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Cordial Treatments:

The Medical Plot in Novels by Jane Austen and the Brontës

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Cordial Treatments:

The Medical Plot in Novels by Jane Austen and the Brontës

by

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Dissertation

Presented to the Faculty of the Graduate School

of the University of Texas at Austin

in Partial Fulfillment

of the Requirements

for the Degree of

Doctor of Philosophy

The University of Texas as Austin

May 2016

Acknowledgements

I gratefully acknowledge this project's debt to audiences from the Western Conference on British Studies, Sequels Symposium, University of Kent, University of Oxford, American Comparative Literature Association, the Dickens Universe at the University of California-Los Angeles, the Jane Austen Society of North America, and the University of Texas at Austin. Its research was graciously funded by James Garrison, the Dickens Universe, The University of Texas at Austin English Department, and The University of Texas at Austin Graduate School. I also wish to express gratitude to and appreciation for the British Library and the Harry Ransom Center library and archive.

UT's English Department and Graduate School have provided particularly earnest support for academic and professional pursuits that have informed this project. I thank Lance Bertelsen, John Rumrich, Brian Doherty, and Alan Friedman for the opportunity to enjoy the magic of the Oxford Summer Program, and Carol MacKay and Allen MacDuffie for the indescribable experience of Dickens Universe. I am further grateful for the mentorship of which I have been a recipient, from the kind hearts of Lisa Moore, Coleman Hutchison, Elizabeth Cullingford, and Wayne Lesser. Patricia Schaub and Amy Douglas Stewart also made this project possible, with their tireless commitment to every student's academic and personal well-being.

My dissertation committee deserves grateful acknowledgment. Carol MacKay's meticulous attention and unwavering kindness supported this project from its inception. Allen MacDuffie inspired a devotion to precision that guided the many (many) iterations of this project, and his willingness to work through imprecise ideas is truly appreciated. Julie Minich provided substantial and insightful feedback on each section of this project and made me realize the benefit of asking questions (and then asking more). A number of Sam Baker's wonderfully discerning comments on early iterations of this project inspired its primary focus; I cordially acknowledge my indebtedness to his generative spirit and am grateful for his kindness. Lance Bertelsen generously gave every part of this dissertation his attention and held it to the exacting standards that made it a project of which I am proud. His professional and personal mentorship means more than words can express, but I must say at least that much.

I have also had the honor of befriending wonderful scholars and people in my cohort. Cole Wehrle, Allison Haas, Casey Sloan, Lily Zhu, and Lindsey Gay: thank you all for your unwavering confidence and support and for being willing to read draft after draft as this project evolved from idea to reality. Thanks are also due to Zachary Hines, Alicia Williams, Sierra Senzaki, Corrie Jacobs, and Kirsten Hall for their inspiring brilliance, and, more importantly, for their kind friendship.

Finally, I acknowledge my failure to capture the generosity of my husband, Jacob Turner. He was and remains an unwavering, unequivocal, and unequaled fellow-adventurer.

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The University of Texas at Austin, 2016

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The word "cordial" in this dissertation's title represents its concerns with both emotional and biomedical matters in nineteenth-century England. The dissertation focuses on what it calls the "medical plot": whereas critics such as Tony Tanner and Nancy Armstrong have argued that marriage and its literary representation structure the English novel of manners, this dissertation argues that medicine and medical discourse likewise shaped the ways authors represented social, personal, and literary "conditions." It thus evaluates the complementary influence of marriage and medical plots in novels by Jane Austen and by Anne, Charlotte, and Emily Brontë, historicizing medical treatment to show that concerns about health and illness permeated social, legal, and literary discourse and that these concerns were manifested by Austen and the Brontës when they fashioned novels as a figurative mode of "treatment." Chapter One surveys the apothecary figures in Austen's works, showing that her novels are as much novels of medicine as they are novels of manners. Chapter Two examines Austen's "cordial"

treatment of disability in her fiction in relation to an account of her family's disabled members and a historical survey of disabled veterans of the Napoleonic Wars. Chapter Three shows how marriage and medicine work in tandem to influence narrative at mid-century, by tracing socio-medical attitudes toward cordials as they inform the prescient treatment of alcohol addiction in Anne Brontë's *The Tenant of Wildfell Hall* (1848). An Epilogue then gestures toward future critical work on the Brontës and cordial treatments by considering "influence" in Charlotte Brontë's *Jane Eyre* (1847), and sickness more broadly in Emily Brontë's *Wuthering Heights* (1847). Illuminated by the study of the medical plot, these novels of cordiality and courtship prove to also be novels of cordials and cures. Early nineteenth-century experimental cordials reflect scientific and personal uncertainty about medical treatment, and the medical plot's emotional and medical cordials offer alternatives to critical demands that novels prescribe "cures" for the social ills they portray. Austen and the Brontës' show that while novelistic "cures" are elusive, literary cordials offer palliative comfort to treat medical and social illness.

