls herself “the grovelling groping monomaniac” and describes her as if from the outside as another person than herself. She in this way describes her obsession about Dr John’s letter as something comical and pathetic and distances herself from the emotion she has then experienced.

What is most cynically described in this nun episode is Dr John’s voluntary diagnosis of Lucy’s nerves. Although prophetic dreams guide Jane Eyre in her progress to her happiness and the telepathic message brings her to her future husband, the appearance of the nun only reduces Lucy to a mentally disordered person who sees hallucinations and disappoints her with the careless diagnosis of the man she is infatuated with. Dr John can be seen as a romantic figure from some characters’ viewpoint. For

the Beck women, he is an agreeable and well-mannered young male doctor they wish to see as often as possible. For Paulina, he is a hero who saves her in the fire panic at the theatre from possible serious disability or even death, and treats her shoulder dislocation. According to Thomas John Graham's *Modern Domestic Medicine*, dislocations can be serious and even fatal: "as this often happens to persons in situations where no medical assistance can be obtained directly, by which means limbs, and even lives, are frequently lost".⁶⁷ The reunion between Paulina and Dr John at the theatre can then be seen as highly romantic and his spontaneous act as truly heroic. Lucy, however, persistently sees him in a dubious or comical light. While the layman St John instantly and correctly understands Jane's bodily weakness to be caused by starvation and exhaustion, not by a serious illness, and decides not to call a doctor, another John in *Villette*, a professional doctor, gives a voluntary misdiagnosis. As Shuttleworth argues, in naming Dr John Graham Bretton after Thomas John Graham whose medical book her father often consulted, Brontë may be giving embodiment to a contemporary medical authority.⁶⁸ His misdiagnosis, however, serves to undermine the authority precisely because it sounds 'materialistic' and 'scientific':

"Permit me, then, to speak a little seriously to you before you go. You are in a highly nervous state. I feel sure from what is apparent in your look and manner, however well-controlled, that whilst alone this evening in that dismal,

⁶⁷ Graham, *Modern Domestic Medicine*, 175.

⁶⁸ Shuttleworth, 222.

perishing sepulchral garret --- that dungeon under the leads, smelling of damp and mould, rank with phthisis and catarrh: a place you never ought to enter --- that you saw, or *thought* you saw, some appearance peculiarly calculated to impress the imagination. I know you *are* not, nor ever were, subject to material terrors, fears of robbers, & c. --- I am not so sure that a visitation bearing a spectral character would not shake your very mind. Be calm now. This is all a matter of the nerves, I see: but just specify the vision" (V311).

He disbelieves what Lucy has actually seen and believes what he 'sees' with his 'professional' eye. This appears nonsense to the narrating-Lucy and the second-time reader who know that Ginevra's lover has disguised himself as the nun. Lucy again faces disappointing and underwhelming reality in relation to illness.

When the news of M. Paul's leaving Villette spreads, Lucy witnesses the pupils' temporary hysterical response:

I remember feeling a sentiment of impatience towards the pupils who sobbed. Indeed, their emotion was not of much value; it was only an hysteric agitation [*sic*]. I told them so unsparingly. I half ridiculed them (V550).

Morning wasted. Afternoon came, and I thought all was over. My heart trembled in its place. My blood was troubled in its current. I was quite sick, and hardly knew how to keep at my post or do my work. Yet the little world round me plodded on indifferent; all seemed jocund, free of care or fear, or thought: the very pupils who, seven days since, had wept

hysterically at a startling piece of news, appeared quite to have forgotten the news, its import, and their emotion (V 554).

While observing their momentary suffering with contempt, Lucy becomes really sick with her trembling heart and troubled blood. This true illness created by true agony is, however, falsely treated by Madame Beck who administers a wrong dose of opium which does not sedate, but excites her.⁶⁹ *The Lancet* describes how the wrong pharmaceutical preparations could cause serious problems:

Throughout the whole body of the profession, it will be broadly admitted that the purity of drugs, and the exactness of pharmaceutical preparations, touch closely the successful practice of the science of Medicine. If physicians and surgeons are ignorant of the active qualities of the medicines that are administered, what is the position of their patients? There ought to be an absolute certainty that the medicine prescribed should be the medicine actually prepared and taken. Few circumstances, probably, would tend more to

⁶⁹ In the eighteenth century, there was a debate as to whether opium was a stimulant or a sedative which continued in the nineteenth century; by the end of the century, opium use was increasingly viewed as a cause of mental illness and as a form of insanity in itself: Virginia Berridge and Griffith Edwards, *Opium and the People: Opiate Use in Nineteenth-Century England* (London and New York: Allen Lane and St Martin's Press, 1981) 64-68. Until 1868, in England any person, whether qualified or not, could buy and sell opium, and probably society in general had no particular fears about their use of the drug; working-class people who could not afford to pay for treatment for small ailments used opium as self-medication: Virginia Berridge, "Victorian Opium Eating: Responses to Opiate Use in Nineteenth-Century England" in *Victorian Studies* 21.4 (1978): 437-61, see esp., 438-50.

promote the successful practice of medicine, than *certainty* as to the quality of drugs and pharmaceutical preparations, in relation to the terms by which they are known and prescribed.

Constant purity and uniformity of strength under the proper titles of medicines, are really conditions of paramount necessity. In the absence of these conditions, physicians and surgeons prescribe in utter darkness, and the lives of their patients are placed in positive jeopardy.⁷⁰

While Madame Beck's overdose or underdose reflects the difficulty of pharmaceutical preparations, her 'malpractice' parodies Dr John's misdiagnosis and furthermore caricatures her as a quack doctor. The quacks' golden age was the eighteenth century but they still existed in the nineteenth.⁷¹ Thomas John Graham remarks how opium is particularly associated with quacks:

It has been well observed, that opium is the quack's sheet anchor. The various nostrums advertized as "*Cough Drops* for the cure of colds, asthmas, catarrhs, &c." are preparations of opium, very similar to paregoric elixir. *Pectoral Balsam of Liquorice*, *Essence of Coltsfoot*, *Grindle's Cough Drops*, *Squire's Elixir*, and many others, are combinations of this kind; and it behoves the patient to be very cautious in their use, for, as Dr. Fothergill has observed, the mischief that has proceeded from the "*healing*" anodynes of quacks can be scarcely imagined, since opiates generally do much harm in

⁷⁰ *The Lancet*, January 15, 1853, vol. 1, 65.

⁷¹ Roy Porter, *Blood and Guts*, 45.

coughs, arising from suppressed perspiration, or an inflammatory state of the system.⁷²

In this way, after being disappointed by the real doctor, Dr John, Lucy is manipulated by Madame Beck's 'quackery'.

The vision Lucy sees under the effect of opium parodies the legend of opium use by the Romantic writers. Today opium is known to work on what is already in a person's mind, so imaginative writers such as Coleridge and De Quincey may have been able to see fantastic visions under the influence of opium, but people without creativity or imagination have either no visions or visions of plain and practical affairs.⁷³ When she goes out of the school after taking the opium, Lucy sees fantastical and exotic scenes which appear to her hallucinatory:

Villette is one blaze, one broad illumination; the whole world seems abroad; moonlight and heaven are banished: the town, by her own flambeaux, beholds her own splendour --- gay dresses, grand equipages, fine horses and gallant riders throng the bright streets. I see even scores of masks. It is a strange scene, stranger than dreams (V565).

In a land of enchantment, a garden most gorgeous, a plain sprinkled with coloured meteors, a forest with sparks of purple and ruby and golden fire gemming the foliage; a region, not of trees and shadow, but of strangest

⁷² Thomas John Graham, *Modern Domestic Medicine*, 52-53.

⁷³ Alethea Hayter, *Opium and the Romantic Imagination: Addiction and Creativity in De Quincey, Coleridge, Baudelaire and Others* (Northamptonshire: Crucible, 1988) 36-38.

architectural wealth ... of altar and of temple, of pyramid, obelisk, and sphinx; incredible to say, the wonders and the symbols of Egypt teemed throughout the park of Villette (V 566).

As the Bretton family's furniture in La Terrasse proves to be real, these strange objects turn out to exist in reality as the sets of the festival. The pattern of her confrontation with the 'unreal' and the final domination of the 'real' culminates when she returns to the school and reveals the identity of the nun as "a long bolster dressed in a long black stole, and artfully invested with a white veil" (V587). The nun Lucy has seen before also turns out to be the disguised Alfred de Hamal with whom Ginevra elopes. The characters of Alexander Ashworth and Mike Hartley remain open to opposing interpretations ... they may be mad or visionary. *Villette*, by contrast, unmask the true identities of the 'unreal' to the heroine and this is not only revealing but also underwhelming. The text continues to stage falsehood throughout, so that Lucy's attempts to romanticise her experiences all fail. M. Paul's promise to return and marry her is also unrealised because of his ultimate death. Her disappointment about her 'reality' affects her method of recounting her life narrative. Like Jane, Lucy is in control of her narrative as its sole narrator but, unlike Jane, she assumes a distanced, ironical and tantalising attitude towards her own unhappy story.

What happens in Lucy's narrative in relation to illness, however, simultaneously enables Brontë to narrate unrealistic events and explore Glass Town and Angrian romanticism and supernaturalism within the frame of a life narrative. If the nun

turns out to be a bolster and Lucy's 'hallucination', real festive scenes, it is true that the nun episode effectively enacts Lucy's secret obsession with Graham's letters, and the opium episode, her inner turmoil on hearing of M. Paul's leaving the country. In this sense, by including illness-related events, Brontë paradoxically succeeds in re-enacting her girlhood romanticism even in the novel which features the heroine's continuous disappointments over reality through illness and medicine.

Reading her narratives through illness has shown how Brontë hovers over the Glass Town and Angrian horizon throughout her literary career while changing the strategy to deal with her juvenile fantasy and romanticism. She uses illness, or artificially caused illness, as the most plausible excuse for representing something miraculous and unrealistic. After starting her literary career by freely exploring the fantastic, idealised and romantic, she tries to write *The Professor* in a realistic style, but Crimsworth's hypochondria and Victor's ominous power interrupt the otherwise realistic narrative until it concludes with an open ending. In *Jane Eyre*, she creates an autobiography from an exciting mixture of romanticism and realism by polarising romantic and unromantic illness through the narrator-heroine's powerful narrative technique. She then explores the significance of realism both in life and in fiction in *Shirley*, by making every main character sick and placing the miraculous reunion between Mrs Pryor and Caroline safely within the overall realistic narrative. In *Villette*, Brontë relentlessly chains the heroine to disillusioning and disappointing reality by employing illness and feigned illness, and medicine and mock medicine. It is tantalising to conjecture how her next novel might have treated illness but she died

supposedly from tuberculosis complicated by early pregnancy and closed her life narrative. It is true, however, that, if it finally killed her, illness enabled her both to create her own realism and to retain her old romanticism.

Chapter 2

The Plotting and Reportability of Illness

This chapter analyses how illness affects the plots of the Brontë sisters' seven published novels. The first section of the chapter focuses on the dynamic effect of illness on the plot and investigates how illness initiates, develops and ends the plots of the novels, assuming that illness functions as the producer of what Peter Brooks calls 'narrative desire', a major force to lead the reader forwards. The second section of the chapter considers the relationship between illness and plot development by employing the narratological terms, 'reportability' and William Labov's 'evaluation'. It examines how some illness-related events are dramatised but remain independent from the plot-development while other illness-related events have little dramatisation but do have influence on the plot development.

Reading for Recovery

In his *Reading for the Plot*, Brooks defines plot as the organising line and intention of narrative, an "activity, a structuring operation elicited in the reader trying to make sense of those meanings that develop only through textual and temporal succession".¹ He then argues that the reading of plot can be construed as a form of desire which carries us forward through the text, something similar to the Freudian notion of Eros which seeks to "combine organic substances into ever greater unities".²

¹ *Reading for the Plot: Design and Intention in Narrative* (Cambridge, Massachusetts and London: Harvard University Press, 1984) 37.

² *Ibid.*

Narratives both tell of desire and arouse and make use of desire as dynamic of signification. Desire always exists at the start of a narrative, often in a state of initial arousal, or having reached a state of intensity such that movement must be created. For example, the *Iliad* opens with the passionate quarrel between Agamemnon and Achilles over the girl Briseis, the *Odyssey* with Odysseus's longing for home. Likewise, *Lazarillo de Tormes* (1554), one of the very earliest novels in the Western tradition, opens with the hope of the homeless *pícaro*, Lázaro, to survive the threat of starvation. By the nineteenth century, Brooks continues, the *pícaro's* scheming to enable life has taken a more elaborate and socially defined form: ambition. As the vehicle and emblem of Eros, ambition provides a force that drives the male protagonist forward until it comes to a certain end, such as success or renunciation. The female plot, however, takes a more complex stance toward ambition: it shows "the formation of an inner drive toward the assertion of selfhood in resistance to the overt and violating male plots of ambition, a counter-dynamic which, from the prototype *Clarissa* on to *Jane Eyre* and *To the Lighthouse*, is only superficially passive".³

What Brooks defines as narrative desire seems to operate in the Brontë narratives as desire for recuperation: the recovery of undermined health, the regaining of deprived power and the restoration of disturbed order. The 'textual Eros' of the Brontë novels then works literally as will to live on by surviving literal and figurative illness and overcoming the disorder it creates. 'Female passivity' exists at the beginnings of the Brontë narratives as the orphan protagonists' physical, mental and social weakness

³ *Ibid.* 39.

which is directly and indirectly caused by the devastating power of illness, something beyond the young protagonists' control, and which they have to endure, at least at the incipit of the novels, passively. The Brontë plots typically start with the protagonists' first rebellion against those who impose such passivity on them and their desire to escape from their isolated position in a household. If, as Said argues, beginning determines much of what follows, and exists as "the main entrance" to what the novels offer,⁴ the Brontë narratives can be said to develop through the protagonists' attempts to liberate themselves from the illness-orphanhood structure they are enmeshed in at the beginning, and to empower themselves physically, mentally and socially by undertaking adventures. In Marxist terms, while the orphan protagonists suffer injustice in their socially isolated position, they can at the same time freely design their own life.⁵ Their orphanhood is, in this sense, needed in the early part of the novel to induce adventures narrated in the text, whereby illness is, in turn, needed to orphan the protagonists.

Jane Eyre's case epitomises the orphan-illness-adventure triad. Jane is an orphan in the household of her unsympathetic relatives without her own sibling to share the plight of the dependant, but with a set of physically and socially superior cousins massed against her. The first two paragraphs of her autobiography express the young Jane's relief at the impossibility

⁴ Edward W. Said, *Beginnings: Intention and Method* (New York: Columbia University Press, 1985) 3.

⁵ Eagleton argues that Jane Eyre gains liberty by releasing herself from the power-bond of her relatives; unlike Rochester, who was coerced by his father into a marriage of convenience with Bertha, Jane can freely marry Rochester by breaking ties with the Reed family: *Myths of Power*, 2nd ed. (London: Macmillan, 1988) 25.

of going for a walk because of the bad weather, and reveal her present misery:

I was glad of it: I never liked long walks, especially on chilly afternoons: dreadful to me was the coming home in the raw twilight, with nipped fingers and toes, and a heart saddened by the chidings of Bessie, the nurse, and humbled by the consciousness of my physical inferiority to Eliza, John, and Georgiana Reed (*JE* 7).

Jane in this way feels frustrated with her physical weakness which makes her daily routine burdensome, with the psychological unhappiness created by Bessie's 'chidings', and with the social inferiority which allows the nurse to do so. Physical weakness not only annoys the young heroine now, but also killed her guardian, Uncle Reed, and completed her isolation. Both of her parents died of typhus when she was a baby. Uncle Reed, the brother of Jane's mother, cherished her but he was innately weak and died. Despite the promise he exacted from his wife to look after his niece well, Jane is detested by Mrs Reed and bullied by her children.⁶ It is when Jane falls ill in the red room that she takes her first chance to escape the Reed household. Mr Lloyd, the apothecary, who comes to examine her suggests to Mrs Reed that she should be sent to school. Illness in this way initiates her adventure by sending her from Gateshead to Lowood.

⁶ Mrs Reed's maltreatment of Jane may derive from her jealousy towards her husband's favourite sister, Jane's mother: Valerie Sanders, *The Brother-Sister Culture in Nineteenth-Century Literature: From Austen to Woolf* (Basingstoke and New York: Palgrave, 2002) 92.

The Professor also begins with a variation on this pattern of the orphan-illness-adventure. The early part of the novel dramatises how William Crimsworth is re-orphaned and forced to live through his own resources. The text gives no clear explanation for how his father died, but it tells that his mother died six months later, giving birth to her son. After leaving Eton, Crimsworth declines the offer of a position of rector by his uncles and breaks up with his only brother, Edward. *The Professor* seems initially to isolate Crimsworth from all his possible financial supporters, in order to send him to Belgium, rather than to represent the misery of being parentless. In his rivalry with Edward, Crimsworth's physical inferiority is stressed: "my features were less regular --- I had a darker eye and a broader brow --- in form I was greatly inferior --- thinner, slighter, not so tall. As an animal, Edward excelled me far" (P 13). His counterpart, Frances Henri, is also a physically weak orphan whose eyesight begins to fail because of her hard work of lace-mending, and who looks to Zoraïde consumptive. Again, the text does not say how her father died, but her mother is thought to have died of consumption. In the course of the novelistic time, illness kills her only relative in the country, her aunt, with whom she lives. Crimsworth and Frances in this way confront each other as physically weak and truly lonely characters.

Villette does not state how Lucy Snowe became an orphan, but it opens with the illness-orphan misery of another young female character, with the arrival of Paulina. Her mother's death after catching a cold at a ball affected her father's health so that he needs to travel on the advice of his doctors. Separated from her father, Paulina shows an extraordinary attachment to him, which

Lucy calls a “monomaniac tendency” (V14). After Paulina’s misery as a temporary orphan is fully dramatised, the Bretton family is forced out of their home because of a failed investment and Lucy starts working as a nurse companion of Miss Marchmont, a “rheumatic cripple” (V 43). Considering that Lucy lives in Miss Marchmont’s house and nursing entails the nurse’s emotional involvement with her patient, as is discussed in detail in Chapter 4, it can be said that, on her mistress’s death, Lucy loses her home and family-like figure. After Miss Marchmont’s death ‘orphans’ her again, Lucy, like Crimsworth, starts another phase of her life overseas, although she is more passive than Crimsworth in changing her scene: “It seemed I must be stimulated into action” (V 45). *Villette* in this way stages several beginnings with illness and orphanhood in Lucy’s life narrative before it finally sends the “tame and still” (V 45) heroine off to adventure.

The opening chapter of *Shirley* features neither illness nor orphanhood but the tea party of three curates.⁷ Once Caroline, a parentless girl who, like *Jane Eyre*, lives in her uncle’s house with emotional dissatisfaction appears, the narrative starts depicting the beginning of her psychological progress. Shirley Keeldar is the other parentless heroine of the novel, but how she was orphaned is unmentioned in the text; the only information on her parents is given in parentheses that they had wished to have a son so named their daughter Shirley. For Shirley, moving to Fieldhead may be an exciting change, but her new life there is not really dramatised as an adventure.

The beginning of *Agnes Grey* describes how Agnes is treated

⁷ As Showalter argues, the beginning with an all male gathering may be seen as a feminine novelist’s attempt at the portrayal of men: *A Literature of Their Own*, 135.

as a pet by her family. This is probably not only because she is the youngest of the family but also because she and Mary are the only two of six children that "survived the perils of infancy and early childhood" (AG 62).⁸ Her father's illness caused by the shock at his failure in a financial investment urges Agnes to embark on an independent life somewhere outside her home. While other Brontë orphan protagonists leave their home either because they have lost it or because it is a false one, Agnes does so when her residence is, despite her father's decline, basically a comfortable place with her own affectionate family. Richard Grey's illness helps Agnes articulate her discontent with the life of a spoiled child and her secret desire for an adventure, even if becoming a governess is generally considered not very exciting: "How delightful it would be to be a governess! To go out into the world; to enter upon a new life; to act for myself; to exercise my unused faculties; to try my unknown powers [. . .]" (AG 69). Illness in this way awakens the heroine's desire and directly initiates her adventure.

In *The Tenant of Wildfell Hall*, illness initiates neither the framing narrative set in Gilbert Markham's letter nor the framed narrative, the inside story told in Helen's diary. Illness neither bridges the two narratives nor necessitates the incorporation of the inside story into the outside story. If one can find any desire in the opening of the novel, it may be homosocial desire between Gilbert and the addressee of his letter, Halford, but desire for

⁸ The destiny of the Grey children reflect the contemporary high infant death rate: during the second and third decades of the nineteenth century, nearly one infant in three in England failed to reach the age of five: Bruce Haley, *The Healthy Body and Victorian Culture* (Cambridge, Massachusetts: Harvard University Press, 1978) 8.

recovery is absent because there is no particular illness-related problem there. The only possible reminder of illness in the early part of the text would be Helen's mourning which could indicate a prior existence of illness, as death is often associated with illness in nineteenth-century novels. Although the framing narrative does not open with illness, it dramatises a variation on the illness-orphan-rebellion structure: Helen starts a new life without anyone who can officially protect her.

In the other Brontë novel with a comparable Chinese box narrative, *Wuthering Heights*, by contrast, illness initiates both the outside story narrated by Lockwood and the inside story narrated by Nelly and links them so that the framing narrative necessitates the beginning of the framed narrative and the framed narrative, in turn, brings the ending of the framing narrative. While other Brontë protagonists leave home for the outside world, the key characters of the novel's framing and framed narratives, Lockwood and Heathcliff, come into *Wuthering Heights* as strangers. If he is not an orphan, Lockwood arrives as a complete outsider from somewhere southern who naively believes the younger Catherine to be Heathcliff's wife. His entry into *Wuthering Heights* is an adventurous act and his decision to reside at Thrushcross Grange, an adventurous plan. As early as on his second visit to *Wuthering Heights*, Lockwood witnesses the 'disorder' of the house and gets involved in it by becoming ill, first by his nose-bleed, then by nausea and a nightmare. Misunderstanding that Lockwood has tried to steal a lantern, the old servant Joseph sets dogs on him and excites him until he has a nose-bleed, which Thomas John Graham includes as a disease in his *Modern Domestic Medicine* under the title, "bleeding from the

nose”.⁹ Another servant, Zillah, splashes icy water down his neck to “cure that” (*WH* 16), and makes him feel weak and unwillingly stay overnight. In bed he suffers from nausea caused by the smell of a book which has caught fire from the candle and finds Catherine’s scribble in the margin of her books.¹⁰

By weakening him in this way, illness and violence lead Lockwood to the inside story, functioning as the bridge between the present and the past. Catherine’s diary entry also describes illness and violence: Hindley’s abuse of Heathcliff and her physical response to her agony, a headache, another disease included in Thomas John Graham’s *Modern Domestic Medicine*.¹¹ Just after reading the passage, Lockwood participates in the violence prevailing in the house by hurting a girl ghost in his nightmare, which is also treated as a “nervous affection” in *Modern Domestic Medicine*.¹² The parallel made through illness between the two different times continues to develop later in Nelly’s narrative, in which Lockwood’s experience is repeated, or has been experienced by the characters of the inside story. For example, illness caused by servants’ violence is repeated in Nelly’s narrative in a more radical form as Heathcliff’s tyranny. Metaphorical and literal confinement in a house is experienced Catherine Earnshaw, Hindley, Catherine Linton, Linton Heathcliff and Nelly.

After the nightmare, Heathcliff’s serious address to the ghost arouses Lockwood’s curiosity and tempts him to ask Nelly to tell

⁹ Graham, *Modern Domestic Medicine*, 210.

¹⁰ A childish handwriting in the margin of printed pages may be seen as another sign of disorder, if books represent the world of order as Frank Kermode indicates: *The Classic* (London: Faber & Faber, 1975) 124-26.

¹¹ Graham, *Modern Domestic Medicine*, 332.

¹² *Ibid.* 425-26.

the story of the residents in the Heights. As Ronald R. Thomas argues, Lockwood may be expecting therapeutic effects in the act of listening to the story and trying to comprehend and master the disordering experiences which brought on his illness in the first place.¹³ His cold further consolidates the situation of his listening to Nelly's story: "This is quite an easy interval. I am too weak to read, yet I feel as if I could enjoy something interesting. Why not have up Mrs. Dean to finish her tale? I can recollect its chief incidents, as far as she had gone" (*WH* 90). In this way, the two narratives of *Wuthering Heights* begin with illness: the early part of the framing narrative features a succession of illness-related events, and the framed narrative is initiated by Lockwood's desire for recovery from psychological shock and physical weakness and narrated by Nelly during his recuperation.¹⁴

Nelly's narrative, in turn, opens with the illness-orphan structure: Old Earnshaw returns from Liverpool with Heathcliff who looked "really half dead with fatigue" and "starving" (*WH* 35). While Heathcliff's bodily weakness catches Old Earnshaw's attention and ends his homelessness, his presence disturbs the established order of the household and invades the healthy familial body like a virus. Hindley and Nelly "plagued" him (*WH* 36) and treat him as a disease. An illness episode, however, changes the power structure of the house in favour of Heathcliff. Although Nelly is first sympathetic with Hindley, her playmate, who hates Heathcliff as the usurper of his parents' affections, she

¹³ Ronald R. Thomas, *Dreams of Authority* (Ithaca & London: Cornell University Press, 1990) 114.

¹⁴ Susan Rubinow Gorsky argues that without Lockwood's illness he would not have heard the story of *Wuthering Heights* from Nelly: " 'Till Cry Myself Sick': Illness in *Wuthering Heights* in *Literature and Medicine* 18.2 (1999): 173-91, 174.

begins to accept the stranger when she nurses the children who fall ill of the measles. Unlike Catherine and Hindley who are difficult patients to look after, Heathcliff turns out to be "the quietest child that ever nurse watched over". Heathcliff wins his nurse's approval and Hindley loses "his last ally" in the home (*WH* 37). The measles episode occurs in fact some two years after Heathcliff's arrival, but the narrating Nelly inserts it soon after describing his "first introduction to the family" (*WH* 36) as a significant incident to tell in her story. The inside story in this way opens with the conflict between Heathcliff's desire to empower himself which works as Brooks's 'ambition', the vehicle and emblem of Eros, and Hindley's desire to restore the order of the house disturbed by the orphan, and reestablish his position in the domestic power structure.

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After serving as the catalyst to start the protagonists' adventures in most of the Brontë sisters' novels, illness further exercises its power to precipitate events, create new scenes and change deadlocked situations. For example, illness strengthens the ties between characters. As Zoraïde attracts Crimsworth by exhibiting her worry about his cold, Jane wins Rochester's trust by nursing the injured Richard Mason. Caroline Helstone is reconciled with her uncle during her illness. Illness also saves protagonists from confinement, releasing Jane from the red room and freeing the young Caroline Helstone from a garret room where her father confined her when she was ill. The most dynamic power of illness is seen in its creation of encounters or reunions between protagonists in all the seven novels. How fully and vividly these scenes are represented and how closely they are related to the

main plot depend on the novel's prevailing tone, on their importance to the narrator-protagonist, and on the cause, nature and seriousness of illness.

In *The Professor*, the illness of her aunt first estranges Frances from Crimsworth but then ties them closer. When they are finally reunited with each other in a Protestant cemetery, they are able to express their pleasure with much less inhibition than before, because of their long and frustrating separation:

“Well, my pupil,” said I, as the ominous-sounding gate swung to behind us, “well . . . I have found you again: a month's search has seemed long and I little thought to have discovered my lost sheep, straying amongst graves.”

Never had I addressed her but as Mademoiselle before, and to speak thus, was to take up a tone new to both her and me. Her answer apprised me that this language ruffled none of her feelings, woke no discord in her heart” (*P* 156-57).

Illness thus indirectly precipitates the marriage of the two otherwise shy characters.

In *Shirley*, illness reunites a mother and a daughter with its great catalytic power. In the face of Caroline's illness, Mrs Pryor reveals her true identity as her mother, whereupon the patient soon regains her will to live. As has been discussed in Chapter one, Mrs Pryor's revelation of her identity and Caroline's recovery is the only miraculous episode in the novel, but the dynamic power of illness plausibly places it in the realistic narrative of the novel. After reuniting the daughter and the mother, illness further brings other characters closer, prompting them to express their

otherwise repressed feelings. Caroline secretly visits the injured Robert, Shirley expresses her care for Louis when he catches a fever, and Louis shows his concern for Shirley who is depressed after the dog-bite. These cases are, however, less dramatic and less powerfully dramatised than the reunion scene of Caroline and Mrs Pryor and have no other force in directing the plot than making protagonists more intimate. Shirley's dog-bite episode is not directly represented but recounted in the conversation between Shirley and Louis and fades out of the narrative with no description of what happens thereafter, while Catherine Earnshaw's dog-bite accident is vividly represented in Heathcliff's account and creates a new phase in the plot. The conversations between Shirley and Louis, and between Caroline and Robert create no immediate and decisive result such as a proposal, but, as in the reunion between Crimsworth and Frances, indirectly precipitate their marriage. The cause and seriousness of their illness are also different from those of Charlotte Brontë's fully dramatised illness. Caroline, Crimsworth, Jane and Lucy, suffer from serious psychosomatic illness, whereas Robert and Shirley are injured by accident and Louis's fever is slight and brief. Although she names the novel after Shirley Keeldar, Charlotte Brontë gives Caroline's psychosomatic illness the richest dramatisation in her narratives and the most dynamic power in her plot development.

Villette, a novel which includes more unrealistic elements than *The Professor* and *Shirley*, has two miraculous reunions directly created by illness. When Lucy collapses in front of the Catholic church, she is brought to La Terrasse and the narrative enters a new phase which features the heroine's communication

with her former foster family. Paulina and Graham are reunited in the midst of the fire panic when her shoulder gets dislocated and he offers help and cure. Both reunions occur in unusual settings and are caused by the main characters' dysfunctional bodies, but they show a crucial difference in how fully they are dramatised and how closely they are related to the main plot. The first reunion follows the full dramatisation of Lucy's long and lonely sufferings and is followed by the scenes of nursing she receives in the Bretton household. It occurs as the result of a succession of interrelated events, her loneliness, illness, confession and collapse. The second reunion between Paulina and Graham occurs abruptly and accidentally and her injury is shortly cured by Dr John's treatment without any long or detailed nursing scene. Even though Graham's profession makes his contact with her natural, this reunion has no particular causal relation to the previous events. How fully the reunions are dramatised and how closely they are related to the main plot are essentially determined by their significance as events to the heroine and narrator of the novel, Lucy. While the first reunion forms one of the climaxes of Lucy's life narrative, the second reunion leads mainly to the sub-plot of the relationship between Graham and Paulina which excludes her, although she is also present in the scene and reunited with Paulina. Vashti's performance which is fully depicted can then be seen as possessing narratological significance.¹⁵

¹⁵ Helene Moglen even sees a causal relationship at a metaphorical level between Lucy's passion and the theatre fire: 'The Romantic Experience as Psychoanalysis' (1976) reprinted in Pauline Nestor, ed., *New Casebooks: Villette* (London: Macmillan, 1992) 18. Gilbert and Gubar regard the performance as "a fitting conclusion to Lucy's aesthetic excursions": *The Madwoman in the Attic*, 421-22.

Jane Eyre has two encounters created by illness, but, unlike the two reunions in *Villette*, both of them prove to be crucial events to the heroine-narrator Jane. Adèle's slight cold provides Jane with an opportunity for a walk, in the course of which she comes across Rochester, who sprains his ankle in a fall from his horse. Rochester's curiosity, awakened by Jane's attempt to assist him, leads to his inviting Jane to tea, and his injury which forces him to stay at home promotes their further communication. Thus, the very minor everyday illness, a child's cold, produces an unexpected ripple effect and creates the dramatic encounter indispensable for Jane's life story. The second encounter between Jane and the Rivers family resembles the reunion between Lucy and the Bretton family and happens after a train of climactic episodes: the interrupted wedding of Jane and Rochester, the revelation of his mad wife, her rejection of Rochester, and her wandering on the moor. While Lockwood's sudden visit is unwelcome to the residents of Wuthering Heights, Jane's bodily weakness legitimates accommodating a stranger at Moor House, and starts a new phase of the novel. *Jane Eyre*, the novel which has the most romantic and sensational elements of all Charlotte Brontë's published novels, gives illness the most dynamic power to create encounters highly significant in terms both of dramatisation and of plot-development.

In *Agnes Grey*, illness indirectly introduces the heroine to her future husband, thereby working as a touchstone of people's personality. When she visits one of 'the cottagers', Nancy Brown, who is suffering from an eye inflammation, rheumatism and spiritual uncertainty, Agnes hears her praise the new currate who, in contrast to Rev. Hatfield, shows great understanding of her

sufferings. During Agnes's second visit, Weston calls at the cottage with Nancy's lost cat in his arms and witnesses Agnes's kind deed to the sick. When they accidentally meet on their way to the "consumptive labourer" (AG 174), Mark Wood, they naturally begin conversation. Illness thus brings the otherwise reserved Agnes and Weston closer by revealing that they share the same interest in helping the sick. The first meeting of Agnes and Weston in a humble cottage of an old woman with endless complaints is not so dramatic or romantic as that of Jane and Rochester (Agnes has, in fact, already seen him in church), but it is in harmony with the realistic tone of Agnes's narrative. Considering that the Christian tradition always included ministering to the sick,¹⁶ it is no coincidence that they meet in a sick woman's house. Illness in this way makes their first meeting something bound to happen sooner or later.

The reunion of the sick Arthur Huntingdon and his runaway wife, Helen, in *The Tenant of Wildfell Hall* is the only illness-related reunion of a married couple in the Brontë narratives. Unlike in most of the encounters and reunions discussed above, illness in this reunion does not serve to develop their mutual attachment but, instead, resolves their marital relationship by killing Arthur. His final death liberates Helen legally, psychologically and ultimately enables her to marry Gilbert. In all the Brontës' encounters and reunions created by illness, this reunion is the only case in which one of the couple dies.

In *Wuthering Heights* illness creates three encounters for

¹⁶ Johanna Geyer-Kordes, 'Woman and medicine' in *Companion Encyclopedia of the History of Medicine*, vol. 2, 901.

three future married couples which are equally important in determining the plot direction but dramatised in different styles. Catherine's ankle injury by the Linton family's bull-dog introduces her to her future husband, Edgar. The irreversible and fundamental transformation made during her five week-stay at Thrushcross Grange brings her perfect dyad and wild childhood with Heathcliff to an abrupt end. In this episode, illness serves to change Catherine's body and character as well as to develop her class consciousness. In the second part of the novel, illness introduces the younger Catherine to Hareton and to Linton Heathcliff. While Edgar visits his estranged sister Isabella who is seriously ill with "a kind of fever" (*WH* 190), Catherine secretly goes beyond the premises of Thrushcross Grange so far as Wuthering Heights and meets Hareton. Isabella's death then brings Linton Heathcliff to the Grange for a short time and introduces him to his future wife. The two meetings are neither so dramatic nor dramatised in detail as the encounter between the elder Catherine and Edgar. The elder Catherine gets acquainted with Edgar as a result of her own injury which is caused in a shocking and brutal way, and the scene is vividly depicted in Heathcliff's account to Nelly, whereas the younger Catherine meets her two future husbands because of the illness of a more minor character, Isabella, whose death-bed scene is never dramatised in the text. The difference in the tone and dramatisation between the first meeting and the other two meetings is proportionate to the difference between the first and second generation characters. The elder Catherine with intense emotion displays violent utterances and actions, whereas the younger Catherine and Hareton possess much milder characters,

although she shows youthful exuberance and he stubborn pride, and they and Linton Heathcliff act passively controlled by the elder Heathcliff.

Apart from creating the protagonists' encounters, illness in *Wuthering Heights* constantly changes the power balance among characters, especially with its ultimate outcome, death. The typhus episode at Lowood in *Jane Eyre* also shows a perfect example of this but it serves to empower the heroine. Jane must first endure poor quality food and obey rigid school regulations, but when typhus breaks out in the school, she enjoys an ample amount of food originally for the other students who are now either dead or too ill to eat, and plenty of free time as the teachers are too busy in nursing the sick to pay attention to healthy pupils. In *Wuthering Heights*, by contrast, the chain reaction of the power of illness always leads characters to tragedy and chaos. After the measles episode isolates Hindley, Old Earnshaw weakens and becomes irritable, especially when he sees Heathcliff ill-treated by someone,¹⁷ until he sends Hindley to school. Meanwhile Joseph becomes more insolent: "the more feeble the master became, the more influence he gained" (*WH* 40). Old Earnshaw's death brings Hindley back to attend the funeral with his wife, Frances, with whom he is so infatuated that a hint of her dislike of Heathcliff fuels his old hatred. Hindley treats Heathcliff as a servant until Catherine says her marriage to him would be 'degradation'. Frances's death then creates another disease included in Graham's

¹⁷ N. M. Jacobs argues that Old Earnshaw's hypersensitivity derives from the inactivity illness confines him to: 'Gender and Layered Narrative' in *Journal of Narrative Technique*, 16 (1986) reprinted in Patsy Stoneman, ed., *New Casebooks: Wuthering Heights* (London: Macmillan, 1993) 79.

Modern Domestic Medicine, intoxication, whose state is similar to that of apoplexy or palsy¹⁸; it turns Hindley alcoholic and the house more chaotic.

The fall of the Earnshaw family is overall precipitated by the death of adults as children's guardians. After Old Earnshaw's death, there is no adult who can redress Hindley's deterioration and restore peace in the house.¹⁹ Not only the Earnshaw children but also those of the Lintons are orphaned. During their nursing of Catherine at Thrushcross Grange, Mr and Mrs Linton take her fever prompted by the shock of Heathcliff's disappearance and die within a few days of each other. Later, by nursing Catherine with a brain fever, Edgar's health and strength are sacrificed. The Linton family's voluntary nursing of Catherine which kills or debilitates them makes a marked contrast to the successful nursing seen in Charlotte Brontë's novels which cures sick heroines and unites them with family-like nurse figures. Without any adult to protect them and control their acts, the orphans in *Wuthering Heights* are simply thrown into disorder while Charlotte Brontë's protagonists are liberated from a repressive family tie. The family without parents, especially the father as patriarch, creates corrupt patriarchs such as Hindley and Heathcliff as well as class disorder which Lockwood witnesses at the start of his narrative.

While most of the relatively minor characters die from illness as passive victims, Heathcliff and Catherine Earnshaw consciously attempt to abuse illness in order to manipulate others. Heathcliff uses physical weakness to empower himself throughout

¹⁸ Graham, *Modern Domestic Fiction*, 159-61.

¹⁹ Eagleton argues that after Old Earnshaw's death, Catherine becomes 'a spiritual orphan' while Heathcliff is a literal one: *Myths of Power*, 103.

the novel. He demands Hindley's healthy colt by threatening that he would show Old Earnshaw his black arm and shoulder as the evidence of Hindley's thrashings. He later manages to take all the property of the drunken Hindley. Heathcliff cajoles the younger Catherine into his home by lying that the frail Linton Heathcliff needs to see her, in order to marry them and acquire their property. Linton Heathcliff in turn repeats his father's strategy and uses his illness to keep her by his side to entertain him. Heathcliff's idea of revenge on the Earnshaw and the Linton families, however, originates from his attempt to manage his own physical and mental pain. The young Heathcliff tries to endure his pain by imagining how he inflicts pain on Hindley in return: "I only wish I knew the best way! Let me alone, and I'll plan it out: while I'm thinking of that [the revenge on Hindley] I don't feel pain" (*WH* 60). After Mr and Mrs Linton's death, Catherine also tries to take advantage of her illness to cope with her inner pain and claims to be "treated with consideration" (*WH* 88). Her attempt to gain power and peace through her illness culminates when she asks Nelly to warn Edgar that she is seriously ill and goes on hunger strike. While Heathcliff's revenge is fulfilled as he intends it to be, Catherine's desperate attempt to end the argument between Heathcliff and Edgar finally costs her her life. Her death further creates negative ripple effects and precipitates the deaths of Edgar and Hindley; it shocks Edgar and makes him sink into melancholy and makes Heathcliff more desperate and more cruel to Hindley. The younger Catherine and Hareton are thus orphaned not by accidental illness but by the older generation's intention to die or kill.

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After triggering the encounters and reunions between the protagonists in the middle of the plot, illness finally creates married couples out of them at the end of all the seven Brontë novels except for *Villette*: Crimsworth and Frances, Jane and Rochester, Caroline and Robert, Shirley and Louis, Agnes and Weston, Helen and Gilbert, and Catherine and Hareton. Even in *Villette*, Lucy is engaged to M. Paul and spends some happy years until the very ending of the novel. The marriages of the lonely protagonists after surviving illness indicate the final resolution of the predicament they have faced at the beginning of the novels: the recovery of health and the solution of orphanhood. The births of some of the couples' children furthermore evidence their reproductive health and lessen their loneliness: Crimsworth and Frances, and Jane and Rochester, have a son, and Agnes and Weston have one son and two daughters. The originally physically weak and mentally sensitive protagonists also surpass the healthy and repressive characters or overcome the pressure imposed by them. Crimsworth successfully manages his own school, while his brother Edward struggles with his business. Jane Eyre survives the nervous attack in the red room, her malnourishment and unhealthy surroundings at Lowood without contracting typhus or tuberculosis, and her exhausting and starving wanderings after her interrupted wedding, finally to marry Rochester, pushing aside Blanche Ingram with "the loftiest stature" (*JE* 172), and outlive John Reed, Aunt Reed and St. John. Caroline Helstone finally marries Robert, celebrated by healthy but sometimes patronising and oppressive people such as her uncle, Hortense, and Shirley. Lucy Snowe becomes engaged to M. Paul after her struggle with the "healthy, lively girls" (*V*91) of the school and the

active and spying headmistress, Madame Beck, who has no grey hair in spite of her age. Agnes Grey visits Ashby Park to console her old charge, Rosalie Murray, now Lady Ashby, who has once annoyed her governess together with her siblings. Helen Huntingdon survives her alcoholic husband and gouty uncle to marry Gilbert. After experiencing several cases of death at first hand, Catherine and Hareton gradually form a bond and outlive Heathcliff, released them from his tyranny.

Wuthering Heights, the novel in which illness most powerfully determines the plot direction, of all the Brontë novels, demonstrates most typically and vividly the ending which solves the problems present at the beginning. Illness, which continuously leads characters to chaos and tragedy, for the first time functions to create peace and happiness: Hareton's accidental injury by a splinter in his gun forces him to stay near the fire in the kitchen where Catherine spends much of her time and they grow in intimacy. The ending of the novel also integrates its two narratives into one so that the whole narrative can come to an end. Throughout the novel, Lockwood's narrative is intersected and contrasted with Nelly's narrative through illness, whereby Lockwood shares illness experience with the inside story characters in a much less extreme way. He starts to listen to Nelly's story with "cold" and "shivering" (*WH* 33) until it reaches the point of Catherine's return from Thrushcross Grange after her recuperation from the illness caused by the shock of Heathcliff's disappearance. Lockwood then falls ill and spends four weeks too ill to do anything, before resuming listening to Nelly's story. When, after one week, he has heard the whole story of some thirty years, he is now "nearer health" (*WH* 155). In the inside story, by contrast,

Catherine is fatally ill with her 'brain fever'. Sharing the same bed in different times, Catherine and Lockwood show ironical contrasts in their sickroom scenes. She has to suffer her illness in extreme loneliness without care or cure by her husband or her housekeeper who even suspects her of feigning it, whereas Lockwood comfortably stays in bed with Nelly's nursing and Kenneth's consultation, killing time by listening to Catherine's tragedy. When he finishes writing down Nelly's story "only a little condensed" (WH 155), Lockwood is "rapidly recovering strength" (WH 298) and decides to leave the Grange. Nelly's story, by contrast, reaches the present time where the younger Catherine is widowed, deprived of all her property and still bound to the Heathcliff family. While the younger Catherine entertains Linton Heathcliff with her stories and nurses him in vain, Nelly narrates the story and nurses Lockwood until he recovers despite "the doctor's prophecy" (WH 298).

When he visits the country about a year afterwards, Lockwood is healthy both physically and mentally: he returns not to escape from society but to visit his friend's home near Gimmerton. Finding in Wuthering Heights neither the sick resident nor disorder he has once confronted, Lockwood asks Nelly to tell how the house has reached such a recovery and hears about Heathcliff's unexpected death.²⁰ Brooks argues in his analysis of Balzac's *La Peau de chagrin* that the lack of satisfaction of a desire

²⁰ Jacobs sees the ending as underlining the resolution of violence, 'Gender and Layered Narrative in "Wuthering Heights"' in *New Casebooks: Wuthering Heights*, 82. Gilbert argues that the younger Catherine restores order to the Heights and the Grange by marrying Hareton: *The Madwoman in the Attic*, 300. If books represent order in the novel, then Hareton's secret book-collecting and learning to read may indicate his contribution to the house's restoration of peace.

gives death as the only alternative, but the satisfaction of a desire would also be death, because the realisation of desire diminishes the self of the protagonist as the consuming of narrative desire leads the reader to the end of the narrative. In short, paradoxically, narrative desire is ultimately “desire *for the end*”.²¹ Heathcliff starts to turn weak when his revenge scenario comes near its completion, or, in other words, when he has successfully consumed much of his desire for revenge:

“It is a poor conclusion, is it not,” he observed, having brooded a while on the scene he had just witnessed. “An absurd termination to my violent exertions? I get levers and mattocks to demolish the two houses, and train myself to be capable of working like Hercules, and when everything is ready, and in my power, I find the will to lift a slate off either roof has vanished! My old enemies have not beaten me --- now would be the precise time to revenge myself on their representatives --- I could do it; and none could hinder me --- But where is the use? I don’t care for striking, I can’t take the trouble to raise my hand! That sounds as if I had been labouring the whole time, only to exhibit a fine trait of magnanimity. It is far from being the case --- I have lost the faculty of enjoying their destruction, and I am too idle to destroy for nothing [. . .]” (*WH*323).

The dual narrative structure repeats this paradox Heathcliff faces at the end of his revenge plot. When Heathcliff as the origin of disease and disorder of the two families dies, the whole narrative

²¹ *Reading for the Plot*, 52.

is bound to close itself because its desire for recovery is now fulfilled. In both Lockwood's and Nelly's narrative, illness is cured, peace restored, and narrative desire realised and consumed. When Nelly's second story finishes narrating Heathcliff's death, Lockwood has nothing more to listen to, and Nelly has nothing more to tell. What Lockwood can do is to leave Wuthering Heights for good with no anxiety or desire. The time and tone of the two narratives coincide and become reconciled with each other after overcoming metaphorical and literal illness and enter into an atemporal phase where the younger Catherine and Hareton might develop another story.

The 'Reportability' and 'Evaluation' of Illness

While illness initiates, develops and ends the plot of the Brontë novels, there are simultaneously incidents related to illness which influence the plot but have little dramatisation, and, conversely, those which hardly affect the plot but have detailed depiction. The narratological term 'reportability' seems useful to analyse these two types of illness treatment in the Brontë narratives. Reportability is defined by Gerald Prince as:

The quality that makes situations and events reportable, worthy of being told. Situations and events that are (shown to be) extraordinary, wonderful, bizarre (as opposed to ordinary, commonplace, humdrum), are reportable. A reportable assertion can be said to have the force of an exclamatory one, and narrators usually underline the reportability (TELLABILITY) of their assertions through

With the term 'reportability', the first type of illness-related event which influences the plot but has little dramatisation can be regarded as having high plotting force but low reportability. Likewise, the second type of illness-related event which has full dramatisation but has little direct relation to the plot can be said to possess high reportability but low plotting energy.

What Prince calls "evaluative devices" in his definition of 'reportability' are analysed in William Labov's research on the vernacular spoken by African Americans in major American cities. Labov terms something reportable in their narratives as 'evaluation' and explains that it is "the means used by the narrator to indicate the point of the narrative, its *raison d'être*: why it was told, and what the narrator is getting at".²³ 'Evaluation' is used because every good narrator continually tries to avoid meeting the narratee's response, 'So what?'. Labov observes that whether what is narrated is vicarious experience or not makes the difference between evaluated and unevaluated narrative. Vicarious experience tends to be narrated ambiguously and obscurely, whereas first-hand experience is reported so that every line and element of the syntax of the narrative contributes to the point of what happened. What is significant in evaluative narrative is the narrator's stress on the reportability of their narrative by using 'evaluative devices', which Labov categorises into four. The first

²² Gerald Prince, *A Dictionary of Narratology* (Lincoln and London: University of Nebraska Press, 1987) 81. See also Peter Brooks, *Reading for the Plot*, 34-36.

²³ William Labov, *Language in the Inner City: Studies in the Black English Vernacular* (Oxford: Basil Blackwell, 1977) 366-75.

type is 'external evaluation', commonly used by middle-class narrators: the narrator stops the narrative, turns to the listener and tells him or her what the point is. The second type is 'embedding of evaluation': first the narrator quotes the sentiment as something occurring to him or her at the moment, by inserting such a phrase as "This is it!", and then quotes himself/herself as addressing someone else. The third type is 'evaluative action': the narrator tells what people did rather than what they said. The last type is 'suspension of the action': the narrator stops the action occurring in his or her narrative with the three evaluative devices mentioned above and indicates to the listener that that part of the narrative has some connection with the evaluative point. While Labov's theory was overall formulated by his research on the language spoken by the modern lower-class African American in cities, the narratives this chapter analyses were written by nineteenth-century middle-class English women in the country. Considering, however, that Labov's research includes middle-class women as its research objects and all the published Brontë novels except for *Shirley* have a first-person narrative, the term, 'evaluation', as well as 'reportability' seems to assist a fruitful analysis of the Brontës' illness narratives.

In the Brontë novels, there are several examples of illness which have high plotting influence but low reportability. In *The Professor*, Crimsworth is infuriated by Zoraïde's evasive attitude about Frances's sudden disappearance, and finally announces that he will resign from her school at the end of the semester. Despite its relation to such a grave decision, the illness and death of Frances's aunt, the direct cause of Frances's disappearance, are reported quickly by the niece in the reunion between Crimsworth

and Frances in the Protestant cemetery. Similarly, although the loss of parents is the main source of her misery at Gateshead, the illness and death of Jane's parents are briefly summarised in the adult Jane's narrative, in the conversation between Abbot and Bessie the young Jane overhears. In *Villette*, while Paulina's extreme loneliness in her father's absence is fully dramatised in the text, there are only short descriptions of how her mother has become ill and died and how her father's health has been affected by her death. The disproportion between the significance in relation to the plot development and insignificance in terms of dramatisation of these examples can be explained by the fact that, in these three autobiographical novels with a first-person narrative, none of these events is experienced directly by the narrator-protagonists.

The absence of description of Isabella Linton's death which contributes to the plot development can also be explained by the fact that Nelly is not present in her death scene. Mrs Earnshaw's death which has a certain plotting force is, however, mentioned only in passing by Nelly who is later to dramatise the illness and death of Catherine Earnshaw vividly: "and at Mrs. Earnshaw's death, which happened in less than two years after, the young master had learnt to regard his father as an oppressor rather than a friend" (*WH* 36). As there is no explanation of how Mrs Earnshaw dies, there are some possibilities that her death is caused by something other than illness, but it is likely that her death is related to bodily dysfunction, considering all the characters who die in the novel die either from illness or after suffering physical weakness. Mrs Earnshaw is alive when the inside story begins and Nelly is likely to have witnessed her death

firsthand as she does other characters' deaths. Nelly's omission of the description of Mrs Earnshaw's death in her narrative remains a mystery in the Brontë narratives along with the very short description of the illness and death of Helen Huntingdon's father.

The Professor, *Jane Eyre*, and *Villette* also have the examples of illness-related events which have low plotting force but high reportability. Notably, Anne Brontë's two novels with no significant illness case of high plotting impetus and low reportability contain three cases of illness-related events of low plotting force and high reportability. In *The Tenant of Wildfell Hall*, Helen hands her diary to Gilbert immediately after he injures Lawrence. This scene and his visits to Lawrence's sickroom are well depicted. Considering the significance of the two events to Gilbert's narrative and their temporal closeness, Helen's decision to disclose her past to him seems as if it were stimulated by Gilbert's assault on her innocent brother. Her decision, however, has no causal relation to Gilbert's assault; Helen knows nothing concerning her brother's injury and illness.²⁴ In Prince's term, Gilbert's violence and his attainment of Helen's diary have immediate 'temporal relations' but no 'causal relations'.²⁵ Anne Brontë's other novel has another example of plot-unrelated but dramatised illness, which is less shocking than Gilbert's assault but important in the heroine's life narrative. Helping her mother to run a small school in the seaside town, Agnes becomes weaker

²⁴ *The Tenant of Wildfell Hall*, 394. As Andrea Westcott maintains, this episode may be designed mainly to call Gilbert's moral consciousness into question: 'A Matter of Strong Prejudice: Gilbert Markham's Self Portrait' in *New Approaches to the Literary Art of Anne Brontë*, 218-19.

²⁵ Gerald Prince, *Narratology: The Form and Functioning of Narrative* (Berlin, New York and Amsterdam: Mouton, 1982) 64-67.

although she is in an environment generally beneficial to the sick: "I knew my strength was declining, my appetite had failed, and I was grown listless and desponding" (AG 225). She controls her morbid thoughts of Weston until she, within a few months, starts regaining her bodily and mental strength probably with the help of the warm season. Thus what restores her health is not her unexpected reunion with Weston but her conscious attempt to avoid further decline.

The next examples of illness with low plotting force but with high reportability demonstrate Labov's evaluative devices well. William Crimsworth's hypochondria episode with full dramatisation has no relation to the plot development: with or without the illness episode, Crimsworth is now destined to marry Frances. However, as is argued in Chapter 1, the episode is too significant to be omitted in his life narrative because it is the culmination of his struggle against romantic fallacy as well as the symbol of his past and future anxiety. It is, in short, a highly evaluative episode for the narrator-protagonist's spiritual progress. The narrating-Crimsworth in fact addresses the reader at the start of the episode, using Labov's 'external evaluation': "Now, reader, during the last two pages I have been giving you honey fresh from flowers, but you must not live entirely on food so luscious; taste then a little gall --- just a drop, by way of change" (P 210). The chapter titled "The Grandmamma" in *Agnes Grey* shows another example of a plot-unrelated but dramatised episode concerning health which is presented with 'external evaluation'. The chapter mainly continues to describe Agnes's struggle as a governess at Wellwood, but despite her overall reticence and reservation in the previous chapters, the narrator Agnes opens it

by addressing the reader: "I spare my readers the account of my delight on coming home" (AG 93). During the stay of Mr Bloomfield's mother at Wellwood, Agnes accidentally pleases the 'Grandmamma' by asking after her cough. Although the cough is nothing serious, the lady starts expressing her personal view of death. The narrating-Agnes caricatures her by representing her theatrical gesture during her talk. On another occasion, Agnes unexpectedly flatters her by casually saying that she looks well, and realises that 'Grandmamma' enjoys talking about her health. These may be unimportant events in the plot development, but as narrator, Agnes regards them as worth narrating because Grandmamma's overreacting attitude towards illness shows a sharp contrast to Agnes's quiet perseverance in coping with it.

In *Jane Eyre*, the narrator Jane vividly depicts the death of Helen Burns and Aunt Reed, but the two events are unrelated to the plot development. What gives Jane more food and leisure at Lowood and what brings great improvement to the condition of the school are not exactly Helen's consumption but typhus which kills a number of pupils. Likewise, if Aunt Reed confesses to obstructing the communication between Jane and her uncle in Madeira, at the point of Jane's visit, nothing can change in the plot line. Nonetheless, the narrator 'evaluates' the death of her first friend and the confrontation with her old foe and marks the events with 'evaluative devices' as highly significant. In Helen's consumption episode, the narrating-Jane draws the reader's attention by questioning, "And where, meantime, was Helen Burns?" (JE 78), by addressing the reader, "True, reader" (JE 78), and furthermore by returning to the narrating-time and explaining about the present, "Her grave is in Brocklebridge

churchyard" (*JE* 82). In Aunt Reed's apoplexy episode as well, the narrator Jane voices her opinion about presentiments before starting to describe her return to Gateshead. In fact, the narrator Jane intrudes on her narrative to address the reader not only in these two episodes, but throughout her autobiography. It can be then said that she regards all that she narrates as highly evaluative, or she narrates only what she regards as highly reportable.

Lucy Snowe's narrative shows an interesting complication in her 'evaluation'. The unreliable narrator, who even withholds the information on what happens to M. Paul at the end of her narrative, portrays in detail other characters' experience in relation to illness. At the point of her starting to write a life story, the narrator Lucy knows that M. Paul is dead, and this explains why her dramatisation of others' agony is so vivid and intense although the narrated experiences are vicarious. After she has lost home and family three times before starting her adventure, Lucy is 'orphaned' again on M. Paul's death, and the emotions she experiences at this orphaning process are dramatised in Paulina's sorrow at the Brettons' home. Similarly, Lucy's distress in losing her future husband at the completion of her preparation for his return is represented in Miss Marchmont's story about the sudden death of her fiancé, Frank, at one of the happiest times of the year, Christmas. Miss Marchmont's narrative possesses high reportability and demonstrates typical examples of evaluative devices. She addresses the listener, Lucy, and explains how she wants to tell the story (external evaluation). She narrates as if what she narrates is happening now: "I see the moon of a calm winter night float full, clear and cold, over the inky mass of

shrubbery, and the silvered turf of my grounds. I wait, with some impatience in my pulse, but no doubt in my breast" (V48-49). She then quotes herself as addressing her servant (embedding of evaluation). She tells Lucy what she did rather than what she said (evaluative action). In the meantime she stops what is occurring in her narrative with these evaluative devices (suspension of the action). Miss Marchmont also gives a form to Lucy's inner turmoil and morbidity as storm. In the chapter which contains Miss Marchmont's story about Frank, Lucy evokes the image of herself shipwrecked in a storm, and then describes her patient's "paroxysm of pain" (V44) as storm. M. Paul's death on his boat in a storm is thus anticipated in the narrated time or, in other words, retrospectively represented in the narrating time.²⁶ In this sense, Lucy's metaphorical representations also possess high reportability.

Vashti also enacts Lucy's intense emotions which can develop into illness, by incarnating "Hate and Murder and Madness" (V 322) in her performance.²⁷ Vashti shows her determination to defy life's tragic elements in her performance: "Pain, for her, has no result in good; tears water no harvest of wisdom: on sickness, on death itself, she looks with the eye of a rebel" (V 323). Representing vicarious experience with high evaluation can be regarded as identification. Then Lucy may be identifying with Paulina who shares the same orphaning process, with Miss Marchmont whose affliction may have begun when her fiancé died

²⁶ Literal storms in the sky also reflect the reticent Lucy's inner weather: storm precipitates her depression in the long vacation and completes the confession episode.

²⁷ Brenda Silver argues that Vashti enacts Lucy's own rebellion and self-mastery: "The Reflecting Reader in "Villette"" (1983) in *New Casebooks: Villette*, 100.

in an accident as Showalter maintains,²⁸ and now with Vashti who beautifully articulates but powerfully controls otherwise unmanageable and inexpressible passion. This explains why these women can be seen as Lucy's doubles and why Lucy sometimes does not look like the heroine of the novel.

The analysis of the relationship between illness and the plot in the Brontë narratives has shown how the three sisters share the same use of illness as a plot-developing device by opening their narratives with orphaned protagonists' weakness, then creating illness-prompted encounters and reunions in the middle, and finally solving the problem of illness and loneliness at the end of the narratives. The analysis has also demonstrated the three sisters' different employment of illness. Emily Brontë creates the framework of her novel through illness, and within both framing and framed narratives, apart from the younger Catherine's trivial illnesses in her childhood, all the illness episodes directly develop the plot and most of them are vividly dramatised. In short, *Wuthering Heights* gives illness episodes both high reportability and high plotting force. Charlotte Brontë uses illness as the best place to examine her protagonists' interior universe and as the most powerful agent to create miraculous but plausible plot changes. Illness first orphans her protagonists and then afflicts them but finally leads them to their well-being. She freely inserts into her novels both illness episodes with high plotting force and low reportability and those with low plotting power and high reportability, according to their significance to the

²⁸ Showalter, *The Female Malady* (London: Virago, 1987) 70.

narrator-protagonists.

Unlike her two sisters, Anne Brontë uses illness not exactly as a reflector of the protagonists' otherwise inexpressible inner suffering, or as an easy device to develop the plot in favour of the protagonists, but rather as the index of their potential strength and virtue. This explains why her novels have several illness episodes which have high reportability but low plot developing force. Even when illness affects the plot, it is not her heroines' but her male characters' illness. While the novels by Charlotte Brontë and Emily Brontë make most of their main characters ill or disabled, whether they are male or female, Anne Brontë's novels keep her female characters overall healthy and describe how they solve the problems created by their sick male family members. Marion Shaw argues that Anne Brontë may be a more daring novelist than Charlotte Brontë but the religious cast in her novels perhaps disguises how feminist her heroines and narratives are.²⁹ Shaw does not particularly indicate Anne Brontë's representations of illness as reflecting her feminism, but her illness episodes certainly demonstrate, if 'quietly', what strength her heroines possess.³⁰ Anne Brontë's novels describe how the heroines survive their crises without any of the miraculous effect of illness Charlotte Brontë often gives her survivor-heroines but with their own healthiness. In this sense, Anne Brontë might be seen as the most straightforward feminist novelist of the three sisters. As

²⁹ 'Anne Brontë: A Quiet Feminist' in *Brontë Society Transactions* 21,4 (1994): 125-35, 134.

³⁰ Deborah Denenholz Morse argues that in *The Tenant of Wildfell Hall*, Esther is the most feminist of the novel's women and symbolises a wiser version of the young Helen: "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*, 121.

Agnes shows her surprise at and contempt for Grandmamma's 'abuse' and 'misuse' of her own health as conversational topics, Anne Brontë has little idea of letting her heroines regress into or thrive on illness in their struggle for victory.

Chapter 3

The Diagnosis of Nelly Dean:

The 'Unreliable' Narrator in *Wuthering Heights*

The purpose of this chapter is to investigate how the ambiguity of illness inevitably complicates the reading of the Brontë narratives, more specifically, how the difficulty in diagnosing illness leads to difficulty in interpreting the character of the narrator who represents the illness episodes. For example, the sole narrator of *The Professor*, William Crimsworth, narrates that he finds Frances Henri's health visibly improved under his encouragement of her study, while in the same chapter Zoraïde Reuter speculates that Frances may never marry partly because of her poor health and hereditary predisposition to 'consumption' and later Hunsden finds her pale-faced, excitable and nervous.¹ William may see Frances as healthier and more attractive than she really is simply because he is in love with her, or may be able to perceive the slightest improvement in her health because he is interested in her and sensitive to any change in her appearance. Zoraïde may be insensitive to Frances's change because, unlike William, she has no particular interest in her, or may be, out of jealousy, trying to divert his attention from Frances. As the most striking example in the Brontë narratives of a wide range of interpretations of what is related to such a complex phenomenon as illness, this chapter studies the case of the secondary narrator of *Wuthering Heights*, Nelly Dean, on whom a great part of the text depends. Many critics have paid attention to the importance of Nelly Dean and attempted, more or less, to explain her actions which could look

¹ *The Professor*, 136-39 and 225.

callous or even villainous. While some critics have tried to defend her actions by finding plausible reasons for them, others have questioned her reliability both as a narrator who plays a crucial role in creating the meaning of the text, and as a character who not only observes but also actively participates in narrated events.

The contention of this chapter is that diverse interpretations of Nelly Dean's character are generated mainly from diverse interpretations of illness episodes in the text which contain great ambiguity, because, although her puzzling actions are also seen in illness-unrelated events, most of the events which suggest Nelly's possible malice occur in relation to illness. This chapter does not aim to pass the final judgment on Nelly's elusive character, but rather assumes that the long debate over her integrity will never be settled, as long as the illness discourse entails ambiguity because of diagnostic difficulty. Neither does it aim to prove the ultimate impossibility of, or inevitable ambiguity in, any act of interpretation in a postmodern sense. What it tries to do is to analyse how the elusive notions of illness and healthiness as physical, psychological, social and cultural entities create various interpretations of Nelly's character which can both defend and condemn her actions.

Before starting the discussion, it will be necessary to survey how previous criticism has attempted to interpret Nelly's character without reaching any consensus. Although Charlotte Brontë described her as "a specimen of true benevolence and homely fidelity" in 1850,² some critics in the latter part of the twentieth century felt the need to rationalise Nelly's numerous

² Editor's Preface to the New Edition of *Wuthering Heights*, reprinted in Patsy Stoneman, ed. *Wuthering Heights* (Oxford: Oxford University Press, 1995) 369.

actions which could appear insensitive or thoughtless. In 1956, while admitting that she does some harm within the inside story in her attempts to retain her own welfare and peace of mind, John K. Mathison ascribed Nelly's lack of sympathy towards other characters to her own healthiness contrasted with their unhealthiness.³ This kind of attempt to rationalise her inexplicable 'wickedness' formed a tradition in the criticism of Nelly Dean thereafter. Within one year of the publication of Mathison's paper, Carl R. Woodring, in the same journal, shifted the focus onto Lockwood and contended that not Nelly but Lockwood is the final controller of the narrative.⁴ Enumerating Nelly's various roles in the novel such as judge, interpreter, chorus, attorney, and witness, his paper might, in effect, help us explain more easily Nelly's utterances and actions which might otherwise seem unfeeling. In 1958, however, James Hafley asserted in the same journal that "Ellen Dean is the villain", dismissing Charlotte Brontë's positive comment on her. He related her being the "villain" to her jealousy of Catherine Earnshaw which is produced by her painful confrontation with class difference between herself and her foster-sister.⁵

The controversy continued into the sixties with no settlement. In 1965 John E. Jordan contended that Nelly's irony is Emily Brontë's irony, avoiding the simple question of whether she is a villain or not.⁶ In the same year, John Fraser explained how

³ John K. Mathison, 'Nelly Dean and the Power of *Wuthering Heights*', *Nineteenth-Century Fiction* 11.2 (1956): 106-29.

⁴ Carl R. Woodring, 'The Narrators of *Wuthering Heights*' in *Nineteenth-Century Fiction* 11.4 (1957): 298-305.

⁵ James Hafley, 'The Villain in *Wuthering Heights*' in *Nineteenth-Century Fiction* 13.3 (1958): 199-216.

⁶ John E. Jordan, 'The Ironic Vision of Emily Brontë' in *Nineteenth-Century Fiction* 20.1 (1965): 1-18.

Nelly's personality gives her actions an appearance of malice, announcing at the beginning of his paper his intention of defending her: "it was inevitable, no doubt, that sooner or later Nelly Dean should have been discovered by a critic to be the villain of *Wuthering Heights*. [. . .] I propose to defend Nelly Dean's conduct rather strongly in this paper".⁷ In 1966, Q. D. Leavis by contrast confirmed Charlotte Brontë's favourable comment on Nelly, while admitting that Nelly's limitations are made clear in the novel: "Nelly is most carefully, consistently and convincingly created for us as the normal woman, whose truly feminine nature satisfied itself in nurturing all the children in the book in turn".⁸ Echoing Mathison's argument of a decade earlier, she explained how, in the face of Catherine's illness, Nelly, a normal and maternal woman, is "unable to sympathise with difficulties that seem to her the result only of will, and a perverse will at that".⁹

In the seventies, some critics started to explain Nelly's unreliability as a narrator and character within the broader narratological and thematic context of the novel. Arnold Krupat in 1970 made a careful comparison between Nelly and Lockwood and observed the consistent disparity between style and material, or manner and matter.¹⁰ He never overlooked Nelly's "self-righteousness, arrogance in assumptions of superiority," but concluded that we have really "no reliable word from anyone in the book as to how to take it", so "no telling can properly convey this

⁷ John Fraser, "The Name of Action: Nelly Dean and *Wuthering Heights*" in *Nineteenth-Century Fiction* 20.3 (1965): 223-36.

⁸ Q. D. Leavis, 'A fresh approach to *Wuthering Heights*' in *Collected Essays*, vol. 1 (Cambridge: Cambridge University Press, 1983) 234. See also 240.

⁹ *Ibid.* 234.

¹⁰ Arnold, Krupat, "The Strangeness of *Wuthering Heights*" in *Nineteenth-Century Fiction* 25.3 (1970): 269-80.

tale".¹¹ The next year David Sonstroem analysed how not only Nelly but all the main characters have limited vision, or shortsightedness, in their action.¹² By explaining Nelly's actions as within the bounds of normalcy, he overall regarded them favourably, for example, interpreting her twisting the locks of Heathcliff and Edgar as the expression of her hope that everyone will get along with everyone else.¹³ Gideon Shunami in 1973 returned in the journal which had been the centre of this discussion to the 'straightforward' question of whether Nelly is a villain, and concluded that she is not, but is simply ignorant of the feelings of others.¹⁴ At the end of the decade, Sandra Gilbert analysed Nelly's character from a feminist point of view. Although she never repeated the old question straightforwardly, she suspected that Charlotte Brontë's comment on Nelly was designed to soften the impact of "perverse passion and passionate perversity" in the novel which Victorian readers faced.¹⁵ Her conclusion about Nelly's character is that she can be said to be benevolent because she is a nurse, a nurturer, a foster-mother, and a housekeeper within patriarchy's paradigm, so she is not exactly evil but is "accommodatingly manipulative, a stereotypically benevolent man's woman".¹⁶

Since the eighties, the issue has been discussed with more self-conscious critical elaboration often powerfully supported by

¹¹ *Ibid.* 271-72.

¹² David Sonstroem, 'Wuthering Heights and the Limits of Vision' in *PMLA* 86.1 (1971): 51-62.

¹³ *Ibid.* 59.

¹⁴ Gideon Shunami, 'The Unreliable Narrator in *Wuthering Heights*' in *Nineteenth-Century Fiction* 27.4 (1973): 449-68.

¹⁵ Sandra Gilbert and Susan Gubar, *The Madwoman in the Attic* (New Haven and London: Yale University Press, 1984) 289.

¹⁶ *Ibid.* 292.

literary theory, but traditional approaches to Nelly have also been retained --- rationalising directly or indirectly Nelly's dubious actions, and trying to judge if she is within the bounds of normalcy. In 1981 Terence McCarthy focused on the unreliable narrative and character of Lockwood rather than those of Nelly and, as for her character, he argued that, despite mistakes she frequently makes and her distorted view, she is ultimately normal.¹⁷ In 1987 Michael Macovski analysed the overall failed "audition", the act of telling and listening, in the novel, applying Lacanian psychoanalysis and Bakhtinian dialogism.¹⁸ He contended that the interpretive valuations of Lockwood, Nelly and Zillah distort almost every episode of the story, thereby "implicating the reader as the last in a framed succession of interpreters", so none of the characters involved in the act of narrating is ultimately reliable.¹⁹ The next year Stevie Davies argued, elaborating on Krupat's observation (eighteen years earlier) of the disparity between style and material, that Nelly's "nullity and blankness of emotional response" neutralise and frustrate the hysterical compulsions recorded in direct speech, absorbing the language of desire into incomprehension, and such "censoring" narrative at odds with direct speech suppresses the raw emotions.²⁰

In the nineties, some critics further analysed the narrative structure of the novel and its effect without announcing their final judgment on Nelly's character. In 1990, Beth Newman focused on

¹⁷ Terence McCarthy, 'The Incompetent Narrator of *Wuthering Heights*' in *Modern Language Quarterly* 42.1 (1981): 48-64.

¹⁸ Michael Macovski, 'Voicing a Silent History: *Wuthering Heights* as Dialogic Text' (1987) in Patsy Stoneman, ed. *New Casebooks: Wuthering Heights* (Hampshire and London: Macmillan, 1993).

¹⁹ *Ibid.* 101.

²⁰ Stevie Davies, 'The Language of Familial Desire' in *Emily Brontë* (Hemel Hempstead: Harvester/ Wheatsheaf, 1988) 64-65.

gender, narration and gaze in the novel, casually mentioning that "if we question Nelly's objectivity (as of course we should), our suspicions are grounded on her own admissions of bias".²¹ In 1996, Robin Grove took a fresh approach and analysed Nelly more as an inside-story character than as its narrator by examining not only her actions but also her feelings involved in them.²² Nelly struggles to survive as the outsider of the Earnshaw family, experiencing jealousy of Heathcliff who is easily accepted as a son of the family and hard psychological separation from her favourite foster-brother Hindley, until she finally ends, like Heathcliff, in control of both the Grange and the Heights.²³ Grove's elaborate demonstration of Nelly's psychological complexity which remains under-represented in the text indirectly defends her utterances and actions which might otherwise look cruel or vicious. In 1998 Peter J. Donnelly's thesis repeated the attempt to defend Nelly's impassivity and argued that her incapability of understanding others results from her class position.²⁴ Unlike James Hafley's paper published in 1958 which paid attention to Nelly's class consciousness, what Donnelly found to be the cause of her apparently unsympathetic actions is not her jealousy of the higher class but her personality which shares little with the other main characters.

This overview of the critical tradition shows how the pattern

²¹ Beth Newman, ' "The Situation of the Looker-On": Gender, Narration, and Gaze in *Wuthering Heights* ' in *PMLA* 105.5 (1990): 1029-41, 1033.

²² Robin Grove, 'The Poor Man's Daughter's Tale: Narrative and System in *Wuthering Heights*' in *The Critical Review* 36 (1996): 32-40.

²³ *Ibid.* 33, 37, 40.

²⁴ Peter J. Donnelly, 'Lockwood and Mrs Dean as Observers' in *Brontë Society Transactions* 23.2 (1998): 142-48.

of question and assertion regarding Nelly's character in the fifties and sixties has persisted despite the sophistication and complication of critical approaches to Nelly and the reader's basic bafflement in interpreting her actions remains almost the same. All the criticisms mentioned above, whether they attempt to defend or condemn her actions, share the same premise that Nelly does sometimes act in an inexplicable or inappropriate way.

There are numerous examples in the text of Nelly's actions which can look thoughtless or impassive. She interferes in her master's family in a way which appears to go beyond the rights of a servant but, at the same time, neglects her duty and conceals what should be made known. During Edgar's visit to Wuthering Heights, she starts cleaning the room and provokes Catherine to say, "When company are in the house, servants don't commence scouring and cleaning in the room where they are!" (70). In Catherine's death chamber, Nelly picks up Edgar's curl which Heathcliff has thrown away on the floor and twists it with Heathcliff's lock which he has placed into Catherine's locket. She obstructs the correspondence between the younger Catherine and Linton Heathcliff by burning his letters which have been secretly kept in Catherine's drawer. While interfering in the lives of those whom she serves, she never alerts Catherine when Heathcliff quits the room during her account of Edgar's proposal, and in effect makes her wander in the rain and fall into her first illness episode. Nelly intensifies the discord between Edgar and Heathcliff by hiding the fact from Catherine that she has betrayed to Edgar the disagreement between Catherine and Heathcliff. Catherine misunderstands that her husband has eavesdropped on their conversation and, with uncontrollable fury, falls into the

second episode of her illness. Nelly never tells Edgar of Catherine's intention to become ill by fasting. She hides her discovery of Isabella's elopement with Heathcliff to avoid the duty of informing the family of the unwelcome news, and conceals from Kenneth the fact that Heathcliff has been fasting for four days.

She not only interferes and conceals but also frequently 'misunderstands', or shows her ignorance about, others' conditions or feelings. She never imagines Frances developing consumption and dismisses Catherine's hunger-strike as a self-obsessed malingering. When she stays in bed with illness, Nelly takes a long time to notice the younger Catherine's secret meeting with Linton Heathcliff and eventually lets her be imprisoned in the Heights for a forced marriage to her dying cousin. Nelly interprets Heathcliff's 'change' as a sign of his aroused conscience and not as a sign of his approaching death. In the framing narrative as well as in the inside story, she mentions the possibility of Lockwood's marrying Catherine and assumes that Lockwood is bored with her story when he is actually fascinated with it. Nelly looks not only insensitive but also malicious, or even hostile, especially to Catherine Earnshaw. When Catherine confides how Heathcliff is important to her, Nelly responds almost antagonistically: "She paused, and hid her face in the folds of my gown; but I jerked it forcibly away. I was out of patience with her folly!" (82). Nelly helps to trigger Catherine's second illness by suggesting that Catherine thinks she is humouring Edgar and Isabella but actually they are humouring her in order to avoid troubles. Nelly shocks Catherine who has barely survived her crisis by handing her Heathcliff's letter and allowing him to enter her chamber, immediately after she herself has warned Heathcliff not to upset

the patient because “[s]he’s all nerves, and she couldn’t bear the surprise” (153). When Catherine faints during her last meeting with Heathcliff, Nelly thinks, “She’s fainted or dead. [. . .] so much the better. Far better that she should be dead, than lingering a burden and a misery-maker to all about her” (163).

These examples show that Nelly can look most vicious when she deals with the most tragically represented episode in the text, Catherine Earnshaw’s illness and death. Of all the illness-related episodes in the novel, Nelly’s actions become particularly difficult to interpret in this one. Catherine’s illness as well as Heathcliff’s death most vividly demonstrate how illness can generate ambiguity which defies attempts at interpretations by those who are involved in it. The ambiguity of illness related to the uncertainty of diagnosis in contemporary medicine is well summarised in Professor John Taylor’s introductory lecture on the opening of the medical session of 1841-42 at University College:

In estimating the influence of remedies, we must be well able to identify diseases: how many persons have been reported cured of consumption who had suffered only from bronchitis, or some other disease. Suppose a person, when pathology was less understood, to have undertaken a series of researches upon the treatment of dropsy, jaundice, or paralysis, what heterogeneous objects would have been classed under the same name --- dropsy from disease of the heart, of the lungs, of the kidneys, of the liver, spleen, peritoneum, &c. &c.; into what absurd conclusions would he not be led: yet our knowledge of pathology and diagnosis are [*sic*] still far too imperfect to secure us against similar

Because of the relatively undeveloped state of pathological studies, even the leading medical institutions lacked confidence in identifying diseases. John Taylor explains how mid-nineteenth century medicine had to rely heavily on the analysis of visible signs and symptoms, and how such unsophisticated methods confused attempts at diagnosis:

When we attempt to determine the nature and seat of a disease by the symptoms to which it gives rise, we are constantly met by serious difficulties; e.g., the *same* symptoms frequently accompany *different* morbid conditions. *Jaundice* may arise from simple inflammation of the liver, from various structural changes in its substance, and in parts external to it; from obstruction of the biliary ducts by gall-stones, &c. [. . .] On the other hand, the *same pathological condition* may be manifested by a variety of symptoms; e.g., softening of the brain may be accompanied with coma and other apoplectic symptoms, or it may be attended with convulsions, or with paralysis of motion or sensation, or both. [. . .] Acute inflammation of the pleura, pericardium, or peritoneum, is often accompanied with severe suffering; but I have repeatedly found each of these diseases in the bodies of persons who, during life, complained of no symptoms referrible [*sic*] to them. In the same way, tubercles may exist in the lungs in a very advanced stage,

²⁵ *The Lancet*, Oct 23, 1841, 1841-42, vol. 1, 107.

with scarcely any cough or expectoration.²⁶

When doctors could find no visible symptom, they had to rely on an even more uncertain and sometimes misleading method of diagnosis, the patients' own description of how they felt:

Some symptoms are direct objects of sense, and therefore can be pretty accurately observed, such as heat and redness of the surface, paralysis, coma, and convulsions; but many even of these can be stimulated. Others are to be learnt only from the description of the patient, such as pain, and various other altered sensations. Our knowledge of these is at best much less exact, and we are often led into gross errors respecting them, through the ignorance, incapacity, or bad faith of patients. [. . .] We are constantly *mised* by patients --- sometimes *intentionally*, as when *moral* causes are concerned, often through ignorance; and frequently they state as a matter of *fact*, what, on closer inquiry, turns out to be no more than a fiction of the imagination, suggested by some crude theory which is current amongst the people.²⁷

What the professionals had to confront --- difficulty in diagnosing illness by the observation of symptoms or, at worst, by patients' own descriptions --- exists in the illness episodes of *Wuthering Heights* as the factor which complicates the interpretation of Nelly's actions. As mid-nineteenth century doctors were often baffled by misleading visible signs and patients' own descriptions,

²⁶ *Ibid.* 106.

²⁷ *Ibid.*

the reader faces difficulty in interpreting Nelly's actions only by observing existing signs, words spoken by Nelly and other characters in direct speech, and by reading Nelly's 'subjective' narrative which edits past events.

Nelly witnesses manifold illness cases in her life and gets directly involved in most of them often as a nurse.²⁸ The brief description of the first illness in which Nelly plays an active role, the Earnshaw children's measles, produces little ambiguity. This may be because of the characteristics of the disease: it is considered a typical children's disease and nosologically easily identifiable because of visible and tangible symptoms such as a rash.²⁹ Thomas John Graham's *Modern Domestic Medicine* describes the general characteristics of measles and the development of a rash as follows:

The measles is an infectious fever, attended with an eruption on the skin, which very rarely attacks the same person a second time.

SYMPTOMS.---. [. .] The eruption generally shows itself towards the end of the third or the beginning of the fourth day; sometimes not till the fifth. It comes out on the forehead in small points, which are generally distinct at first, but here and there increasing in number and size, are soon formed into small clusters, so that the face seems marked with red

²⁸ Charles Lemon enumerates illnesses in the novel in 'Sickness and Health in *Wuthering Heights*' in *Brontë Society Transactions* 14.3 (1963): 23-25.

²⁹ See Roderick McGrew, *Encyclopedia of Medical History* (London: Macmillan, 1985) 172-75, and F. B. Smith, *The People's Health 1830-1910* (London: Croom Helm, 1979) 142-48.

stars of various size and figure. The parts occupied by the points are rough to the touch. From the face the eruption gradually spreads to the neck, breast, trunk, and limbs, generally appearing on the limbs the day after it shews itself on the face. [. .]

CAUSES.--- The grand cause, in every instance, is a specific contagion. [. .]³⁰

This episode, as is investigated in Chapter two, changes the power balance of the Earnshaw family in favour of Heathcliff's future tyranny. It also illuminates Nelly's alienation from the Earnshaw children. Despite its contagious nature, only Nelly among the children of the household remains unaffected by measles. She may have contracted the disease before, but in any case she never shares the measles experience as a patient with Catherine, Hindley and Heathcliff. The episode also demonstrates that, as Robin Grove points out, Nelly is no longer the children's playmate, but "a servant in earnest now".³¹

The next chapter opens with Old Earnshaw's physical decline and hardened temper: "In the course of time, Mr. Earnshaw began to fail. He had been active and healthy, yet his strength left him suddenly; and when he was confined to the chimney-corner he grew grievously irritable" (39). Nelly speculates that his illness has a psychological factor: "I fancied the discontent of age and disease arose from his family disagreements" (39). Old Earnshaw's death scene shows the first example of Nelly's dubious actions in relation to illness. Catherine who is unusually calm because of her

³⁰ Graham, *Modern Domestic Medicine* (London: Simpkin and Marshall, et al, 1826) 407-9.

³¹ Grove, 35.

illness sings for her father:

But as soon as she saw him vexed again, she kissed his hand, and said she would sing him to sleep. She began singing very low, till his fingers dropped from hers, and his head sank on his breast. Then I told her to hush, and not stir, for fear she should wake him. We all kept as mute as mice a full half-hour, and should have done longer, only Joseph, having finished his chapter, got up and said that he must rouse the master for prayers and bed. He stepped forward, and called him by name, and touched his shoulder, but he would not move --- so he took the candle and looked at him.

I thought there was something wrong as he set down the light; and seizing the children each by an arm, whispered them to "frame upstairs, and make little din --- they might pray alone that evening --- he had summut to do."

"I shall bid father good-night first," said Catherine, putting her arms round his neck, before we could hinder her.

The poor thing discovered her loss directly --- she screamed out ---

"Oh, he's dead, Heathcliff! he's dead!"

And they both set up a heart-breaking cry.

I joined my wail to theirs, loud and bitter; but Joseph asked what we could be thinking of to roar in that way over a saint in Heaven (41-42).

Although his death seems to be indicated when his fingers drop from Catherine's, Nelly interprets or perhaps pretends to interpret this as his falling asleep, stops Catherine's singing and lets her

stay leaning against her dead father's knees for half an hour until she recognises his death herself.

Nelly's response in this case, however, could be defended in several ways. Firstly, not only illness but also its ultimate outcome, death, are open to arbitrary interpretations. The scene is set at night so Nelly may easily mistake his death for sleep and the darkness of the room may make it even more difficult to notice it. In fact, Joseph, another adult, as well as the children, believes that he is asleep. Secondly, Nelly's attitude can be interpreted in terms of the socio-politics of the household. She might sharply notice Old Earnshaw's death when his fingers drop but never mentions it in order to prolong the unusually peaceful family gathering and postpone the turmoil after the children's recognition of his death. She might be letting Catherine discover the death gently for herself, in a rather considerate and graceful way. Or, Nelly may try to avoid the trouble of being the first person to announce the shocking news and wait for Joseph to notice it as she later does when she discovers Isabella's elopement with Heathcliff. Thirdly, Old Earnshaw's senility may in effect dispel any strong suspicion about his death scene. If his decline is really psychologically caused, this case makes a marked contrast to Catherine's similarly motivated fatal illness which creates great ambiguity and makes the reader question Nelly's conscience. According to F. B. Smith, during the nineteenth century middle age settled into old age at about 45 years, at which point the morbidity rates showed a sharp increase.³² The text does not state his age but clearly indicates his senility: he is referred to as "the old man" (39) by Nelly and he uses a stick with which he tries to

³² F. B. Smith, 316-23.

strike Hindley. His walking trip to Liverpool might indicate his health and vigour, but considering the fact that men sometimes made their wills before setting out on a long walk,³³ they probably braved such a hard journey even when they were not necessarily young and fit. Furthermore, in nineteenth-century geriatrics, there was a tendency to believe that the elderly were incurable and diagnosis of their illnesses was difficult, since commonly several diseases coexisted.³⁴ Consequently, as Pat Jalland indicates, the grief experienced by a family on the death of the elderly was usually less intense and prolonged than for young people, because the loss was anticipated and prepared for.³⁵ It can be said then that Old Earnshaw is ultimately supposed to die sooner or later and therefore his death is unlikely to evoke any fierce controversy. Nelly's attitude in his death scene also tends to pass without creating debate.

How, then, can Nelly's obvious misunderstanding of a young woman's disease be defended? When Frances suddenly appears at Old Earnshaw's funeral as Hindley's wife, Nelly certainly notices her hysterical tendencies but never imagines her developing a fatal disease:

Then she began describing with hysterical emotion the effect it produced on her to see black; and started, and trembled, and, at last, fell a weeping ... and when I asked what was the matter? answered, she didn't know; but she felt

³³ Patsy Stoneman, Ed., *Wuthering Heights*, note 34.

³⁴ Pat Thane, 'Geriatrics' in W. F. Bynum and Roy Porter, eds., *Companion Encyclopedia of the History of Medicine* (London and New York: Routledge, 1993) 1102.

³⁵ Pat Jalland, 'Death in Old Age' in *Death in the Victorian Family* (Oxford: Oxford University Press, 1999) 148.

so afraid of dying!

I imagined her as little likely to die as myself. She was rather thin, but young, and fresh complexioned, and her eyes sparkled as bright as diamonds. I did remark, to be sure, that mounting the stairs made her breathe very quick, that the least sudden noise set her all in a quiver, and that she coughed troublesomely sometimes: but I knew nothing of what these symptoms portended, and had no impulse to sympathize with her. We don't in general take to foreigners here, Mr. Lockwood, unless they take to us first.

Young Earnshaw was altered considerably in the three years of his absence. He had grown sparer, and lost his colour, and spoke and dressed quite differently; [. . .] (43-44).

Nelly interprets Frances's complaint more as an expression of an unusual mental state ("hysterical emotion") than as deriving from a physical problem. Strangely, the narrating-Nelly abruptly addresses Lockwood and generalises the local habit of not liking strangers until they initiate friendship. Nelly might be, consciously or not, attempting to divert Lockwood's attention from her inability to perceive Frances's physical condition to the bride's being an outsider whom the young master has suddenly brought into the family. While dismissing Frances's anxiety about death, Nelly sharply notices the physical decline of Hindley, her favourite.

Nelly's attitude to Frances could be defended when we consider the nature of the latter's disease, "consumption" (63). Until late in the nineteenth century, before Robert Koch discovered the tubercle bacillus and recognised it as the primary

cause of tuberculosis, many wasting diseases of the chest such as cancer, silicosis and various lung abscesses were confused with tuberculosis even by most experienced clinicians.³⁶ As a consequence of these diagnostic uncertainties, much of what was described as 'consumption' was not really tuberculosis, whereas much actual tuberculosis remained unrecognised.³⁷ Strictly speaking, it is, then, difficult to identify Frances's disease as tuberculosis, but she certainly shows some of the symptoms which were thought to be typical of 'consumption' in the contemporary medicine. Graham describes the symptoms of the disease, and the typical appearance of the consumptive which is also quoted in Chapter 1:

SYMPTOMS.---The earliest symptoms of consumption are often insidious and obscure. The patient is, perhaps, sensible of an unusual languor, and breathes with less freedom than formerly, so that his respirations are shorter and increased in number. He coughs occasionally, but does not complain of its being troublesome, and rarely expectorates at the same time; yet if he make a deep inspiration he is sensible of some degree of uneasiness in a particular part of the chest. [. . .] the teeth increase in transparency, and the white of the eye is pearly-white; the fingers are shrunk, except at the joints, which become prominent; the nails are bent for want of support, and become painful; the nose is sharp; the cheeks are red; the eyes sunk, but bright; the countenance as if

³⁶ René and Jean Dubos, *The White Plague: Tuberculosis, Man, and Society* (New Brunswick, New Jersey: Rutgers University Press, 1996 [1987]) 5-6.

³⁷ *Ibid.*

smiling; the spine projects; and the shoulder blades stand out like the wings of birds.³⁸

This shows how difficult it is to diagnose someone with consumption because of its “insidious” and “obscure” symptoms and patients’ appearance which can make them look healthy with red cheeks and bright eyes.³⁹ Consumption was believed to affect sensitive people,⁴⁰ and, conversely, depressing emotion was believed to develop it.⁴¹ Yet it was also believed that ‘the nervous cough’ was common to the hysteric as well as the dyspeptic and choleric and that sighing and sobbing are symptoms of hysterics.⁴² It then comes as no surprise if Nelly believes Frances’s bright eyes and fresh complexion to be signs of her overall physical health and mistakes her complaint for a kind of hysteria.

In 1838 there were 59,000 deaths from ‘consumption’ reported in England and Wales, which formed one-sixth of all deaths.⁴³ Despite its being so common a cause of death and a very old disease which attacked humans of all ages and animals equally, its diagnosis was still difficult not only because of the misleading and confusing symptoms Graham mentions but also because of its slow progress.⁴⁴ The early listlessness and vague pains in the chest tended to pass unnoticed as normal fatigue, and the distinctive

³⁸ *Modern Domestic Medicine*, 239.

³⁹ Eyes brighter than usual with fever were also observed in the case of the Victorian actress, Elisa Rachel Félix, whose performance impressed Charlotte Brontë: Dubos, 22.

⁴⁰ *Ibid.* 48.

⁴¹ *The Lancet*, December 13, 1851, vol. 2, 548.

⁴² “Cough” and “Hysterics” in Graham, *Modern Domestic Medicine*, respectively, 255-57, esp. 256, and 347-350, esp. 348.

⁴³ Smith, 288.

⁴⁴ Roderick McGrew, *Encyclopedia of Medical History*, 337.

symptoms, the cough and spitting of purulent sputum, fever and light sweats, do not appear until the disease has a strong hold, possibly after a year.⁴⁵ Although the body may overcome attacks with rest and good diet if they are found early enough, there was basically no cure for it.⁴⁶ Kenneth's comments, "missis must go" (63), and Nelly's words, "his medicines were useless at that stage of the malady" (64), are in this sense quite realistic. Examination of the chest became possible only after the discovery of percussion by Auenbrugger in 1761 and of mediate auscultation with stethoscope by Laënnec in 1816.⁴⁷ Charlotte Brontë indeed sent an account of Anne Brontë's consumptive symptoms to Dr Forbes in London, an eminent physician who had recently introduced the stethoscope in England.⁴⁸ The diagnosis of 'tuberculosis' remains difficult even today. Tubercle bacilli can be the cause of infections whose character is so atypical and unspecific as to be dismissed under the name of cold or grippe, and even when they are acute enough, they cause symptoms which are confused with typhoid-like fevers.⁴⁹ Tuberculosis waxes and wanes with long periods of apparent remission before periods of exacerbation, so it is also often mistaken for a mild, chronic bronchitis.⁵⁰

Considering the difficulties involved in diagnosing someone with 'consumption', Nelly's lack of insight into Frances's complaint and sympathy with her can be understood as quite normal. Even if Nelly recognises Frances's serious illness, she is destined to die sooner or later whether or not blessed with the housekeeper's

⁴⁵ Smith, 287-88.

⁴⁶ *Ibid.* 290.

⁴⁷ Dubos, 76.

⁴⁸ *Ibid.* 38.

⁴⁹ *Ibid.* 4.

⁵⁰ *Ibid.*

devoted care. Moreover, Hindley's wishful thinking about his wife's recovery as well as Frances's own belief in it, or pretence of believing for the sake of her desperate husband, suggests that, as long as illness discourse is open to psychological projections and expectations in a wide social context, it can easily be manipulated: "She never was in a consumption. It was a fever; and it is gone ... her pulse is as slow as mine now, and her cheek as cool" (64). Nelly's callous-looking attitude towards Frances could be seen in its psycho-social context; it may derive from her jealousy of Hindley's wife, or from her position of a stubborn Yorkshire servant who distances herself from an outsider until s/he first shows friendliness. In this way, the ambiguity of the 'consumption' discourse can produce various interpretations of Nelly's attitude to Frances.

As has been mentioned above, Nelly's behaviour looks most suspect when she is involved in Catherine Earnshaw's illness; she shows no sympathy with her mistress's suffering which she indirectly helps to cause. When Catherine returns from her search for Heathcliff in a storm, Nelly tries to persuade her to "rise and remove her wet things", but soon retires with Hareton, leaving her mistress "shivering" (85). When Hindley finds his sister ill next morning, Nelly starts accusing Catherine of having been out in the rain while withholding the fact that Heathcliff is gone: "Oh, she is naughty! [. . .] She got steeped in the shower of yesterday evening, and there she has sat, the night through, and I couldn't prevail on her to stir" (86). Catherine soon falls into her first illness but Nelly remains unsympathetic towards her:

[. . .] I shall never forget what a scene she acted, when we

reached her chamber. It terrified me --- I thought she was going mad, and I begged Joseph to run for the doctor.

It proved the commencement of delirium; Mr. Kenneth, as soon as he saw her, pronounced her dangerously ill; she had a fever.

He bled her, and he told me to let her live on whey and water gruel; and take care she did not throw herself down stairs, or out of the window; and then he left, for he had enough to do in the parish where two or three miles was the ordinary distance between cottage and cottage.

Though I cannot say I made a gentle nurse, and Joseph and the master were no better; and though our patient was as wearisome and headstrong as a patient could be, she weathered it through (87-88).

While recognising Catherine's state as serious enough to call for Kenneth, Nelly seems to suspect that Catherine has invited her own misfortune and become ill by staying up in her wet clothes, and therefore candidly admits having been no 'gentle nurse'. When Catherine returns from Thrushcross Grange where her fever has killed Mr and Mrs Linton, Nelly finds her "saucier, and more passionate and haughtier than ever" (88). She considers Hindley's lenient attitude towards his sister on Kenneth's medical advice as only spoiling her and letting her gain from her illness: "He was rather *too* indulgent in humouring her caprices" (88). In the second episode of Catherine's illness, Nelly seems to retain the same contempt for her attitude, although she contributes to triggering the relapse by never telling Edgar what Catherine asks her to convey to him, her feeling of being "in danger of being seriously ill"

(116) and her three-day self-confinement and fasting.

Nelly's unsympathetic attitude towards Catherine can be excused, considering the unavoidable ambiguity of the latter's illness.⁵¹ Firstly, Nelly may be dubious about Catherine's illness because she has already witnessed her attempt to gain from it. During her argument with Edgar before her marriage, Catherine tries to stop him from leaving her by announcing that she will make herself sick: "Well, go, if you please ... get away! And now I'll cry ... I'll cry myself sick!" (72). Seeing Edgar returning, Nelly bluntly expresses her scorn for her strategy: "Miss is dreadfully wayward, sir!" I called out. 'As bad as any marred child ... you'd better be riding home, or else she will be sick, only to grieve us'" (72). Shortly before Catherine's second illness, Nelly sees Isabella trying to manipulate people around her by exploiting the notion of illness. Secretly infatuated with Heathcliff and childishly jealous of Catherine, Isabella grows "cross and wearisome, snapping at and teasing Catherine continually", but they "excused her to a certain extent, on the plea of ill health" (100-1). When Catherine suggests that Kenneth should be called for after her sister-in-law refuses to eat her breakfast and complains of her cold, Isabella instantly denies her ill health and betrays her true trouble. After

⁵¹ Nelly's lack of sympathy may be considered as understandable if one sees her simply as a paid servant who temporarily plays the role of sick-nurse. According to Katherine Williams, there is a tendency in modern nursing for nurses to reduce the behaviour of patients to arbitrary stereotypes, using such words as co-operative', 'unco-operative', 'complaining' and 'uncomplaining': "Ideologies of nursing: their meanings and implications" in Robert Dingwall and Jean McIntosh, eds., *Reading in the Sociology of Nursing* (Edinburgh, London and New York: Churchill Livingstone, 1978) 44. Nelly's attitude shows this tendency of nurses to evaluate the behaviour of patients according to how manageable they are: she praises Heathcliff who is a very quiet patient and criticises Catherine Earnshaw who is highly unmanageable.

she has witnessed these childish attempts at manipulation by her mistresses --- Nelly in fact describes Isabella with the same adjective with which she has once described Catherine, "wayward", and Catherine later refuses to eat like Isabella --- it is no surprise if she believes Catherine to be using her old strategy.⁵² In this way, it is easy for Nelly to think of Catherine's illness as a feigned one.

Secondly, like Catherine herself, Nelly believes control over the body to be possible after one becomes ill of one's own volition, and is ignorant of the devastating power and uncontrollable nature of illness. When she wishes to make herself seriously ill in order to warn and punish Isabella, Edgar and Heathcliff, Catherine thinks of illness as a simple means of revenge and neglects its autonomous power:

"I'm nearly distracted, Nelly!" she exclaimed, throwing herself on the sofa. "A thousand smiths' hammers are beating in my head! Tell Isabella to shun me --- this uproar is owing to her; and should she or any one else aggravate my anger at present, I shall get wild. And, Nelly, say to Edgar, if you see him again to-night, that I'm in danger of being seriously ill --- I wish it may prove true. He has startled and distressed me shockingly! I want to frighten him. Besides, he might come and begin a string of abuse, or complainings; I'm certain I should recriminate, and God knows where we should end! [. . .]" (116).

Nelly also dismisses her mistress's statement as something more

⁵² Catherine's attempts to draw Edgar's attention by threatening to be ill may derive from their both having seen several fatal cases: the illness and death of Frances and Mr and Mrs Linton.

absurd than dangerous:

The stolidity with which I received these instructions was, no doubt, rather exasperating, for they were delivered in perfect sincerity; but I believed a person who could plan the turning of her fits of passion to account, beforehand, might, by exerting her will, manage to control herself tolerably even while under their influence; and I did not wish to "frighten" her husband, as she said, and multiply his annoyances for the purpose of serving her selfishness (117).

Both of them believe in Catherine's ability to control her body and belittle the autonomy of illness even after she starts fasting⁵³: " 'Oh, I will die,' she exclaimed, 'since no one cares anything about me, I wish I had not taken that [food]' " (120); "I'll choose between these two --- either to starve, at once, that would be no punishment unless he had a heart --- or to recover and leave the country" (121); "*she* fasted pertinaciously, under the idea, probably, that at every meal, Edgar was ready to choke for her absence" (121). While they underestimate the danger of fasting, Catherine loses command of her body and becomes fatally ill. Although it is difficult to diagnose her with anorexia nervosa, she goes through the process of losing control over the body which is typical in anorectic cases. Susan Rubinow Gorsky summarises this process of denied autonomy: "the anorectics' efforts to control food intake can get out of hand,

⁵³ Katherine Frank parallels Catherine Earnshaw's fasting with Emily Brontë's refusal of food as an act of rebellion, and suggests that Brontë would be diagnosed as suffering from anorexia nervosa if she were alive today: *Emily Brontë*, 3 and 220.

crossing into psychological illness. Eventually the disease controls the girls' behavior and wellbeing".⁵⁴ It is when her self-starvation weakens her body to a visible degree that Catherine at last succeeds in drawing Edgar's attention.⁵⁵ Paradoxically, no one in the novel, including Catherine, can foresee the worst outcome of her hunger strike until she becomes fatally ill, as Nelly defensively tells Edgar: "we couldn't inform you of her state, as we were not aware of it ourselves" (127). Nelly's dismissive attitude towards Catherine's refusal to eat can be more easily understood, considering the difficulty in foreseeing when one loses command of one's own body.

The third reason for Nelly's lack of sympathy with Catherine can be also associated with the invalid's will: the psychosomatic nature of her illness. The 'psychosomatic disease' is defined in a modern medical dictionary as:

Any illness in which disturbance of the mind causes physical changes in the body.

Emotion is expressed in the conscious mind, and also at a completely unconscious level of the brain where it stimulates reflex action in the sympathetic and parasympathetic nerves, which are distributed throughout the body and regulate functions such as rate of blood-flow and digestion. Emotion also affects the activity of the *pituitary* gland, which in turn

⁵⁴ Susan Rubinow Gorsky, ' "I'll Cry Myself Sick": Illness in *Wuthering Heights*, *Literature and Medicine* 18.2 (1999): 173-91, 175.

⁵⁵ For the visual effect of hunger strike, see Maud Ellmann, *The Hunger Artists: Starving, Writing, and Imprisonment* (Cambridge, Massachusetts: Harvard University Press, 1993) 17. She mentions Catherine's case in 91-92.

regulates several other glands.

Few if any physical diseases are due entirely to emotional upset; what emotion does is to exaggerate the effects of physical causes. Individual cases of a disease differ widely in the relative importance of physical and emotional causes.

[. . .]⁵⁶

The psychological factors that cause Catherine's illness are the emotional shock Heathcliff's disappearance gives her in her first illness episode, and her severe disappointment and profound resentment about his intention of revenge and her husband's attempt to attack him in her second illness episode. Physical causes may be her staying up all night with wet clothes in the first illness, and her fasting in the second illness. What is notable in Catherine's illness is that even these physical factors can be associated with her free will because they are generally supposed to affect one's health. Not only the causes but also the symptoms of her illness which Nelly can easily perceive are related to the state of mind: "insanity" and "delirium" (127). It is then easy for Nelly to dismiss Catherine's condition rather as the expression of her selfishness than as showing the symptoms of a disease. Consequently, Nelly finds Catherine "as wearisome and headstrong as a patient could be" (88) in her first illness, and showing "senseless, wicked rages" (118) in her second. In dealing with illness which involves both *psycho* and *soma*, it is difficult to draw a line between sheer somatic factors which are beyond patients' control and psychological factors for which they are, more

⁵⁶ Peter and Richard Wingate, eds., *The Penguin Medical Encyclopedia*, 4th edition (London: Penguin Books, 1996) 505.

or less, responsible. If the *soma* is more focused, the sick can be regarded as the unfortunate passive victims of illness, whereas, if the *psycho* is more focused, they sometimes seem to play victims in order to gain from illness. Because the cause and symptoms of Catherine's illness are so closely related to her psychology, Nelly is tempted to regard her mistress's illness as the outcome of her recklessness and reduce her symptoms to attempts to manipulate others. Nelly in fact describes Catherine, in her first illness episode, as expecting "that her recent illness gave her a claim to be treated with consideration" (88) and, in her second, as "exhibiting a fit of frenzy" (118) in order to draw Edgar's attention.

Fourthly, Nelly confronts the difficulty in understanding others' pain. Cecil G. Helman argues that, when a person in pain signals the fact that s/he has pain verbally or non-verbally, the private experience and perception of pain becomes a social, public event, in other words, private pain becomes public pain.⁵⁷ Yet it is quite difficult to translate 'private pain' into 'public pain' successfully because, as Elaine Scarry contends, pain is ultimately unsharable and this amplifies the sufferings of those in pain: "to have great pain is to have certainty; to hear that another person has pain is to have doubt".⁵⁸ In addition to the basic difficulty in communicating pain, 'Anglo-Saxon culture' tends to complicate the

⁵⁷ Cecil G. Helman, *Culture, Health and Illness*, 4th edition (New York, Arnold, 2001) 129.

⁵⁸ Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York and Oxford: Oxford University Press, 1985) 4 and 7. Although her book analyses mainly physical pain in torture, Catherine's metaphor, "A thousand smiths' hammers are beating in my head!", seems to be a good example of the typical description of pain Scarry observes that weapons and wounds are often used to express physical pain which is otherwise difficult to articulate; a person might say, for example, "It feels as though a hammer is coming down on my spine": *The Body in Pain*, 15-17.

discourse of pain. According to Helman, different social or cultural groups respond to pain in different ways and, if their pain behaviour matches the society's view of how people in pain should draw attention to their suffering, they receive maximum attention and sympathy.⁵⁹ Although this kind of approach to people's response to pain is sometimes criticised as stereotyping,⁶⁰ the Anglo-Saxon culture is overall thought to value stoicism and fortitude in the presence of hardship.⁶¹ Porter also argues that, even if pain and suffering, an intangible set of sensations, are somehow verbalised, the Anglo-Saxon English tend to believe that great sufferers are silent and appreciate understatement, and consequently, tend to dismiss patients eloquent about their sensation as expecting secondary gain.⁶²

In *Wuthering Heights*, Catherine's illness episodes demonstrate well how it is difficult to express pain, both physical and psychological, in words to someone who doubts the suffering of the person in pain, and how the ultimate unsharability of pain amplifies the suffering. As long as Catherine desperately attempts to communicate her sufferings, Nelly remains distanced. It is when Catherine has "no breath for speaking" that Nelly can "not help being afraid in [her] heart" (118). Similarly, during her delirium, it is when Catherine stops describing her sensations and instead starts talking about her childhood memory to Heathcliff who is absent from the scene that Nelly is convinced of her mind

⁵⁹ Helman, 128 and 133.

⁶⁰ See, for example, Arthur Kleinman, Mary-Jo Del Vecchio Good, Paul E. Brodwin, Byron J. Good, eds., *Pain as Human Experience: An Anthropological Perspective* (Berkeley, Los Angeles and London: University of California Press, 1992) 2.

⁶¹ Helman, 129.

⁶² Roy Porter, 'Pain and Suffering' in *Companion Encyclopedia of the History of Medicine*, 1575.

being in an abnormal state: "But I soon found her delirious strength much surpassed mine (she *was* delirious, I became convinced by her subsequent actions and ravings)" (126). As Edgar becomes frightened to see blood on Catherine's lips, the visual signs of an abnormal state of mind and body far more powerfully function as evidence of illness than patients' own unreliable narratives about their pain.

Not only visible signs of abnormality but also the nosological clarity and final labeling of her illness powerfully demonstrate the seriousness of Catherine's condition and secure her position as a sick person. Nelly hears probably from Kenneth that her illness has proved to be 'brain fever': "Mrs. Linton encountered and conquered the worst shock of what was denominated a brain fever" (134). Hereafter Nelly calls Catherine "the invalid" (135) and her illness "mental illness" (154). As the nosologically clear measles of the Earnshaw children raises little doubt in Nelly's mind about their being ill, and as her doubt about Frances's illness disappears once it is identified as consumption, the diagnosis of 'brain fever' decreases the circulating ambiguity about Catherine's illness, no matter how it has begun and developed. According to Audrey C. Peterson, 'brain fever' was not an invention of fictional authors but a real disease acknowledged both in the contemporary medical sphere and in people's everyday life.⁶³ There is no precise present-day equivalent for it, but many of the symptoms and the post-mortem evidence were consistent with some forms of meningitis or encephalitis.⁶⁴ The term 'brain fever' is supposed to

⁶³ Audrey C. Peterson, 'Brain Fever in Nineteenth-Century Literature: Fact and Fiction' in *Victorian Studies* 19.4 (1976): 445-64.

⁶⁴ *Ibid.* 447.

have grown out of the classical term 'phrensy' or 'phrenitis' which was usually defined as inflammation of the brain.⁶⁵ Graham explains "Inflammation of the Brain" as follows:

The characteristics of this disease are, severe pain in the head, redness of the face and eyes, intolerance of light and sound, watchfulness, and ferocious delirium.

SYMPTOMS.---it often comes on with a sense of fulness in the head, flushing of the countenance, redness of the eyes, and fulness of the pulse; followed by restlessness, and disturbed sleep. Or it may make its attack with pain, or peculiar sense of uneasiness of the head, back, loins, and joints, or tremors of the limbs, and intolerable pain of the hands, feet, and legs:---or with anxiety, and a sense of tension referred to the breast, with palpitation of the heart. As the disease advances, the pain greatly increases, and with it the redness of the face and eyes; the countenance acquires a peculiar fierceness, the patient talks incoherently, and delirium follows, and often arrives at a state of frensy. The face becomes turgid, the eyes stare, and seem as if starting from their sockets, tears and sometimes blood flow from them, the patient resembling a furious maniac, from whom it is often impossible to distinguish him, except by the shorter duration of the disease. The eyes are incapable of bearing the light, and the least noise is intolerable; respiration is deep and slow, and swallowing difficult, the pulse being generally remarkably hard, and small. [. .]

⁶⁵ *Ibid.* 445, and Francis Schiller, 'A Case of Brain Fever' in *Clio Medica* 9.3 (1974): 181-92, 184.

CAUSES.---An injury immediately applied to the brain, such as violent exercise, intoxication, rage, or the head being exposed long to a powerful sun; long and intense study; cold; fatigue: excessive venery; indigestible and poisonous substances received into the stomach; and the suppression of habitual discharges, are the most frequent causes.

DISTINCTION.---Inflammation of the brain is to be distinguished from inflammatory fever by there being a much greater derangement in the mental functions, and in all the organs of sense, in the former than in the latter. [. .]

TREATMENT.--- [. .] During the whole course of the disease, the patient ought to be kept cool, and as quiet and undisturbed as possible, light being almost totally excluded. [. .].⁶⁶

Peterson argues that brain fever is a particularly appropriate diagnosis of Catherine's illness because it reveals the depth of her passionate attachment for Heathcliff.⁶⁷ Catherine's 'brain fever' can then be considered as a psychosomatic disease which can raise doubts about its existence. Nonetheless, Nelly's suspicion about Catherine's feigning illness disappears once the abnormality of her mind and body becomes visible and her illness is diagnosed as a specific disease familiar to Nelly.

Linton Heathcliff is another sick character who constantly displays his sufferings and tries to exercise the privilege of the sick no less than Catherine does. Nelly seems to acknowledge his debility, if she dislikes his peevishness: "He's very delicate, sir [. .]

⁶⁶ Graham, *Modern Domestic Medicine*, 375-76

⁶⁷ Audrey C. Peterson, 'Brain Fever in Nineteenth-Century Literature: Fact and Fiction', 450.

and scarcely likely to reach manhood" (256). This does not necessarily mean, however, that Nelly is any more sympathetic towards Linton Heathcliff's articulation of pain. There are reasons for Nelly to accept his illness much more readily than Catherine's. Firstly, Nelly is informed directly from his mother, Isabella, of his weak health before she first meets him: "from the first, she reported him to be an ailing, peevish creature" (182). Secondly, Nelly knows that the Linton family are constitutionally weak, compared to the Earnshaw family: Mr and Mrs Linton die soon after they have taken the fever from Catherine and, although at the point of Linton Heathcliff's arrival Nelly does not know it, Isabella and Edgar also die relatively young. Thirdly, Linton Heathcliff's poor health is visible and tangible even without his own verbalisation of it. On their first meeting with him, Nelly describes him as a "pale, delicate, effeminate boy" and Edgar warns Catherine by saying, "Your cousin is not so strong or so merry as you are" (200). Finding his own child bearing no resemblance to himself, Heathcliff examines his strength by feeling "his slender arms, and his small fingers", and satisfies "himself that the limbs were all equally frail and feeble," in anticipation of his future inheritance of the Linton family's property.

Nelly's recognition of Linton Heathcliff's weak health can suggest that her perception of illness is keener than when she has witnessed the illness and death of Frances and Catherine Earnshaw. It is contrasted with Catherine Linton's misunderstanding, and perhaps wishful thinking, about her cousin's health:

"You think *he is* better in health, then?" I said.

"Yes," she answered; "because he always made such a great deal of his sufferings, you know. He is not tolerably well, as he told me to tell papa, but he's better, very likely" (263).

Nelly and Catherine also differently interpret Edgar's health. When he grows increasingly weak, Catherine still sees a hope for his recovery:

Spring advanced; yet my master gathered no real strength, though he resumed his walks in the grounds with his daughter. To her inexperienced notions, this itself was a sign of convalescence; and then his cheek was often flushed, and his eyes were bright: she felt sure of his recovering (257).

Edgar's flushed cheek and bright eyes are similar to Frances's consumptive symptoms which Nelly has mistaken for signs of health. Nelly may have now learned from Frances's case that people can be fatally ill even when they look healthy. Nelly may be able to deal with illness with more insight after twelve years of working as the child-nurse and sick-nurse of the motherless Catherine: "The twelve years, continued Mrs. Dean, following that dismal period, were the happiest of my life: my greatest troubles, in their passage, rose from our little lady's trifling illnesses, which she had to experience in common with all children, rich and poor" (188). Nelly assures Catherine that her father has a mere cold and can live long, although he is actually to die soon: "You mustn't cry because papa has a cold; be thankful it is nothing worse"; "And suppose Mr. Linton were spared till he saw sixty, that would be

more years than you have counted, Miss. And would it not be foolish to mourn a calamity above twenty years beforehand?" (230-1). If these utterances are seen in the social context of illness discourse, Nelly's positive comment on Edgar's health can be interpreted not as reflecting her lack of insight but as deriving from her consideration for her favorite charge. If she says Edgar's condition is nothing serious to cheer up Catherine, Nelly can then be regarded not as a short-sighted housekeeper but as a sensitive and sensible foster-mother.

It is difficult to conclude that Nelly's diagnostic ability has really improved, however, when we see how she behaves in the last illness-related episode of the novel, Heathcliff's death after his fasting. Her response to his mysterious lost appetite seems quite natural and appropriate: she encourages him to eat, and once calls for Kenneth, although Heathcliff refuses to see him. However, Nelly remains mysteriously reticent about Heathcliff's refusal of food when Kenneth is called after his death:

Kenneth was perplexed to pronounce of what disorder the master died. I concealed the fact of his having swallowed nothing for four days, fearing it might lead to trouble, and then, I am persuaded he did not abstain on purpose; it was the consequence of his strange illness, not the cause (336).

What kind of trouble does Nelly think it "might lead to", and does she feel responsible for her failure in persuading him to eat? There is a possibility that she conceals his fasting because she fears to hint at Heathcliff's suicidal intention. In the mid-nineteenth century, suicide was religiously tabooed as the negation of the good

death, so most Christians wished to deter potential suicides.⁶⁸ Even after people stopped regarding suicide as a sin against God, they continued to treat it as a crime in the legal system. Although Parliament abolished religious penalties for suicide and repealed the custom of profane burial in 1823 and the forfeiture of property in 1870, it was as late as 1961 that it finally repealed the common-law felony of self-murder.⁶⁹ These facts may explain why Nelly mysteriously conceals Heathcliff's refusal of food from the doctor and tries to convince herself of his death as the consequence of a "strange illness".

There remain several questions, however, as to why Heathcliff commits suicide at this point of his life and particularly by starving. Why does he not kill himself when Catherine marries Edgar, or when she dies some eighteen years earlier? If he has lost his desire for revenge, why does he choose fasting as a suicidal method when convenient weapons are available to him? He must know their effectiveness because he has once seriously injured Hindley with a kind of bayonet and also, just before he starts to refuse food, Hareton is injured in a gun accident.⁷⁰ Self-starvation is a much more time-consuming and much less reliable suicidal method not only than stabbing and shooting but also drowning, hanging oneself, plunging from a high building and poison-taking. People around him might notice his fasting and try to persuade him to eat or call for a doctor (Nelly in fact does both). Heathcliff seems to have no firm intention to perform a hunger-strike by

⁶⁸ Pat Jalland, 'Bad Death, Sudden Deaths, and Suicides' in *Death in the Victorian Family*, 69-76.

⁶⁹ *Ibid.*

⁷⁰ Pistols were available in the Brontës' everyday life: the day in Haworth parsonage began with Patrick Brontë's pistol shot. See, for example, Katherine Frank, *Emily Brontë*, 9.

refusing to eat. As Maud Ellmann argues, the act of self-starvation can achieve “the status of a hunger strike only through a declaration of intention”.⁷¹ While Catherine Earnshaw’s refusal of food is an act of desperate protest against her husband and she suffers from great hunger, Heathcliff, by contrast, feels no appetite, makes no statement as to why he does not eat and whom he protests against, and is indifferent to his own death:

“You have no feeling of illness, have you?” I asked.

“No, Nelly, I have not,” he answered.

“Then, you are not afraid of death?” I pursued.

“Afraid! No!” he replied. “I have neither a fear, nor 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! [. . .]” (324-25).

Even if he has intention to kill himself by fasting, it seems unlikely that one can die after fasting only for “four days”, especially when the person is physically strong. These facts make it difficult to conclude that he fasts with a suicidal intention.

Although he denies any sense of illness, supposing Heathcliff is ill, what kind of illness could his “strange illness” be? In today’s medicine the refusal of food may be easily associated with anorexia nervosa. The modern classification of the disease emerged during the 1860s and 1870s, so the symptoms may have appeared mysterious to those who were around anorectics in the late

⁷¹ Ellmann, 19.

eighteenth century when the novel is set and in the mid-nineteenth century when it was published.⁷² Although researchers have reached no consensus about its etiology, anorexia nervosa is considered as a psychophysiological or psychosomatic disorder which contains an interplay of biological, psychological, and cultural factors.⁷³ Physical illness is absent and most anorectics deny or minimise the severity of their illness and are resistant to therapy.⁷⁴ Some of the current researchers see correlations between eating disorders and depression, though the association between anorexia nervosa and other psychiatric disorders remains controversial.⁷⁵ These characteristics seem applicable to Heathcliff's case. Certainly he tells Nelly that he has "no feeling of illness" and refuses to see the doctor. The state of his mind with chronic and intense suffering since his loss of Catherine Earnshaw can perhaps be related to depression.⁷⁶ Other characteristics of anorexia nervosa are, however, clearly inapplicable to his case. Anorectics are obsessed with food and struggle to deny natural hunger: 90 to 95 percent of anorectics are young and female, most of them aged between 12 and 18; although the disease is rare in men, in general male anorectics are

⁷² Kenneth F. Kiple, ed., *The Cambridge World History of Human Disease* (Cambridge: Cambridge University Press, 1993) 579. The first clinical descriptions of anorexia nervosa occurred in France and England in the 1860s. In France, the work of Charcot in the 1880s indicated that anorexia was one aspect of the hysterical syndrome, a theme elaborated by Freud and Breuer in the 1890s: Bryan S. Turner, 'Women's complaints: patriarchy and illness' in *Medical Power and Social Knowledge*, 2nd edition (London: Sage Publications, 1995) 106.

⁷³ Kiple, 578.

⁷⁴ *Ibid.* 577.

⁷⁵ *Ibid.* 579.

⁷⁶ Ronald R. Thomas suggests that Heathcliff shows a symptom of deepening mental depression: *Dreams of Authority*, 129.

massively obese before acquiring the disorder.⁷⁷ Heathcliff neither shows obsession with food nor seems to struggle to deny natural appetite: "I'm not hungry" (327); "It is not my fault, that I cannot eat or rest, [. . .] I assure you it is through no settled designs. I'll do both, as soon as I possibly can" (333). Neither is Heathcliff "massively obese", though he is strongly-built.

Even though it is still controversial to relate anorexia nervosa to psychiatric disorders other than depression in modern medical discourse, Heathcliff's lost appetite can be associated with a mental disorder well known in the nineteenth century. One may wonder if Heathcliff's symptoms are not those of romantic love, wasting away and neglecting the body because of an excessive obsessional desire for an unattainable object. In the nineteenth century medical term, this would be called 'monomania' as Nelly speculates:

"But what do you mean by a *change*, Mr. Heathcliff?" I said, alarmed at his manner, though he was neither in danger of losing his senses, nor dying; according to my judgment he was quite strong and healthy; and, as to his reason, from childhood he had a delight in dwelling on dark things, and entertaining odd fancies --- he might have had a monomania on the subject of his departed idol; but on every other point his wits were as sound as mine (324).

'Monomania' was named by the French psychiatrist Jean-Etienne-Dominique Esquirol around the year 1810.⁷⁸

⁷⁷ Kiple, 578.

⁷⁸ Jan Goldstein, *Console and Classify: The French Psychiatric*

According to Graeme Tytler's article which discusses Heathcliff as a potential monomaniac, the term originally denoted a type of mental illness and, like 'brain fever', had often been used in the medical sphere by 1847 when *Wuthering Heights* was published.⁷⁹ Indeed *The Lancet* treats the term as widely known in 1845 and summarises the characteristics of monomania as follows:

The great light which modern researches have thrown on the pathology of insanity has more especially illuminated the form to which the term monomania has been given. It is now well known that a person may become insane on one or more subjects without being incoherently mad; that insanity may attack the affections, the intellect, or the senses, (hallucinations,) and that the patient, although wrong in the basis from which he starts, may reason on it very correctly. Between mere eccentricity, irascibility, &c., and these forms of insanity, there is but a step, and the line of demarcation is often extremely difficult to draw, --- as we stated in a former article on the subject, --- but we are not entitled on that account to deny their existence. When once, on the other hand, we admit the insanity of persons so affected, once admit that the power of forming a correct judgment has left them, that they live in an atmosphere of error, (independently of their own will,) common sense tells us that they are not morally responsible to society for any crime

Profession in the Nineteenth Century (Chicago and London: The University of Chicago Press, 2001 [1987]) 153.

⁷⁹ Graeme Tytler, 'Heathcliff's Monomania: an Anachronism in *Wuthering Heights*' in *Brontë Society Transactions* 20.6 (1992): 331- 43, 331.

which they may commit.⁸⁰

Monomania, “a single pathological preoccupation in an otherwise sound mind”, was seen more in the ambitious and quite successful middle class than in their social inferiors.⁸¹ Although Graham’s *Modern Domestic Medicine* has no entry for ‘monomania’, he mentions ambition as one of the causes of “Insanity, or Mental Derangement”.⁸² The physiognomy of the monomaniac is animated, changeable, pleased and the eyes are lively and brilliant but the illness “tended to remain hidden from all but the most expert eyes, and not least because its victims tended to remain in normal physical health”.⁸³ The cause could be either physical or psychological: injury to the brain or a moral shock to “a brain peculiarly susceptible”.⁸⁴ For example, a William Crough who murdered his wife had been thrown against a wall and received a concussion of the brain.⁸⁵ Another homicidal monomaniac, a Richard Simpson, who murdered his mother, had fallen from a horse and bruised his forehead.⁸⁶ Though not homicidal, a twenty-three-old sailor developed monomania after he had fallen from the mast of a ship and had a “[d]epression in the scull”.⁸⁷ A psychological shock could work as a physical shock to the brain: a sixty-two year old man started to develop monomania after he

⁸⁰ *The Lancet*, May 24, 1845, vol.1, 591.

⁸¹ Goldstein, 155-62.

⁸² Graham, *Modern Domestic Medicine*, 392.

⁸³ Tytler, 336-38.

⁸⁴ John Conolly, “Clinical Lectures on the Principal Forms of Insanity” in *The Lancet*, April 11, 1846, vol. 1, 401-4, 403.

⁸⁵ *The Lancet*, June 8, 1844, vol. 1, 348.

⁸⁶ *The Lancet*, September 13, 1845, vol. 2, 296-97.

⁸⁷ *The Lancet*, August 14, 1847, vol. 2, 175-76.

“had sustained heavy losses in business”.⁸⁸

Significantly, there was a tendency among monomaniacs as well as the insane in general to refuse food.⁸⁹ The above mentioned businessman’s monomania made food intake difficult: he was “seized with violent contractions of the whole muscles of deglutition” in his attempts to swallow any food or liquid.⁹⁰ A doctor remarked that in cases of maniacs refusing to take food, the patients were “invariably observed to be very *morose*” (my emphasis) and their “voluntary starvation” sometimes led to death.⁹¹ The reason for such self-starvation was supposed to be either their peculiar hallucinations or their desire to die.⁹² In order to prevent their death from self-starvation, John Foster Reeve, the resident medical officer at Kensington House, even presented in *The Lancet*, an “Apparatus for Administering Nourishment to Insane Persons who refuse Food”, which looks like a jug in the illustration.⁹³

Some of these characteristics of monomania seem relevant to Heathcliff’s case. He is obsessed with one subject, Catherine Earnshaw, while simultaneously exhibiting sanity and normalness. He suffers no brain injury, but receives an enormous psychological shock on Catherine’s marriage to Edgar and on her death. On his first meeting with Heathcliff, Lockwood describes his landlord as “morose” (4), the word which the above mentioned doctor used to describe his patients who refused food. He can be seen as a typical

⁸⁸ *The Lancet*, June 4, 1853, vol. 2, 512-13.

⁸⁹ *The Lancet*, June 14, 1845, vol. 1, 681.

⁹⁰ *The Lancet*, June 4, 1853, vol. 1, 512.

⁹¹ *The Lancet*, June 14, 1845, vol. 1, 681.

⁹² *The Lancet*, November 26, 1842, 1842-1843, vol. 1, 319-20 and May 10, 1851, vol. 1, 20-21.

⁹³ *The Lancet*, May 10, 1851, vol. 1, 20-21.

ambitious and successful bourgeois figure who has acquired culture and wealth during his two-year absence.⁹⁴ As Tytler argues, his hallucinations, sleeplessness, talking to himself or to Catherine's ghost, distraction in company, sighs and groans, seem to be symptomatic of monomania.⁹⁵ Heathcliff may be unable to eat not exactly because he feels no hunger but because he is under a particular delusion which suppresses it. If Heathcliff really has monomania, it is relatively easy to defend Nelly's attitude on his death. Nelly never suspects Heathcliff of developing a serious mental illness because, as Tytler argues, she is deceived by his rationality,⁹⁶ and is so baffled by his sudden death after fasting that she remains silent about his self-starvation to Kenneth.

However, how can Heathcliff's case be identified as monomania if the right diagnosis is possible only for the 'most expert eyes'? It is ultimately impossible to diagnose it as such since no expert visits to see Heathcliff's symptoms in the novel. What is more important than the attempt to certify his monomania is that Heathcliff's mysterious death shows the last example of the ambiguity of illness which, in effect, powerfully serves to excuse Nelly's attitude, because the greater the ambiguity of the symptoms, the easier to make contradictory interpretations and defend Nelly's response to the illness. His death which both the contemporary and today's medicine are unable to explain is also the culmination of Heathcliff's enigma. As Nelly wonders, the mystery of both his origin and his death

⁹⁴ For Heathcliff's transformation, see Terry Eagleton, '*Wuthering Heights*' in *Myths of Power: A Marxist Study of the Brontës* (London and Basingstoke: Macmillan, 1975).

⁹⁵ Tytler, 336.

⁹⁶ *Ibid.* 337-40.

remains unsolved within the text: "But where did he come from, the little dark thing, harboured by a good man to his bane?" (330). Following Arthur Kleinman's definition of 'illness' as the innately human experience of symptoms and suffering including broader social context, and 'disease' as an alteration in biological structure or functioning,⁹⁷ Heathcliff can be said to experience illness but without any specific disease, which is beyond human treatment. If, as Sontag argues, diseases which cause symptoms but are never identified tend to be "awash in significance",⁹⁸ Heathcliff's death without a disease may produce various interpretations but finally nullify and refute all of them. Consequently the debate over the interpretation of Nelly's attitude on his death may also never be settled.

The previous section has demonstrated how the unavoidable ambiguity of illness can justify those of Nelly's actions and utterances which could appear insensible or vicious. The same kind of arbitrariness exists in interpretations of the opposing notions to illness, healthiness, wholesomeness, soundness and normalness. While Mathison related Nelly's lack of sympathy towards other characters to her own healthiness, Q. D. Leavis described her as a normal woman. These suggestions can be both refuted and supported by the ambiguity of the notion of health. Nelly seems to consider herself as a healthy person, assuring Catherine Linton of her hereditary good health: "I am strong, and hardly forty-five. My mother lived till eighty, a cauty dame to the

⁹⁷ Arthur Kleinman, *The Illness Narratives: Suffering, Healing and the Human Condition*, 3-6.

⁹⁸ Susan Sontag, *Illness as Metaphor and AIDS and its Metaphors*, 58.

last" (231). As is already argued above, this may be a highly socio-political speech act to cheer up Catherine who worries about being left alone in the future. Nelly only once becomes ill in the text after she has worn soaked shoes and stockings and this episode can be interpreted in several ways. She herself describes it as something unusual and exceptional: "I was laid up; and during three weeks I remained incapacitated for attending to my duties --- a calamity never experienced prior to that period, and never, I am thankful to say, since"; "the confinement brought me exceedingly low --- It is wearisome, to a stirring active body" (243). This episode, on the one hand, indicates that she is in fact not as healthy as she herself tells Catherine. On the other hand, one can conclude that she is overall healthy since it is natural for her to be sick sooner or later in the novel in which most characters become so once or twice, and, in this sense, this episode makes her character more realistic. There is another illness-related event which can elicit contrary opinions about Nelly's health. When the younger Catherine is confined by Heathcliff in the Heights, Nelly mentions her 'stoutness' which proves to be disadvantageous in this particular episode: "I am stout, and soon put out of breath; and, what with that and the rage, I staggered dizzily back, and felt ready to suffocate, or to burst a blood-vessel" (271). Stoutness can indicate that Nelly is well-fed for a mid-nineteenth century servant, but her 'putting out of breath' can suggest that she is large in an unhealthy way, or perhaps almost obese. Thus the argument as to whether Nelly is healthy or not is also subject to arbitrary interpretations and will never be settled.

The same ambiguity exists in interpretations not only of Nelly's physical healthiness but also of her mental wholesomeness.

Even if Nelly is physically healthy, it does not necessarily mean that she is mentally and morally wholesome, considering other characters' cases. For example, Heathcliff and Joseph are on the whole healthy and strong but their personalities can look extreme and distorted. By contrast, Edgar is a member of the physically weak Linton family and dies quite young but has a more balanced personality. Nelly prides herself on her mental healthiness as well as her physical health, calling herself in front of Lockwood "reasonable" (61) and the "one sensible soul" (120) of Thrushcross Grange. These utterances may be interpreted both as convincing self-analysis and as unconvincing self-complacency. It is debatable whether a truly reasonable and sensible person would evaluate herself as such in front of her master. Here arises again the question of the vain-sounding overstatement and the sympathy-gaining understatement in Anglo-Saxon culture. Compared to the delirious Catherine Earnshaw, the vehement Heathcliff, the drunken Hindley, the childish Isabella, the hysterical Frances and the fanatic Joseph, Nelly may certainly appear to be relatively wholesome, playing the role of a calm and detached outside-observer. There is one scene where Nelly herself faces the difficulty of self-judgment. Confined with Catherine by Heathcliff in the Heights, she reflects:

I seated myself in a chair, and rocked, to and fro, passing harsh judgment on my many derelictions of duty; from which, it struck me then, all the misfortunes of all my employers sprang. It was not the case, in reality, I am aware; but it was, in my imagination, that dismal night, and I thought Heathcliff himself less guilty than I (277).

Although the narrating-Nelly interprets her reflection as the product of temporary fey-doubt aroused by such an extraordinary situation as incarceration, it is difficult to know whether Nelly is ultimately a person without self-criticism or whether she is sufficiently reasonable to be able to criticise her own actions, if only temporarily. Thus, such vague notions as health as well as illness can produce opposing interpretations.

Having demonstrated how the ambiguity of illness and healthiness can ultimately defend Nelly's questionable actions in illness-related episodes, this chapter finally analyses how she comes to be so deeply involved in them and how illness gives her a privileged position in Wuthering Heights and Thrushcross Grange. Although Nelly is originally a servant, she plays the active role of a foster-sister, foster-mother and narrator-entertainer in nursing other characters until, as Catherine Earnshaw once says, she even sometimes looks like the mistress of the houses: "To hear you, people might think you were the mistress!" (111). The process by which illness weakens other characters but empowers Nelly is seen throughout the novel. For example, at the beginning of the inside story, Nelly is ordered to nurse the children with measles, and, although she is "compelled to do it" (36), she earns candid praise from Kenneth for her contribution to their recovery: "the doctor affirmed it was in a great measure owing to me, and praised me for my care. I was vain of his commendations, and softened towards the being by whose means I earned them" (37).

Nelly's privileged position in the two households is mainly formed by her taking the parental role of characters who are

orphaned by their parents' illness and death. When the consumptive Frances dies after childbirth, Nelly comes to nurse her beautiful baby on behalf of his dead mother. The girl who informs Nelly of Frances's critical condition is more excited about Nelly's prospects of being responsible for Hareton than about the mother's imminent death:

"Oh, such a grand bairn!" she panted out. "The finest lad that ever breathed! But the doctor says missis must go; he says she's been in a consumption these many months. I heard him tell Mr. Hindley --- and now she has nothing to keep her, and she'll be dead before winter. You must come home directly. You're to nurse it, Nelly --- to feed it with sugar and milk, and take care of it, day and night --- I wish I were you, because it will be all yours when there is no missis!" (63).

Catherine Earnshaw may confide her acceptance of Edgar's proposal to Nelly who often looks hostile to her, partly because she finds the housekeeper the least inappropriate adult in the house as a mentor. Similarly, Heathcliff may tell Nelly about his "strange change" because he is unable to find any other listener when Catherine and Hareton are forming an unexpected alliance. Nelly also voluntarily takes the role of parent, especially the role of mother, for orphan female characters. She watches how Heathcliff treats Mrs Linton and approaches Isabella, like a mother who tries to prevent the scandalous extra-marital relationship of her married daughter and the seduction of her unmarried daughter by an ineligible man, until she even advises Edgar that he should expel Heathcliff. Nelly's empowerment by illness continues when

the second generation characters appear. Catherine Earnshaw's illness and death let Nelly monopolise her daughter. As Shunami points out, Nelly may even take "advantage of the weakness of Edgar, Cathy's father, in order to take her under her own guidance".⁹⁹ As a surrogate mother, Nelly takes actions which might be beyond her duty and rights as a servant and relentlessly burns her mistress's letters from Linton Heathcliff. Thus illness continues to create situations where Nelly can exercise power over characters she supposedly serves.

Nelly's privilege as a nurse is seen also in the framing narrative. If we consider the unavoidable ambiguity of illness analysed above, Lockwood's description of his illness as "Four weeks' torture, tossing and sickness!" (90) could be possibly regarded as an overstatement of a weakling. Similarly, Lockwood's desire to listen to Nelly's story thereafter *might be only a demonstration of upper middle-class self-indulgence*. As Lockwood's attitude as her patient is open to various interpretations, Nelly's behaviour as his nurse can also be interpreted in several ways. After narrating the Christmas episode in which Catherine returns to the Heights from the Grange transformed into a lady, Nelly interrupts the story and regrets talking so long as to tire her patient:

But, Mr. Lockwood, I forget these tales cannot divert you. I'm annoyed how I should dream of chattering on at such a rate; and your gruel cold, and you nodding for bed! I could have told Heathcliff's history, all that you need hear, in half-a-dozen words.

⁹⁹ Shunami, 458.

Thus interrupting herself, the housekeeper rose, and proceeded to lay aside her sewing; but I felt incapable of moving from the hearth, and I was very far from nodding (60).

In this scene, Nelly may be simply mistaking Lockwood's fascination and excitement for drowsiness and boredom, or Lockwood may be in fact nodding because he is after all sick and fatigued. It could also be an example of conversational convention designed to discover if Lockwood is pleased to listen to her story further, or to elicit praise or encouragement from him. Seen in the context of the nurse-patient relationship, Nelly may be sensibly persuading her patient to rest for earlier recuperation. There is another scene which can produce various interpretations about Nelly's attitude as his nurse:

Mrs. Dean came.

"It wants twenty minutes, sir, to taking the medicine," she commenced.

"Away, away with it!" I replied; "I desire to have ..."

"The doctor says you must drop the powders" (90).

Nelly may be an ardent nurse who wants to cure her master, or a servant who mechanically follows Kenneth's direction without much interest or with fear of being accused of not following it. She may be teasing and tantalising Lockwood by withholding her story and enjoying her temporary authority and authorship as storyteller. Because illness exists in a wide social context and

various interpretations can be made of actions taken in the sickroom, it is difficult to know how much her nursing contributes to his recovery. While she narrates, Lockwood can never eat or rest ("your gruel cold") and neglects taking medicine, in expectation of the rest of her narrative ("Away, away with it!"). Even when Nelly decidedly ends her narrative for the day, this never gives him recuperative rest but instead leaves him sleepless to meditate "for another hour or two" (89).

What is more certain in this nurse/storyteller-patient/listener relationship is that the reader sees Nelly entertaining Lockwood, whether or not she does so as one of her duties. Considering that Lockwood persistently asks for the story and she kindly tells it, the act of narrating itself seems an act of nursing and an attempt at curing. It resembles the situation in which a benevolent mother reads or tells stories to her sick child who is bound to the sick-bed. When the greater part of the novel seems to exist thanks to Nelly's courtesy and generosity, it is easy to overlook her numerous actions and utterances which can be interpreted as creating or precipitating the tragic events and her defensive comments on them. Her momentary self-blame quoted above could be then dismissed as a trick of "imagination". While Nelly functions as the creator of the story, the reader furthermore sees Lockwood express strong admiration for her respectability for a servant and her excellent narrating style:

"you, my good friend, are a striking evidence against that assertion. Excepting a few provincialisms of slight consequence, you have no marks of the manners that I am habituated to consider as peculiar to your class. I am sure

you have thought a great deal more than the generality of servants think. You have been compelled to cultivate your reflective faculties, for want of occasions for frittering your life away in silly trifles" (61).

Another week over ... and I am so many days nearer health, and spring! I have now heard all my neighbour's history, at different sittings, as the housekeeper could spare time from more important occupations. I'll continue it in her own words, only a little condensed. She is, on the whole, a very fair narrator and I don't think I could improve her style (155).

The situation in which the nurse-servant-mother accommodates the wish of the patient-master-child, and entertains both Lockwood and the reader with her story, may ultimately be responsible for the respect so widely accorded to Nelly.

The chapter has first examined how the difficulty in diagnosing illness can complicate the process of interpreting Nelly's character and, in effect, work to defend her actions. It has then shown how illness empowers her until she can exercise power as a parental figure in the inside story, and how illness gives her the position of nurse which elicits a positive impression of her from Lockwood in the outside story and from the reader outside the text. While illness costs other characters their power, credibility and even life, Nelly not only survives the illness of herself and other characters but also thrives on it until, as Grove points out, she triumphantly rejoices over the marriage of Catherine and Hareton at the end of the story¹⁰⁰: "I shall envy no one on their wedding-day

¹⁰⁰ Grove, 40.

... there won't be a happier woman than myself in England" (316). In the critical history of *Wuthering Heights*, she survives the suspicion of her possibly vicious actions because she mostly deals with illness which produces contradictory interpretations of those who are involved in it. The "poor man's daughter" (61) in this way gains the most from illness in the textual world and will survive as a 'healthy and normal' character in the criticism of *Wuthering Heights*.

Part 2

Nursing in the Brontë Narratives

Chapter 4

Mid-Nineteenth Century Nursing and Mothering

Every woman, or at least almost every woman, in England has, at one time or another of her life, charge of the personal health of somebody, whether child or invalid, -- in other words, every woman is a nurse.

Florence Nightingale, Preface to *Notes on Nursing*¹

'Nursing' as Mothering

This chapter illuminates the special significance nursing acquires in the Brontë narratives by viewing them against mid-nineteenth century nursing practice. It will answer the questions as to why such important events as encounters and reunions discussed in Chapter 2 should most often entail nursing; how Nelly Dean as a housekeeper can occupy a pivotal position in the household where she works; why voluntary nursing care is highlighted more than paid-nursing or medical care in the Brontë novels, and why the Brontë narratives include so many illness-related episodes at all. The term 'nursing' used in this chapter covers a much wider range of jobs related to looking after somebody than just medical nursing with which the term is most commonly associated today. Nursing agents discussed in the chapter therefore include sick-nurses, child-nurses, domestic servants, governesses and even teachers.²

¹ Florence Nightingale, *Notes on Nursing: What it is, and what it is not* (New York: Dover Publications, 1969). The first publication of the book in England was in 1859.

² The phrase 'dry-nurse', already an old-fashioned expression in the nineteenth century, indicated either a child's nurse who did not suckle her charges or in the sense of general sickbed nursing.

In fact, as is shortly to be discussed, in the mid-nineteenth century, the job of looking after somebody was not as clearly divided into identifiable professions as today but was performed flexibly by those who were available in the household, sometimes with extra external help when necessary and affordable. This extended notion of 'nursing' is what gives rich connotations to nursing scenes in the Brontë narratives and ultimately what the protagonists seek for in their adventures and what the Brontë plots revolve around.

We still know very little about what sick-nurses did exactly for patients before the introduction of modern nursing training by Florence Nightingale around 1860.³ This is one reason why historians often draw on fictional nurse figures to exemplify medical nurses of the nineteenth century. In the mid-nineteenth century, not only was the notion of a nurse but also that of a doctor or a hospital vague. There was virtually no generally accepted body of medical knowledge. Although the Royal Colleges of Physicians and Surgeons and the Society of Apothecaries licensed suppliers of medical treatment, anybody could build up a reputation as a healer, a bonesetter, a herbalist, or a midwife.⁴ Similarly, anybody could freely describe themselves as a 'nurse'. It

Famously Pip in *Great Expectations* was 'dry-nursed', that is, 'brought up by hand'. 'Wet-nurse', on the other hand, meant a child's nurse who suckled. 'Sick-nursing' was a popular term in the nineteenth century and used for all forms of nursing apart from child-care nursing. Infant and child care was also termed 'health-nursing' to distinguish it from 'sick-nursing'. For the terminology, see Catherine Judd, *Bedside Seductions: Nursing and the Victorian Imagination, 1830-1880* (Basingstoke and London: Macmillan, 1998) 53, note 1.

³ Christopher Maggs, 'A General History of Nursing: 1800-1900' in *Companion Encyclopedia of the History of Medicine*, 1309.

⁴ Dingwall, Rafferty and Webster, *An Introduction to the Social History of Nursing* (London: Routledge, 1993 [1988]) 1.

is generally considered that nursing first emerged as a distinct and secular profession during the 1860 to 1930 period.⁵ Even after the General Nursing Council Register became operational in 1923, it has continued to be difficult to draw a boundary between nursing and non-nursing work.⁶ The Brontës then lived at a time before the establishment of a modern system of medicine and nursing, albeit they were frequently afflicted by illness and created many nursing scenes in their fictional writings.

It is easy to imagine that, when medicine and paramedical activities were still in an almost chaotic state, the practice of 'nursing' was also elementary and primitive by today's standards. Before the introduction of modern nursing, a paid nurse, whether at home or in hospital, would have given the elementary physical care which a patient in other circumstances might have received from an amateur family member or personal servant.⁷ At the beginning of the nineteenth century, nursing amounted to little more than a specialised form of charring.⁸ Dingwall, Rafferty and Webster define early nineteenth-century nursing as follows:

[T]he greatest part of the care required by the sick involved some kind of assistance with activities of daily living that they were unable to carry out for themselves.⁹

Florence Nightingale maintained that nurses' work consisted

⁵ See, for example, George Devereux and Florence R. Weiner, "The Occupational Status of Nurses", *American Sociological Review* 15 (1950): 628-34, 628.

⁶ Dingwall, Rafferty and Webster, 4.

⁷ *Ibid.* 18.

⁸ Brian Abel-Smith. *A History of the Nursing Profession* (London: Heinemann, 1979 [1960]) 4.

⁹ Dingwall, Rafferty and Webster, 6.

mainly of two elements: supervising the environment in which the patient lay, cleaning and dusting, for example, and nursing the patient or assisting the doctor.¹⁰ Even Abel-Smith's definition of modern nursing echoes these definitions of early and mid-nineteenth-century versions:

Illness creates dependency: the sick need not only medical treatment, but personal service. The provision of this service and the administration of the treatment which the doctor prescribes are the two basic duties of the nurse.¹¹

As long as the sick need assistance to fulfil their daily routine, a nurse's duties, more or less, overlap with domestic service. Indeed the antecedents of the nursing profession were historically drawn essentially from the domestic servant class.¹² The lower social status of mid-nineteenth century 'nurses' explains why Nightingale's parents strongly objected to their daughter's interest in the work and why the Brontës, like most of their heroines, became not nurses but governesses to earn their living.

It is not only the sick but also children who need assistance and personal service. If they were not officially employed as child-nurses, governesses in practice fulfilled the duties of

¹⁰ Maggs, 1312.

¹¹ Abel-Smith, 1. This thesis excludes discussion about nursing for the elderly which is a social issue in some industrialised countries today. Probably because the elderly did not always need physical care in the mid-nineteenth century when the life expectancy was much shorter, the Brontës' old characters need no particular assistance; old Earnshaw is not described as physically dependent, Miss Marchmont needs assistance not because of her age but mainly because of her rheumatism, and the 'Grandmamma' in *Agnes Grey* is overall healthy if obsessed with her health.

¹² Abel-Smith, 5.

personal servants for their charges. A desperate letter to *The Times* from 'a poor governess' in January, 1857 illustrates well the manifold jobs imposed on governesses in the households where they worked:

Sir, --- Will you permit me, through the medium of your valuable paper, to make known one of the many cases of cruelty and insult to which governesses are exposed? I was one of about 50 ladies (most of whom were accomplished gentlewomen) who applied last week, in reply to an advertisement in *The Times*, for a situation as governess in a family in the neighbourhood of Kingsland. [. . .] After having been kept standing in a cold draughty hall more than an hour, I at last obtained an interview with the lady, and learnt that the duties of the governess would consist in educating and taking the entire charge of the children, seven in number, two being quite babies; to perform for them all the menial offices of a nurse, make and mend their clothes; to teach at least three accomplishments, and "fill up the leisure hours of an evening by playing to company". For these combined duties the munificent sum of 10l. per annum was offered. I ascertained for a fact that the two domestic servants in the same family were paid respectively 12l. and 10l.¹³

Many employers in this way expected governesses to work as nurses and maids as well as teachers for the children for as low a

¹³ Printed in the frontispiece in Alice Renton, *Tyrant or Victim?: A History of the British Governess* (London: Weidenfeld and Nicolson, 1991).

wage as possible.¹⁴

In fact, governesses and the serving class shared much the same working conditions. Both governesses and nursemaids were employed when they were quite young, often under the age of twenty.¹⁵ Both governesses and servants had to leave their own family and friends to live in the household of another family.¹⁶ If governesses unofficially played the role of servant for their charge, servants also sometimes played a part in teaching their employers' children. Most head nurses were encouraged to inculcate in their charges not only knowledge of things they saw in everyday life, but also discipline.¹⁷ Servants sometimes taught the unwritten rules of gender difference in behaviour: girls were told that little ladies should not whistle, slouch or sit on steps and boys were allowed more latitude in language and activity.¹⁸ Analogies between governesses and domestic servants, especially child-nurses, can also be drawn etymologically. The term, 'governess', came into use in the fifteenth century, and at this time compares with the French *gouvernante*. It did not necessarily imply a teacher, but simply meant one who was responsible for the well-being of children, usually those of a royal or noble household, and for directing their education. It later came to denote a female teacher in a school and from the nineteenth century, it usually signified a private teacher

¹⁴ Lee Holcombe, *Victorian Ladies at Work: Middle-Class Working Women in England and Wales 1850-1914* (Newton Abbot: David & Charles, 1973) 12.

¹⁵ Leonore Davidoff, Megan Doolittle, Janet Fink, and Katherine Holden, eds., *The Family Story: Blood, Contract and Intimacy, 1830-1960* (London and New York: Longman, 1999) 76.

¹⁶ Kathryn Hughes, *The Victorian Governess* (London and Rio Grande: The Hambledon Press, 1993) 58, and Davidoff, 174.

¹⁷ Pamela Horn, *The Rise and Fall of the Victorian Servant* (Phoenix Mill: Sutton Publishing, 1995) 79.

¹⁸ Davidoff, Doolittle, Fink and Holden, 169.

in the family home.¹⁹ As the 'poor governess' modestly emphasises in the bracket, the only clear difference between governesses and servants was their social class. Although governesses originally belonged to the class of their employers, they were often excluded from the family as upper servants, performing the duty of nursing and needlework, and despised by the real servants.²⁰

It is hardly surprising that these nursing-related jobs were performed mostly by women, because looking after dependants in need of assistance could be seen as a version of 'mothering'. Gender constraints defined the nature of women's work, and, conversely, women's work was defined by the contemporary association of women with motherhood which was, throughout Victoria's reign, regarded as the most valuable and natural component of female experience.²¹ Women were thought to be most suitable for mothering jobs such as child-nursing, sick-nursing and education. In fact, kindergartens or infant-schools mostly employed female teachers, and elementary schools had more female than male teachers in the mid-nineteenth century.²² A difference between education in the private home and in schools was that at home moral training ... at which governesses excelled, for many of them had a rectory background ... was considered more important.²³ The etymology of the term 'nurse' demonstrates how closely nurses' work has historically been related to mothers' work. The word is derived from the Latin, 'nutririe', which signifies to nourish and to suckle. In medieval

¹⁹ Renton, 7.

²⁰ See, for example, Hughes, xvi.

²¹ Hughes, 55.

²² Holcombe, 59-60.

²³ Renton, 48.

times a 'nurse' was a woman employed to suckle or attend to an infant or young children. The word gradually developed to include those who took care of all manner of persons and things until by the eighteenth century it came to mean a person, generally a woman, who attended or waited upon the sick.²⁴ On the basis of this tradition and history, Nightingale stated that not every person but "every woman" is a nurse of somebody, "whether child or invalid".

It seems that sick-nursing was thought to be, or said to be, particularly 'womanly' work among other mothering-related jobs. An article in *The Lady's Newspaper*, for example, ascribed Florence Nightingale's contribution to the Barrack Hospital in Scutari during the Crimean War to her womanly charity: "Their [the wounded soldiers'] pains and sufferings, their necessary and unnecessary excruciations, had moved her womanly heart, and she was at ease only when ministering to the invalid. [. . .]".²⁵ The promoters of female sick-nursing during the 1860s tried to recruit sick-nurses by stressing women's motherly 'nature'. Harriet Martineau, an advocate of sick-nursing as an ideal female career, called it "the most womanly of Woman's work" and described how women were natural nurses:

But they [young women] ought to be aware, not only that every female infant born into the world is a nurse by nature, but that large numbers of those infants grow up with a

²⁴ Sharon J. Reeder and Hans Mauksch, 'Nursing: Continuing Change' in Howard E. Freeman, Sol Levine, Leo G. Reeder, eds., *Handbook of Medical Sociology*, 3rd ed. (New Jersey: Prentice-Hall, 1979 [1963]) 210, and Bryan S. Turner, *Medical Power and Social Knowledge*, 2nd edition (London: Sage Publications, 1995) 147.

²⁵ *The Lady's Newspaper*, August 23, 1856, vol. 20, 114.

positive liking for any and all the offices of the sick-room. As one little boy will run out at the back door as the dentist comes in at the front to draw mamma's tooth, while his brother --- a predestined surgeon --- mounts on a chair to look into mamma's mouth while it is done, so one little girl will turn pale at the sight of blood, while another will positively enjoy binding up a bad cut. Brother or cousin has got a terrible gash in whittling at his model boat; and to prevent mamma being frightened, that wound is washed and bound up on the spot; and the little damsel finds herself wishing that she could be called to other such accidents. She is the predestined nurse.²⁶

An article in *The Lady's Newspaper* stressed not only women's motherly nature but also their potential as able nurses:

The duties of the sick room do especially devolve on women. They should be competent for all emergencies; ready at every moment with the practical suggestion --- the wise advice --- the firm command --- and for all those loving acts on which the comfort, aye, and sometimes even the life, of the patient, in many instances, depends.

Women are kind by nature, they sympathise by intuition; but mere kindness and sympathy will not avail in the sick-room. Practical knowledge is required; the power to act promptly with the hands or head, and just so much acquaintance with the human frame as may enable the nurse

²⁶ Harriet Martineau, 'Nurses Wanted' in *The Cornhill Magazine* 11 (1865): 409-25.

to carry out effectively the suggestions of the medical man.²⁷

Female workers who exercise their practicality and flexibility and assume a certain amount of responsibility as assistants to men seem to look forward to twentieth-century female office workers such as secretaries.

It was, however, too early for most mid-nineteenth century women to work in offices because the mother's work was mostly performed in the domestic sphere.²⁸ The work among upper and middle-class mothers and wives was divided into such overlapping aspects as sick-nursing, child-nursing, teaching, cleaning, sewing and cooking, and the roles were 'sold' and 'bought', allocated to working-class and middle-class women in need.²⁹ These jobs were therefore done in the household. 'Letter of Advice from an Experienced Matron to a Young Married Lady' in *Fraser's Magazine* in 1849 shows how the place where women were able to exercise their ability was limited to a home:

And what *is* the wife's proper department? Evidently her *household*. Domestic management, almost all would say, belongs to the woman; as the trade or profession, or public business, belongs to the man. By domestic concerns I do not mean merely the office of a housekeeper, but all that relates to *home*: the servants, the children, social intercourse with friends and neighbours; all this, as well as the house and

²⁷ *The Lady's Newspaper*, July 5, 1856, vol. 20, 3.

²⁸ Schools also retained a domestic colour; the majority of girls' schools were based in private houses converted for the purpose: Holcombe, 22. M. Paul in fact remodels an ordinary house into Lucy's school.

²⁹ For the purchase of maternal affection, see Hughes, 56.

furniture, and the management of expenditure, belongs to the wife.³⁰

When men had no wife, they resorted to their sister or any female relative who could work as the 'woman' in their household. When no woman was available, men bought the service of a 'woman' for their household. Reverend Patrick Brontë's several attempts to marry after his wife's death may have been related to his practical need to maintain the household and raise the children. He finally managed to supply a 'woman' in his house by asking his sister-in-law to live with his family. Official housekeepers were also sometimes recruited from the master's humbler relatives. Mrs Fairfax in *Jane Eyre* is in fact related to Rochester on the mother's side. The custom of referring to housekeepers as 'Mrs', whether or not they were married, symbolises their position as a 'woman' or 'wife' of the family. This indicates that femininity was then partially defined as serving, foremost as wife, then as mother.³¹ Because female domestic servants fulfilled the mistresses' duties, their daily round could sometimes be remarkably similar especially in relatively small households.³² Sexual service was one thing which was fulfilled by wives and not by 'bought' women in the house.³³ Helen Huntingdon clarifies to her husband her position in the household in this context: "I am your child's mother, and *your* housekeeper --- nothing more. So you need not trouble yourself any longer, to feign the love you cannot feel" (295).

³⁰ *Fraser's Magazine*, 1849, vol. 39, 397-405, 397.

³¹ Davidoff, Doolittle, Fink and Holden, 159.

³² *Ibid.*

³³ *Ibid.* Prostitution can also be seen as one of the divided woman's work which is sold and bought.

Nineteenth-century female domestic employees flexibly fulfilled versatile roles of the 'woman' in the house. Child-nurses worked as sick-nurses when their charges became ill. It was desirable for a housekeeper to have a knowledge of first-aid so that she could concoct simple medicaments like liquorice lozenges or scurvy-grass wine for invalids.³⁴ At the Sitwells' of Renishaw in Derbyshire, for example, a reliable nanny, Davis, took physical and mental care of her charges. She put ointment on their bruises, consoled them when their mother failed to attend on a picnic, and taught her charges the names of wild flowers while boating on the lake.³⁵ Governesses and school teachers were expected to take on several phases of mothering, which included maintaining healthy environments for their charges. Elementary schools in fact provided physical training to promote the health of the pupils.³⁶ Nightingale maintained that school teachers were also responsible for the health of their pupils and deplored the fact that unhealthy environments in schools let epidemics jeopardise pupils' lives.³⁷ Seen in this context, even though she controls her school by espionage, Madame Beck in *Villette* is good at maintaining her pupils' health. Unlike Brocklehurst of Lowood, she provides them with ample amounts of good food and has them enjoy health-benefiting walks in the country.

While performing various roles in the house, some female servants changed their positions in the same household as they grew older and more skilled. One Harriet Rogers, the daughter of a trusted estate carpenter, first joined the staff of the Yorke family

³⁴ Pamela Horn, *The Rise and Fall of the Victorian Servant*, 63.

³⁵ *Ibid.* 79.

³⁶ Holcombe, 59-60.

³⁷ Nightingale, *Notes on Nursing*, 139-40.

as a child-nurse and then served as Mrs Yorke's personal maid before finally becoming housekeeper.³⁸ An article, 'Maid Servants' in *Fraser's Magazine* in 1843 describes an idealised version of old family servants:

We speak, of course, with reference to those strong ties of family attachment which the many good and (if well treated) faithful servants exhibit towards the *house* in which they become domiciled. My friend So-and-So, or So-and-So, or Thing-um-Bob, or What-d'ye-call-him, has a Sally, or a Betty, or a Kitty, who was scullery-maid when her master was born, child's maid when her master grew older, nurse to her master's children, and is now again such a nurse to that ailing master himself, that he finds in her a mother, who would comfort him though his wife were not, and who would remain, at once, both the parent and the servant of his children, though they were doubly orphaned.³⁹

Some female servants who in this way played the role of maid, child-nurse, sick-nurse, mother and wife, came to be important members of the household.

As this article shows, female domestic employees sometimes formed a quasi-family relationship with those they served. In her memoir, an upper-class woman calls her nanny 'the perfect mother' and recalls that she preferred her nanny and nursery maid to her real mother.⁴⁰ Governesses were in an awkward position in the household where they worked, not only in terms of

³⁸ Horn, 65.

³⁹ *Fraser's Magazine* 28 (1843): 564-72, 564-65.

⁴⁰ Davidoff, Doolittle, Fink and Holden, 168.

their social status, but also in terms of their own possibilities of maternity and matrimony. Although they were required to act to some extent as surrogate mothers, they were themselves childless and their marriage prospects were restricted.⁴¹ As they were isolated from their own family and friends, there was a strong need to love and be loved in return. While they were expected to take care of their charges with their mothering 'nature', they were, paradoxically, virtually forbidden to be emotionally rewarded for it.⁴² As an example, Mary Wollstonecraft is said to have been dismissed from the household where she was working as a governess only because the children were showing signs of loving her more than their mother.⁴³

This emotional bond between 'mothering' figures and their charges bears great significance in the Brontë narratives. As is discussed fully in the following chapters, Jane forms a special bond with her child-nurse, Bessie, and Lucy Snowe, left alone after Miss Marchmont's death, visits her former nurse, Mrs Barret, "as a last and sole resource" (52). Helen Huntingdon escapes from her husband with her old nurse, Rachel, who sympathetically observes her mistress's marriage crisis, hints at Arthur's unfaithfulness, and continues to serve her even for much lower wages. Agnes Grey visits and consoles Rosalie Murray who leads a depressing marital life.⁴⁴ It seems, however, that Agnes does so more out of her sense

⁴¹ Hughes, xvi.

⁴² *Ibid*, 58-59.

⁴³ Renton, 39.

⁴⁴ Anne Brontë's governesses are quite varied, though they are all minor characters; Matilda Murray's new governess is said to be "fashionable" (*AG* 231) unlike Agnes. Esther Hargrave has a French governess probably for her conversation in that language and the young Arthur's new governess, Miss Myers, even enjoys a love affair with her pupil's father.

of duty than as the expression of her affection. This may be not only because both of them have real parents and siblings but also because, although governessing overlaps with child-nursing, governesses tended to have less physical contact with their charges than nurses did through such tasks as dressing and undressing, brushing hair, feeding and bathing, especially when the charges were not very young. The governess-pupil relationship is therefore less likely to develop into a pseudo mother-child relationship than the nurse-charge relationship. *Jane Eyre* in fact has little description of the bond between Jane and Adèle who has Sophie as her nurse, although the narrating-Jane tells at the very end of the novel that they became good friends when the child grew older.

Nelly Dean is a good example of a female domestic employee who works as the 'old servant' and the 'woman' in the house. Nelly works as a sick-nurse when the Earnshaw children have measles. She plays the role of mother-mentor and listens to both Catherine Earnshaw's account of Edgar's proposal and Heathcliff's view on his own death. She works as a child nurse for Hareton and Catherine Linton when they become motherless. She also teaches Hareton the alphabet. 'Mrs. Dean' flexibly performs a wide range of duties in the Grange, managing the house, nursing the sick Lockwood and entertaining him as a mother or wife would do. If she is a bad sick-nurse for Catherine Earnshaw, she is certainly an affectionate and capable child-nurse for Hareton and Catherine Linton, and an able housekeeper for Lockwood. Hareton and Catherine grow to be normal and healthy adults and Lockwood recovers from his illness earlier than his doctor expects. Although she is originally a servant, Nelly finally gains a certain

matriarchal power by playing the role of the 'woman' in the house for the motherless Earnshaw and Linton children and for the wifeless Lockwood, and forming a quasi-mother child or wife-husband bond with them.

Mid-Nineteenth Century Paid Sick-Nursing

As a direct contrast with the voluntary nursing which the Brontës highly value and fully depict in their novels, the practice of contemporary paid sick-nursing will now be considered. In the mid-nineteenth century, nursing the sick was performed mostly at home, but there were a limited number of hospitals. The founding of hospitals is mapped in terms of the long Christian tradition which always included ministering to the sick.⁴⁵ Between 1720-1745, the charity hospitals for the poor were founded by philanthropic laymen who were either inspired by the new philosophy, or, as is symbolised by the names of some of such hospitals, motivated by an awareness of Christian duty: St Bartholomew's, St Thomas's, Guy's, Westminster, St George's, the London, the Middlesex, the Edinburgh Royal Infirmary and Winchester.⁴⁶ From the late eighteenth century, medical practitioners began to found their own institutions. A model for such institutions was the Aldersgate Street Dispensary in London founded by a Quaker, John Coakley Lettsom (1744-1815) in 1770.⁴⁷

⁴⁵ Johanna Geyer-Kordesch, 'Women and Medicine' in *Companion Encyclopedia of the History of Medicine*, 901.

⁴⁶ Monica E. Baly, *Nursing and Social Change*. 3rd ed. (London and New York: Routledge, p. 1995 [1973]) 55-56. See also Lindsay Granshaw, 'The Hospital' in *Companion Encyclopedia of the History of Medicine*, 1185-86.

⁴⁷ Granshaw, 'The Hospital', 1188. The doctor Lydgate in *Middlemarch* is one famous literary figure who endeavours to establish a hospital where he can achieve his ideal practice.

In 1801, there were approximately 4,000 general hospital beds in the United Kingdom, most of them in England and Wales, and at the end of the century, there were 28,000 general beds (also in England and Wales).⁴⁸ In 1851 there were only 7,619 patients recorded by the census enumerators as resident in hospitals and many parts of the country had no voluntary hospital.⁴⁹ It can be estimated that before 1861 there were fewer than 1,000 'nurses'.⁵⁰ Almost no one from the middle class was placed in hospitals and nursed by them. The very poor went to workhouses which contained not only the sick but the aged, the feeble-minded, the mentally ill, the physically sick and the able-bodied.⁵¹ The history of workhouses which functioned as hospitals will not be discussed in this chapter, as the Brontës' middle-class protagonists have no more relation to workhouses than to hospitals.

Nursing in such hospitals was neither well organised nor very professional.⁵² As implied by Lucy Snowe's description of her care of the crétin Marie Broc as requiring "the nerve of a hospital nurse" (*V*195), the nurses of the day lived and worked in appalling surroundings. The hospitals were literally disgusting with their 'hospital smell'; the wards were bare and gloomy, poorly heated and badly ventilated, crammed with beds; patients were not infrequently drunk and disorderly; the hospitals were periodically swept by epidemics.⁵³ The nurses were ill-trained and many of

⁴⁸ Maggs, 1309, and Smith, 249.

⁴⁹ Abel-Smith, 2-3.

⁵⁰ Maggs, 1309.

⁵¹ See, for example, Abel-Smith, 3-4.

⁵² The doctor and his apprentice did more for the patients than is the case today, especially in teaching hospitals where students or 'residents' performed some of the tasks which are now left to nurses: Abel-Smith, 6.

⁵³ Holcombe, 68.

them were unable to read or write and could be trusted only to perform the simplest tasks. Their day started at 6. a.m. and ended at 10 p.m. They were expected to sit up on ward-watch every alternate night. Predictably, they were badly paid --- 7s a week in the 1830s. Few women of ability would undertake such a job and the best nurses left the hospitals to become private nurses to the upper classes. Consequently those who remained tended to be callous and unreliable.⁵⁴

There are plenty of examples of bad nurses. Drink was the major vice attributed to the profession. In fact, alcohol was often provided to nurses as payment.⁵⁵ A Mrs Dean, head ward nurse at University College hospital, was discharged for drunkenness in 1845.⁵⁶ Florence Nightingale had to expel a Mrs Ann Sinclair from the Barrack Hospital in Scutari for "the offence of intoxication".⁵⁷ Nurses not only drank but also abused, stole and sold; in 1848 a head nurse was discharged for ill-treating patients; in 1850 a night nurse was discharged for pawning hospital sheets; in 1852 Nurse Rosaire was discharged for stealing two mattresses, a table and set of fire-irons; in 1854 Nurse Turner was discharged for selling morphine to patients.⁵⁸ Nightingale discharged a Miss Salisbury for her offence of theft from the shops of the Scutari Hospital.⁵⁹ Besides it was easy for them to be sexually promiscuous because they had daily contacts with male patients, doctors and medical students, and even slept in a ward.⁶⁰ It is no

⁵⁴ Smith, 260.

⁵⁵ *Ibid* and Abel-Smith, 9-10.

⁵⁶ Smith, 260.

⁵⁷ Martha Vicinus and Bea Nergaard, eds., *Ever Yours, Florence Nightingale: Selected Letters*, (London: Virago, 1989) 139.

⁵⁸ Smith, 260.

⁵⁹ *Ever Yours, Florence Nightingale: Selected Letters*, 128.

⁶⁰ Abel-Smith, 10 and Holcombe, 70.

surprise that most young ladies of the middle classes were revolted by the idea of becoming hospital nurses.

Patients who had no need to go to hospitals or workhouses remained in their own homes.⁶¹ There were three kinds of home nursing for the upper and middle classes: the private nurse, the 'handywoman', and household members managing without any additional external assistance.⁶² It was not just the immediate family but the whole household which contributed to the care of the sick. Any family who could afford one or two professional assistants employed private nurses or handywomen. Families who could not afford the extra expense, but had sufficient servants, let them nurse the sick. Those who could not spare any of their servants from the everyday routine nursed the sick themselves. In short, the three kinds of home nursing were largely based on economic necessity, rather than on romantic or familial love,⁶³ and the demand for nurses, like the demand for doctors, depended on an ability to pay for their services.⁶⁴

'Private nurses', whom the well-to-do could turn to in the face of the sickness of a family member, were little better than hospital nurses in terms of their skill or morality. Because paid nursing involved basic assistance with feeding, toileting or personal hygiene, what private nurses did was not very different from what domestic servants did. In fact, they were often called in to provide extra help in the domestic duties of the household.⁶⁵ Sharing such tasks seems often to have caused friction between servants and

⁶¹ Dingwall, Rafferty and Webster, 3.

⁶² *Ibid.* 6-7.

⁶³ *Ibid.* 8-9.

⁶⁴ Abel-Smith, 2.

⁶⁵ *Ibid.* 4, Geyer-Kordesch, 902 and Holcombe, 71.

private nurses who worked in the same household, as Nightingale wrote: "It is often complained, that professional nurses, brought into private families, in case of sickness, make themselves intolerable by 'ordering about' the other servants, under plea of not neglecting the patients".⁶⁶ Some private nurses were respectable women in need of work, but many of them belonged to the lower social order as domestic servants did.⁶⁷ 'Handywomen' seem to have had much in common with private nurses. Their nursing practice was also on a par with domestic service.⁶⁸ It is estimated that their duties were nursing the sick, delivering babies, and laying out the dead, but not all handywomen necessarily took on all these tasks. It is also thought that they did not make a full-time living from these jobs but undertook nursing as an interlude in their work as cleaners and laundresses.⁶⁹

Probably because their working sphere was limited to the private domain, there remains little official record of nurses hired in the home, while there exist some records of hospital nurses. There are, however, some descriptions of them by literary writers. Harriet Martineau, for example, portrayed hired nurses as follows:

As for the rest, there was the traditional monthly nurse, and her sister of the sick-room --- ignorant, gossiping, full of mischievous superstitions and fancies, rapacious, self-indulgent, and too often the foe of patient and doctor, instead of the best friend of both. Where the moral qualities were right, the professional skill was rare (beyond the

⁶⁶ Nightingale, *Notes on Nursing*, 43, note.

⁶⁷ Holcombe, 71.

⁶⁸ Geyer-Kordesch, 902.

⁶⁹ Dingwall, Rafferty and Webster, 13.

routine of childbed treatment). There were no means of education for the treatment even of fevers and the commonest maladies, much less of surgical cases; and in those days the hired nurse was engaged as a help, as another pair of hands, rather than as the great means of immediate alleviation to the sufferer and of the readiest cure.⁷⁰

The image of the paid nurse can be drawn also from novels. The most famous or notorious literary nurse character is Sairey Gamp in Dickens's *Martin Chuzzlewit* (1843) who combines midwifery among the poor and the laying-out of the dead. Some historians categorise her as 'private nurse' and others as 'handywoman'. She formed the stereotype of the bad old nurse who is corpulent, ignorant, drunken and brutal.⁷¹ Nurse Rooke in Jane Austen's *Persuasion* (1818) presents a more positive image of a private nurse figure.⁷² Austen's depiction of Rooke shows how private nurses, like governesses, occupied a marginal position among their employers and the rest of the household staff.⁷³ Although she is clearly from a superior class to Sairey Gamp's, Rooke is regarded as a social inferior, a paid companion rather than an equal of Mrs Smith, her patient, and Anne Elliot. She is described as good at comforting and entertaining her patient with her gossip. This is partly because she, as a freelance nurse, needs to gossip with someone like Mrs Smith to find out who else is ill and to secure

⁷⁰ Harriet Martineau, 'Nurses Wanted' in *The Cornhill Magazine* 11 (1865): 409-25, 413.

⁷¹ See, for example, Abel-Smith, 2, Holcombe, 71, and Judd, 34.

⁷² Dingwall, Rafferty and Webster, 13-15 and Judd, 30. Another positive nurse figure of the 1880s is a good and reliable midwife in Flora Thompson's *Lark Rise*: Abel-Smith, 2, note 2.

⁷³ Dingwall, Rafferty and Webster, 13-15.

recommendations to her friends, and because amusing their patients was an important task of private nurses.⁷⁴

The Brontës' private nurses all seem to be, more or less, the Sairey Gamp type. In *Jane Eyre*, Grace Poole, whose drinking habit Rochester describes as "incident to her harassing profession" (*JE* 309), takes too much gin, falls into a doze, and lets Bertha freely escape from the attic until she finally sets fire to the house. Similarly, Helen Burns's nurse is "in an easy chair, asleep" (*JE* 80) and lets Jane slip into her patient's bed. Nurses not only let their charges slip out of and others steal into the sickroom but also escape from their working place themselves. Aunt Reed's nurse "would slip out of the room whenever she could" (*JE* 237). While Rooke's gossip is entertaining and harmless, in *Shirley*, the late Mrs Helstone's "female attendant" (*S* 53) has circulated, together with the old housekeeper, the rumour of Mr Helstone's neglect of his sick wife. Robert Moore's nurse, Mrs Horsfall, whose name can be ominously associated with the fall from a horse which injures Rochester and kills Miss Marchmont's fiancé, not only drinks and smokes but also eats her patient's food. Martin Yorke suspects that she eats much of the food served to her patient and calls her "no woman, but a dragon" (*S* 565), "a sort of giantess" (*S* 566). In *The Tenant of Wildfell Hall*, Helen soon monopolises the nursing of Arthur and tries to "remedy the carelessness of his nurse" (412). Thus the Brontë nurses who are hired to help their patients recover are described as having incurable bad habits.

The third kind of nursing . . . home-nursing without any assistance by external hirelings . . . was often performed by female family members or relatives who had more time to spend than

⁷⁴ *Ibid.*

others. It was then quite natural for unmarried women to take on the role of nurse for a sick family member. Some women failed to marry because they were engaged in their private nursing duties. Harriet Martineau was nursed by her nieces and they remained single all through their life. Some women thought that they failed in a career because of the burden of nursing. In a book about the abortive careers of women painters of the fin-de-siècle, one of the prime reasons given for failure to realise a career in the arts is the long spells of home nursing required of female relatives.⁷⁵

The Brontës created several spinster characters who have lost their opportunity to marry because of their prolonged nursing duties. Miss Mann and Miss Ainley in *Shirley* provide negative versions of spinsterhood which reflect the contemporary climate in which unmarried women were often judged to have failed at life as early as thirty five.⁷⁶ Mary Millward, the vicar's elder daughter in *The Tenant of Wildfell Hall*, is already regarded as a spinster. She has been working as the 'woman' of the house:

[She] had patiently nursed their mother, through her last long, tedious illness, and been the housekeeper, and family drudge, from thence to the present time. She was trusted and valued by [her] father, loved and courted by all dogs, cats, children, and poor people, and slighted and neglected by everybody else (*TWH* 16).

Her 'motherly' goodness is recognised only by child-like figures who need assistance, whether humans or animals (no wonder her

⁷⁵ Geyer-Kordes, 902.

⁷⁶ Hughes, 117.

name is Mary). Even though Miss Mann and Miss Ainley's selfless devotion is recognised in the end, and Eliza finally becomes engaged to Richard Wilson, these spinster characters suggest that playing the mother's role and nursing families can blight the prospect of marriage.

Mid-Nineteenth-century Mental Health Nursing

Among many stereotypical paid nurses in the Brontë novels, Grace Poole who attends the 'mad' Mrs Rochester is the most notorious character. Indeed not only nurses for the physically sick but also workers for the mentally ill like Grace existed in the mid-nineteenth century. The working conditions of mental health nurses were no better than those of general health nurses. One difference to note between mid-nineteenth century mental health nursing and sick-nursing would be that, in the former, male caretakers were more welcome because they could exercise their physical strength in subduing patients who became unmanageable. As has been mentioned in Chapter 1, it is generally considered that modern psychiatry had its origins in the mid-nineteenth century.⁷⁷ The 1828 Madhouse Act set up a Commission of fifteen members with power over private madhouses.⁷⁸ The 1845 Lunacy Act compelled local authorities to make provision for psychiatric patients.⁷⁹ Dr John Conolly, pioneer of the famous 'moral management' of the insane, meanwhile encouraged the use of occupation and education as a means of rehabilitating patients and established a rudimentary system of aftercare. He knew that,

⁷⁷ Peter Nolan, *A History of Mental Health Nursing* (Cheltenham: Stanley Thornes, 1993) 8.

⁷⁸ Baly, 87-88.

⁷⁹ Nolan, 9.

in order to perform the programme, he would need a new type of nurse, but his idea was rejected on the grounds of cost.⁸⁰ However, the Medico-Psychological Association was founded in 1841 and the campaign for better nursing gathered momentum, until by 1891 examinations were organised on a national scale.⁸¹ These facts suggest that *Jane Eyre* is set at a time when modern psychiatric nursing had not yet been fully brought into practice.

Differences in nomenclature for those employed in mental health institutions reflect changing attitudes to the management of inmates. During the eighteenth and early nineteenth centuries, the term 'keeper' was applied to those who took care of the mentally ill which referred both to the owner of the house in which patients were cared for, and to those employed to run such houses. The term implied that the keepers both restricted access to patients and controlled their movements in the same way that zoo-keepers and game-keepers controlled animals and game. With the emergence of the asylum system after the 1845 Lunacy Act, the term 'attendant' was preferred as indicating a more humanitarian approach to care. The attendants 'attended' to the situation, keeping it clean and tidy, maintaining order by controlling inmates, and taking care of the farm and garden. From the mid-nineteenth century, female attendants were generally referred to as 'nurses' while the male were still called by their former name. By the end of the century, 'nurse' had become a neutral term used for both male and female carers.⁸²

Like nurses for the physically sick, nurses for the mentally ill came from the same class as domestic servants and shared much

⁸⁰ Baly, 89.

⁸¹ *Ibid.*

⁸² All the information in this paragraph is from Nolan, 6.

the same working conditions. 'Attendants' in fact worked also as the medical superintendent's servants, with primary responsibility to carry out his orders. Mental caretakers were, like nurses for the sick, recruited from the domestic servant class. Male attendants were drawn from farm labour, from families connected with the workhouse system for many years, from types of servants such as butlers, footmen, gardeners or labourers, and rarely from ex-servicemen from the army and navy, while female attendants were recruited mainly from those who would otherwise have gone into domestic service.⁸³ The wages of mental caretakers were as bad as those of domestic servants. In fact, they were modelled on those of domestic or farm servants.⁸⁴ The records of Littlemore Asylum show the rates of pay for different grades of staff in 1863: a superintendent received £450 per annum; medical assistant £100; housekeeper £40; male attendant, £20-£25; female attendant, £14-£18.⁸⁵ With such low wages, attendants had to work hard all day, isolated from the outside world.⁸⁶ Because of such unattractive working conditions, asylums rarely succeeded in recruiting intelligent, kind, industrious and creative attendants.⁸⁷ Most of them appear to have been uneducated and unable to secure more rewarding jobs elsewhere.⁸⁸ Attendants were given no training in the majority of asylums during the 1850s and 1860s.⁸⁹ Not only was their status considered far inferior to that of the medical staff, but they were also much closer to their

⁸³ *Ibid.* 48-50.

⁸⁴ Dingwall, Rafferty and Webster, 127.

⁸⁵ Nolan, 49.

⁸⁶ Dingwall, Rafferty and Webster, 127.

⁸⁷ *Ibid.*

⁸⁸ Nolan, 17.

⁸⁹ *Ibid.* 47.

patients. In fact, they were often recruited from the ranks of ex-patients although this was risky because of their possible relapse into mental illness.⁹⁰ To control such a work-force, rules were devised for every moment of the day and for every eventuality and then enforced rigorously.⁹¹ According to a 'Rule Book' issued to new attendants, they were ideally required to fulfil four tasks: to work as rule-keeper and enforcer, as servant to the patients, as spiritual guide, and as intermediary between doctor and patient.⁹² Although they worked on the very front line of asylums, it was not until the 1890s that a national scheme for training attendants recognised the skills and insights of some of them and developed these to improve the condition of patients.⁹³

Home-nursing of the mentally ill was not uncommon. Although it was rare, the mentally ill were sometimes confined within the home to prevent their lunacy becoming a public problem.⁹⁴ The confinement of the mentally ill by the family was sometimes revealed not only by the patient's escape from home and appearance in public, but also by the crowd, who had their own sense of justice and morality and acted accordingly, especially when they believed that a wrongful confinement was going on or about to take place.⁹⁵ For example, the Smith family near Birmingham bricked up the room window of their 'feeble-minded'

⁹⁰ *Ibid.* 48.

⁹¹ *Ibid.* 30.

⁹² *Ibid.* 53-55.

⁹³ *Ibid.* 54-55.

⁹⁴ Baly, 85, and Akihito Suzuki, 'Enclosing and disclosing lunatics within the family walls: domestic psychiatric regime and the public sphere in early nineteenth-century England' in Peter Bartlett and David Wright, eds., *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000* (London and New Brunswick, New Jersey: The Athlone Press, 1999) 119.

⁹⁵ Suzuki, 123-24.

George (born around 1785) on the pretence that they found the light tended to irritate him and to throw him into fits. They also hid him from the sight of visitors to the house. Their secrecy, however, aroused the curiosity and suspicion of people around and it ended with a forceful raid on the Smith house by two magistrates. The effect of rumour among neighbours was crucial, both for the public authority and for the private family.⁹⁶

Seen in this historical context, *Jane Eyre* can be said to reflect key aspects of the contemporary mental nursing discourse and to represent the essential problems of home-nursing and confinement of the mentally ill. Rochester has recruited Grace Poole from an asylum and is willing to continue employing her on extraordinarily good conditions in order to protect his own well-being:

“[. . .] I had some trouble in finding an attendant for her [Bertha]; as it was necessary to select one on whose fidelity dependence could be placed; for her ravings would inevitably betray my secret: besides, she had lucid intervals of days --- sometimes weeks --- which she filled up with abuse of me. At last I hired Grace Poole, from the Grimsby Retreat. She and the surgeon, Carter [. . .] are the only two I have ever admitted to my confidence. [. . .] Grace has, on the whole, proved a good keeper; though, owing partly to a fault of her own, of which it appears nothing can cure her, and which is incident to her harassing profession, her vigilance has been more than once lulled and baffled. [. . .]” (*JE* 309).

⁹⁶ *Ibid.* 125-127.

“Concealing the mad-woman’s neighbourhood from you, however, was something like covering a child with a cloak, and laying it down near a upas-tree: that demon’s vicinage is poisoned, and always was. But I’ll shut up Thornfield Hall: I’ll nail up the front door, and board the lower windows: I’ll give Mrs. Poole two hundred a year to live here with *my wife*, as you term that fearful hag: Grace will do much for money, and she shall have her son, the keeper at Grimsby Retreat, to bear her company and be at hand to give her aid in the paroxysms when *my wife* is prompted by her familiar to burn people in their beds at night, to stab them, to bite their flesh from their bones, and so on” (*JE* 300-1).

Rochester tries to recruit an extra ‘keeper’ through Grace’s family connections, her son, who works in the asylum where she used to work. He is willing to pay her an extravagant sum of £200 per annum, which is double the amount paid to medical assistants at Littlemore Asylum in 1863. His insistence on the keeper’s “fidelity” and his plan of nailing up the front door and boarding the lower windows reflect contemporary attitudes to home confinement of the mentally ill which were concerned more with how to hide mentally ill family members from the public than with how to cure them. In fact Thornfield can be easily associated with a mad house, even if Rochester does not shut it up and turn it into a private asylum for his wife. Many asylum buildings looked like aristocratic country houses and medieval monasteries with their severe and awesome architecture.⁹⁷ Indeed asylums dating from the eighteenth century, of which the Grimsby Retreat is possibly

⁹⁷ Nolan, 9.

an example, were modeled after, or had been, manor houses like Thornfield.⁹⁸ Rochester's confinement of his mad wife is detected by some of his servants, including the governess, and revealed at one of the most public of occasions . . . his wedding . . . not by the justice-seeking crowd or curious neighbours but by Bertha's brother. The confinement of a mad character in *Jane Eyre* is in this way typical or even stereotypical of the contemporary 'nursing' of the mentally ill in the home, and the revelation of Mrs Rochester in the attic is certainly dramatic but not entirely unrealistic.

Nursing and Mothering in the Brontë Narratives

While their nursing scenes quite faithfully reflect the contemporary discourse discussed above, the Brontë sisters explore their own idea of nursing and dramatise their protagonists' attempts to achieve it. What nursing embodies in the Brontë novels is, to put it simply, the care and affection of family or family-like characters: in a word, an idealised version of mothering.⁹⁹ If it is easy enough to state what nursing symbolises in the Brontë narratives, it is painfully difficult for the protagonists to attain it. In her *Death and the Mother from Dickens to Freud*, Carolyn Dever argues that maternal loss is the prerequisite for the protagonists' formation of subjectivity in the fiction of mid-Victorian Britain.¹⁰⁰ In Victorian fiction,

⁹⁸ Judd, 167, note 2.

⁹⁹ For the image of the nursing amateur countered by that of the professional nurse, see Karen Chase and Michael Levenson, *The Spectacle of Intimacy: A Public Life for the Victorian Family* (Princeton and Oxford: Princeton University Press, 2000) 131-140.

¹⁰⁰ 'The lady vanishes' and 'Psychoanalytic cannibalism' in Carolyn Dever, *Death and the Mother from Dickens to Freud: Victorian Fiction and the Anxiety of Origins* (Cambridge:

motherhood operates not for the sake of the mother, but for the sake of its emotional impact on those around her, particularly the bereaved children; mothers often do not exist as fictional characters but mainly as objects of their child's emotional needs. Within Freudian and post-Freudian psychoanalysis, maternal loss creates the child's first and most significant rite of passage. Similarly, in Victorian fiction, maternal death facilitates the protagonists' passage from anxiety to stability and from loss to mastery, thereby generating endlessly substitutable erotic objects. Dead or missing mothers in Victorian fiction are usually idealised and disembodied: they tend to be not ugly, poor, angry, guilty, or the victims of violence but beautiful, middle-class, repentant, misguided martyr-figures separated from their children by some circumstantial tragedy or dread wasting disease.¹⁰¹ As absent mothers are idealised, in *Bleak House* and *Daniel Deronda*, the return of missing mothers paradoxically forces their children into the uncomfortable accommodation of their psychic demands.¹⁰² This concept of maternal loss operates in the Brontë narratives as the primal source of the protagonists' anxiety and illness and as the key to their self-construction and self-realisation. The Brontë narratives can ultimately be seen as records of their protagonists' attempts to master maternal loss.

The three most significant cases of voluntary nursing by family-like figures in the Brontë novels are Mrs. Pryor's nursing of Caroline, the Bretton family's nursing of Lucy, and the Rivers family's nursing of Jane in the encounter or reunion scenes. Before the nursing scenes, these three sick heroines have all been

Cambridge University Press, 1998).

¹⁰¹ *Ibid.* 17-18.

¹⁰² *Ibid.* 50.

suffering from psychological isolation and physical debility with no one to nurse them. Caroline's uncle is insensitive to his niece's decline, while Robert Moore pays little attention to her. After nursing the 'crétin', Lucy experiences an extreme state of mind and body all by herself in the deserted school. After her interrupted wedding, Jane wanders on the moor alone and at Whitcross she is rejected by the local people. When they can no longer endure their suffering, the three heroines are saved by those who nurse them out of disinterested goodwill as their family would do. It comes as no surprise then that in all cases the nurse/s turn out to be their family, relatives, or family-like figures: Mrs. Pryor is Caroline's real mother, the Bretttons were in effect Lucy's foster family, and the Rivers are Jane's cousins. While Catherine Earnshaw is nursed but also metaphorically tamed by the Lintons, her future family-in-law, and this ends her dyad with Heathcliff, Lucy and Jane enjoy these family-like characters' hospitality in their home, after having suffered in inhospitable outdoor environments. For Caroline, her mother's appearance turns her uncle's house into her real home. Even though home was the place which confined mid-nineteenth century women to perform 'women's work', whether as employees or as family members, for the homeless orphans Lucy and Jane and the lonely Caroline, the homes where they are nursed become their safe asylum and comfortable hospital.

Nursing and care for others' health generally signify affection in the Brontë novels even if there is no extreme suffering followed by a dramatic reunion. Within this model of nursing as an index of therapeutic affection, Heathcliff dismisses Edgar's nursing of Catherine as an act performed out of "a sense of duty" (148) and

cajoles Catherine Linton into visiting the dying Linton Heathcliff. At Ferndean Jane nurses the blind and deformed Rochester. In this case, Rochester is saved and nursed by his future wife after suffering a deep solitary despair. Paulina's strong affection towards her father is not only dramatised in the first three chapters of *Villette* but also represented in M. De Bassompierre's remembrance of his daughter's care: 'I was once ill; Polly nursed me; they thought I should die; she, I recollect, grew at once stronger and tenderer as I grew worse in health. And as I recovered, what a sunbeam she was in my sick-room!' (V 538). In *Shirley*, by secretly visiting the wounded Robert, Caroline indirectly expresses her long admiration of him. Louis and Shirley mutually care about each other's health: Shirley visits Louis with a fever and Louis worries about Shirley's brooding over the dog-bite. In the face of Mr Sympson's objection to his marrying Shirley, Louis expects Mrs Sympson to influence her husband's opinion in favour of him because she has seen his nursing of her son, "little, lame and pale" (S 454) Henry Sympson: "I have long since earned her undying mother's gratitude by my devotion to her boy: in some of Henry's ailments I have nursed him ... better, she said, than any woman could nurse: she will never forget that" (S 629). Mrs Pryor readily perceives Caroline's decline: " 'You get somewhat thin, my love, and somewhat pale. Do you sleep well? Your eyes have a languid look,' and she gazed at her anxiously" (240). Mrs Pryor's insightful observation makes a striking contrast to Dr John's careless diagnosis of Lucy, and proves that a mother's eye can be sharper than a medical professional's.

The Professor parodies this concern for a person's health as a sign of care and interest. Zoraïde expresses her motherly attention

to Crimsworth's health and succeeds in attracting him:

It happened that I came one day to give a lesson when I was indisposed, I had a bad cold and a cough; two hours' incessant talking left me very hoarse and tired; as I quitted the school-room and was passing along the corridor, I met Mdlle. Reuter, she remarked with an anxious air that I looked very pale and tired: 'Yes' I said --- 'I was fatigued;' and then with increased interest she rejoined, 'You shall not go away till you have had some refreshment.' She persuaded me to step into the parlour and was very kind and gentle while I stayed. The next day she was kinder still, [. . .] I thought her almost charming. During the remainder of the evening, my mind was full of impatience for the afternoon of the next day to arrive that I might see her again (P96).

This is followed by a scene in the garden alley almost as romantic as the proposal scene in *Jane Eyre* where Zoraïde picks a branch of lilac for Crimsworth. He soon witnesses Zoraïde and Monsieur Pelet walking arm in arm in the same garden, talking about their wedding. When she next morning tries to use the same strategy of showing concern for his health to attract him, he mocks it in revenge, "And I, Mademoiselle, hope that you took no cold last night in consequence of your late walk in the garden" (104).

In the Brontë narratives, warmth and food often symbolise positive affection and mental and emotional nourishment without which people ultimately become ill. In *Jane Eyre*, Miss Temple shows her motherly care by satisfying her pupils' hunger and warming their cold bodies. On Jane's arrival at Lowood, Miss

Temple sharply notices that she is hungry as well as tired, and has her take supper. Next day she orders lunch for the pupils who have been unable to eat their burnt breakfast. She holds a small party for Jane and Helen in her room which is nicely warmed by "a good fire" (*JE* 70) and offers them a generous amount of seed-cake. In *Villette*, although he is a man, and a fellow teacher, M. Paul both literally and figuratively ends the long starvation of the heroine who is symbolically named 'Snowe' or previously 'Frost'. He covers Lucy with a shawl when she has fallen asleep at a desk, and like Mrs Pryor with Caroline, he is sensitive to her health: "You looked pale in your slumbers; are you home sick?" (*V* 455). After forcing her to practise her lines for the school play in the garret and making her "excessively hungry" (*V* 167), M. Paul satisfies her hunger generously and appropriately with her favorite sweet bread, not with the wine and sweets Lucy dislikes. Wondering how "he guessed that [she] should like a *petit pâté a la crème*" (*V* 168), Lucy enjoys it till she "really could take no more, and, with uplifted hands, implored to be spared the additional roll on which he had just spread butter" (*V* 169). They soon start to share food, Paul offering brioche and Lucy taking baked apples from the kitchen and finally decide to do so forever by marrying each other. Considering that much of nineteenth-century home-nursing consisted of providing the sick with rooms maintained at a comfortable temperature and with nourishing food, it can be said that, in receiving warmth and food, these heroines are given good nursing.¹⁰³

¹⁰³ The first of the thirteen pieces of Nightingale's advice on nursing the sick is on ventilation and warming: *Notes on Nursing*, 12-24. As has been mentioned above, she considered managing the conditions in which the patient lay as one of the two functions of

Psychological warmth and food can also brighten the mind and strengthen the body. William Crimsworth believes that Frances' health improves with his support and encouragement of her study: "After such little scenes, her spirits would maintain their flow, often, for some hours, and as I remarked before, her health therefrom took a sustenance and vigour which, previously to the event of her Aunt's death and her dismissal, had almost recreated her whole frame" (*P* 164). In *Jane Eyre*, the narrator Jane tells that she has grown healthier after several meetings with Rochester: "And now I looked much better than I did when Bessie saw me: I had more colour and more flesh; more life, more vivacity; because I had brighter hopes and keener enjoyments" (*JE* 157). Although, as is examined in Chapter 3, it is difficult to know if a character's health has really improved, Crimsworth and Jane believe that food for the mind promotes physical health.

While concern for health indicates affection and attention, the lack of it reveals emotional detachment and is often represented through images of coldness and bad food. Agnes Grey's first meal at Wellwood House exemplifies her employers' indifference to their governess. She is served by Mrs Bloomfield "some beefsteaks and half-cold potatoes" which her numb hands, "almost palsied by their five hours' exposure to the bitter wind" (*AG* 74), can hardly manage to cut.¹⁰⁴ Not only the food and Agnes's hand but also the mistress of the house is similarly cold: " 'I dare say you would find it cold,' replied she with a cool immutable gravity that did not

nursing: Maggs, 1312.

¹⁰⁴ Marilyn Sheridan Gardner maintains that it would be "the remains from the family luncheon, leftovers not even sent to the kitchen for re-heating" in "The food of my life": Agnes Grey at Wellwood House' in *New Approaches to the Literary Art of Anne Brontë*, 51.

serve to re-assure me" (AG 75). In the evening Agnes is once more served "a frugal supper of cold meat and bread" and finds her mistress "cold, grave, and forbidding" (79-80).¹⁰⁵ The Murray family also lacks care for the governess's health. Agnes is kept by her whimsical pupils "waiting for breakfast, till [she] was almost ready to faint" (AG 127). When she gives lessons in the open air at her pupils' wish, Agnes "frequently caught cold by sitting on the damp grass, or from exposure to the evening dew, or some such insidious draught, which seemed to have no injurious effect on them" (AG 128).

In *Jane Eyre*, a significant proportion of the chapters set at Lowood describes how food of tiny quantity and inferior quality, and coldness in the school building 'starve' the children; in Yorkshire dialect, the word 'starved' means 'frozen' as well as 'hungry'.¹⁰⁶ What Jane experiences on her first morning at Lowood is coldness and hunger: "it was bitter cold, and I dressed as well as I could for shivering" (JE 44); "how glad I was to behold a prospect of getting something to eat! I was now nearly sick from inanition, having taken so little the day before" (JE 45). The breakfast, however, turns out to be "a nauseous mess" (JE 46). The second day starts with cold again: "the water in the pitchers was

¹⁰⁵ A main source of dissatisfaction among domestic servants was food: not only was it often insufficient, but also some employers deliberately gave them food of inferior quality to mark their social distinction: Davidoff, Doolittle, Fink and Holden, p. 172.

This could at worst cause disease. Pigs were especially prone to the disease of anthrax but butchers sold diseased meat at a cheaper price; it is as late as 1861 that the first successful prosecution in London for selling bad meat was brought: Smith, 203-7.

¹⁰⁶ Showalter, *A Literature of Their Own*, 117. Gilbert also associates the term with the archaic Miltonic sense of freezing, 'to starve in ice', in *The Madwoman in the Attic*, 279.

frozen. [. . .] a keen north-east wind, whistling through the crevices of our bedroom windows all night long, had made us shiver in our beds, [. . .] I felt ready to perish with cold" (*JE* 52). Helen Burns is scolded for her dirty nails, for she was unable to wash her hands because of frozen water. The girls are trapped in a typical 'double-bind' situation in which they are expected to grow up but given neither nutritious food nor health-promoting accommodation.¹⁰⁷

If psychological nourishment can improve characters' physical health, emotional malnourishment can eventually ruin their body. The Brontë protagonists often use the metaphor of eating to articulate their emotional conditions. Back at the parsonage, Agnes Grey recalls how she has suffered from emotional hunger in her first workplace: "For a few months I remained peaceably at home, in the quiet enjoyment of liberty and rest, and genuine friendship, from all of which I had fasted so long [. . .]" (*AG* 109). While attending the crétin, Lucy longs for spiritual food: "a want of companionship maintained in my soul the cravings of a most deadly famine" (*V*195). Caroline Helstone's inner suffering is also described with the metaphor of famine:

She suffered, indeed, miserably: a few minutes before, her famished heart had tasted a drop and crumb of nourishment that, if freely given, would have brought back abundance of life where life was failing; but the generous feast was snatched from her, spread before another, and she remained but a bystander at the banquet (*S*252).

¹⁰⁷ Showalter argues that what the 'pseudo-convent' institution punishes and starves is the sexuality of the girls: *A Literature of Their Own*, 117.

The three heroines are being fed physically (Lucy is provided with meals at this point) but suffer from a sense of emotional and spiritual starvation.

Some of the Brontë characters are ill treated not by their employers or in their school but by their own parents. As Paulina was neglected by her mother, Caroline Helstone was maltreated by her father, James Helstone, who seems to have been an alcoholic. She dimly remembers how she has been neglected by him during her illness:

She recollected ... a dark recollection it was ... some weeks that she had spent with him in a great town somewhere, when she had had no maid to dress her or take care of her; when she had been shut up, day and night, in a high garret-room, without a carpet, with a bare uncurtained bed, and scarcely any other furniture; when he went out early every morning, and often forgot to return and give her her dinner during the day, and at night, when he came back, was like a madman, furious, terrible; or ... still more painful ... like an idiot, imbecile, senseless. She knew she had fallen ill in this place, and that one night when she was very sick, he had come raving into the room, and said he would kill her, for she was a burden to him; her screams had brought aid, and from the moment she was then rescued from him she had never seen him, except as a dead man in his coffin (*S* 102-3).

Caroline is given no food and is, like a servant or a mad person, kept in a "garret room" which can be too hot in summer and too

cold in winter. The floor without a carpet and the bed without curtains would make the room even colder in winter. Above all, there is no one to "take care of her". Her father neither plays the role of mother nor replaces her mother. What creates this traumatic episode is, ultimately, the absence of a mother.

The lack of food and warmth causes illness and at worst kills characters. Crimsworth suffers from a "sweet delirium" after he has "tasted no food since eight that morning" (*P* 210). The punishing malnourishment, coldness and poor hygiene at Lowood lead to a typhus outbreak and cost the lives of many pupils. Jane later suffers during her wanderings from "hunger, faintness, chill" (*JE* 329) until she collapses at the front door of Moor House. After having taken in no food during the long vacation, Lucy goes to a Catholic church which is "too cold" (*V* 201) although it is still September and, on leaving, she "suddenly felt colder" (*V* 202) and collapses. Catherine Earnshaw falls ill, feeling cold after her search for Heathcliff in the rain. She later develops 'brain fever' after fasting in protest against Edgar.

If the lack of affection afflicts characters' minds and bodies, the lack of nursing highlights the intense loneliness of their suffering. Although both Crimsworth and Lucy suffer their mental and physical crisis alone, their ways of narrating the experience are different. Physically isolated as he is, Crimsworth narrates the hypochondria episode as if he were in company with fictional and personified beings. He asks the reader to share his suffering: "Now, reader, during the last two pages I have been giving you honey fresh from flowers, but you must not live entirely on food so luscious; taste then a little gall --- just a drop, by way of change" (*P* 210). He personifies his hypochondria as a female being: "She had

been my acquaintance, nay my guest, once before in boyhood; I had entertained her at bed and board for a year" (P 211). He hears her voice say, "In the midst of Life, we are in Death" (P 210). While Crimsworth is conscious of others' existence if he is physically excluded in his illness episode, Lucy by contrast feels solitary when she is not exactly alone in the school. Staying with the 'crétin' during the first three weeks of the vacation, she feels lonely because her charge seems non-human to her: "The hapless creature had been at times a heavy charge [. . .] it was more like being prisoned with some strange tameless animal, than associating with a human being" (V 194-95). After Marie has left the school, Lucy suffers her delirious night alone, although Goton, the cook, stays in the same building. Even though she personifies such notions as 'eternity', 'sleep' and 'death' in narrating the delirium, Lucy, unlike Crimsworth, neither feels familiar with these personified notions nor addresses the reader as she sometimes does elsewhere in the novel.

Death without nursing is as tragic as self-nursing, especially to those who are bereaved. When William Crimsworth shoots the dog Yorke to death after it was bitten by a rabid dog, his son Victor accuses his father of having made no attempt to cure the pet: "He might have been cured --- you should have tried --- you should have burnt the wound with hot iron, or covered it with caustic. You gave not time ; and now it is too late --- he is dead!" (P 243). When her fiancé Frank is fatally injured by falling from his horse, there is little time left for Miss Marchmont to nurse him:

[. . .] I gave place to none except the surgeon; and when he had done what he could, I took my dying Frank to myself. He

had strength to fold me in his arms; he had power to speak my name; he heard me as I prayed over him very softly; he felt me as I tenderly and fondly comforted him.

“ ‘Maria,’ he said, ‘I am dying in Paradise.’ He spent his last breath in faithful words for me. When the dawn of Christmas morning broke, my Frank was with God” (*V* 49-50).

Miss Marchmont’s agony is experienced later by her nurse-companion, Lucy, who is afforded no opportunity to nurse her fiancé, M. Paul, on his death.

Even when there are attempts at nursing, visiting the sick does not always prove to be rewarding or therapeutic. Jane secretly visits Helen’s sickroom after wandering in the maze-like school building but falls asleep and lets her friend die without reaching an understanding about Helen’s religious faith or listening to her version of suffering as an orphan. Similarly, although she travels all the way from Thornfield to Gateshead, Jane effects no reconciliation with her old foe, Aunt Reed. Although Edgar nurses Catherine Earnshaw --- “[n]o mother could have nursed an only child more devotedly than Edgar tended her” (*WH* 134), he never wins back his wife’s affection. Catherine Linton nurses Linton Heathcliff in vain and, on his death, feels as if she were also dead. Helen Huntingdon nurses Arthur without seeing his final remorse for his depravity. Although Lawrence accepts Gilbert’s apology for injuring him, there seems to remain an unbridgeable gap between them because Lawrence is evasive in answering Gilbert’s questions about Helen and mysteriously keeps secret his plan to marry

Esther Hargrave. In most cases of successful nursing, the sick character recovers and forms a bond with, or, in some cases, even becomes engaged to, the character who nurses, whereas, in most cases of unsuccessful nursing, the sick character dies and ends the relationship with the nurse.

In some cases of successful nursing, however, the sick character eventually becomes distanced from the nurse. Despite the satisfaction of extreme emotional hunger in the dramatic reunion and encounter with their familial figures, both Jane and Lucy become psychologically remote from them.¹⁰⁸ At Marsh End, as she recovers and becomes financially independent, Jane grows emotionally independent from St. John Rivers, although she continues to enjoy sisterly friendship with Diana and Mary. Likewise, with her recovery, Lucy gradually psychologically estranges herself from the Bretton family and instead develops her relationship with M. Paul. Both Jane and Lucy finally reject men who observe and treat them in a scientific manner. Although he is not a medical man, St. John constantly casts a scientific gaze on Jane. On her arrival at Moor House, he accurately 'diagnoses' her state: "He pronounced it needless to send for a doctor: nature, he was sure, would manage best left to herself. He said every nerve had been overstrained in some way, and the whole system must sleep torpid awhile. There was no disease. He imagined my recovery would be rapid enough when once commenced" (*JE* 339).

¹⁰⁸ As Julia Duckworth Stephen, Virginia Woolf's mother, argues in 1883, the special relationship between the nurse and the sick may be difficult to continue after recovery because "[t]he ordinary relations between the sick and the well are far easier and pleasanter than between the well and the well": 'Notes from Sick Rooms' in Diane F. Gillespie and Elizabeth Steele, eds., *Julia Duckworth Stephen: Stories for Children, Essays for Adults* (New York: Syracuse University Press, 1987) 217.

He then correctly identifies 'Jane Elliott' as Jane Eyre. With the same objective eye, he decides to marry not the ravishing Rosamond Oliver but the frugal Jane. In the proposal scene, Jane is perplexed to find him "looking like a physician watching with the eye of science an expected and fully-understood crisis in a patient's malady" (*JE* 400). Dr John fails to trust Lucy's story of the nun's appearance and dismisses it as the creation of her nerves. Lucy finally comes to love M. Paul who sees the nun and shares the mystery with her. These examples show that a medical approach is considered much less valuable than affectionate care by Charlotte Brontë's heroines.

Of all the cases of nursing in the Brontë novels, Mrs Pryor's nursing of Caroline is the most successful. The patient recovers from illness and gains new mental and physical strength. Unlike Helen Huntingdon and Edgar Linton who nurse their spouses in vain and grow weak themselves, Mrs Pryor is rewarded with her patient's recovery without sacrificing her own health. Her nursing also establishes an everlasting solidarity between nurse and patient. It makes a marked contrast to Grace Poole's paid 'keeping' of Bertha, which offers no care or cure but only "watch and ward" (*JE* 291) and creates no female solidarity in the attic of Thornfield as Showalter indicates.¹⁰⁹ When Mrs Pryor reveals her true identity, her nursing turns out to be literal 'mothering' and functions as a powerful therapy for Caroline's affliction. Not paid nursing by a surrogate mother but voluntary nursing by a real mother, in short, true 'mothering', is what the Brontës' motherless protagonists could not receive as children and what they struggle to compensate for in the course of the plot development mostly by

¹⁰⁹ Showalter, *A Literature of Their Own*, 117.

gaining a spouse and becoming a parent. The only case of mother-daughter nursing in the Brontë narratives dramatises the realisation of the child's desire for mother. The health-promoting return of the mother, not as a metaphorical object of desire but as a real, non-idealised character who is the victim of violence, in need of work and not beautiful, is an exceptional occurrence in Victorian fiction where maternal loss is normally needed for the child's subjective articulation. In this sense, *Shirley* is a novel which moves not only beyond most other novels by the Brontës in which protagonists overcome their maternal loss without the return of their real mother, but also beyond the convention of Victorian fiction which necessitates the disembodiment of the mother for the construction of their subjectivity. The potentially regressive feature of this realisation of the child's desire for the mother will be discussed in Chapter 6.

Chapter 5

Beyond Bessie Lee:

Jane Eyre's Progress Towards True Nursing

Viewed in the context of the contemporary nursing discussed in the previous chapter, *Jane Eyre* can be read as the story of a middle-class motherless girl's formation into a woman who finally achieves an idealised realisation of what the term 'nurse' ultimately represented in the mid-nineteenth century. It records Jane's progress from a lonely orphan at Gateshead where she is looked after by a paid child-nurse Bessie through Lowood, Thornfield and Marsh End where she continues to witness and experience unsatisfactory nursing, to Ferndean where she overcomes her lonely childhood by marrying Rochester and actively performing the 'mother's work' for her family in her own home.

Among other generic patterns critics have found in *Jane Eyre*, pilgrimage and *Bildungsroman* provide helpful frameworks to trace Jane's progress towards her idea of true nursing. Helene Moglen compares Jane to a 'dispossessed princess' in a romance as well as to a protagonist in a pilgrimage,¹ while Pauline Nestor defines the story as a fable-like personal pilgrimage.² Gilbert and Gubar see *Jane Eyre* as structured like *Pilgrim's Progress* as well as a fairy tale and a *Bildungsroman*, in which Jane's pilgrimage toward

¹ Helene Moglen, *Charlotte Brontë: The Self Conceived* (New York: Norton, 1978) 108 and 112.

² Pauline Nestor, *Charlotte Brontë* (Basingstoke and London: Macmillan, 1987) 50.

maturity, selfhood and equality is dramatised.³ Barry V. Qualls regards *Jane Eyre* as one of the most striking examples of Victorian novels which develop through a pilgrimage plot and in which Brontë asserts that a woman has a *Bildung* of her own.⁴ Franco Moretti views the novel as a *Bildungsroman* with fairy-tale colouring and places it in the generic tradition of *Bildungsroman* widespread in Europe.⁵

The definition of *Bildungsroman*, or the novel of formation or development, varies according to country, gender, and era. Most critics who attempt to define it admit that no single novel precisely follows the theoretical structure. It can be said, however, that most *Bildungsromane* overall depict the protagonist's learning process before their final artistic, intellectual, spiritual, or social achievement. *Jane Eyre* indeed dramatises not only the heroine's completion of the school curriculum but also her acquisition of social skills such as self-control and self-defence under the tutelage of Helen Burns and Miss Temple, before she reaches a place which safely accommodates her as a central family member. The characteristics of the Goethean *Bildungsroman*, in other words, the male German *Bildungsroman* which Elizabeth Abel, Marianne Hirsch and Elizabeth Langland describe are also at an abstract level found in the story of a female protagonist by a

³ Gilbert and Gubar, 'A Dialogue of Self and Soul: Plain Jane's Progress' in *The Madwoman in the Attic* (New Haven and London: Yale University Press, 1979) *passim*.

⁴ Barry V. Qualls, *The Secular Pilgrims of Victorian Fiction: The Novel as Book of Life* (Cambridge: Cambridge University Press, 1982) see especially 43-44.

⁵ Franco Moretti, *The Way of the World: The Bildungsroman in European Culture*, new ed. (London and New York: Verso, 2000 [1987]) 187-88.

female author, *Jane Eyre*: a model of cumulative, gradual and total organic growth; individual achievement and social integration; a young person's movement from ignorance and innocence to wisdom and maturity.⁶ Jerome Buckley's definition of the male English *Bildungsroman* is also relatively applicable to the paradigm of *Jane Eyre*: a child of some sensibility grows up in the country in a hostile relationship to his family, especially his father; his first schooling being frustrating, he goes to the city where his real education begins which includes at least two love affairs; after painful soul-searching, he enters his maturity and demonstrates the degree of his success or the wisdom of his choice back home.⁷

Some female critics maintain that the female *Bildungsroman* shows a different pattern from the male version: while the male *Bildungsroman* displays variations on a basic success story, the female version reveals the difficulty of attaining such success as the final result of the heroine's development and progress. Although *Jane Eyre* shares many of the characteristics of the male German *Bildungsroman* Abel, Hirsch and Langland find, it simultaneously shows parallels with what they define as the typical female *Bildungsroman* in structure. They argue that, because women's sphere is defined in the home, in the female novel of formation, the heroine merely

⁶ Abel, Hirsch and Langland, eds., *The Voyage In: Fictions of Female Development* (Hanover and London: University Press of New England, 1983) 5-6.

⁷ Jerome Hamilton Buckley, *Season of Youth: The Bildungsroman from Dickens to Golding* (Cambridge, Massachusetts: Harvard University Press, 1974) 17-18. Moretti also regards the prominence of childhood and youth as one of the characteristics of the English *Bildungsroman* in *The Way of the World*, 182.

exchanges one domestic sphere for another and her object is not to learn how to take care of herself but to find a place where she can be protected, often in return for taking care of others.⁸ The framework of the female novel of development in fact faithfully reflects the socio-historical context of mid-nineteenth century women the previous chapter has illuminated: women were socially defined as figures in a household and literally confined in the home of men such as their father, husband or master-employer. Susan Fraiman also observes the boundaries of the female *Bildungsroman* as a success story with a true happy-ending. The heroine has trouble with mentors or mothers, either dead or deficient, as models, and if she has a mentor, it is often her future husband who schools her in order to wed her; consequently, her marriage to him reduces apprenticeship to a process of marital binding and it never leads the heroine to mastery but only to a lifetime as perennial novice.⁹ She then never overcomes her 'maternal loss', but remains as a child under the patronage of her husband. Indeed, Jane basically stays in the home, if she moves around, and engages herself in taking care of others as teacher, governess and nurse. She is a motherless child who has trouble with her surrogate mothers, Bessie and Mrs Reed.

My contention is that, despite these social limitations on female development and achievement, *Jane Eyre* can be read as a personal pilgrimage and *Bildungsroman* in which the heroine

⁸ Abel, Hirsch and Langland, 7-8.

⁹ Susan Fraiman, *Unbecoming Woman: British Women Writers and the Novel of Development* (New York: Columbia University Press, 1993) 6.

achieves a successful ending within the domestic sphere.¹⁰ It is 'nursing' with its extensive meanings which first disappoints and afflicts the heroine but finally gives her a sense of settlement and solution. Adrienne Rich analyses how the motherless heroine avoids temptations such as victimisation, escape into hysteria and suicide, aided by female mentor figures until she reaches a successful marriage exceptional and radical for its period.¹¹ This chapter basically shares Rich's interpretation of the novel as the story of a motherless girl's success and survival in collaboration with other female characters. It at the same time attempts to show, however, how Jane witnesses some female characters' imperfect nursing and, as Fraiman argues, fails in seeing them as ideal developmental models. Fraiman views Bessie as a key figure in Jane's development because Jane's objective is to claim and reconceive the place of Bessie, and of the working woman refigured by Adèle, Céline, Grace Poole and Rochester's servant, Mary.¹² This chapter contends rather that Jane tries to overcome her emotional frustration and physical weakness in her

¹⁰ As Heather Glen indicates, Jane's success is realised not solely by her efforts but also through fairy-tale coincidences such as a legacy, a reunion with cousins and a convenient death: *Charlotte Brontë: The Imagination in History* (Oxford: Oxford University Press, 2002) 53 and 60. Yet it is simultaneously true that she shows her maturity in the face of such coincidences and deals with miraculous incidents correctly; she tries to share the legacy with the Rivers family and decides to return to Rochester after hearing the telepathic message. Karen Rowe argues that Jane succeeds in maturation by transcending a fairy-tale paradigm which limits female maturation to a Christian romance in " 'Fairy-born and human-bred': Jane Eyre's Education in Romance" in *The Voyage In: Fictions of Female Development*, 87-89.

¹¹ Adrienne Rich, 'Jane Eyre: The Temptations of a Motherless Woman' in *On Lies, Secrets, and Silence, Selected Prose*, 1966-1978 (New York and London: Norton, 1995 [1979]) 89-106, 95.

¹² Fraiman, 100-7.

childhood by becoming a better nursing agent than Bessie whose paid-nursing intensifies her misery as an isolated orphan at Gateshead. It traces the process in which she experiences several cases of unsuccessful or imperfect nursing, while she becomes reconciled with her former child-nurse, before finally achieving the position of an ideal nurse herself.

Bessie, as her paid surrogate mother, bears considerable importance throughout Jane's childhood. Like many mid-nineteenth century servants, Bessie takes on multiple roles for Jane in the Reed household, working as her child-nurse, as a sick-nurse when her charge is ill, telling her stories, telling her about the outside world (Jane hears from Bessie about school), and teaching the unwritten rules of society which a dependant like Jane should learn sooner or later. She is present at Jane's epochal moments and watches her charge's development. Bessie also functions as a narrative device like a chorus voice to give the reader important information on the heroine, singing a ballad which summarises and foretells the orphan's destiny,¹³ and showing the reader how she has been transformed after the red room episode and after the eight years at Lowood.

Above all, Bessie is important to Jane as her first example of a 'nurse'. As her child-nurse, Bessie is directly responsible for Jane's health which she can both promote and endanger, as a domestic medical textbook popular from the late eighteenth century to the mid-nineteenth century stated:

Nurses are guilty of many faults, which prove fatal to

¹³ Gilbert and Gubar, 363.

infants. It is therefore the duty of parents to watch over their conduct with the greatest care, and to be extremely cautious in the choice of them.¹⁴

As an orphan, Jane has no parent who carefully watches over her child-nurse's conduct so the greater part of Jane's well-being is in Bessie's hands. The significance of Bessie in relation to Jane's physical and psychological health is suggested as early as the second paragraph of the novel. After stating that there is no possibility of a walk because of the weather, the narrator Jane describes how the young Jane's sense of misery produced by the bullying Reed children is intensified by the chidings of her child-nurse. Jane's very first spoken discourse in the novel also reveals her anxiety about her nurse's possible unfairness or misunderstanding: "What does Bessie say I have done?" (7). If the Reed children exist as Jane's spiteful peers in her childhood, Bessie, although she may be still young, represents the antagonistic adults along with Aunt Reed.¹⁵ So far, Bessie's management of her charge's health is not very successful, for Jane is a nervous child physically inferior to the Reed children.

In the red room episode, Bessie is described as a child-nurse who is not straightforwardly fond of her charge but more

¹⁴ William Buchan, *Domestic Medicine or, The Family Physician* (Edinburgh: J. Pillans & Sons, 1802).

¹⁵ For Rich, Bessie functions as one of Jane's female supporters, 93. Gilbert and Gubar casually call her a "kind nursemaid" but focus more on her role as the presenter of Jane's life, singing a song with lyrics which predict Jane's future wandering on the moor, 342. Rowe argues that, in the fairy-tale frame of the novel, Bessie is maternal but lacks the power to transform Jane into a princess, or free her from Gateshead, 73. For Fraiman, Bessie is not particularly benevolent but significant as the model of a working woman for Jane, 100.

attentive to her than the rest of the household. Appalled by her 'tantrums', Bessie calls Jane "a mad cat" (12), and tries to tie her up with garters. At the same time she is certainly more observant about and compassionate for her charge than Abbot, Mrs Reed's lady's maid. Bessie loosens her hold of Jane once she sees her really subsiding, notices that Jane has experienced something paranormal in the red room, and asks if she is ill or hurt, while Abbot simply accuses Jane of making a noise. Her admonition of Jane's behaviour sounds cruel to a child but holds an important lesson for someone in Jane's position: "You ought to be aware, Miss, that you are under obligations to Mrs. Reed: she keeps you: if she were to turn you off, you would have to go to the poor-house"; "you should try to be useful and pleasant, then, perhaps, you would have a home here; but if you become passionate and rude, Missis will send you away, I am sure" (13); "If you dread them [people], they'll dislike you" (39). As a result, if Jane demonstrates no uninhibited affection for her, she nonetheless finds Bessie's presence "far less obnoxious to [her] than that of Abbot" (19) and turns to her after seeing the mysterious light in her uncle's death chamber. Unlike Nelly Dean who jerks "forcibly away" (*WH* 82) her gown in which Catherine hides her face while telling about Edgar's proposal, Bessie at least lets Jane hold her hand: "I had now got hold of Bessie's hand, and she did not snatch it from me" (17).

Bessie becomes kinder in the face of Jane's nervous fit and brings her a tart on her favourite china plate together with *Gulliver's Travels*, but she continues to treat her charge somewhat inconsiderately and callously. She increases Jane's worry by whispering about her fit and asking another servant

Sarah to sleep in the same room: "Sarah, come and sleep with me in the nursery; I daren't for my life be alone with that poor child to-night; she might die; it's such a strange thing she should have that fit: I wonder if she saw anything" (19).¹⁶ When Mr Lloyd, the apothecary, asks exactly how Jane has fallen into the fit, Bessie lies that her charge has had a fall. Hearing from Abbot the story of Jane's parents, Bessie shows momentary sympathy, sighing, but the next moment she praises Georgiana Reed and thinks about supper. Thus, however important the roles she fulfils for Jane on a daily basis, Bessie is at this point only a paid servant who simply performs her duties.

It is after Jane's first rebellion against Aunt Reed that their relationship begins to improve. The excitement after the epochal event makes Jane bolder and more affectionate towards her nurse:

Bessie's presence, compared with the thoughts over which I had been brooding, seemed cheerful; even though, as usual, she was somewhat cross. The fact is, after my conflict with and victory over Mrs. Reed, I was not disposed to care much for the nursemaid's transitory anger; and I *was* disposed to bask in her youthful lightness of heart. I just put my two arms round her, and said, "Come, Bessie! don't scold" (38-39).

Bessie returns Jane's loving gesture with one of Brontë's symbols of affection, food, promising to ask the cook to bake a cake for

¹⁶ Thoughtless whispering to be heard by and so excite the sick is what Nightingale warns against in her *Notes on Nursing*, 45.

Jane and have tea together that afternoon. Jane welcomes this proposal, although she has dismissed Bessie's offer of a pastry on her favourite plate simply as a "[v]ain favour!" (20) The scene closes in a friendly tone with Jane's kiss and Bessie's entertainment:

"And so you're glad to leave me?"

"Not at all, Bessie; indeed, just now I am rather sorry."

"Just now! and rather! How coolly my little lady says it! I daresay now if I were to ask you for a kiss you wouldn't give it me: you'd say you'd *rather* not."

"I'll kiss you and welcome: bend your head down." Bessie stooped; we mutually embraced, and I followed her into the house quite comforted. That afternoon lapsed in peace and harmony; and in the evening Bessie told me some of her most enchanting stories and sang me some of her sweetest songs. Even for me life had its gleams of sunshine (40).

Next morning, Bessie is "the only person yet risen" (40) and helps Jane to depart for Lowood. By this time of separation, there is much less emotional inhibition between them: "I was taken from Bessie's neck, to which I clung with kisses" (41). Jane symbolically describes the ending of this period as separation from her nurse and the house: "Thus was I severed from Bessie and Gateshead" (41).

Even after Bessie disappears from her life physically, Jane retains what her nurse has instilled in her mind. In the coach on the way to Lowood, the young Jane imagines and dreads the kidnappers who had appeared in Bessie's 'fireside chronicles'.

During the typhus outbreak at Lowood, Jane, almost forgetting Helen, spends most of her time with Mary Ann Wilson who, like Bessie, can tell Jane “many things [she] liked to hear” with “a turn for narrative” (77-78). In her encounter with Rochester, the adult Jane associates him with the ‘Gytrash’, a spirit which has appeared in one of Bessie’s tales. The ominous dream of an infant reminds Jane of Bessie telling Abbot that a dream of children is “a sure sign of trouble, either to one’s self or one’s kin” (220). Thus Bessie has helped to shape the child Jane’s taste and the adult Jane retains and exercises it in viewing the world. Most significantly the narrating-Jane is repeating what Bessie would often do: narrating a romantic and adventurous story successfully.¹⁷

After receiving Bessie’s nursing which is not sufficiently successful to promote her physical strength and mental stability at Gateshead, Jane meets at Lowood an ideal nurse figure, Miss Temple, who capably fulfils the roles of sick-nurse, child-nurse, mother and teacher.¹⁸ She does her best under Brocklehurst’s control to provide her pupils with more and better food. She attempts to promote the moral health of the institution as well, teaching Jane how to convince people and defend herself with words, and refuting Brocklehurst’s accusation against Jane in front of the whole school. She is an encouraging and intellectual teacher who induces from the fourteen-year old Helen “fervid eloquence” (73) by discussing politics, history and foreign

¹⁷ See Fraiman, 120 and Rowe, 72.

¹⁸ Catherine Judd argues that Miss Temple provides a model for Jane of selfless, dedicated, and attentive nursing: *Bedside Seductions: Nursing and the Victorian Imagination, 1830-1880* (Hampshire and London: Macmillan, 1998) 76.

literature, and examines her Latin. She is simultaneously a benevolent and beautiful mother, kissing and holding Jane and giving her "a child's pleasure from the contemplation of her face, her dress, her one or two ornaments, her white forehead, her clustered and shining curls, and beaming dark eyes" (71). She is an attentive nurse, examining Helen's pulse and asking how she feels. When the outbreak of typhus transforms the Orphan Asylum "into a hospital" (76), Miss Temple devotes herself to caring for the sick pupils, as no stereotypical hospital nurse would do: "Miss Temple's whole attention was absorbed by the patients: she lived in the sick-room, never quitting it except to snatch a few hours' rest at night" (76). She also takes personal care of Helen, accommodating her in her own room.

The illness episode at Lowood, however, displays to Jane both the conventions of contemporary paid nursing and the boundaries of devoted voluntary nursing. She finds Helen's paid nurse asleep in the sickroom neglecting her patient's fit of coughing, and sees forty-five out of the eighty girls fall ill and many of them die despite Miss Temple's devotion. Jane herself proves to be an incompetent nurse for Helen. She is simply helpless in the face of Helen's coughing fit. She never fully understands Helen's idea of going to God after her death so cannot console her with her sympathy. It is Helen who takes care of Jane's body: 'Jane, your little feet are bare; lie down and cover yourself with my quilt'; 'Are you warm, darling?' (82). Jane stays asleep when Helen dies. Thus, although Jane meets an ideal nurse figure and acquires a notion of committed nursing at Lowood, she at the same time confronts the difficulty of restoring health.

Eight years after Jane's departure for Lowood, Bessie reappears to bid farewell to her old charge who moves to Thornfield. At this reunion, neither Bessie nor Jane hesitates to express her delight:

[. . .] I was passing the back parlour, or teachers' sitting-room, the door of which was half-open, to go to the kitchen, when someone ran out.

"It's her, I am sure! --- I could have told her anywhere!" cried the individual who stopped my progress and took my hand.

I looked. I saw a woman attired like a well-dressed servant, matronly, yet still young; very good-looking, with black hair and eyes, and lively complexion.

"Well, who is it?" she asked, in a voice and with a smile I half recognised! "You've not quite forgotten me, I think, Miss Jane?"

In another second I was embracing and kissing her rapturously. "Bessie! Bessie! Bessie!" [. . .] (90).

Bessie tells her former charge that she has married Robert Leaven, the coachman of the Reed family, and has christened her daughter Jane. Here Bessie, who is keen to observe how Jane has grown up, in effect shows the reader how Jane is "quite a lady" (92) now, cultured and educated. Bessie also discloses to Jane and the reader information on the present situation of the Reed family and the visit of Uncle Eyre, Jane's future benefactor, to Gateshead from Madeira some seven years ago. Thus Bessie is a reminder of the past and a herald of the future, present both at

the ending of the heroine's old world, Lowood, and at the beginning of a new one, Thornfield.

At Thornfield, Jane takes several steps further towards the position of ideal nurse by repeating nursing-like acts, but still has a long way to go. When Rochester falls from his horse and sprains his ankle, she voluntarily proposes to help him. Jane, however, cannot even fulfil his request for her to hold his horse's bridle, dreading the excited creature. All she does is to let Rochester lay his hand on her shoulder and hand the whip to him after he manages to mount the horse by himself. Jane nonetheless enjoys a sense of being helpful and active: "I was pleased to have done something; trivial, transitory though the deed was, it was yet an active thing, and I was weary of an existence all passive" (115). If the whip is a symbol of power, Jane also holds power temporarily as a person assisting the injured. This event marks her entry into quasi-nursing at Thornfield. Back in the house, she does not really nurse Rochester but listens to his story. As Nelly Dean entertains the sick Lockwood with her story in *Wuthering Heights*, it is the injured Rochester who stimulates Jane's mind with the account of his past and improves her health:

The ease of his manner freed me from painful restraint; the friendly frankness, as correct as cordial, with which he treated me, drew me to him. I felt at times as if he were my relation, rather than my master: yet he was imperious sometimes still; but I did not mind that; I saw it was his way. So happy, so gratified did I become with this new interest added to life, that I ceased to pine after kindred.

My thin crescent-destiny seemed to enlarge; the blanks of existence were filled up; my bodily health improved; I gathered flesh and strength (146).

This passage suggests that Jane's true happiness lies in acquiring a substitute family with whom she can promote her mental and physical wholesomeness, which she cannot really gain by teaching Adèle.

Jane then saves Rochester from the fire Bertha has caused by pouring water over him, as Zillah does when Lockwood has a nosebleed, but she does not really nurse him: she only awakens her master who is stupefied by the smoke, and extinguishes the fire. Although she saves his life, her own health is threatened because Rochester leaves her feeling cold in his room and, even after his return, does not release her until she says so. As a result, next day both Adèle and Mrs Fairfax notice her looking unwell: 'Vos doigts tremblent comme la feuille, et vos joues sont rouges: mais, rouges comme des cerises!' (157); 'you are not well today, you looked flushed and feverish' (158). After the fire episode, Jane, on Rochester's orders, nurses Richard Mason who has been injured by Bertha. Although her nursing increases the intimacy between the governess and the master, it is still far from the ideal nursing she comes to perform at the end of the story. It is Richard Mason and not Rochester whom Jane nurses. It is a task imposed on a governess/servant by her master so she has no autonomy and is even forbidden to talk to her patient. The health of her own mind and body is threatened again while she nurses Richard Mason, confined in the attic in fear of the bestial creature in the adjacent room: "I could not have lasted more than

two hours: many a week has seemed shorter" (211).

After these events, Bessie appears again to mark the end of Jane's girlhood and the beginning of her womanhood and to help her to rationalise her past as a lonely orphan. When she returns to Gateshead to see her dying aunt, recalled by Bessie, Jane is first brought to her old nurse's lodge before entering the house and receives her literally and metaphorically warm hospitality with food and fire:

[. . .] she insisted on my taking off my bonnet and having some tea; for she said I looked pale and tired. I was glad to accept her hospitality; and I submitted to be relieved of my travelling garb just as passively as I used to let her undress me when a child.

Old times crowded fast back on me as I watched her bustling about --- setting out the tea-tray with her best china, cutting bread-and-butter, toasting a tea-cake, and, between whiles, giving little Robert or Jane an occasional tap or push, just as she used to give me in former days. Bessie had retained her quick temper as well as her light foot and good looks.

Tea ready, I was going to approach the table; but she desired me to sit still, quite in her old, peremptory tones. I must be served at the fireside, she said; and she placed before me a little round stand with my cup and a plate of toast, absolutely as she used to accommodate me with some privately purloined dainty on a nursery chair: and I smiled and obeyed her as in bygone days. [. . .]

In such conversation an hour was gone: Bessie restored

to me my bonnet, &c., and, accompanied by her, I quitted the lodge for the hall. It was also accompanied by her that I had, nearly nine years ago, walked down the path I was now ascending. On a dark, misty, raw morning in January, I had left a hostile roof with a desperate and embittered heart --- a sense of outlawry and almost of reprobation --- to seek the chilly harbourage of Lowood: that bourne so far away and unexplored. The same hostile roof now again rose before me: my prospects were doubtful yet; and I had yet an aching heart. I still felt as a wanderer on the face of the earth; but I experienced firmer trust in myself and my own powers, and less withering dread of oppression. The gaping wound of my wrong, too, was now quite healed; and the flame of resentment extinguished.

“You shall go into the breakfast-room first,” said Bessie, as she preceded me through the hall; ‘the young ladies will be there’ (227-228).

The reader knows at this point that Bessie had hosted the young Jane with the occasional “privately purloined dainty” as Miss Temple holds a secret mini-tea party for her and Helen. The narrated-Jane may be recalling Bessie’s kind conduct in the past, shown such hospitality, or the narrating-Jane may at this point of her narration emphasise Bessie’s goodness consistent from the old days to the present. In any case, in this scene, by repeating the tea time of her childhood in a pleasant way, Jane masters her unpleasant memories of her then somewhat harsh nurse. Bessie’s welcome to a great degree satisfies Jane’s childhood need to be cared for by a motherly figure. Furthermore, the reunion

shows her another model of a good mother; the adult Jane observes that Bessie, now Mrs Leaven, is overall a good mother for her children, if she has not been a perfect child nurse for her. After seeing Miss Temple's motherly care for her pupils as a teacher, Jane now observes how Bessie nurses her children as their true mother.

After passively accepting Bessie's motherly hospitality, Jane tries to take an active role in caring for her old foe, Aunt Reed, but her nursing turns out to be unsatisfactory and unrewarding. Bessie is a "faithful" (237) sick-nurse but too busy, looking after her own family, while the hired nurse slips out of the room whenever she can, so Jane voluntarily attends her unwatched aunt. The aunt, however, returns Jane's goodwill with her confessions of how she reluctantly came to take charge of the baby Jane, how she disliked her and how she deceitfully replied to John Eyre's letter concerning his niece. Despite Jane's attempt at reconciliation at the last moment of her aunt's life, the patient remains callous and treats her niece as a mere attendant:

"My disposition is not so bad as you think: I am passionate, but not vindictive. Many a time, as a little child, I should have been glad to love you if you would have let me; and I long earnestly to be reconciled to you now: kiss me, aunt."

I approached my cheek to her lips: she would not touch it. She said I oppressed her by leaning over the bed; and again demanded water [. . .](240).

While the first sign of friendship between the young Jane and

Bessie is expressed by the child's kissing the nurse and the refutation of Brocklehurst's unreasonable accusation against Jane ends with the teachers' shaking hands with and kissing Jane, Aunt Reed's refusal to kiss her niece shows that Jane's voluntary nursing out of good will ends in failure and she never becomes reconciled with her, even though she to a considerable extent masters her childhood memory. After Jane is warmly received by Bessie, and unexpectedly accepted by Eliza and Georgiana as she attempts to nurse their mother, Bessie never reappears in her story. It no longer needs the symbolic figure of the heroine's childhood.

After the visit to Gateshead, the autobiography starts describing Jane's womanhood which is marked by her acceptance of Rochester's proposal. When her wedding is interrupted and Rochester's confinement of his mad wife revealed, Jane now acknowledges Grace Poole as another irresponsible nurse who is drunk, and lets her patient escape from her room and cause trouble in the mansion, and her fiancé as the employer of the hired-nurse and manager of such dysfunctional nursing. Jane then makes an agonising decision not to play the role of moral nurse for Rochester who expects her to serve him as the 'instrument' to cure him of his past mistake of marrying Bertha.¹⁹ Tired of life with his mad wife in the West Indies, he conceives the idea of returning to Europe: "[. . .] my being longed for renewal --- my soul thirsted for a pure draught. I saw Hope revive --- and felt Regeneration possible" (308). After Richard Mason's injury, he subtly implies that he has discovered Jane as

¹⁹ Judd argues that Rochester toys with the role of patient, and as long as he remains vigorous and healthy, he cannot achieve a perfect union with Jane: *Bedside Seductions*, 67.

a person who can realise his 'regeneration': "But the instrument --- the instrument! God, who does the work, ordains the instrument. I have myself --- I tell it you without parable --- been a worldly dissipated, restless man; and I believe I have found the instrument for my cure, in ---" (219). He hopes to prove his 'regeneration' during his honeymoon with Jane on the Continent: "Ten years since, I flew through Europe half mad; with disgust, hate, and rage, as my companions; now I shall revisit it healed and cleansed, with a very angel as my comforter" (260). After the revelation of Bertha's confinement, Rochester directly asks Jane to become the 'instrument': "[. . .] You will not be my comforter, my rescuer? --- My deep love, my wild woe, my frantic prayer, are all nothing to you?" (318).

Jane refuses both to 'cure' Rochester, and to be nursed by him, which he says he is willing to offer, because her own health is threatened. Rochester exploits the vague and elusive notion of madness to make Jane his moral 'nurse':

"Jane, my little darling (so I will call you, for so you are), you don't know what you are talking about; you misjudge me again: it is not because she is mad I hate her. If you were mad, do you think I should hate you?"

"I do indeed, sir."

"Then you are mistaken, and you know nothing about me, and nothing about the sort of love of which I am capable. Every atom of your flesh is as dear to me as my own: in pain and sickness it would still be dear. Your mind is my treasure, and if it were broken, it would be my treasure still: if you raved, my arms should confine you, and

not a strait waistcoat ... your grasp, even in fury, would have a charm for me: if you flew at me as wildly as that woman did this morning, I should receive you in an embrace at least as fond as it would be restrictive. I should not shrink from you with disgust as I did from her: in your quiet moments you should have no watcher and no nurse but me [. . .]" (301).

This statement obviously contradicts his former explanation to the public that he confines Bertha because of her medically certified madness. Jane knows that Rochester cannot be a good nurse when she becomes ill and, on the contrary, he will sacrifice her health for his own well-being. He relentlessly makes Jane feel like the sick child she used to be: "Jane Eyre, who had been an ardent, expectant woman ... almost a bride ... was a cold, solitary girl again: her life was pale; her prospects were desolate. [. . .] I looked at my love: that feeling which was my master's ... which he had created; it shivered in my heart, like a suffering child in a cold cradle; sickness and anguish had seized it" (295-96). She in fact starts to feel physically weak: "[. . .] I was sickening from excitement and inanition; neither meat nor drink had passed my lips that day"; "[. . .] my head was still dizzy, my sight was dim, and my limbs were feeble. I could not soon recover myself" (297-98). Although Rochester administers wine to Jane and revives her temporarily, this does not necessarily prove him to be a good nurse because alcohol is essentially neither nourishing nor therapeutic but, on the contrary, could be harmful and addictive in the long run. In order to resist falling ill, she is determined not to become his mistress: "Mr. Rochester's

mistress; delirious with his love half my time” and “fevered with delusive bliss” (359).²⁰ Jane finally leaves Rochester whose will to be cured in turn endangers her health.

It is not Rochester but the Rivers family and their servant, Hannah, who look after Jane’s exhausted body and soothe her agonised soul. At Moor House, St John administers Jane’s nursing like a doctor, diagnosing Jane’s condition and ordering particular food and drink for the patient. He succeeds in reviving Jane by providing her not with wine but with substantial and nutritious food such as bread, milk, gruel and dry toast. Diana and Mary voluntarily assist their brother: Diana breaks some bread, dips it in milk and put it to Jane’s lips, while Mary removes Jane’s bonnet and lifts her head so that she can eat comfortably. Hannah, the old servant of the Rivers family and the child-nurse of St John, Diana and Mary, obeys St John’s orders but stays dubious about the stranger who has begged for food and one-night’s accommodation. When she recovers enough to get up after passively accepting their care, Jane goes to the kitchen and actively tries to eradicate Hannah’s prejudice against the poor. The scene closes with Jane’s confident proposal for their reconciliation:

“But I do think hardly of you,” I said; “and I’ll tell you why --- not so much because you refused to give me shelter, or regarded me as an impostor, as because you just now made it a species of reproach that I had no ‘brass’ and no house. Some of the best people that ever lived have been as

²⁰ For Jane’s will to master madness, see Helen Small, *Love’s Madness: Medicine, the Novel, and Female Insanity 1800-1865* (Oxford: Clarendon Press, 1998 [1996]) 167-69.

destitute as I am; and if you are a Christian, you ought not to consider poverty a crime."

"No more I ought," said she: "Mr. St. John tells me so too; and I see I wor wrang --- but I've clear a different notion on you now to what I had. You look a raight down dacent little crater."

"That will do --- I forgive you now. Shake hands."

She put her floury and horny hand into mine: another and heartier smile illuminated her rough face: and from that moment we were friends (342).

This resembles the scene of reconciliation between Jane and Bessie at Gateshead, but, if she is physically weak, Jane is now far more active and self-confident towards the person who nurses her. Jane never lets Hannah take any advantage of her being weak and in need of assistance, although she might if Rochester nursed her now.

After her recovery, Jane starts working as a teacher at the village school in Morton and succeeds in educating and cultivating some of her rough pupils: "The rapidity of their progress, in some instances, was even surprising" (366).²¹ Teaching at the school not only rewards her with her pupils' progress but also provides her with a literal and figurative home: "My home, then, --- when I at last find a home --- is a cottage" (358); "I felt I became a favourite in the neighbourhood. Whenever I went out, I heard on all sides cordial salutations, and was welcomed with friendly smiles. To live amidst general regard,

²¹ For the importance of teaching as something opposite to madness, see Small, *Love's Madness*, 173-74.

though it be but the regard of working-people, is like 'sitting in sunshine, calm and sweet' [. . .]" (366). Teaching village girls is, however, not her final vocation, and nor is the cottage her final home. In fact, once she receives her legacy, she decides to leave the school after the arrival of a substitute. Similarly, Moor House cannot be her home even after the Rivers family turn out to be her real cousins. Jane also rejects St. John's proposal of marrying her and going to India where the harsh climate is likely to affect her health. As she confesses to the reader, in her relatively happy days in Morton and Marsh End, the thought of Rochester continues to distress her: "Perhaps you think I had forgotten Mr. Rochester, reader, amidst these changes of place and fortune. Not for a moment. His idea was still with me [. . .] The craving to know what had become of him followed me everywhere" (399). All these suggest that Jane's goal should be achieved in relation to Rochester and her home should accommodate both of them without ruining her own health.

On hearing Rochester's telepathic call, she no longer hesitates to return to him, even though she is at this point uncertain of Rochester's physical and spiritual transformation. In fact, the call is represented as something divine which Jane is compelled to answer and follow: "I seemed to penetrate very near a Mighty Spirit; and my soul rushed out in gratitude at His feet"; "My Spirit [. . .] is willing to do what is right; and my flesh, I hope, is strong enough to accomplish the will of Heaven" (421). It turns out that Jane's action is right because in Ferndean Rochester is described as a deformed and disfigured but reformed and redeemed man:

“ [. . .] Now, I thank God! I know it to be otherwise. Yes, I thank God!”

He put me off his knee, rose, and reverently lifting his hat from his brow, and bending his sightless eyes to the earth, he stood in mute devotion. Only the last words of the worship were audible.

“I thank my Maker that in the midst of judgment He has remembered mercy. I humbly entreat my Redeemer to give me strength to lead henceforth a purer life than I have done hitherto!” (448).

If Jane's return to Rochester is regarded as legitimised by God, this episode places the *Bildungsroman* beyond the autobiography of an orphan and transforms it into a pilgrim's progress.

His disability provides not only Rochester with the punishment for his past sin and final redemption, but also Jane with an opportunity to nurse the man she loves: “I will be your neighbour, your nurse, your housekeeper. I find you lonely: I will be your companion” (435). The subject of these sentences, ‘I’ symbolises Jane's self-determination and powerfully demonstrates her autonomy. Her nursing satisfies and even empowers herself as well as giving the patient “comfort” and “consolation” (435), so being with Rochester no longer threatens her own health:

[. . .] There was no harassing restraint, no repressing of glee and vivacity with him; for with him I was at perfect ease, because I knew I suited him: all I said or did seemed either to console or revive him. Delightful consciousness! It

brought to life and light my whole nature: in his presence I thoroughly lived; and he lived in mine [. . . .](437).

Jane then consolidates their relationship by accepting his proposal. By becoming his wife, she finds a way of asserting herself in relation to him and asserting her gradual development as a 'nurse'. As his wife, she can most effectively exercise her ability and put into practice what she has learned by observing other nursing figures and performing quasi-nursing herself, because good nursing, which Mrs Pryor offers her daughter as her real mother, requires true attention and affection. Rochester in fact feels most comfortable when he is being nursed by his future wife: "I did not like to put my hand into a hireling's, but it is pleasant to feel it circled by Jane's little fingers. I preferred utter loneliness to the constant attendance of servants; but Jane's soft ministry will be a perpetual joy" (445).

Lawful marriage is not exactly something which, as Fraiman contends, chains Jane to the maternal role of an irate nurse/servant in relation to her master.²² It is rather something which secures Jane a space to work in without leaving home for money to perform one of women's multiple roles and suffering bad working conditions, social isolation and emotional frustration. The fact that Jane's final workplace is the domestic sphere indeed reveals the contemporary boundaries of a woman's progress in patriarchal society.²³ However, if a mid-nineteenth

²² Fraiman, *Unbecoming Woman*, 116-20. Judd views their marriage as that between nurse and patient in *Bedside Seductions*, 66.

²³ Gilbert and Gubar consider the negative image of Ferndean, an asocial life in a decaying house, as showing Brontë's inability to envision viable solutions to the problem of patriarchal

century woman like Jane is more or less destined to stay at home and perform women's work, whether as an employee or a family member, Jane does at least obtain the best home imaginable where she can provide true nursing for the man she has chosen of her own volition while promoting her own health as well as his.

Jane's nursing finally proves to be successful when Rochester regains the sight of one of his eyes and the birth of their son releases him from symbolic castration.²⁴ Although Rochester once says that the "unhealthiness" (300) of Ferndean might eventually kill his mad wife if he kept her there, their new home is no longer described as health-damaging but it facilitates the well-being of Jane and Rochester. Not only is Jane rewarded with Rochester's recovery but, by performing the active role of mother and nurse herself, she also compensates for her lonely childhood when she was only a passive recipient of Bessie's paid nursing. In short, by marrying and nursing Rochester, Jane is not simply serving him but also fulfilling her own needs and mastering her maternal loss. Jane Eyre transforms from a poor dependant looked after by a surrogate mother, to a charity schoolgirl, to a paid employee, to a voluntary nurse and to a wife and mother. Like Nelly Dean who rejoices in the marriage of her foster children, Jane finally celebrates her victory in her real home where she enjoys 'mothering' her real family.

oppression: *The Madwoman in the Attic*, 369-70.

²⁴ Judd calls this "the cure of male impotence through the ministrations of the nurse" in *Bedside Seductions*, 43.

Chapter 6

Florence Nightingale's Sisters: Unprofessional Nurses in *Shirley*

While *Jane Eyre* chronologically traces the dynamic process of the narrator-heroine's transformation from a passive orphan child into active adult nurse through her solitary journeys and nursing experiences, *Shirley*, by adopting a third-person narrative, flexibly dramatises the short span of five types of female characters' relatively static lives in relation to nursing. This chapter views against the life of Florence Nightingale, the founder of modern professional nursing, Miss Mann and Miss Ainley as "old maids", Mrs Pryor as a woman in need of work, Shirley as a healthy upper middle-class girl, Caroline as a sick middle-class girl and finally Mrs Yorke as hysterical mother and wife with a strong interest in sick-nursing. In doing so, it investigates how *Shirley*, on the one hand, represents nursing as a possible fulfilling activity for women but, on the other, demonstrates the limitations of these characters' voluntary and unsystematic nursing experience.

Florence Nightingale is, as Mary Poovey states in her introduction to *Cassandra and Other Selections from Suggestions for Thought*, associated by most modern readers with the creation of modern nursing and with the feminist protest against the enforced idleness of middle-class women.¹ She was born as the second daughter of a wealthy, politically liberal family in 1820 and privately educated at home by her own father.² Despite great financial and social advantages, she was, by contrast with her

¹ Mary Poovey, ed., *Cassandra and Other Selections from Suggestions for Thought*. (London: Pickering and Chatto, 1991) vii.

² *Ibid.* viii.

older sister Parthenope, dissatisfied and frustrated with her spiritually empty and intellectually dull life in accordance with the conventions of her class and gender.³ The young Nightingale started to make numerous philanthropic plans, which was probably partly motivated by an attempt to resolve the guilt of a rich liberal intellectual woman who both enjoyed the privileges of her birth and was tormented by the knowledge of the material and spiritual poverty of those whose labour made her position possible.⁴ According to her diary entry, in 1837, at the age of seventeen, she heard God call her to His service, although she could not determine the nature of His intended work.⁵ She was tormented by the discrepancy between her conviction that God intended her to work and the constraints of conventionality imposed on her life.⁶

In July, 1850, Nightingale finally realised her long-held dream of visiting the Institution of Kaiserswerth on the Rhine where working-class women were given rudimentary training in nursing under the direction of Pastor Fliedner and the Lutheran deaconesses.⁷ This visit made her determined to study nursing, but back in the old domestic sphere in England, she faced her mother's strong disapproval of her newly shaped object in life. Plummeted into depression, she wrote in December in the same year:

³ *Ibid.* ix.

⁴ Dingwall, Rafferty and Webster, *An Introduction to the Social History of Nursing* (London: Routledge, 1993) 37.

⁵ *Cassandra and Other Selections from Suggestions for Thought*, ix.

⁶ *Ibid.*

⁷ *Ibid.* x.

I have no desire but to die. There is not a night that I do not lie down in my bed, wishing that I may leave it no more. Unconsciousness is all that I desire. I remain in bed as late as I can, for what have I to wake for? I am perishing for want of food --- & what prospect have I of better? While I am in this position, I can expect nothing else. Therefore I spend my days in dreams of other situations which will afford me food...for how many long years I have watched that drawing room clock & thought it never would reach the ten & 20 or so more years to do this. It is not the misery, the unhappiness that I feel so insupportable, but to feel this habit, this disease gaining power upon me --- & no hope, no help. This is the sting of death.⁸

Like the Brontë heroines, she was starved of spiritual and mental nourishment and fell into a morbid state of mind.

Having rejected the proposals of at least two suitors, at thirty one, the age at which even her mother might cease to expect her to marry, Nightingale justified her celibacy by God's authority and started dedicating herself to others' well-being.⁹ In 1853, she joined the Maison de la Providence in the Faubourg St. Germain, but was soon recalled to England to nurse her dying grandmother. She was then recommended by Mrs Sidney Herbert for the superintendency of a philanthropic organisation devoted to impoverished gentlewomen, the Institution for the Care of Sick

⁸ Quoted in Barbara Montgomery Dossey, *Florence Nightingale: Mystic, Visionary, Healer* (Springhouse, Pennsylvania: Springhouse Corporation, 2000) 70.

⁹ *Cassandra and Other Selections from Suggestions for Thought*, x.

Gentlewomen in Distressed Circumstances. In September, 1854, William Howard Russell, war correspondent for the *Times*, sent the first reports from the Crimea and revealed the terrible suffering inflicted on British troops by the lack of adequate medical care.¹⁰ Nightingale began to enquire about organising a corps of nurses for the Crimea, and Sidney Herbert, the Secretary for War, asked if she would go to the East and issued official orders on 19 October.¹¹ As soon as 21 October, Nightingale and her band of thirty-eight nurses left London for the Barrack Hospital in Scutari where she finally found a project worthy of her energies and God's approval, the reform of military hospitals.¹²

While busily engaging herself in sanitary reform, Nightingale voiced to the public her opinions on health, especially on women's mental health. In *Cassandra*, she maintains that passivity imposed on women can ruin their mental health:

What these suffer ... even physically ... from the want of such [consecutive or strenuous] work no one can tell. The accumulation of nervous energy, which has had nothing to do during the day, makes them feel every night, when they go to bed, as if they were going mad; and they are obliged to lie long in bed in the morning to let it evaporate and keep it down.¹³

In her *Notes on Nursing*, she emphasises the importance of

¹⁰ *Ibid.* xi.

¹¹ *Ibid.* xi-xii.

¹² *Ibid.* xii.

¹³ *Ibid.* 221.

physical activity as an antidote to anxiety.¹⁴ In her *Suggestions for Thought*, she argues that women should take up a vocation and productively apply their energies to something socially useful:

Many a woman cannot resign herself to lead the life she has seen every woman about her lead ... of composing parties, laying out the grounds, reading newspapers, superintending children whom she cannot manage, servants whom she cannot influence, schools which she knows nothing about, and seeing them all fail; and this unsustained by any real deep sympathy with her husband, good though he may be. [...]

Such a woman longs for a profession ... struggles to open to women the paths of the school, the hospital, the penitentiary, the care of the young, the sick, the bad ... not as an amusement, to fill up odd times, to fancy they have done something when they have done nothing, to make a sham of visiting ... but, systematically, as a reality, an occupation, a 'profession'.¹⁵

Nightingale believed that there must be many women, who, like herself, suffered from depression because of a lack of fulfilling activities, and a profession would liberate and revitalise such women: "But if ever women come into contact with sickness, and crime, and poverty in masses, how the practical reality of life revives them!"¹⁶ She in this way promoted not only the health of

¹⁴ See, for example, 60 and 111.

¹⁵ *Cassandra and other selections from Suggestions for Thought*, 132-33.

¹⁶ *Ibid.* 219.

the sick and wounded but also the health of those who nurse them; she acted to save women from the possible danger of an aimless life by encouraging them to work for those who would benefit from their assistance.

Florence Nightingale finally found a way to fulfill her needs and answer the divine call she heard as a young woman: she dedicated her life to the task of promoting sanitary reform, establishing professional nursing training and inspiring women to work for their own and others' well-being. Like Jane Eyre, Nightingale gradually came to a position where she was able to satisfy her aspirations and exercise her abilities, having survived a severe mental crisis. Many phases and aspects of her life are also enacted by female characters in *Shirley*. Shirley is an upper middle-class woman who is eager to help people in need, and Miss Mann and Miss Ainley remain unmarried while being involved in nursing the sick. Caroline experiences depression resulting from her aimless everyday life. Mrs Pryor voluntarily and effectively nurses Caroline, and Mrs Yorke has a natural and strong interest in sick-nursing. Although the lives of these female characters in *Shirley* in this way overlap with Florence Nightingale's life in some respects, none of them achieves what she achieved or what she expected women to achieve. This chapter examines how these characters cope with their need for, or interest in, 'women's work' and what significance sick-nursing particularly has in their lives among other female roles.

Despite their slight differences in wealth and their individual life histories, Miss Mann and Miss Ainley are both recognised simply as spinsters by their neighbours. Ironically, they are deeply

involved in the 'most womanly' women's work, sick-nursing, while remaining themselves unmarried and childless. Miss Mann has been a devoted nurse for her family:

Caroline found that the old maid had been a most devoted daughter and sister, an unwearied watcher by lingering deathbeds; that to prolonged and unrelaxing attendance on the sick, the malady that now poisoned her own life owed its origin; that to one wretched relative she had been a support and succour in the depths of self-earned degradation, and that it was still her hand which kept him from utter destitution (180-81).

As a result of looking after her sick kin, Miss Mann has lost the opportunity of having a family of her own and failed in promoting her health. While her outer appearance and social position draw disrespect from her neighbours such as Robert Moore, her inner sickness remains unrecognised until Caroline visits and carefully observes her. The physical ugliness and distorted personality of the "solitary and afflicted woman" (179) are in fact related to her concealed inner "canker" which is "corroding" (180) her from within. The other spinster character, Miss Ainley, is even poorer and uglier than Miss Mann but is no less dedicated to the sick:

She would watch by any sickbed: she seemed to fear no disease; she would nurse the poorest whom none else would nurse: she was serene, humble, kind, and equable through everything.

For this goodness she got but little reward in this life.

Many of the poor became so accustomed to her services that they hardly thanked her for them: the rich heard them mentioned with wonder, but were silent, from a sense of shame at the difference between her sacrifices and their own (182).

Ironically, because her nursing is voluntary, the sick and their family tend to be ungrateful for her selfless labour. The two spinster characters embody negative images of voluntary nurses. Sick-nursing was one of few activities women were allowed to do, but it could sometimes chain voluntary nurses to the labour, cost them their own well-being, and eventually compromise their social positions. Moreover, because looking after the sick was a socially accepted ladies' practice, it can be considered only as a female pastime and not as great 'work'. While Nightingale caught the national attention and was acclaimed as a great heroine by making a huge contribution to one of the most 'manly' affairs, a war, the devotion of Miss Mann and Miss Ainley remains unrecognised and unrewarded.

While Miss Mann and Miss Ainley voluntarily nurse the sick, Mrs Pryor performs 'women's work' for her living. As a governess, she has once suffered a mental crisis caused by her physically and emotionally unhealthy working conditions. Like Miss Mann and Miss Ainley, performing motherly work has threatened her health:

My life in this house was sedentary, solitary, constrained, joyless, toilsome. The dreadful crushing of the animal spirits, the ever prevailing sense of friendlessness and homelessness consequent on this state of things, began ere long to produce

mortal effects on my constitution, ... I sickened. The lady of the house told me coolly I was the victim of 'wounded vanity.' She hinted, that if I did not make an effort to quell my 'ungodly discontent,' to cease 'murmuring against God's appointment,' and to cultivate the profound humility befitting my station, my mind would very likely 'go to pieces' on the rock that wrecked most of my sisterhood ... morbid self-esteem; and that I should die an inmate of a lunatic asylum (376).

Thanks to Shirley who treats her governess as her friend and with respect, Mrs Pryor now leads a relatively comfortable life for a woman in her position. Nonetheless, she must sometimes endure trouble caused by her awkward position in the Keeldar household. After the attack on Robert Moore's mill, Shirley resents her governess who does not spontaneously send necessary supplies for the wounded. Mrs Pryor becomes "deeply depressed" (365), and accuses herself of indecisiveness, although, as an employee, she has no official right to spend her mistress's money: "I am deficient in self-confidence and decision [. . .] I always have been deficient in those qualities: yet I think Miss Keeldar should have known my character well enough by this time [. . .]" (364). This episode reveals the hidden power imbalance and the lack of understanding between Shirley and her governess and suggests that as long as she is an employee in someone else's household, Mrs Pryor can never completely feel at home.

Mrs Pryor has been unsuccessful not only as a paid 'surrogate mother' but also as the mother of her child. In order to escape from her husband who seems to have been a violent alcoholic, she has

left the young Caroline in his hands. Her only success in performing a 'mother's work' dramatised in the text is her voluntary nursing of Caroline. If she is in this episode unusually decisive and autonomous, asking Mr Helstone to let her take care of his niece, however, it does not necessarily mean that she transforms from an inactive hireling into an active nurse. She nurses Caroline mainly because she sees her real daughter seriously ill and needing good nursing. Her voluntary nursing of her own daughter is fundamentally different from Nightingale's voluntary devotion to the sick in general.

Unlike most Brontë heroines, Shirley Keeldar neither gets deeply involved nor shows any particular interest in nursing. She does not start to perform a 'proper' womanly role until she marries Louis Moore. She certainly shows her concern for the sick and the poor, but she tries to help them not exactly by directly taking care of them but by improving their conditions and situations as an administrator. She tries to improve Caroline's health by encouraging her to do more salubrious activities: "Yes, I shall go to the Rectory, and seek and find Caroline Helstone, and make her take some exercise: she shall have a breezy walk over Nunnely Common" (211). She also plans to spend some time away with Caroline so that change of scene and physical exercise can revive her friend. Shirley launches her philanthropic project for the poor but it is not exactly motivated by motherly sympathy, but by her notion of noblesse oblige: "I have money in hand, and I really must do some good with it" (266). When the mill is attacked and many injured, she sends wagons loaded with supplies out of her sense of duty: "These soldiers have risked their lives in defence of my property --- I suppose they have a right to my gratitude" (357).

Shirley resembles Nightingale who was more of an organiser of others' labour than a deliverer of relief,¹⁷ and whose charity was partly motivated by her guilt for the poor.

Shirley has little involvement in women's work because, with her wealth and high rank, she has no need to perform any of the multiple female roles to earn her living. Moreover, as symbolised by her androgynous first name given by her dead parents who wished to have a boy, Shirley, the heiress of her family, is expected and required to act as the 'master' of Fieldhead. Fully aware of this, she at one point says that she will find no eligible man in Briarfield and makes Mrs Pryor worry: "My dear, do not allow that habit of alluding to yourself as a gentleman to become confirmed: it is a strange one. Those who do not know you, hearing you speak thus, would think you affected masculine manners" (209-10). Caroline finds her friend who talks about her philanthropic plans "talk like Robert", and Shirley admits that she "feel[s] like Robert" (267). While she behaves as the master of the house, others also treat her like a gentleman. Asked by Mr Helstone to stay in the rectory during his absence on the night of the mill attack, she quickly understands what role he wants her to play:

"Now," interrupted Shirley, "you want me as a gentleman --- the first gentleman in Briarfield, in short, to supply your place, be master of the Rectory, and guardian of your niece and maids while you are away?"

"Exactly, captain: I thought the post would suit you. Will you favour Caroline so far as to be her guest for one night? Will you stay here instead of going back to Fieldhead?" (333).

¹⁷ Dingwall, Rafferty and Webster, 40.

Another reason for Shirley's minimal involvement in nursing can also be associated with an aspect of idealised masculinity, health. When they go to see the riot, the tomboyish Shirley can agilely go over walls and hedges while the feminine Caroline finds it difficult. Such agility comes from her basic health:

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 (350).

While Caroline who is mentally and physically more delicate both becomes interested in nursing and is nursed by Mrs Pryor, Shirley with no 'female' nervousness neither nurses anyone nor needs a nurse herself. Her masculinity, shaped by her social role as the 'man' of Fieldhead and her health, in effect keep her off the front line of nursing.

Shirley's femininity is, however, shown and developed in her relationship with Louis Moore. When he falls ill, she visits him to look after him, although her first attempt at direct nursing is frustrated by Louis who refuses to eat the grapes she has brought and to let her read to him, but instead asks the physically weak Henry Sympson for water. It is Louis who takes care of her when

she is bitten by the dog, Phoebe. Like Emily Brontë on whom the character of Shirley is said to be modelled, Shirley deals with her physical trouble in private, declaring "herself perfectly recovered" (497) and secretly attempting to treat herself by applying a hot iron on the scar of her arm. When Shirley is metaphorically castrated and feminised by the dog-bite, Louis, usually a slightly feminised figure compared to his brother Robert, removes her unreasonable anxiety by making her talk about her secret experience like a late nineteenth-century male psychoanalyst: "Your pain is mental"; "I believe confession, in your case, would be half-equivalent to cure" (507). He also denies the possibility of her contraction of hydrophobia:

"You apprehend the effects of the virus---? You anticipate an indefinitely threatening, dreadful doom---?"

She bowed.

"You are very nervous and womanish."

"You complimented me two minutes since on my powerful mind."

"You are very womanish. If the whole affair were coolly examined and discussed, I feel assured it would turn out that there is no danger of your dying at all."

"Amen! I am very willing to live, if it please God. I have felt life sweet" (511).

Although he never explains why he knows she has not contracted hydrophobia, Shirley is immediately convinced of her unchanged health. Louis here shows male authority as if he were a doctor or scientist (Louis is in fact the first name of Pasteur who began

studying the disease in the 1880s and discovered an effective vaccine against rabies).

Before long Shirley decides to marry the man who has first recognised her femininity and treated her as a 'woman'. By becoming a wife, she enters the domestic and female sphere where she runs the household as the 'woman' of the house. Before their marriage, Shirley tries to transform herself from a master to a mistress and her somewhat feminine fiancé into the master of her house:

Thus vanquished and restricted, she pined, like any other chained denizen of deserts. Her captor alone could cheer her; his society only could make amends for the lost privilege of liberty: in his absence, she sat or wandered alone; spoke little, and ate less.

She furthered no preparations for her nuptials; Louis was himself obliged to direct all arrangements: he was virtually master of Fieldhead, weeks before he became so nominally: the least presumptuous, the kindest master that ever was; but with his lady absolute. She abdicated without a word or struggle. "Go to Mr. Moore; ask Mr. Moore," was her answer when applied to for orders. Never was wooer of wealthy bride so thoroughly absolved from the subaltern part; so inevitably compelled to assume a paramount character.

In all this, Miss Keeldar partly yielded to her disposition; but a remark she made a year afterwards proved that she partly also acted on system. "Louis," she said, "would never have learned to rule, if she had not ceased to govern: the incapacity of the sovereign had developed the powers of the

premier" (637-38).

Although Shirley finally becomes a wife, considering her wealth, she is likely to direct and manage other 'women' in the house rather than perform women's work herself. Shirley is an exceptional Brontë heroine who can delegate her women's work to her female employees and stay away from direct 'nursing'. Although she continues to deal with the household administration, however, by transforming into the 'woman' of the house, Shirley takes a course of life significantly different from Nightingale's progress.

While Jane Eyre is pushed out of her aunt's house into the outside world to acquire an education and eventually earn her living, Caroline mostly stays in her uncle's house and sometimes goes to the Moore family's home to learn French from her "governess-cousin" (80), Hortense, and read Shakespeare with Robert. Although Jane seeks after her ideal home by travelling from Gateshead, to Lowood, to Thornfield, to Marsh End and to Ferndean, Caroline starts her inner search for the meaning of her life when she sees no prospect of marrying Robert, while staying in the same place:

"I shall not be married, it appears," she continued. "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?" (174).

Like Nightingale, Caroline dreads spending her life without any 'occupation', but, unlike Nightingale who had a genuine passion for nursing, Caroline has yet no particular interest to develop: "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?" (173).

Ironically, when she sees her restricted prospects of becoming a wife and mother, Caroline starts to yearn for her missing mother whom she has not seen for a long time:

At last the life she led reached the point when it seemed she could bear it no longer; that she must seek and find a change somehow, or her heart and head would fail under the pressure which strained them. She longed to leave Briarfield, to go to some very distant place. She longed for something else: the deep, secret, anxious yearning to discover and know her mother strengthened daily; but with the desire was coupled a doubt, a dread --- if she knew her, could she love her? (186).

In order to cope with her maternal loss, Caroline begins to seek for female role models and, at the same time, tries to perform a

motherly role herself. She first visits Miss Mann and Miss Ainley to observe the life of 'old maids' and to comfort the otherwise ignored women. During her visits, she finds pleasure in comforting them and discovers the hidden goodness of these women, especially of Miss Ainley, whose life Mr Hall, the vicar of Nunnely, compares with Christ's. While deciding to follow her example of selfless charity for others, Caroline simultaneously sees Miss Ainley as a negative female role model: "It is true, she still felt with pain that the life which made Miss Ainley happy could not make her happy: pure and active as it was, in her heart she deemed it deeply dreary because it was so loveless ... to her ideas, so forlorn" (183). In fact, as the narrator tells, using her 'motherly' ability and doing charity work do not help her to get over her maternal loss but instead threaten her health:

Yet I must speak truth; these efforts brought her neither health of body nor continued peace of mind: with them all, she wasted, grew more joyless and more wan; with them all, her memory kept harping on the name of Robert Moore: an elegy over the past still rung constantly in her ear; a funereal inward cry haunted and harassed her: the heaviness of a broken spirit, and of pining and palsying faculties, settled slow on her buoyant youth. Winter seemed conquering her spring: the mind's soil and its treasures were freezing gradually to barren stagnation (184).

While Nightingale was able to engage herself in improving nursing practice for the sick when she became older and her family no longer expected her to marry, Caroline associates nursing with

spinsterhood which undermines her health, especially her reproductive health, as the words “winter” and “barren” indicate.

Caroline then tries to occupy herself with another women’s work, governessing, but this is soon frustrated by the objection of her uncle and Mrs Pryor. Uncle Helstone dismisses it as a womanly whim and treats his niece like a child with a deranged mind: “Are you bewitched? What can you mean?” (189); “Will you have a doctor, child?” (190). To discourage Caroline from taking up the unrewarding job, Mrs Pryor recounts her experience as a governess which has driven her to the verge of insanity. In fact, like Miss Mann and Miss Ainley, Mrs Pryor is a lonely woman with no family and Caroline sees her being criticised by Shirley for not trying to help the casualties of the riot. Caroline thus fails in finding any female role models around her. The lively conversations with Shirley temporarily revitalise Caroline’s mind, but the newly developed friendship cannot really cure her. Caroline finds Shirley fundamentally different from herself in social status so cannot expect true sympathy from her: “I am poverty and incapacity; Shirley is wealth and power” (260). Shirley is also too healthy and too ‘masculine’ to share Caroline’s interest in performing mothers’ work and in fact expresses her doubt about women’s occupation. Moreover, it is the possibility of Shirley’s marriage to Robert which agonises Caroline and precipitates her illness.¹⁸ In this way, Caroline continues to suffer from her sense

¹⁸ Athena Vrettos maintains that Caroline’s illness is a typical case of brain fever because of the combination of mental and emotional causes with severe physical effects in *Somatic Fictions: Imagining Illness in Victorian Culture* (Stanford, California: Stanford University Press, 1995) 41. Jane Wood also identifies her illness as brain fever in *Passion and Pathology in Victorian Fiction* (Oxford: Oxford University Press, 2001) 36.

of maternal loss and further declines.

When Mrs Pryor comes to her sick room to look after her, Caroline finds her nursing "quite natural, and very soothing" (423) and even wishes to stay ill to enjoy it: "I shall hardly wish to get well, that I may keep you always" (423). Caroline, however, shows no sign of recovery, despite Mrs Pryor's devoted and excellent nursing and the almost ideal nurse-patient relationship between them:

Negligent, indeed, she was not. From that hour, Fanny and Eliza became cyphers in the sick-room: Mrs. Pryor made it her domain: she performed all its duties; she lived in it day and night. The patient remonstrated, --- faintly, however, from the first, and not at all ere long: loneliness and gloom were now banished from her bedside; protection and solace sat there instead. She and her nurse coalesced in wondrous union. Caroline was usually pained to require or receive much attendance: Mrs. Pryor, under ordinary circumstances, had neither the habit nor the art of performing little offices of service; but all now passed with such ease --- so naturally, that the patient was as willing to be cherished as the nurse was bent on cherishing: no sign of weariness in the latter ever reminded the former that she ought to be anxious. There was, in fact, no very hard duty to perform; but a hireling might have found it hard.

With all this care, it seemed strange the sick girl did not get well; yet such was the case: she wasted like any snow-wreath in thaw; she faded like any flower in drought (423-24).

It is when Mrs Pryor reveals her identity as Caroline's true mother that the patient gains her will to recover: "But if you *are* my mother, the world is all changed to me. Surely I can live --- I should like to recover ---" (434). The fact that even Mrs Pryor's perfect nursing cannot work until her identity is revealed suggests that what Caroline needs is not good nursing but her mother's nursing, in short, true mothering. In this sense, Mrs Pryor has no such curing power as the saintly or magical female healers are said to have had in Greco-Roman, biblical, and Catholic traditions.¹⁹ Because the primary cause for Caroline's illness is her sense of maternal loss intensified by her unrequited love for Robert, her mother's nursing miraculously works as the only therapy for her illness, as Caroline herself says to her uncle: "No: I don't want a doctor; mama shall be my only physician" (439).

The reunion between the mother and the daughter has a great catalytic, therapeutic and feminising power on Caroline's world. As Bailin argues, the disruptive presence of James Helstone as seductive and punishing father, husband, and lover, is gradually feminised, when Mrs Pryor tells her daughter about her own past.²⁰ Uncle Helstone participates in nursing Caroline and plays a 'female' role by bringing his niece nutritious food: "This is chicken," he said; "but we'll have partridge tomorrow. Lift her up, and put a shawl over her. On my word, I understand nursing" (441). While Caroline regains her health and recovers

¹⁹ For the female healer in Greco-Roman, biblical, and Catholic literary traditions, see Catherine Judd, *Bedside Seductions: Nursing and the Victorian Imagination, 1830-1880* (Hampshire, Macmillan, 1998) 29-30.

²⁰ Miriam Bailin, *The Sickroom in Victorian Fiction: The Art of Being Ill* (Cambridge: Cambridge University Press, 1994) 66.

her identity as Mrs Pryor's daughter,²¹ her mother is also regenerated by her daughter's care. As if they were eager to recover the lost years, they repeat the mother-baby relationship: "She [Mrs Pryor] held her to her bosom: she cradled her in her arms: she rocked her softly, as if lulling a young child to sleep" (434). Caroline in return consoles her mother who talks about her failed marriage and desertion of her child: "And the child lulled the parent, as the parent had erst lulled the child. At last, Mrs. Pryor wept: she then grew calmer" (436). She furthermore succeeds in changing Mrs Pryor's chilly attitude towards servants and tries to improve her mother's dress sense: "Your sole fault is that you are old-fashioned, and of that I shall cure you" (449). In this way, they enjoy and benefit from the reciprocal care and cure.

While promoting her health, however, the perfect mother-daughter dyad simultaneously works to hinder Caroline's development. The reunion with the mother functions as both the goal and the end of the daughter's self-search, because after the discovery of her true mother Caroline no longer needs to go into the outside world to compensate for maternal loss. While illness drives other Brontë protagonists into action, it makes Caroline retreat into passivity, as Bailin states.²² Lucy with no one to nurse her goes out to seek for a place of refuge and Jane travels around in search of her true home,²³ whereas Caroline happily shuts herself in the sickroom which has now turned into a safe asylum

²¹ For the recovery of Caroline's health and identity, see Vrettos, 42 and Wood, 37.

²² Bailin, 57. For the relation between femininity and passivity, see also Wood, 31.

²³ Gilbert and Gubar contrast the immobility of Caroline who never leaves Yorkshire with the mobility of Jane Eyre in *The Madwoman in the Attic* (New Haven and London: Yale University Press, 1984) 380.

and real home with her mother-nurse. She after all passes through her crisis without ever crossing the boundaries of home and the contemporary conventional 'femininity'. What Caroline does is to play the role of an ideal female patient/child and stay more passive than ever under her mother's protection.²⁴

The return of the mother does not necessarily lead to the daughter's permanent regression to childhood and total rejection of adulthood, as Mrs Pryor cures Caroline's illness by providing her with space to be a child again and regain her emotional wholeness so that she can face Robert. It is true, however, that this return of the true mother, the happy inversion of the Freudian idea of "the uncanny" --- something familiar turns into something strange and creates fear --- holds Caroline within the Freudian triangle of self, mother, and father/lover. The fact that she is satisfied with being first Mrs Pryor's daughter and then Robert's wife can ultimately be seen as indicating regressive and childlike female dependence on a male adult which hampers women's development and maturation. Paradoxically, as Wood argues, the return of health is made synonymous with a return to mute compliance and Caroline is reinstated within the orthodox parameters of the dominant culture.²⁵ Indeed after the illness episode, the novel stops exploring Caroline's inner progress and shifts its focus onto the process of how Caroline happily enters conventional matrimony and Shirley adjusts herself to the norms of the contemporary marriage. It ultimately depends on the

²⁴ Gilbert and Gubar argues that Mrs Pryor contributes to Caroline's passivity because "she has withheld from her daughter the love that allows for a strong sense of self": *Madwoman in the Attic*, 392.

²⁵ Wood, 27-42, see, esp. 39-42

definition of the word 'healthy' whether the realisation of desire for the mother promotes the child's health in the long term. What is more certain is that the life of Caroline is essentially different from that of Florence Nightingale who overcame her depression, realised her dream of engaging herself in nursing, extended her own and other women's horizons, and promoted the health of herself and others. The novel closes with a hint of Caroline's future active life. When Robert proposes marriage to her, she answers: "I love you, too, Robert, and will take faithful care of you" (641). It is possible to think, as Bailin concludes, that she moves from her peripheral status as abused child and forsaken lover to nurturing wife and daughter, or from patient to nurse.²⁶ She may be exercising her abilities in running the household and perhaps organising the Sunday school which Robert dreams of establishing for the poor. As long as there is no dramatisation of Caroline's matrimony and motherhood, however, the reader never knows if she transforms from a passive child-patient into an active adult 'nurse'.

Unlike the female characters discussed above, Mrs Yorke is a married woman with children who does not need to work outside her home and can engage herself in looking after her own family. When Robert Moore's mill is attacked, she, like Shirley, immediately offers help, and "most assiduously engaged in fitting [Mr Yorke's waggon] up with feather-beds, pillows, bolsters, blankets, &c" so that "the *victims* lack no attentions [italics original]" (361-62). She also voluntarily, together with Hortense, nurses the wounded Robert. Although she falls into "a fit of hysterics" (161) when she takes care of her unmanageable children,

²⁶ Bailin, 66.

determination and dedication replace her nervous traits when she nurses an injured and weakened adult male:

There, you would suppose, was subject-matter for hysterics. No: Mrs. Yorke went into hysterics when Jessie would not leave the garden to come to her knitting, or when Martin proposed starting for Australia, with a view to realize freedom, and escape the tyranny of Matthew; but an attempted murder near her door --- a half-murdered man in her best bed --- set her straight, cheered her spirits, gave her cap the dash of a turban.

Mrs. Yorke was just the woman who, while rendering miserable the drudging life of a simple maid-servant, would nurse like a heroine a hospital full of plague patients. She almost loved Moore: her tough heart almost yearned towards him, when she found him committed to her charge, --- left in her arms, as dependent on her as her youngest-born in the cradle (562-63).

It is notable that Mrs Yorke is hysterical when mothering her own children but enjoys treating Robert like a baby. Shirley once describes her as being more maternal to Louis than to her own children: "I never saw Mrs. Yorke so motherly to any young man as she is to you. I don't know how you have won her heart; but she is more tender to you than she is to her own sons" (513-14). Mrs Yorke's voluntary and heroic nursing of the casualties of the attack seems to anticipate Florence Nightingale's nursing of the injured soldiers during the Crimean War. Her frustration with the role she has to play in her home also seems to represent a variation on

Nightingale's life.

Mrs Yorke's interest in nursing is, however, fundamentally different from Nightingale's determination to professionalise nursing and achieve sanitary reform. Mrs Yorke's nursing is truly voluntary but by definition unprofessional and unskilful. Her devotion to the sick and injured is indeed arbitrary and conditional. Although she herself suffers from hysterical fits, she dismisses Caroline's psychosomatic illness as the self-indulgence of the spoiled:

Mrs Yorke being told that a physician had been summoned, sneered at the hypochondriac fancies of the rich and idle, who, she said, having nothing but themselves to think about, must needs send for a doctor if only so much as their little finger ached (424).

Mrs Yorke is ready to nurse only those whom she likes and will not nurse those whom she dislikes: "Now, if the accident had happened at the Rectory gates, and old Helstone had taken in the martyr, neither Yorke nor his wife would have pitied him" (563). Moreover, because of her poor skill and limited knowledge as a nurse, she, together with Hortense, commits a major mistake while nursing Robert:

Mr. MacTurk, the surgeon to whom Moore's case had been committed, pronounced his wound of a dangerous, but, he trusted, not of a hopeless character. At first, he wished to place with him a nurse of his own selection; but this neither Mrs. Yorke nor Hortense would hear of: they promised

faithful observance of directions. He was left, therefore, for the present, in their hands.

Doubtless, they executed the trust to the best of their ability; but something got wrong: the bandages were displaced, or tampered with; great loss of blood followed. MacTurk, being summoned, came with steed afoam (564).

Her son, Martin, even regards this mistake as a crime: "they did something about his bandages that finished everything: he would have got better but for them. I am sure they should be arrested, cribbed, tried, and brought in for Botany Bay, at the very least" (570). Mrs Yorke may simply share the fantasy of nursing which was widespread among Victorian middle-class women. As Judd suggests, Nightingale was fairly atypical in that she acted out her fantasy.²⁷ Mrs Yorke is, after all, little better than the hired nurse, Mrs Horsfall, a stereotypical 'old' nurse.

Even if Mrs Yorke had wished to nurse the sick as an occupation, she would have needed to wait until the 1860s when Nightingale established her first nursing school. It is highly dubious, of course, that a middle-class wife and mother like Mrs Yorke would have wished to become a professional nurse. If nursing liberates both Mrs Yorke and Nightingale from the disruptive power of mental frustration, there is an undeniable difference between the fastidious and whimsical wife and mother who sometimes engages in nursing for personal pleasure and the pioneer and founder of professional nursing who contributed both to the liberation of women and to the improvement of hospitals. If Mrs Yorke's involvement in nursing indicates the possibility of

²⁷ Judd, 45.

nursing as a liberating activity for women and anticipates the imminent emergence of sick-nursing as a distinctive profession, *Shirley* does not go so far as to explore these subjects but closes Mrs Yorke's nursing episode by emphasising her eccentricity.

While describing various types of female 'nursing', *Shirley* ultimately represents the care of a true mother, in other words, true mothering, as the most successful and rewarding type of nursing. However conscientious they are, Miss Mann and Miss Ainley enact negative versions of voluntary nurses. Mrs Pryor's career as a governess implies that working outside the home can easily be tragic. Shirley's preparation for matrimony suggests that a rich girl can enjoy relative freedom but is destined to play a female role once married. While Mrs Yorke's nursing anticipates nursing as something more than a pastime, as a fulfilling and liberating female profession, it also demonstrates the harm of unprofessional nursing.²⁸ Mrs Pryor's nursing shows that mothering can be powerful therapy but can simultaneously turn her daughter into a passive child and holds her within the conventional triangle of child, mother and father/lover. The alliance of passivity and convention is what Nightingale warns against: "What else is conventional life? *Passivity* when we want to be active. So many hours spent every day in passively doing what conventional life tells us, when we would so gladly be at work [emphasis in original]."²⁹ While sharing part of what Nightingale experienced, none of the female characters discussed above

²⁸ Nightingale defines 'pastime' as something opposite to profession: "Women's life is spent in pastime, men's in business. Women's business is supposed to be to find something to 'pass' the 'time'", *Suggestions for Thought*, 131.

²⁹ *Cassandra*, 217.

achieves what she achieved. *Shirley*, a novel in the pre-Nightingale era, finally identifies with the romantic version of mothering and in effect subtly denies its advocacy of nursing as profession.

Chapter 7

A Painful Case: Lucy Snowe's Loss of Mothering

[T]he book is almost intolerably painful.

Harriet Martineau, "Review of *Villette* by Currer Bell".¹

Villette is the story of the heroine's constant involvement in and struggle with her own and others' pain, but the narrating-Lucy refuses to assert her own pain and consequently her narrative achieves no affirmative ending. If *Jane Eyre* is a pilgrimage narrative of Jane's evolution from an orphan into an ideal nurse, and *Shirley* a happy story of Caroline's rebirth and regression into the family triangle, *Villette* presents the heroine's transformation from an auxiliary nurse into a self-employed teacher and her final embarrassment at her independence. While Jane Eyre's voluntary nursing of Rochester proves her final freedom and autonomy and Mrs Pryor's devoted nursing of Caroline resolves her sense of motherly guilt and regenerates herself, Lucy's nursing of others neither provides an idealised sphere where her personal need is fulfilled nor promotes her own health. Judd maintains that nursing in *Villette* is something which becomes equated with degradation and self-immolation and this is because of Brontë's reduced interest in the social concerns present in *Jane Eyre* and *Shirley*.² Bailin argues that the most significant case of nursing in the novel, Lucy's care of the crétin, is contrasted with the more

¹ Reprinted in Barbara Timm Gates, ed., *Critical Essays on Charlotte Brontë* (Boston, Massachusetts: G. K. Hall & Co., 1990) 253-56, 253.

² Catherine Judd, *Beside Seductions* (Hampshire and London, Macmillan, 1998) 78-79.

idealised representations of nursing in Charlotte Brontë's other novels and ascribes this negative image of nursing to Brontë's resentment "at a coercive status quo which offers drudgery in the name of duty to the dependent and the powerless".³ Indeed, Lucy's nursing is neither heroic nor romantic but, despite its originally therapeutic purposes for the sick, it intensifies her social vulnerability and undermines her physical and mental wholesomeness.

Serving others reduces Lucy to an obscure figure not only socially but also narratologically. Lucy is required to watch her patients carefully, interpret their need, and perform it on their behalf. This auxiliary nature of nursing can easily turn Lucy into their "shadow" (371).⁴ As Karen Lawrence remarks, Paulina's arrival stirs Lucy into participating in the watching and interpreting which becomes her hallmark.⁵ This hallmark haunts Lucy as long as she engages herself in looking after somebody. Consequently Lucy's misery as an orphan seems to be re-enacted by Paulina,⁶ and her mourning at M. Paul's death seems to be anticipated and represented by Miss Marchmont. In the process of dramatising the suffering of the others she observes while nursing them, Lucy's own pain as an orphan and 'widow' is subtly repressed in the text. This has tempted some critics to regard Lucy

³ Miriam Bailin, *The Sickroom in Victorian Fiction: The Art of Being Ill* (Cambridge: Cambridge University Press, 1994) 61-63.

⁴ Lucy takes a secondary position not only in her nursing; she is forced by M. Paul to play a role in a school theatrical on behalf of a sick student and takes a basket to the old and eccentric Madame Walravens on behalf of Madame Beck.

⁵ Karen Lawrence, "The Cypher: Disclosure and Reticence in *Villette*" in *Nineteenth-Century Literature* 42.4 (1988): 448-66.

⁶ Mary Jacobus, "The Buried Letter: Feminism and Romanticism in *Villette*" (1986) in Pauline Nestor ed., *New Casebooks: Villette* (Hampshire and London: Macmillan, 1992) 123.

as the double of her patients or, at some points of the narrative, as a sub-heroine, despite the employment of a first person narrative which can otherwise, as in *Jane Eyre*, empower and privilege the sole narrator of the novel.⁷

The incipit of the novel in which Lucy's fleeting peace is disturbed by Paulina's arrival not only epitomises the narrating-Lucy's vicarious representation of her own pain but also foreshadows her future destiny to perform the role of a nurse without herself being nursed satisfactorily in return. Until then she has been enjoying a relative monopoly of her godmother, Mrs Bretton: "One child in a household of grown people is usually very much made of, and in a quiet way I was a good deal noticed by Mrs. Bretton" (5). Lucy now sees her godmother show unusual motherly compassion to the younger Paulina: "Mrs. Bretton was not generally a caressing woman: even with her deeply-cherished son, her manner was rarely sentimental, often the reverse; but when this small stranger smiled at her, she kissed it [. . .]" (9). Paulina's privilege as the youngest and the most vulnerable in the household invades Lucy's privacy and assigns her the role of her nurse. Her crib is placed in Lucy's bedroom and on the night before the child's departure from Bretton, Lucy consoles Paulina who grieves over her separation from Graham:

"Child, lie down and sleep," I urged.

"My bed is cold," said she. "I can't warm it."

I saw the little thing shiver. "Come to me," I said, wishing, yet scarcely hoping, that she would comply: for she was a

⁷ Gilbert and Gubar argue that Lucy represents her conflicts through the activity of other people and seems to be telling any story but her own: *Madwoman in the Attic*, 416.

most strange, capricious, little creature, and especially whimsical with me. She came, however, instantly, like a small ghost gliding over the carpet. I took her in. She was chill; I warmed her in my arms. She trembled nervously; I soothed her. Thus tranquillized and cherished she at last slumbered (40-41).

This passage resembles the scene of reconciliation between Jane and Bessie and of Jane being warmed by the dying Helen, but unlike in these scenes in *Jane Eyre*, there exists no mutual friendship between Lucy and Paulina, at least at this point. At the sight of the young child's sorrow, Lucy, as an older person and her only roommate, cannot help taking care of her. Despite the fact that Lucy has no parent while Paulina has at least her father alive, in the first three chapters of the novel, only the latter's misery is highlighted and fully dramatised.

While Lucy's taking care of Paulina looks forward to her future nursing others without receiving reciprocal care from them, Paulina's 'motherly' attitude towards her father and Graham anticipates her future acquisition of the position of wife and mother. When Mr Home visits Bretton, Paulina asks Warren, the servant, to place her father's chair near hers so that she can serve him:

"Put papa's chair here, and mine near it, between papa and Mrs. Bretton: I must hand his tea."

She took her own seat, and beckoned with her hand to her father.

"Be near me, as if we were at home, papa."

And again, as she intercepted his cup in passing, and would stir the sugar and put in the cream herself, "I always did it for you at home, papa: nobody could do it as well, not even your own self."

Throughout the meal she continued her attentions: rather absurd they were. The sugar-tongs were too wide for one of her hands, and she had to use both in wielding them; the weight of the silver cream-ewer, the bread and butter plates, the very cup and saucer tasked her insufficient strength and dexterity; but she would lift this, hand that, and luckily contrived through it all to break nothing. (17-18).

By behaving like an adult hostess for her wifeless father, Paulina is building up her experience to become a wife and mother in the future. Her determination to serve tea to her father and final success in it, despite her lack of strength and dexterity, anticipate her future success in asserting herself as wife. She also acts like wife and mother to Graham by encouraging him to eat, handing him a cup of tea and choosing a plate of choice food for him. Paulina calls him as Mrs Bretton does, thereby making her a motherly role model: "My dear boy!" (such was one of her terms for him, adopted in imitation of his mother)" (28). Graham in return tells her that she should be his housekeeper. Paulina's rehearsal for mothering and Graham's participation in it look forward not only to their future marriage but also to Lucy's future failure in receiving motherly care. While observing the child's mock mothering for Mr Home and Graham, Lucy is not 'mothered' by Paulina: on the contrary, she has to perform the role of elder sister or mother for the latter.

What the episode of Paulina's stay symbolises further develops in the episode of Lucy's nursing of Miss Marchmont who suffers from rheumatism; Lucy's nursing develops no mutual friendship with her patient but it undermines her own health. The patient shows her nurse some emotional intimacy and recounts the story about her fiancé's death. Miss Marchmont, who is old enough to be Lucy's mother, however, never really takes motherly care of her young nurse in return. Lucy nonetheless develops a morbid fixation with her patient which threatens her own mental and physical health:

Two hot, close rooms thus became my world; and a crippled old woman, my mistress, my friend, my all. Her service was my duty --- her pain, my suffering --- her relief, my hope --- her anger, my punishment --- her regard, my reward. I forgot that there were fields, woods, rivers, seas, an ever-changing sky outside the steam-dimmed lattice of this sick-chamber; I was almost content to forget it. All within me became narrowed to my lot. Tame and still by habit, disciplined by destiny, I demanded no walks in the fresh air; my appetite needed no more than the tiny messes served for the invalid (45).

Lucy's identification with a sick person, which works like contagion and infection, is repeated later during her observation of the king of Labassecour and the actress, Vashti. Her dangerous internalisation of Miss Marchmont's fate and illness not only affects Lucy's health but also transforms her into a mere shadow of her patient. Lucy's failure to receive any legacy from Miss

Marchmont on her death furthermore symbolises the fruitlessness of her devotion as her nurse.

Having lost her job and home on Miss Marchmont's death, Lucy visits Mrs Barrett who used to be her family's old servant and her child-nurse and now the housekeeper of another family. The mistress of the house where Mrs Barrett works turns out to be Lucy's elder schoolmate, now married and blessed with a beautiful boy:

Different as were our social positions now, this child's mother and I had been schoolfellows, when I was a girl of ten and she a young lady of sixteen; and I remembered her --- good-looking, but dull --- in a lower class than mine.

I was admiring the boy's handsome dark eyes, when the mother, young Mrs. Leigh, entered. What a beautiful and kind-looking woman was the good-natured and comely, but unintellectual girl become! Wifhood and maternity had changed her thus, and I have since seen them change others even less promising than she. Me she had forgotten. I was changed too; though not, I fear, for the better. I made no attempt to recall myself to her memory: why should I? (54).

This scene shows Lucy's self-effacing attitude towards her acquaintances who she believes live a far brighter life than hers, her hesitation about identifying and asserting herself to them, and her tendency to isolate herself from them and observe them. More importantly, the episode reveals the absence of a good maternal role model for Lucy who is middle-class but in need of work. While registering the attractions of wifhood and motherhood at

first-hand, Lucy is unable to regard her former schoolmate as a maternal role model because of their different "social positions". Lucy now finds herself unable to become a wife and mother like Mrs Leigh, but instead needing to work as a surrogate mother for a living. Mrs Barrett is a relatively successful working woman who has become a housekeeper, but her social position is also different from Lucy's.

It is not only female role models but also motherly guidance that are absent in Lucy's life. Although the old nurse comforts Lucy when she has lost her job and home, Mrs Barrett is not exactly a powerful mother-mentor who can guide her through her progress as Miss Temple does. Mrs Barrett, after all, knows "little more of the world" (53) than Lucy. The lack of a motherly mentor is also symbolised in the scene where the Aurora Borealis 'suggests' that she should go to London. On the way from her first visit to Mrs Barrett, Lucy sees the northern lights:

But this solemn stranger influenced me otherwise than through my fears. Some new power it seemed to bring. I drew in energy with the keen, low breeze that blew on its path. A bold thought was sent to my mind; my mind was made strong to receive it.

"Leave this wilderness," it was said to me, "and go out hence."

"Where?" was the query.

I had not very far to look: gazing from this country parish in the flat, rich middle of England --- I mentally saw within reach what I had never yet beheld with my bodily eyes; I saw London (53).

While Jane Eyre is guided by a motherly figure who tells her to 'flee temptation' in her trance-like dream after her interrupted wedding, the Aurora Borealis operates not exactly as a mother or even as a personified figure, for it is referred to as 'it', and it only indirectly suggests her need to go to London. It is specifically when she sees the French nurse of Mrs Leigh's boy during her second visit to Mrs Barrett that Lucy conceives the idea of working as a child-nurse in a foreign family's household. It does not necessarily mean, however, that Mrs Barrett directly helps Lucy with her motherly attention and wisdom in her former charge's finding of a new job and home, as Alice Grey does. In this way, Lucy travels around without any 'mother': her own mother is dead; Mrs Bretton is too intimate with Graham and Paulina and finally disappears; Miss Marchmont does not return motherly care to her nurse and finally dies; Mrs Barrett can be neither an appropriate role model of a working woman for the middle-class heroine nor a powerful motherly mentor.

In Pensionnat Beck, Lucy works as a surrogate mother and shadowy assistant of the young, the sick and the injured but meets no female teacher who can be her role model. Madame Beck is a successful self-employed businesswoman who efficiently polices her school with her "[s]urveillance" and "espionage" (89). She maintains her pupils' health well by providing them with good food and exercise. She cleverly manipulates their parents and employs the young and handsome Dr John as the school doctor without causing too much anxiety. She promotes Lucy from a child-nurse to a teacher, recognising the young and inexperienced foreigner's hidden aptitude. Lucy is, however, unable to see Madame Beck as

a role model of a working middle-class woman, as a motherly mentor, or as a good mother. Madame Beck exploits Lucy by spying on her and employing her with a low salary. Moreover, her attitude towards her children seems to Lucy unmotherly although she efficiently manages them as she does her school pupils:

She was solicitous about her family, vigilant for their interests, and physical well-being; but she never seemed to know the wish to take her little children upon her lap, to press their rosy lips with her own, to gather them in a genial embrace, to shower on them softly the benignant caress, the loving word.

I have watched her sometimes sitting in the garden, viewing the little ones afar off, as they walked in a distant alley with TrINETTE, their *bonnes*; in her mien spoke care and prudence: I knew she often pondered anxiously what she called "leur avenir;" but if the youngest, a puny and delicate, but engaging child, chancing to spy her, broke from its nurse, and toddling down the walk, came all eager and laughing and panting to clasp her knee, madame would just calmly put out one hand, so as to prevent inconvenient concussion from the child's sudden onset: "Prends garde, mon enfant!" she would say unmoved, patiently permit it to stand near her a few moments, and then, without smile or kiss, or endearing syllable, rise and lead it back to TrINETTE (113).

Madame Beck's method of child-rearing does not embody Lucy's idea of good mothering. The pensionnat in this way turns out to be another world where there is no positive role model of a 'good

mother' for Lucy.

Lucy herself proves to be an overall good nurse in Belgium. When her second child Fifine breaks her arm, Madame Beck simply lets Lucy "take her" (115) and goes to fetch a doctor. Although the cook, the portress and the nurse flee from the unpleasant and labour-demanding scene, Lucy remains there and tactfully cuts "the child's sleeve from its arm, undress[es] and put[s] it to bed" (115). After this episode, Lucy comes to put her idea of good mothering into practice when she nurses Madame Beck's youngest child, Georgette, who has taken a fever. What is notable in her nursing of Georgette is that, although she is a temporary surrogate mother and only plays an auxiliary role, following the order of Madame Beck and Dr John, it develops her personal attachment to her charge and promotes her own health:

Madame had charged me not to let Georgette sleep till the doctor came; I had therefore sufficient occupation in telling her nursery tales and palavering the little language for her benefit. I affected Georgette; she was a sensitive and a loving child: to hold her in my lap, or carry her in my arms was to me a treat. To-night she would have me lay my head on the pillow of her crib; she even put her little arms round my neck. Her clasp and the nestling action with which she pressed her cheek to mine, made me almost cry with a tender pain. Feeling of no kind abounded in that house; this pure little drop from a pure little source was too sweet: it penetrated deep, and subdued the heart, and sent a gush to the eyes (148).

The "tender pain" Lucy feels even in the joy of nursing Georgette may suggest that maternal loss --- the loss of her own mother and not being a mother herself --- afflicts her. Her sense of loss can then be soothed only by mothering a child because the return of her dead mother is impossible. It is probably because they have their own child or children that Mrs Bretton and Madame Beck are described not exactly as tragic widows but as healthy mothers although both of them must have gone through mourning in the bereavement of their spouse. While nursing the other characters eventually undermines her health, 'mothering' Georgette nourishes Lucy's soul:

To "sit in sunshine calm and sweet" is said to be excellent for weak people; it gives them vital force. When little Georgette Beck was recovering from her illness, I used to take her in my arms and walk with her in the garden by the hour together, beneath a certain wall hung with grapes which the Southern sun was ripening: that sun cherished her little pale frame quite as effectually as it mellowed and swelled the clustering fruit (245).

In this scene, it is not only Georgette but also the nurse Lucy who benefits from the literal sunshine with its health-promoting effects and the metaphorical sunshine of emotional light and warmth. Lucy's happy mothering is, however, relentlessly ended when Madame Beck sends Georgette to the country. Her disappointment at the loss of Georgette precipitates her depression during the long vacation: "I was sorry; I loved the child, and her loss made me poorer than before" (155). Nursing Georgette shows Lucy that

motherhood could fulfil her own needs, but simultaneously exposes the limitations of a surrogate role.

In contrast with mothering Georgette, nursing Marie Broc, the 'crétin', debilitates her mind and body. Although she can establish no communication, and therefore, no bond with Marie, Lucy tries to provide her with two crucial elements of nursing in the Brontë novels, food and warmth: "I did my best to feed her well and keep her warm, and she only asked food and sunshine, or when that lacked, fire" (194). Marie's demand only for literal food and warmth, however, in turn starves and chills Lucy psychologically. Their walk in the sunshine never provides Lucy with the metaphorical warmth she enjoyed with Georgette. Unlike Grace Poole who takes alcohol during her 'watch', Lucy has nothing to resort to. She survives on a kind of autophagy, consuming herself, and finally falls ill.

Illness caused by this 'unhealthy' nursing strengthens Lucy's tendency to distance herself from the healthy, and, instead, to identify with the sick by letting her own inner affliction respond to their illness. Lucy's remote attitude towards overall healthy characters such as Mrs Bretton, Madame Beck, Ginevra Fanshawe, her pupils, the adult Paulina and Dr John is epitomised by her observation of 'Cleopatra'. After her recovery, she sees at a gallery the painting of the overfed woman, the grotesque image of health and affluence⁸:

⁸ Charlotte Brontë is interested in how emotionally and literally starving and weak characters become healthy and strong by gaining true nutrition from their loved ones. As Anna Krugovoy Silver argues, she therefore does not really appreciate well-fed and full-figured women such as Bertha Mason, Blanche Ingram and Ginevra Fanshawe, and most symbolically, the Cleopatra: *Victorian Literature and the Anorexic Body* (Cambridge: Cambridge University Press, 2002) 104-5.

It represented a woman, considerably larger, I thought, than the life. I calculated that this lady, put into a scale of magnitude suitable for the reception of a commodity of bulk, would infallibly turn from fourteen to sixteen stone. She was, indeed, extremely well fed: very much butcher's meat ... to say nothing of bread, vegetables, and liquids ... must she have consumed to attain that breadth and height, that wealth of muscle, that affluence of flesh. [. .]

Well, I was sitting wondering at it (as the bench was there, I thought I might as well take advantage of its accommodation), and thinking that while some of the details ... as roses, gold cups, jewels, &c. ... were very prettily painted, it was on the whole an enormous piece of claptrap [. .] (250).

While regarding 'healthy' figures as essentially different from herself, at the music concert, Lucy detects the hidden illness of the King of Labassecour and secretly empathises with him:

Ere long, however, if I did not *know*, at least I *felt*, the meaning of those characters written without hand. There sat a silent sufferer ... a nervous, melancholy man. Those eyes had looked on the visits of a certain ghost ... had long waited the comings and goings of that strangest spectre, Hypochondria. Perhaps he saw her now on that stage, over against him, amidst all that brilliant throng. Hypochondria has that wont, to rise in the midst of thousands ... dark as Doom, pale as Malady, and well nigh strong as Death. Her

comrade and victim thinks to be happy one moment ... "Not so," says she; "I come." And she freezes the blood in his heart, and beclouds the light in his eye (267).

This observation reveals Lucy's own acquaintanceship with the particular pain and suffering hypochondria inflicts. While Lucy's low spirit finds resonance with the King's condition, her intense negative emotions strongly respond to what Vashti embodies in her performance:

They wrote HELL on her straight, haughty brow. They tuned her voice to the note of torment. They writhed her regal face to a demoniac mask. Hate and Murder and Madness incarnate, she stood.

It was a marvellous sight: a mighty revelation.

It was a spectacle low, horrible, immoral (322).

Lucy may be simply projecting her own hypochondriac tendency onto the king and her own extraordinary emotions onto Vashti, but, if so, this again gives evidence of her morbidity. Lucy compares what Vashti represents with the representation of Cleopatra and even challenges the creator of the art work:

Where was the artist of the Cleopatra? Let him come and sit down and study this different vision. Let him seek here the mighty brawn, the muscle, the abounding blood, the full-fed flesh he worshipped: let all materialists draw nigh and look on (322).

Lucy maintains that the male representation of the over-grown woman is fiction and the female demonstration of madness and illness is truth-revealing. The narrating-Lucy is in this way more assertive, articulate and even aggressive when she describes the 'unhealthy' traits of others, while she remains elusive and evasive in describing her own inner affliction.

While nursing others, Lucy is also nursed in her turn, but the nursing mostly proves to be neither perfect nor perpetual. As has been discussed in Chapter 1, Lucy considers her confession at the Catholic church as a dangerous deviance in her life and her special bond with her confessor, Père Silas, as merely temporary. Therefore she never returns to the church or becomes his friend after her recovery. In *La Terrasse*, Lucy is first nursed by a "bonne" of the Bretton family, Martha, who is, in Dr John's words, "an excellent nurse" (218). She is observant, sensitive and sensible, and knows what Lucy wants and how to treat the sick. Although Martha is a good nurse and good model of a working woman, Lucy neither learns from her how to nurse nor develops any emotional nurse-patient bond with her. This is not just because Martha speaks no French or English, for she can communicate with her patient without speaking.⁹ While Jane becomes reconciled with the Rivers family's servant, Hannah, who has been prejudiced against her, Lucy develops no personal relationship with the much more sophisticated and efficient Martha. On the contrary, once Mrs Bretton returns, Lucy appreciates her voluntary care more

⁹ The characterisation of Martha who is a diligent servant but is not much valued by the person she serves can be associated with the biblical character in Luke. 10. 38-42; When Jesus visits a house in a village, Martha busies herself to serve him while her sister, Mary, listens to his teachings and he finally values Mary's listening more than Martha's hospitality.

than Martha's technically excellent paid nursing:

Presently she brought that meal --- brought it with her own active hands --- not leaving me to servants. She seated herself on the bed while I ate. Now it is not everybody, even amongst our respected friends and esteemed acquaintance, whom we like to have near us, whom we like to watch us, to wait on us, to approach us with the proximity of a nurse to a patient. It is not every friend whose eye is a light in a sick room, whose presence is there a solace: but all this was Mrs. Bretton to me; all this she had ever been. Food and drink never pleased me so well as when it came through her hands (225).

Her attachment to Mrs Bretton indicates Lucy's need for being nursed by a motherly figure; as Caroline's illness is caused by the loss of her mother, and cured by her return, Lucy's affliction is created by maternal loss and soothed by motherly care.

The godmother-goddaughter relationship, however, cannot function like the perfect dyad of Mrs Pryor and Caroline. Mrs Bretton is too intimate with her son, Graham, and, unlike Paulina who has imitated her future mother-in-law in her mock-mothering, Lucy fails to become her daughter-in-law by marrying him. While appreciating her nursing, Lucy never tells Mrs Bretton how she has suffered and fallen ill, because she never expects her "godmother to take a share" (226) in her experience. Lucy describes the fundamental difference between Mrs Bretton and herself with metaphors of ships and voyages:

The difference between her and me might be figured by that between the stately ship, cruising safe on smooth seas, with its full complement of crew, a captain gay and brave, and venturous and provident; and the lifeboat, which most days of the year lies dry and solitary in an old, dark boat-house, only putting to sea when the billows run high in rough weather, when cloud encounters water, when danger and death divide between them the rule of the great deep. No, the "Louisa Bretton" never was out of harbour on such a night, and such a scene: her crew could not conceive it; so the half-drowned life-boat man keeps his own counsel, and spins no yarns (226).

Although Mrs Bretton has been widowed on her husband's death and driven out of her home because of some financial trouble, Lucy feels that her godmother is living a far brighter life than hers and regards her reception of Mrs Bretton's motherly hospitality, like her gratitude for Père Silas's 'father-like' compassion, as temporarily facilitated by her illness. In Bailin's words, for Lucy "to become well is to return to the sickness of nonentity".¹⁰

Lucy's fleeting peace and her friendship with the Bretton family are disturbed once again by the reappearance of Paulina and her monopoly of Dr John's attention and care. Lucy again fulfils an auxiliary role in assisting Dr John who treats the girl's dislocation. In the Hotel Crècy, she proves herself to be an efficient nurse by understanding her patient's need and performing it on her behalf. Her obviously excellent nursing, however, ironically threatens to turn her into the shadow of the person she looks after:

¹⁰ Bailin, 63.

it wins her the Bassompierre family's credit and M. de Bassompierre proposes to employ her as Paulina's 'companion'. Lucy declines his financially advantageous offer because, for her, becoming someone's personal caretaker is equated with the deprivation of her autonomy and individuality. In fact, when Dr John annoys her with questions about Ginevra with whom he is infatuated, Lucy silently resents being treated like her chaperon: " 'Am I her keeper?' I felt inclined to ask" (185). In *Villette*, teaching is regarded as something more active, autonomous, and respectable than private 'nursing'. As Ginevra observes, when Lucy is promoted from a "hybrid between gouvernante and lady's maid" (87) to a teacher of Madame Beck's school, she transforms from "nobody's daughter" (179) into somebody. Lucy differentiates working as a teacher from serving as a private auxiliary as follows:

Mr. Home himself offered me a handsome sum ... thrice my present salary ... if I would accept the office of companion to his daughter. I declined. I think I should have declined had I been poorer than I was, and with scantier fund of resource, more stunted narrowness of future prospect. I had not that vocation. I could teach; I could give lessons; but to be either a private governess or a companion was unnatural to me. Rather than fill the former post in any great house, I would deliberately have taken a housemaid's place, bought a strong pair of gloves, swept bedrooms and staircases, and cleaned stoves and locks, in peace and independence. Rather than be a companion, I would have made shirts, and starved.

I was no bright lady's shadow ... not Miss de Bassompierre's (371-72).

Lucy, as an agent, refuses the roles that others would assign to her, as Pauline Nestor argues,¹¹ and considers teaching as a vocation she can pursue with dignity and pride.

Even though she works as a teacher, Lucy is essentially subjugated by Madame Beck as long as she is an employee of the directress. As Dr John observes, it is Madame Beck who imposed on Lucy the demanding job of nursing Marie and indirectly caused her illness. She nonetheless visits La Terrasse under the pretext of seeing Lucy, but in fact with the intention of scrutinising Dr John's residence. She later administers an opium-based sedative to her, thereby reducing her to a mad woman or a child to be controlled.¹² When Madame Beck once more attempts to administer Lucy a cordial in order to interrupt her short reunion with M. Paul, Lucy expresses her resentment about her employer's harmful way of managing her: "Oh, Madame! in *your* hand there is both chill and poison. You envenom and you paralyze" (559). In order to liberate herself from her health-threatening auxiliary position and her employer's inappropriate nursing, there is for Lucy one ideal solution: to run her own school and be truly independent and autonomous.

Lucy's dream is miraculously realised by M. Paul's secret arrangement of her school-cum-home where she can pursue her

¹¹ Pauline Nestor, *Charlotte Brontë* (Hampshire and London: Macmillan, 1987) 93.

¹² Despite the humanitarian ideal of 'moral management' in mid-nineteenth century asylums, sedatives were used as a means of effective control of patients, along with segregation and physical restraint: Dingwall, Rafferty and Webster, *An Introduction to the Social History of Nursing*, 126. For the administration of opium to children by nursemaids, see Pamela Horn, *The Rise and Fall of the Victorian Servant*, 76.

teaching career without being reduced to someone's 'shadow'. In this episode, M. Paul takes a paternal role for Lucy by providing her with the property and securing her financial stability. In their reunion, he also shows his maternal care for her:

He took my hand in one of his, with the other he put back my bonnet; he looked into my face, his luminous smile went out, his lips expressed something almost like the wordless language of a mother who finds a child greatly and unexpectedly changed, broken with illness, or worn-out by want (599).

M. Paul, an originally brotherly figure, and now a benefactor-father, sympathises with Lucy in this scene as if he were her mother, sick-nurse and child-nurse. He furthermore promises to become her husband, the agent who can someday turn Lucy into a mother and give her the joy of mothering she has briefly enjoyed while nursing Georgette. While M. Paul assumes a familial role for Lucy, Faubourg Clotilde provides a place where she can work as the 'hostess' as well as a teacher. As the young Paulina has done for her father and her future husband, Lucy now enjoys serving a meal to her fiancé: "I took a delight inexpressible in tending M. Paul" (608). During his absence, M. Paul continues to satisfy her emotional hunger with his letters: "his letters were real food that nourished, living water that refreshed" (616). She is happy to be the "faithful steward" of her "king" (607), although, as the "steward of his property" (614), she again takes an auxiliary position. Even if becoming a wife means serving her 'man', as long as she can solve her long and intense loneliness caused mainly by

her maternal loss, Lucy is content with the role she is supposed to play in her future matrimony.

On M. Paul's death, Lucy's hope of overcoming her maternal loss by becoming a mother is crushed. Although she uses an unexpected legacy from Miss Marchmont's heir to enlarge the house into a small boarding school and it "flourishes" (616), the narrator Lucy remains reticent as to whether her life as a successful school manager provides her with something more than financial stability: in Vrettos's term, her new-found health.¹³ Some critics have interpreted the ambiguous ending where Lucy maintains her independence as something positive from a feminist perspective.¹⁴ Some have related it to biographical factors, especially the personal wish of Brontë's father for a happy ending to his daughter's novel.¹⁵ Some have explained that Brontë herself

¹³ Athena Vrettos, *Somatic Fictions*, 77. See also her "From Neurosis to Narrative: The Private Life of the Nerves in *Villette* and *Daniel Deronda*" in *Victorian Studies* 33 (1990): 552-79.

¹⁴ For example, Gilbert and Gubar interpret the ending as reflecting Lucy's emotional ambivalence and her recognition that it is only in his absence that she can exert herself fully to exercise her own powers, 438. Helene Moglen argues that the unreliable narrator now confronts her reader directly and that Brontë would not deny the possibility of resolution and Lucy's relative happiness: *Charlotte Brontë: The Self Conceived* (New York: Norton, 1978) 225-29. Nancy Sorkin Rabinowitz contends that, as the word 'steward' implies, Lucy cannot keep her independence in the presence of M. Paul: "'Faithful Narrator' or 'Partial Eulogist': First Person Narration in Brontë's *Villette*" reprinted in *New Casebooks: Villette*, 78-79. Brenda Silver interprets the ending as indicating Lucy's survival from romantic fantasy into another reality: "The Reflecting Reader in *Villette*" in Abel, Hirsch, and Langland, eds., *The Voyage In: Fictions of Female Development* (Hanover and London: University Press of New England, 1983) 109-11.

¹⁵ See for example, Joseph Litvak, "Charlotte Brontë and the Scene of Instruction: Authority and Subversion in *Villette*" in *Nineteenth-Century Fiction* 42.4 (1988):467-89, 489, and Rabinowitz, 77-79. Jacobus maintains that the final evasion of

refused a conventional happy ending;¹⁶ while others have regarded it as indicating compromise between two opposing elements because of which there is no final solution achieved in the text.¹⁷ In any case, because the text tells nothing of Lucy's life as an independent teacher or a lonely spinster, as Alison Hoddinott indicates,¹⁸ there is no answer to the question as to whether Lucy manages to overcome her maternal loss without M. Paul by, for example, developing a mother-child bond with her pupils.

Now that she no longer needs to take a subordinate or secondary position and be the 'shadow' of those whom she nurses and serves, she can and must express her pain at the loss of M. Paul not vicariously but as her own. The reader, however, never knows how she suffers, because Lucy closes her narrative at the point of her hearing the news of M. Paul's death, and there is no longer anyone who can act out her pain on her behalf. To feel her suffering, the reader needs to return to the beginning of her narrative and see other characters enact Lucy's loss and pain. While *Jane Eyre* involves the reader with her powerful voice in her self-assertive narration, and the narrator of *Shirley* closes its

Villette was designed to satisfy the conventional reader as well as he father, 133.

¹⁶ See for example, Pauline Nestor, 95-98, and Rabinowitz, 77.

¹⁷ Kate Millett argues that as there is no man in Lucy's society with whom she can live and still be free, Lucy does not marry, but it is also impossible for a Victorian novel to recommend a woman not to marry: *Sexual Politics* (London: Rupert Hart-Davis, 1971 [1969]) 146-47. Jacobus explains the ending as a compromise between the realist novel and Gothicism, 133-34. Terry Eagleton argues that the novel has neither the courage to be tragic nor to be comic, so the ending is a middle-ground and a half-measure: *Myths of Power: A Marxist Study of the Brontës* (London and Basingstoke: Macmillan, 1975) 73.

¹⁸ Alison Hoddinott, "The Endings of Charlotte Brontë's Novels" in *Brontë Society Transactions* 25.1 (2000): 31-41, 40.

narrative with the authority of a third-person omniscient narrator, Lucy only indirectly indicates her sorrow by telling the reader that she spends her "happiest" three years during M. Paul's absence, and silences her narrative voice together with her cry of pain.

Chapter 8

Alice Grey and Helen Huntingdon:

Anne Brontë's 'Working' Mothers

While Charlotte Brontë's illness-centered novels dramatise the quest for 'mothering' of socially obscure motherless protagonists, and their success or failure in compensating for their maternal loss, Anne Brontë's novels trace the development of two physically and mentally strong upper middle-class mothers into healthier, wiser and more independent women who successfully educate their own children. In *Agnes Grey*, in parallel with Agnes's struggle as a governess in two different families, her mother Alice's more dynamic survival through different social and marital positions can be observed. In *The Tenant of Wildfell Hall*, the heroine Helen Huntingdon proves her strength and healthiness by nursing her alcoholic and sick husband, thereby retelling Alice Grey's story as wife and mother with a more positive outcome. Alice takes charge of her daughters' education, learns from Agnes's failure as a governess in her first workplace and advises her to work for a family of higher rank, while Helen learns from her failed marriage to a spoiled man and disciplines her son so that he will not follow his father's evil example. The novels can then be seen not only as enlightening and cautionary tales for the reader but also as the records of these mothers' learning and teaching experiences.¹ They describe how Alice and Helen survive their

¹ *Agnes Grey* depicts Agnes's experience as an educator and simultaneously functions as instruction to the reader: Betty Jay, *Anne Brontë* (Devon: Northcote House, 2000) 9. Mary Summers argues that *Agnes Grey* is indeed a 'conduct book' which targets anyone involved in the educating or the upbringing of children: *Anne Brontë: Educating Parents* (Beverley: Highgate Publications, - 308 -

domestic crises by exercising their upper middle-class female virtue and, paradoxically, how they discover or rediscover their place in the middle class after working as their husbands' nurse.

The pedagogic tone of *Agnes Grey* which many critics have observed is dominant not only in her governessing but also in her sick-nursing. Agnes tries to console sick characters with educational or edifying acts rather than by performing physical tasks such as administering medicine and arranging pillows. For example, she attempts to amuse her invalid father by singing his favourite songs and soothe Nancy Brown, a cottager afflicted with "an inflammation in the eyes" (145), "rheumatiz" (147) and "religious melancholy" (145), by reading the Bible to her. During her visits to Mark Wood, "a consumptive labourer" (174), although he is in the last stage of his illness, Agnes tries to cultivate his mind by reading: "After I had sat a few minutes, and read a little for the comfort and edification of himself and his afflicted wife, I left them" (174).²

Agnes has learned what she does for the sick, singing and reading, from her highly refined mother who is married to a clergyman but was originally a squire's daughter: "My mother,

2003) vi. *The Tenant of Wildfell Hall* can also be seen as a story of education, for each layer of the text such as Brontë's preface and Gilbert's letter to Halford addresses an aspect of pedagogy: Lee A. Talley, "Anne Brontë's Method of Social Protest in *The Tenant of Wildfell Hall*" in Julie Nash and Barbara A. Suess, eds., *New Approaches to the Literary Art of Anne Brontë* (Aldershot, Hampshire: Ashgate, 2001) 133.

² According to Nightingale's *Notes on Nursing*, Agnes's reading for Nancy and Mark is an appropriate method of nursing them: "when the sick are too ill to read to themselves, they can seldom bear to be read to. Children, eye-patients, and uneducated persons are exceptions, or where there is any mechanical difficulty in reading", 55.

being at once highly accomplished, well informed, and fond of employment, took the whole charge of our education on herself, with the exception of Latin ... which my father undertook to teach us ... so that we never even went to school" (62). Thanks to her mother's home education, Agnes has learned "[m]usic, singing, drawing, French, Latin, and German" and her talents are, in her mother's words, "not such as every poor clergyman's daughter possesses" (112). In the face of the financial crisis caused by her father's failed investment, Agnes decides to become a governess and profit from her accomplishments provided by her mother, whose accomplishments were in turn once provided by her upper middle-class parents who expected their daughter to profit from them eventually by marrying a man of the same rank.³

In her first workplace, it soon turns out that Agnes is not really expected by her employers to demonstrate her accomplishments in her teaching but rather to take physical care of her young charges. On arrival at Wellwood, Agnes is told by Mrs Bloomfield that the crib of one of her daughters, the nearly six year-old Mary Ann, has been placed in her room. Although Mrs Bloomfield distinguishes between the care of her children by nursemaids and by governesses, because of the latter's superiority in social class, and in fact tries to prevent her daughter from acquiring "bad habits from the nurses", what she requires Agnes to do for Mary Ann is "to overlook her washing and dressing, and

³ James R. Simmons, Jr. argues that Agnes feels that the only training necessary for her position as a governess is that she emulates her own mother or enacts a transference of her mother's relationship with her and her sister onto the relationship with the Bloomfield children: "Class, Matriarchy, and Power: Contextualizing the Governess in *Agnes Grey*" in *New Approaches to the Literary Art of Anne Brontë*, 37.

take charge of her clothes" (75). Highly accomplished as she is, Agnes struggles to perform the menial work of a nursemaid. Seeing her governess spending much time in dressing her, Mary Anne complains that "her nurse could do it in half the time" (81). She also struggles to manage the boisterous children before she starts her lessons as a governess. It comes as no surprise that, despite their difference in social class, the only person in the household who sympathises with Agnes is the children's official nursemaid, Betty. Unlike the governess, she resorts to corporal punishment to take control of her charges: "I hit 'em a slap sometimes; and them little uns --- I gives 'em a good whipping now and then --- there's nothing else ull do for 'em, as what they say" (101). Her use of physical punishment eventually costs Betty her position in the house. Although she never resorts to violence, Agnes is also dismissed before achieving any substantial improvement in the children's behavior and her own skill as a 'child-nurse'.

The fact that both the working-class woman's hard measures and the governess's more humanitarian approach fail may suggest that the Bloomfield children are quite uneducable and beyond the control of hirelings in the first place. There is an episode which reveals Mrs Bloomfield's inability as the mistress of the house and as the educator of her children. At the dinner table, Mr Bloomfield blames his wife for spoiling originally excellent raw materials:

'What is the matter with the mutton, my dear?' asked his mate.

'It is quite overdone. Don't you taste, Mrs Bloomfield, that all the goodness is roasted out of it? And can't you see that all

that nice, red gravy is completely dried away?’

‘Well, I think the *beef* will suit you.’

The beef was set before him, and he began to carve, but with the most rueful expressions of discontent.

‘What is the matter with the *beef*, Mr Bloomfield? I’m sure I thought it was very nice.’

‘And so it *was* very nice. A nicer joint could not be; but it is *quite* spoiled,’ replied he, dolefully.

‘How so?’

‘How so! Why, don’t you see how it is cut? Dear --- dear! it is quite shocking!’

‘They must have cut it wrong in the kitchen, then, for I’m sure I carved it quite properly here yesterday.’

‘No *doubt* they cut it wrong in the kitchen --- the savages! Dear --- dear! Did ever any one see such a fine piece of beef so completely ruined? But remember that, in future, when a decent dish leaves this table, they shall not *touch* it in the kitchen. Remember *that*, Mrs Bloomfield!’ (82-83).

This conversation reveals the incompetence of Mrs Bloomfield as the manager of the household as well as the vulgarity of the retired tradesman who verbally abuses his wife in their governess’s presence. Asked soon by her husband what dish is still to come, she simply answers “[f]ish” but cannot specify its kind. Mr Bloomfield at last directly relates the spoiled dinner to his wife’s inability: “A lady professes to keep house, and doesn’t even know what fish is for dinner! professes to order fish, and doesn’t specify what!” (83). Mrs Bloomfield, originally the wife of a tradesman, or the wife of a man who is originally a tradesman, is in this way

unable to fulfil her role as the mistress of a gentleman's household. She not only ruins their dinner but also spoils her children by blindly believing her children to be good-natured and talented. Tom in fact treats badly not only his governess but also his mother and once refuses to kiss Mrs Bloomfield when she asks him to do so. Moreover, her brother, Uncle Robson, exerts a bad influence on Tom, teaching him the sadistic pleasure of trapping and killing innocent birds. In this way, whether the children originally have a good temperament or not, the adults around them fail to provide them with good education.

At Horton Lodge and in its neighbourhood, Agnes gains a certain satisfaction by looking after those who can benefit from her care. She feels "very happy" (154) to visit and help Nancy Brown and Mark Wood and to know that Mr Weston shares the same interest in caring for the sick. She forms a mutual attachment with Rosalie Murray even though it is somewhat overshadowed by her pupil's class consciousness: "she gradually laid aside her airs, and in time, became as deeply attached to me as it was possible for her to one of my character and position" (121); "I really liked her" (122). Even after Rosalie's marriage, Agnes visits Ashby Park to console her former pupil who now leads a cheerless life.

More importantly, Agnes succeeds in re-educating and retraining the dog, Snap, which has been given up by Matilda Murray:

At my feet lay a little rough terrier. It was the property of Miss Matilda; but she hated the animal, and intended to sell it, alleging that it was quite spoiled. It was really an excellent dog of its kind; but she affirmed it was fit for

nothing, and had not even the sense to know its own mistress.

The fact is, she had purchased it when but a small puppy, insisting, at first, that no one should touch it but herself; but, soon becoming tired of so helpless and troublesome a nursling, she had gladly yielded to my entreaties to be allowed to take charge of it; and I, by carefully nursing the little creature from infancy to adolescence, of course, had obtained its affections [. . .] (168).

Like Paulina, who familiarises herself with wifehood by serving tea and meals to her father and Graham, by looking after Snap and using such human terms as "infancy" and "adolescence", Agnes is experiencing a form of child-rearing. Her success in retraining Snap then proves Agnes's proficiency as a mother-nurse-educator. Significantly, the further deterioration of her father's health and the sudden disappearance of Snap occur at the same time and these two incidents are treated in Agnes's narrative as of equal importance:

In this time of trouble I had two other causes of affliction. The first may seem a trifle, but it cost me many a tear: Snap, my little dumb, rough-visaged, but bright-eyed, warm-hearted companion, the only thing I had to love me, was taken away, and delivered over to the tender mercies of the village rat-catcher, a man notorious for his brutal treatment of his canine slaves.

The other was serious enough: my letters from home gave intimation that my father's health was worse. No boding

fears were expressed, but I was grown timid and despondent, and could not help fearing that some dreadful calamity awaited us there. I seemed to see the black clouds gathering round my native hills, and to hear the angry muttering of a storm that was about to burst, and desolate our hearth (201-2).

While her father who, together with his wife, has reared Agnes finally dies, Snap which Agnes herself has nursed survives, rescued by Weston from the abuse of a cruel rat-catcher. The survival of what Agnes has saved together with Weston anticipates her future successful upbringing of her children in cooperation with him. If, as some critics observe, a woman in the novel takes the measure of a man from his treatment of animals,⁴ and tenderness towards animals is a major index of moral worth,⁵ Weston who saves Nancy Brown's cat and Snap will make a good husband and father in the future. If the dog symbolises their future cooperation in matrimony, it comes as no surprise that Snap brings Agnes and Weston together in their reunion on the beach. By marrying Weston and having her own children, she can finally fully exercise her ability as an excellent and accomplished educator: "Our children, Edward, Agnes, and little Mary, promise well; their education, for the time being, is chiefly committed to me; and they shall want no good thing that a mother's care can give" (251). Like Jane Eyre who enjoys an ideal form of 'nursing'

⁴ Elizabeth Langland, *Anne Brontë: The Other One* (Hampshire and London: Macmillan, 1989) 111.

⁵ Stevie Davies, ' "Three distinct and unconnected tales": *The Professor, Agnes Grey* and *Wuthering Heights*' in Heather Glen, ed., *The Cambridge Companion to the Brontës* (Cambridge: Cambridge University Press, 2002) 85-86.

after going through several unsuccessful or imperfect experiences, Agnes first fails in managing the Bloomfield children but then achieves relative success in governing the Murray children, retraining Snap, teaching pupils at her mother's school, and taking moral care of the depressed Lady Ashby before becoming an confident mother and educator.

Agnes's final happiness as a mother-educator is, however, essentially different from Jane's final achievement as a 'nurse' when *Agnes Grey* is seen as a novel of formation which stages the learning process and development of the protagonist. Elizabeth Langland analyses the novel as a *Bildungsroman*, finding its parallels with the male novel of development which typically starts with the protagonist's dissatisfaction with home and a corollary desire to gain experience in the larger world.⁶ If *Agnes Grey* opens as a typical male *Bildungsroman* and concludes with the heroine's final success as a mother, the close reading of the text simultaneously shows that her development and learning are relatively minor and not directly related to the happy-ending. Jane Eyre not only moves from one place to another towards the home where she can put into practice her idea of good nursing but also develops from a passionate child into a self-possessed teacher by learning at Lowood strategies of how to survive the world as well as school subjects. Agnes is already an accomplished eighteen year-old girl at the outset of the novel when she goes into the world. After the dismissal from her first workplace, Agnes tries to fulfil her task better in the Murray household than before, for example, calling the children Miss and Master from the start as Simmons

⁶ *Anne Brontë: The Other One*, 96-99.

indicates⁷: “but now I determined to be wiser” (118). Although she eventually finds herself more comfortable at Horton Lodge than at Wellwood House, this does not necessarily prove her development as a governess. Her overall success in her second workplace owes much to sheer luck; the Murray children are some ten years older than the Bloomfields, so, as Agnes expects, “more rational, more teachable, and less troublesome” (114) in the first place, and as John and Charles Murray are sent to school, this dramatically decreases the governess’s toil.

More importantly, if Alice Grey is right, the Murrays are essentially more manageable than the Bloomfield children because of their ‘inborn’ good quality. Agnes expects the Bloomfields to improve through her long-term education, however slight: “I thought, if I could struggle on with unremitting firmness and integrity, the children would, in time, become more humanized: every month would contribute to make them some little wiser, and, consequently, more manageable” (91). On leaving Wellwood, Agnes rationalises her failure in improving them as caused mainly by the lack of time: “Unshaken firmness, devoted diligence, unwearied perseverance, unceasing care, were the very qualifications on which I had secretly prided myself, and by which I had hoped in time to overcome all difficulties, and obtain success at last” (107). Alice Grey by contrast indicates the ultimate futility of disciplining the Bloomfield children and ascribes it to the class the family originally belongs to. Mr Bloomfield is after all a “retired tradesman, who had realized a very comfortable fortune” (70). She then advises her daughter to find a position “in a somewhat higher

⁷ “Class, Matriarchy, and Power: Contextualizing the Governess in *Agnes Grey*”, 38.

family --- in that of some genuine, thorough-bred gentleman" (112) because she knows some examples of such families' good treatment of their governess. It is not exactly Agnes, then, but Alice who learns from the failure at Wellwood and changes the strategy for her daughter's future governessing. Agnes's relative success as a governess at Horton Lodge proves her mother's counsel to be appropriate.

Indeed Agnes discovers the Murray children's ability to respond to education, whether good or bad, and relates their disagreeable manners to the inappropriate education they received before her arrival.⁸ Rosalie's "faults" are "rather the effect of her education than her disposition: she had never been properly taught the distinction between right and wrong" (122), and John "might have been a decent lad, had he been properly educated" (124). The Murray children can then be compared to the originally excellent but carelessly treated meats at the Bloomfield dinner. The inborn ability to be affected by or benefit from education is in fact what Agnes herself has possessed as a child, according to her mother. Alice Grey prides herself on her having not neglected the problematic nature of her children: "I did not spoil you; and you were not perfect angels after all: Mary had a fund of quiet obstinacy, and you were somewhat faulty in regard to temper; but you were very good children on the whole" (111). While Agnes thinks of education as the chief determinant in the formation of children's behaviour and personality, Alice Grey, as

⁸ Marion Shaw argues that Anne Brontë's religious beliefs are closer to those of an Arminian Methodist in which the individual child is supposed to be born with a capacity for both goodness and evil: "Anne Brontë: A Quiet Feminist" in *Brontë Society Transactions* 21.4 (1994): 125-35, 127 and 130.

the phrase "on the whole" suggests, believes not only in the importance of education but also in children's innate quality which enables good education to function. Therefore, when her daughter is dismissed by the Bloomfields, Alice maintains that the children's nature has defied Agnes's attempts to teach them: "you cannot expect stone to be as pliable as clay" (111). The Bloomfield children are after all not good enough to respond to Agnes's education. Snap is, by contrast, "an excellent dog of its kind" (168) and indeed benefits from Agnes's retraining.

If, as Alice believes, children's responsiveness to good education indicates an essential difference between the "genuine thorough-bred gentry" (113) and the rising gentry, healthiness may be another index of the superiority of the former. As children, there is no great difference in health between the Bloomfields and the Murrays. Among the four Bloomfield children, Tom, seven is a "well-grown boy" (75), Mary Ann, six, is a tall girl with a "round, full face, and a high colour in her cheeks" (75), and Harriet, two, is a "little, broad, fat, merry, playful thing" (76). Only Fanny, scarcely four, is a "remarkably gentle child, and required encouragement" (76). The Murrays also have four children and again three of them are overall healthy. Rosalie, sixteen, is "tall and slender, but not thin, perfectly formed, exquisitely fair, but not without a brilliant, healthy bloom" (121), Matilda, two and a half years younger than Rosalie, is larger and darker than her sister and "big-boned" (123), and Master John, eleven, is a "fine, stout, healthy boy". Exactly like the Bloomfield children, only one of the four siblings has a less healthy constitution and disposition: Master Charles is "much smaller, paler, and less active and robust" (125) than the one-year older John and described by his mother as "extremely nervous and

susceptible" (120). While the children of the two families show no particular differences in their health, the adults are contrasted in Agnes's observations of their physical characteristics. Mrs Bloomfield is a "tall, spare, stately woman, with thick black hair, cold grey eyes, and extremely sallow complexion" (74), and her husband is a "man of ordinary stature --- rather below than above, and rather thin than stout", with a "large mouth, pale, dingy complexion" (82). By contrast, Mrs Murray is a "handsome, dashing lady of forty, who certainly required neither rouge nor padding to add to her charms" and her husband is a "tall, stout gentleman with scarlet cheeks and crimson nose" (119). Although, as is argued in Chapter 3, words related to health can be equivocal, so that "big-boned" and "stout" can, for example, indicate vulgarity or dullness rather than healthiness, it is true that, while the children of the two families are similarly healthy, the Murray adults are described overall in more positive physical terms than the Bloomfield adults. This may suggest that in *Agnes Grey*, characters of better birth tend to be healthier and prove this when they become older.

If healthiness indicates the superiority of the genuine gentry, it can ultimately explain why Richard and Alice Grey respond differently to their financial crisis. Richard is a respected clergyman who "in his younger days, lived pretty comfortably on the joint income of a small incumbency, and a snug little property of his own" (61). Alice is originally a "squire's daughter" who has married him "against the wishes of her friends" (61). In their married life they share the same material conditions, but, in the face of the crisis, they show essential differences in their resilience. Richard Grey blames himself for his failure in financial

investment and escapes into physical decline and mental depression, whereas Alice tackles the financial loss and her husband's illness by economising on the household expenditure with as little effect as possible on Richard, attempting to cheer him up, and conceiving the idea of sending him to a watering-place and selling Mary's drawings. If her efforts cannot cure her husband, she achieves a series of considerable successes for a widow in mourning and with limited means. She marries off her penniless first daughter, Mary, and helps her second daughter to succeed as a governess. By sending Agnes as a governess from home, she profits from her educational investment in her children, whereas her husband has failed in his financial investment. She negotiates the shock of her husband's death without harming her health: "My mother's strong mind had not given way beneath even this affliction: her spirit, though crushed, was not broken" (212). While Lucy Snowe is miraculously made into the school director by M. Paul, Alice Grey establishes a school through her own resources and manages it well. Despite Weston's proposal of accommodating her in his household, she is resolute to run the school until she can "purchase an annuity sufficient to maintain her in comfortable lodgings" (250). Unlike Lucy Snowe, however, she spends "her vacations alternately" (250) with her daughters' families and is never left alone in her school.

Although some critics seem to discuss Alice's success as Agnes's,⁹ it is not only the heroine but also her mother who survive their transplantation into different social classes and

⁹ For example, Betty Jay, *Anne Brontë*, 32, and Larry H. Peer, 'The First Chapter of *Agnes Grey*: An Analysis of the Sympathetic Narrator' in *New Approaches to the Literary Art of Anne Brontë*, 22-23.

unexpected challenges in life. Agnes departs from her father's parsonage, moves through two different families as a governess, works as a teacher with her mother, and finally returns to a parsonage by marrying Weston. She overall remains in the same social class and her governessing outside her home is basically a temporary divergence necessitated by her family's crisis. Ironically, during her governessing, Agnes learns that it is more productive and rewarding to take good care of her own children from the start than attempting to educate already spoiled children.¹⁰ If all true histories contain instruction, as Agnes states in the incipit of the novel, what the story of her struggle as a governess teaches is, paradoxically, the ultimate futility of educating children of low quality, and the superiority of people from the genuine gentry. Simmons argues that her marriage to Weston and educating her children realise her final freedom from the restrictions of class, and her empowerment as an effective matriarchal figure.¹¹ Langland maintains that Agnes marries after the reader has been made to feel she has the option of self-support.¹² My contention is that these observations would be also relevant to Alice; she releases herself from the tie of her family and achieves independence and self-support as a successful matriarchal figure. What is contrasted to Lady Ashby's joyless marriage is not only Agnes's happy home-making and child-rearing, as Langland remarks,¹³ but also Alice's commitment to the 'home' and the

¹⁰ Summers maintains that what Anne Brontë most longed for in life was a loving relationship as a wife and mother of children, for whose upbringing she as a parent would have been responsible, v.

¹¹ "Class, Matriarchy, and Power: Contextualizing the Governess in *Agnes Grey*", p. 40.

¹² *Anne Brontë: The Other One*, 113-14.

¹³ *Ibid.* 109.

husband she has chosen.

Alice's upper-middle class virtue is proved, however, even more paradoxically, by her working like a middle-class woman in need, or a working-class woman. She has educated her daughters herself as the wife of a clergyman with a modest income. In the face of her husband's illness, Alice works as "his nurse" (214). After his death, she is able to establish and run a school to earn her living with her experience of home-teaching: "Thanks to my having had daughters to educate, I have not forgotten my accomplishments" (212). Being active and busy helps to maintain Alice's mental and physical wholesomeness, as the narrating-Agnes observes: "We often pity the poor, because they have no leisure to mourn their departed relatives, and necessity obliges them to labour through their severest afflictions; but is not active employment the best remedy for overwhelming sorrow . . . the surest antidote for despair?" (216). Alice declines her father's proposal to readmit her to his family if she admits her mistake in marrying an inappropriate man. She chooses to stay in the middle class and perform 'women's work' as a teacher, like the middle-class widow Madame Beck, because for her, to live and work in the middle class is the healthiest choice. Describing both Agnes's final happiness in 'mothering' her own children in her own home and Alice's performance of 'mothers' work' as an independent teacher, *Agnes Grey* values the middle-class lifestyle which requires women's labour and promotes their health.

While *Agnes Grey* under-represents the survival of an originally upper middle-class wife and mother through different class and marital situations and implies her virtue and health,

The Tenant of Wildfell Hall fully dramatises such a survival in the main plot in relation to the heroine and foregrounds the vice and illness of upper middle-class men. In Anne Brontë's second novel, those who are nursed and those who nurse make a far clearer contrast than in her first novel. In *Agnes Grey*, those who are nursed vary in terms of sex, age, class, and even species; Agnes 'nurses' a middle-class male (Richard Grey), a working-class male (Mark Wood), a working-class female (Nancy Brown), an upper middle-class female (Rosalie Murray), young pupils at school, and a canine (Snap). Those who 'nurse' are varied as well; not only Agnes but also Hatfield and Weston visit Nancy Brown and Alice Grey educates her daughters, nurses Richard Grey and teaches her pupils. In *The Tenant of Wildfell Hall*, by contrast, upper middle-class women overall perform the role of 'nurses' and take care of their present and future male family. Helen nurses her husband, later her uncle together with her aunt, and corrects Hattersley's dissipation with his wife, Millicent, and Gilbert's misunderstanding about Lawrence being her lover. Helen also educates her younger family and friend; she disciplines her son Arthur and teaches Esther Hargrave the dangers of a marriage of convenience.

It is not a coincidence that men need to be nursed by women in *The Tenant of Wildfell Hall*, since male characters' illness and injury are mostly caused not exactly by accidents, contagion, or infection, but by their own self-indulgence which, as Langland remarks, Brontë identifies with a male lack of self-restraint.¹⁴ Lawrence is injured by Gilbert who is jealous of his intimacy with Helen and loses self-control. Even when he visits his victim to

¹⁴ *Anne Brontë: The Other One*, 133.

make an apology, Gilbert indulges himself in displaced eroticism, associating Lawrence's body with his sister's. Arthur's condition after a fall from his horse is exacerbated by his long bout of self-destructive dissipation.¹⁵ If the fall itself is an accident, his illness is the natural consequence of his own depravity, as his doctor asserts,¹⁶ and in this sense, self-inflicted.¹⁷

The case of Helen's uncle demonstrates the most stereotypical interrelationship between illness and upper middle-class male self-indulgence. While typhus kills Jane Eyre's clergyman father, and consumption afflicts Mark Wood, the 'labourer' in *Agnes Grey*, Helen's uncle is attacked by gout, an illness which has traditionally been associated with a luxurious diet and sexual debauchery.¹⁸ Gout was a symbol of success and social status because, before the twentieth century, it was often generated by an upper-class European diet which consisted of vast quantities of sweet or fortified wines and food heavy in protein and starch.¹⁹ It was usually associated with the male sex; in 1837, 207 deaths from gout were registered in England and Wales of which 161 were

¹⁵ A physician of King's College Hospital, R. B. Todd, observed that "[i]ntemperance, the fruitful source of disease, [was] often a great hindrance to the successful application of remedies, and, even although discontinued for the time, it exerts a weakening influence on the system": *The Lancet*, October 29, 1842, 1842-43, vol. 1, 150.

¹⁶ It was in reality difficult for porters and doctors in hospitals to distinguish accident victims from simply drunken people who were not admitted: F. B. Smith, *The People's Health 1830-1910*, 253.

¹⁷ For the interrelation between addiction and illness, see Virginia Berridge, "Victorian Opium Eating: Responses to Opiate Use in Nineteenth-Century England" in *Victorian Studies* 21 (1978): 437-61, 456-461.

¹⁸ Roy Porter and G. S. Rousseau, *Gout: The Patrician Malady* (New Haven and London: Yale University Press, 1998) 229.

¹⁹ Roderick E. McGrew, *Encyclopedia of Medical History* (London: Macmillan, 1985) 116-118.

male and 46 female, and next year saw 170 male and 45 female deaths from the disease.²⁰ In *Agnes Grey*, the male character of the highest rank in the novel, Mr Murray, indeed suffers from gout and is described as a stereotypical gouty patient:

I was told that [Rosalie's] papa had the gout, which made him very ferocious, and that he would not give up his choice wines, and his substantial dinners and suppers, and had quarrelled with his physician, because the latter had dared to say that no medicine could cure him while he lived so freely [. . .] (231).

Anne Brontë in this way associates gout not only with self-indulgence but also with aggression, which is shared by her male characters in *The Tenant of Wildfell Hall*, Gilbert, Arthur, the young Arthur and Helen's would-be seducer, Walter Hargrave.

The gout of the haughty and self-indulgent Mr Murray forms a classic class and gender contrast with the rheumatism of the humble and hardworking cottager Nancy Brown. In today's medicine, rheumatism means any painful disorder of joints or muscles not due to infection or injury and includes gout along with rheumatic fever, rheumatoid arthritis, osteoarthritis, and so on. In the mid-seventeenth century, Thomas Sydenham who pioneered the nosological idea of a 'natural history of diseases' established that rheumatism and gout were different diseases.²¹ During the 1840s, gout and rheumatism were often discussed together in medical literature because of their similar symptoms. Charles T.

²⁰ *The Lancet*, January 22, 1842, 1841-1842, vol. 1, 574.

²¹ Porter and Rousseau, 8.

Mackin, a contributor to *The Lancet*, for example, observed that the difference between the two diseases is merely a degree of intensity, and typical gouty and rheumatic patients are distinguished by their gender and class. According to his article, some of the characteristics of gout are: "rare in females", generally "superinduced by high living, free indulgence in the pleasures of the table, &c. &c." and "hereditary, descending".²² The characteristics of rheumatism are: "frequent amongst females, especially that class who are necessarily exposed to the action of those causes to which it is attributable" and "more frequent amongst the lower orders, and those to whom poverty and privation are familiar visitors".²³ It seems likely that Anne Brontë was aware of these medico-cultural implications of gout and rheumatism, and made Helen's uncle suffer specifically from gout to imply his upper middle-class male vice which in effect creates Helen's marital tragedy.

Helen marries Arthur with no sufficient instruction by parental figures. Although her aunt attempts to dissuade her niece from marrying a rake, her uncle, optimistic and indifferent about it, writes to her father to ask for his consent:

'Well, be thankful, then, that you've wiser heads to think for you. I haven't had time, yet, to examine thoroughly into this young rascal's affairs, but I see that a great part of his father's fine property has been squandered away; ... but still, I think there's a pretty fair share of it left, and a little careful nursing may make a handsome thing of it yet; and then we

²² *The Lancet*, March 22, 1845, vol. 1, 312.

²³ *Ibid.*

must persuade your father to give you a decent fortune, as he has only one besides yourself to care for; ... and, if you behave well, who knows but what I may be induced to remember you in my will?' (168).

Helen's father who "has entirely given [her] up to [her uncle and aunt's] care" (164) gives his consent to his daughter's unpromising marriage. The lack of adequate guidance by the two key male figures responsible for her life helps to cause her later suffering in matrimony. Although she does not particularly relate her failed marriage to the absence of a father-mentor, Helen believes that Arthur's excessive self-indulgence and poor self-control can be ascribed to a lack of control and education by his parents:

I often try to persuade him to learn the piano, but he is far too idle for such an undertaking: he has no more idea of exerting himself to overcome obstacles than he has of restraining his natural appetites; and these two things are the ruin of him. I lay them both to the charge of his harsh yet careless father and his madly indulgent mother. If ever I am a mother I will zealously strive against this *crime* of over indulgence ... I can hardly give it a milder name when I think of the evils it brings (214).

Arthur's case reflects a mid-nineteenth century parental tendency to have high expectations of boys but to be lenient towards their better moral upbringing.²⁴ In this way, *The Tenant of Wildfell Hall*

²⁴ Chitham argues that infidelity may result from inadequate education, especially of the male: Edward Chitham and Tom

generally foregrounds male sex-related vice as the main cause of Helen's ruined marriage.

Even though she is no orphan, because of the absence of moral guardians, Helen is psychologically and morally as vulnerable as the young parentless protagonists of Charlotte and Emily Brontë. Nevertheless, she comes to perform the role of 'mother' for her child-husband who does not know how to take care of himself. Helen in fact finds Arthur in sleep "looking as careless and sinless as a child", and when wet weather prevents him from going outdoors, "as restless and hard to amuse as a spoilt child" (214). Against her uncle's expectations, he has no interest in "nursing" (168) his property and continues his extravagant life-style of intoxication and womanising. Helen in vain tries to persuade him to "take care" (246) of himself and warns against the eventual ruin of his health. As he remains immature and fails to nurse or take care of anything, it comes as no surprise that he is unable to behave like a parent towards his own child, and shows childish jealousy and aversion: "Helen, I shall positively hate that little wretch, if you worship it so madly! You are absolutely infatuated about it" (229).

Arthur, more precisely, behaves like a sick child because of his addiction to alcohol, and Helen 'nurses' him while mothering her real child. While his addiction is related to his psychology, his lack of self-control, his symptoms are also similar to those of mental illness: first the mixture of nervousness and delirium, and then

Winniffrith, *Brontë Facts and Brontë Problems* (London and Basingstoke: Macmillan, 1983) 104. Despite his father's high expectations and financial support, Branwell Brontë, like Arthur, eventually ruined himself through his lack of self-control: Gérin, *Anne Brontë* (London: Allen Lane, 1979 [1959]) 252-53.

depression when his health improves temporarily. Although his addiction is ultimately self-caused, Arthur plays the victim and expects to gain from his 'illness'. He eloquently expresses his 'complaints' and defends his violent attitude towards those who serve him:

'What *could* you mean, Helen, by taking the servant's part against me,' said Arthur, as soon as the door was closed, 'when you knew I was distracted?'

'I did not know you were distracted, Arthur, and the poor man was quite frightened and hurt at your sudden explosion.'

'Poor man indeed! and do you think I could stop to consider the feelings of an insensate brute like that, when my own nerves were racked and torn to pieces by his confounded blunders?'

'I never heard you complain of your nerves before.'

'And why shouldn't I have nerves as well as you?' (243).

Arthur further claims for his wife's 'treatment' and demands alcohol as his 'medicine'. Unlike Nelly who doubts Catherine's illness, Helen, overwhelmed by his fit, promptly administers wine to him:

'You've nearly squeezed the breath out of my body.' He pressed his hand to his heart, and looked really agitated and ill.

'Now get me a glass of wine,' said he, 'to remedy what you've done, you she tiger! I'm almost ready to faint.'

I flew to get the required remedy. It seemed to revive him considerably (246).

Manipulated by her 'patient' and resorting to a wrong kind of therapy, Helen is an incompetent 'nurse' in her relationship with her sick husband. She is also an unwanted wife when Arthur almost comes to use alcohol as a substitute for 'wife' and 'nurse' during his depression: "he would have made it his medicine and support, his comforter, his recreation, and his friend" (249).

In this absurd situation in which an originally healthy adult demands the privileges of a sick child, Helen recognises her nursing Arthur as futile and, like Agnes Grey, starts entertaining her expectations of those who are younger and more responsive to her education, thereby attempting to prove herself a good 'mother-nurse'. She tries to prevent Esther Hargrave from risking her inner happiness by marrying the wrong man.²⁵ Esther is being persuaded by her mother into a materially affluent but psychologically barren marriage:

I have seen Esther Hargrave twice. She is a charming creature, but her blithe spirit is almost broken, and her sweet temper almost spoiled, by the still unremitting persecutions of her mother, in behalf of her rejected suitor --- not violent, but wearisome and unremitting like a continual dropping. The unnatural parent seems determined to make her daughter's life a burden if she will not yield to her desires (418).

²⁵ Winifred Gérin maintains that the relationship between Helen and Esther was inspired by that between Anne Brontë and her former pupils: *Anne Brontë*, 244-45.

As in Helen's case, it is again emphasised that having a parent does not necessarily mean being protected and guided by a true moral guardian, but, on the contrary, parents can be the greatest abusers of their children.

While trying to save Esther from making the same mistake as hers, Helen attempts to prevent her son, Arthur, from acquiring his father's evil habits. It is, however, difficult for her to monopolise the education of her own child. As Mrs Bloomfield tries to prevent Mary Ann from acquiring her nurse-maids' bad habits, Helen must struggle to protect her child from the "contaminating influence" (311) in her upper middle-class household which accommodates a number of guests and hirelings. She first attempts in vain "to keep him always with [her] or in the nursery", and gives "Rachel particular injunctions never to let him come down to dessert as long as these 'gentlemen' stayed" (335). Her son nonetheless absorbs what his father and his guests say to him until he almost believes his own mother to be "wicked" (347). The young Arthur is further exposed to the corrupting influences of his governess, Miss Myers, one of his father's mistresses. As he abuses the notion of illness and takes wine as medicine, Helen's husband exploits the upper middle-class convention of the resident governess, and enjoys womanising. Unlike most of the Brontë sisters' working heroines who struggle as 'surrogate mothers' in others' households, Helen suffers because her 'mothering' is divided into several roles to be performed by hirelings so she cannot be in perfect control of her own son's education. Helen finally flees to Wildfell Hall where, despite her neighbours' gossiping about her identity and criticism of her method of

disciplining little Arthur, she enjoys the 'privilege' of nursing her child on her own.

When he becomes truly ill after falling from his horse, however, Helen returns to Arthur to perform the role of a real sick-nurse. As the Victorians were attracted to the implicit ideal of a woman's redemptive potential,²⁶ Helen's nursing of her debauched husband can be seen as an early version of the Angel in the House and as the embodiment of female virtue. Her nursing is, however, necessary more for her own well-being than for her husband's recovery. By nursing Arthur, she hopes to redeem herself from her past blind infatuation with him, because her idea of good nursing entails genuine affection, so nursing the patient whom she no longer loves can operate as punishment for the nurse. The idea of dutiful and loveless nursing as a cruel punishment is suggested earlier when Helen puts the baby Arthur in the arms of her husband who detests his own son: "You shall nurse him for me, as a punishment" (230). Probably because of this unromantic loveless nursing, *The Tenant of Wildfell Hall* exceptionally describes how Helen actually nurses her patient, while *Shirley* omits to depict Mrs Pryor's physical and manual labour. After sending away his careless "professional nurse, a grim, hard old woman" (407), Helen occupies the sickroom to wait on Arthur by his bed-side, bathes "his forehead and temples with vinegar and water to relieve the heat and pain in his head" (408), hands him a "cooling drink" (412) and arranges his pillow comfortably. She now works as an efficient and devoted nurse to take her punishment bravely. She chooses her brother as the witness of her attempts at self-redemption and records the whole event in her letters to him:

²⁶ Langland, *Anne Brontë: The Other One*, 24.

"He suffers dreadfully, and so do those that wait upon him ... but I will not harass you with further details: I have said enough, I think, to convince you that I did well to go to him" (430).²⁷ By writing to Lawrence while nursing, she also proves her lack of affection for her patient: "He is holding my left hand now, while I write; he has held it thus for hours" (429).

If Jane Eyre's success as Rochester's nurse is measured by her contribution to his recovery, Helen's excellence is proved not by her patient's recovery, but by the patience and faith she maintains for her self-redemption till his death. Arthur's death then signifies not exactly her defeat but her fulfilment of duty, and above all, her own healthiness and strength, which are contrasted with the unwholesomeness and weakness of the deceased. Although she faints shortly before Arthur's death, she does not stay ill and soon helps her aunt to nurse her gouty husband. As a reward for her perseverance, Helen is lawfully and psychologically liberated from her husband's bondage, able to educate her son without others' interference, and marry Gilbert whom she has chosen without rashness or blindness. Mary Millward who has nursed her mother and become old enough to be regarded by her neighbours as an 'old maid' enacts a middle-class version of Helen's progress; her mother's death does not essentially signify her incompetence as a nurse, but proves her patience and conscientiousness; liberated from dutiful nursing, she finally becomes engaged to Richard Wilson to lead a stable life as a vicar's wife.

While Agnes Grey survives the outside world with the help of her originally upper middle-class mother's wisdom and virtue,

²⁷ Langland argues that Helen's diary and her letters to her brother constitute primary evidence for her excellence: *Anne Brontë: The Other One*, 120-24.

Helen Huntingdon nurses her husband and liberates herself from upper middle-class male vice, finally to settle down with the middle-class Gilbert. If one needs to learn before teaching someone, Helen first learns from her failed marriage the importance of parental guidance and then educates her son²⁸ and Esther until she succeeds in making her son detest alcohol and Esther choose an appropriate husband, her own brother. In the process, she transforms from the incompetent nurse of her alcoholic husband into a competent and confident mother-mentor. All the major defective upper middle-class male characters finally die --- her irresponsible father, her gouty uncle and her addicted husband --- whereas the wholesome female characters survive and form a long-lasting female bond which is stronger than any temporary male relationship founded on debauchery or any dysfunctional marital relationship. Helen's adoption of her mother's maiden name during her hiding symbolises the female bond in the novel which is under-represented in the matrimony of female characters but sustained throughout the text. Her aunt and Milicent warn against Helen's marriage to Arthur, Rachel faithfully supports her mistress throughout her hiding, and Esther takes charge of the young Arthur during Helen's absence. If the heroine's marriage at the end of the novel forms the classic denouement of the nineteenth-century female narrative, albeit it is her second, it neither ruins the female solidarity the heroine has established during her suffering, nor isolates her from her female friends who have supported her. Helen's aunt, who is also liberated from her sick husband, joins Helen and Gilbert in their new home, while Esther consolidates her sisterhood with Helen by marrying

²⁸ Summers, 78.

Lawrence and becoming her sister-in-law. By finally excluding upper middle-class male 'ills', the novel provides the heroine with the 'privilege' of the lower class --- freedom to 'mother' her own child --- and brings her to a materially inferior but mentally and physically more wholesome world.

Conclusion

Illness whose endless afflictions the Brontë sisters had to endure inevitably in a passive way during their lifetime provides them with limitless inspiration and rich imagination in their act of writing and creating. None of the sisters treats illness in their fiction simply as 'disease', or describes it as doctors did in case histories or Charlotte Brontë did in her letter to Dr Epps. They handle illness as experience which involves their protagonists not only physically but also emotionally. As has been analysed in the first part of this thesis, illness enhances the plausibility and credibility of representations, plots and characters in the Brontë narratives. After cultivating and developing her romantic literary taste, illness continues to enable Charlotte Brontë to explore her Angrian imagination in her more realistic narratives by providing the place where the miraculous and unbelievable can be represented without being too unnatural. Illness triggers the adventures of the Brontë protagonists in the early parts of their narratives and moves the plot forward to the endings as a powerful narrative desire for recovery, thereby often functioning as central nodal points of the narrative which can bring dramatic but plausible changes to the plot direction. Because of the unavoidable ambiguity illness can limitlessly produce, Nelly Dean can retain her credibility as the narrator of the inside story and as a character of both the framed and framing narratives in *Wuthering Heights*, despite her dubious and callous-looking attitude towards sick characters.

As the second part of this thesis has investigated, the Brontë protagonists seek for 'mothering' in one form or another as the

most powerful therapy for their afflictions which are originally caused by their 'maternal loss'. For their true recovery, Charlotte Brontë's sick heroines need to be nursed by familial figures or, conversely, nurse their own family. Jane Eyre's autobiography traces the process in which the orphan heroine overcomes the loss of her mother by observing other characters' nursing and finally becoming a nurse and mother herself at the end of the *Bildungsroman* plot. Unlike Jane Eyre, Caroline Helstone paradoxically abandons her attempts creatively and resourcefully to compensate for her absent mother when her real mother appears to nurse and cure her. *Villette* dramatises how Lucy Snowe suffers from her loss of a mother and finally loses an opportunity to become a mother herself. It is difficult to know from the text if she, as a school directress, obtains self-fulfilment and compensation for the loss. Anne Brontë's overall healthy heroines struggle to attain the privilege of mothering their own children. *Agnes Grey* ends the young heroine's mock-mothering as governess and teacher by making her a true wife and mother at the end of the story, thereby indicating the virtue and health of her and her mother. *The Tenant of Wildfell Hall* describes how the basically healthy mother, Helen Huntingdon, successfully survives the tragedy created by her mentally and physically unhealthy husband finally to enjoy the liberty of mothering her son and succeed in raising him to be healthy. The Brontë narratives in this way overall appreciate 'true' mothering ... being nursed by real mothers and mothering real children ... more than paid-nursing and mock-mothering.

Reading the Brontë narratives through illness has illuminated not only what the three writers share but also what

they do not share. In Charlotte Brontë's novels, illness actively creates crises, changes scenes and precipitates events finally to bring her protagonists to a happy-ending except in *Villette*. While accelerating the plot development, illness never kills her protagonists, and when it kills relatively minor characters, it does so only gradually. After having an apoplectic attack, Aunt Reed survives long enough to see her estranged niece, Jane. St. John finally dies in India but not immediately after his settlement there. As Miss Mann in *Shirley* survives, coping with her frailty, Miss Marchmont in *Villette* has to live many years with her physical and mental afflictions before she dies. Although Helen Burns is willing to die and go to heaven and St. John goes to India knowing the climate could affect his health, Charlotte Brontë's protagonists have the will to live, and this will leads to their final survival and recovery.

In Emily Brontë's only novel, illness is highly active and brings more literal changes to the plot. Illness often leads to death and the death of characters moves the plot in a tragic direction for surviving characters by making them increasingly vulnerable in the households they live in, especially in *Wuthering Heights*, where the literal and metaphorical disorder prevails. Most characters are already suffering from injustice, violence and loneliness when they fall ill and die after enduring extra afflictions. The Earnshaws tend to suffer from self-inflicted illness and, unlike Charlotte Brontë's protagonists, lack the strong will to live; Catherine Earnshaw fasts and wishes to die, Hindley ruins himself by excessive drinking and Heathcliff is willing to accept his own death. The Lintons, by contrast, passively suffer from illness as most Victorians did; the illness which kills them is

generated not exactly by their inner suffering but by their hereditary constitution and external causes.

Anne Brontë's heroines do not expect to achieve their happiness through illness and, accordingly, they do not gain so much from illness as Charlotte Brontë's protagonists do. Illness, however, provides them with opportunities for adventures if it challenges them by disturbing their social stability and spiritual peace: Agnes goes into the world as a governess; Alice Grey runs a school; Helen Huntingdon tries to become a professional painter and marries a man whose social class is lower than hers. What is described as tragic in Anne Brontë's illness narratives is not exactly the death of characters as an outcome of their illness but their suffering and their family's struggle during their illness. While the death of characters leads to further deterioration of tragic situations in *Wuthering Heights*, the death of male characters ends Anne Brontë's heroines' exhausting nursing, liberates them from their familial tie and provides them with freedom to design their life.

In their illness narratives, the Brontë sisters all attach more significance to nursing scenes than to pathological reality such as medical treatments or patients' symptoms, but they handle nursing episodes and nurse-characters differently. In Charlotte Brontë's novels, nursing often leads to the sick protagonists' happiness by realising their discovery of motherhood --- miraculously obtaining or rediscovering a motherly figure who nurses them and eventually turning into an agent to nurse their own family. Jane Eyre becomes a mother herself after performing a series of quasi-nursing roles; Caroline is first reunited with her biological mother and then becomes a wife; Shirley, after behaving

like a man, discovers her womanhood and transforms herself into a wife. These heroines are first nursed by others when they are ill and finally become 'nurses' themselves, whereby their matrimony in which they play the role of wife and mother, or future mother, becomes a sign of their recovery, health and power.

In *Wuthering Heights*, nursing forms the framework of the outside story in which Nelly Dean nurses Lockwood and of the inside story in which she narrates various past nursing scenes. Playing the role of both child-nurse and sick nurse, Nelly shows a different attitude in her engagement with these two kinds of nursing: as a sick-nurse, she is in general sceptical, and can sometimes look careless and callous, whereas, as a child-nurse of Hareton and the younger Catherine, she is affectionate and attentive. The ending of the story with no more illness and with the marriage of Catherine and Hareton means that Nelly needs to nurse neither sick adult nor child-figure any more. Unlike in Charlotte Brontë's novels, illness does not bring any therapeutic mothering to cure and empower the sick characters. In contrast to Charlotte, Emily hardly romanticises nursing as a powerful therapy or the best substitute for mothering but instead highlights the destructive power of illness from which no nursing can save the sick characters. In the sense that sick-nursing is overall futile, illness in *Wuthering Heights* is beyond nursing.

Anne Brontë focuses more on 'nurse' characters' strength and health than on patients' suffering and is interested more in what wholesomeness brings and achieves than in what illness illuminates and develops. While Charlotte Brontë's novels romanticise protagonists' experience of being ill and nursed as something which finally empowers them, Anne Brontë appreciates

nurse-characters' health and their dedication to the sick through which they finally gain true maturity and independence. Healthy female characters further develop their healthiness while nursing their sick male families: in other words, the weakness of sick male characters helps them to rediscover and increase their own strength, whereby the male characters' lack of self-control and self-care is opposed to the female characters' ability to nurse. In this sense, even though their patients finally die, they can be seen as successful nurses, surviving their family crisis without becoming ill themselves.

The different handling of illness and nursing creates the Brontë sisters' different narrative styles. Charlotte Brontë's protagonists become ill and narrate their own physical dysfunction as highly subjective experience, as 'illness' in Kleinman's definition. The narratives consequently include metaphorical and stylised descriptions of reality perceived by their afflicted minds and convey the protagonists' suffering directly to the reader. In *Wuthering Heights*, as Nelly Dean narrates the twenty-year story of the Earnshaw and the Linton families in a short time, and as her story includes numerous illness and death episodes she has been involved in as a nurse-observer, the inside story in effect sounds anecdotal and edited, and the narrator, psychologically distanced, manipulative and unreliable. While Charlotte Brontë's narratives are highly subjective and therefore at some points romantic, Anne Brontë's narratives sound realistic and objective. Such narrative tone is generated by the basic rationality and wholesomeness the narrator-characters, Agnes Grey and Helen Huntingdon, retain even in face of their family's illness and their own affliction.

Although the Brontë narratives have both literal and symbolical representations of illness, the latter produce far more imaginative amplification. There are few clinical and bodily details of sick characters such as Charlotte Brontë's account of Emily Brontë's consumption quoted in the Introduction. In the Brontë narratives, the literal body is overall repressed, even in the illness-ridden Charlotte Brontë's narratives, and the minute description of the body is virtually limited to characters' physiognomical and phrenological traits. Physical affliction is, however, often articulated in relation to the sick characters' mental suffering and this *soma-psyche* relation is what is most distinctive in the Brontë illness narratives. Physical troubles such as hunger and fatigue weaken characters' minds and, conversely, mental distress is 'somatised' and produces bodily dysfunction, but, in both cases, mental affliction is far more vividly recorded than physical suffering. Illness of a psychosomatic nature provides the best literary space to dramatise protagonists' deviance; it fully visualises and materialises their inner affliction which is otherwise hidden and invisible, while straightforwardly indicating and problematising their bodily crises without too much detailed somatic descriptions.

Charlotte Brontë fully dramatises the psychosomatic illness of her protagonists and their sufferings in their first-person subjective narratives of *The Professor*, *Jane Eyre* and *Villette*, and in the third-person, illness-conscious narrative of *Shirley*. Emily Brontë also most vividly represents Catherine Earnshaw's psychologically-caused illness among other numerous illness episodes. Catherine's suffering can be relatively directly conveyed because it is largely represented in her spoken discourse set in the

Chinese-box narrative of Nelly Dean and Lockwood. Unlike her sisters' narratives, especially unlike Charlotte's, Anne Brontë's novels seem to display little sympathy towards psychology-related illness, particularly towards illness which implies upper-class male vice and the ills of society they live in. Indeed, it is not fully described in the text how male characters have become self-destructive and unwholesome in the first place.

Charlotte Brontë was constantly annoyed by her physical complaints and tormented by the successive deaths of her siblings. Outliving Emily and Anne, she was the one of the three writers who had to suffer the longest from illness experience. However, by fully using illness in romantic and realistic descriptions, by using it in plot development and the exploration of her protagonists' inner world, she is the one who gives the greatest meaning to illness and gains the greatest inspiration out of it in her literary career. Good nursing may have been the best thing the sick could gain in the early and mid-nineteenth century when medicine could do much less to cure illness than today. Good nursing, then, may have been the only thing Charlotte Brontë could appreciate and romanticise in her illness experience. About half a decade after painfully nursing her siblings and helplessly witnessing them suffer from fatal illnesses, she herself fell fatally ill in the early stages of pregnancy. The motherless woman who could not survive to become a mother herself, however, was blessed with an ardent nurse, her husband, Arthur Bell Nicholls. Shortly before her death, around the 21st February 1855, she writes to Ellen Nussey:

I am not going to talk about my sufferings it would be useless and painful --- I want to give you an assurance which I know

will comfort you --- and that is that I find in my husband the tenderest nurse, the kindest support --- the best earthly comfort that ever woman had. His patience never fails and it is tried by sad days and broken nights.¹

¹ *The Letters of Charlotte Brontë*, vol. 3, ed. Margaret Smith (Oxford: Oxford Clarendon Press, 2004) 326.

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