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Cordials Complicated: An Introduction to the Medical Plot

In Jane Austen's *Mansfield Park* (1814), Fanny Price receives a "cordial hug" from her father after not seeing him for eight years (382). Seeking comfort in the literal and figurative embrace of her family, Fanny experiences no cure for her emotional or physical ills. After hugging Fanny, Mr. Price "seemed very much inclined to forget her again," and Fanny "shrunk back to her seat, with feelings sadly pained by his language and smell of spirits" (382). On the one hand, Mr. Price's "cordial hug" observes social propriety. In the nineteenth century, a "cordial" action suggested the action was courteous and/or heartfelt; people were cordial to one another and expected cordiality in company (*OED*). On the other hand, while Mr. Price's hug is a conventional means by which a father might greet his daughter, it causes Fanny pain as it is tainted by the "smell of spirits." Here Austen implies "the cordial's" medical rather than social meaning: any "medicine, food, or beverage, which invigorates the heart" (*OED*). As Mr. Price's "smell of spirits" suggests, most nineteenth-century cordials consisted of large doses of liquor or wine, or were taken with draughts of such.[1]

Since figuratively a cordial action is inspired by or touches the heart, and literally a cordial "invigorates" the heart, the cordial affects the heart in both its emotional and medical forms. Moreover, "cordial's" etymology, from the Medieval Latin *cordiālis*, "a word of medicine" related to the heart, assigns the word both emotional and biomedical meaning (*OED*). In the nineteenth century, medical cordials influenced people as much as

[1] As I discuss in each chapter, many medical practitioners prescribed alcohol as medicine well into the nineteenth century.

did mannered cordiality; though substantively different, each offered comfort to its recipients. Above, Mr. Price's cordial hug simulates medical and emotional comfort; Fanny expects it to be both physically restorative and emotionally uplifting but is disappointed in its failure to be either. Later in *Mansfield Park* Fanny becomes physically ill as she anticipates a letter from her cousin, Edmund (441). At this time, Fanny had "never more wanted a cordial," and after she finally receives the anticipated letter she had never "felt such a one as this letter contained. To-morrow! to leave Portsmouth to-morrow!...To be going so soon, sent for so kindly, sent for as a comfort…was altogether such a combination of blessings as set her heart in a glow, and for a time seemed to distance every pain" (441-42). With this "cordial" Austen collapses boundaries between physical and emotional medicine since Fanny treats her physical illness with an emotional cordial. Like medical cordials that combined ingredients to "invigorate" a person's heart, Fanny "felt" this letter was "such a combination of blessings as set her heart in a glow." Seeming to "distance every pain," this figurative cordial provides the comfort Fanny first sought in visiting her immediate family.

Austen's conflation of emotional and medical cordials is part of a larger "medicinal project" occurring alongside *Mansfield Park*'s marriage plot (371). Sir Thomas Bertram, Fanny's uncle, sends Fanny to Mr. Price to cure what Sir Thomas calls Fanny's "diseased mind" so she will make a profitable marriage with Henry Crawford. In appropriating medical rhetoric, Sir Thomas figuratively assumes the role of a medical practitioner, treating his "patient," Fanny, with experimental and ineffective medicine. Sir Thomas's assumed practitioner role and the dubious practical medicine that follows not

only reflect disordered medical practices in the nineteenth century but are also two essential elements for this dissertation's focus on what I call the "medical plot." Though a pervasive component of nineteenth-century novels, the medical plot has been overlooked by readers in part because of readers' concentration on marriage plots. Critics like Tony Tanner and Nancy Armstrong argue marriage and its literary representation are socially and narratively absolute. For such critics, marriage and the marriage plot dictate social and literary norms against which all deviations are measured, and any deviations only reinforce marriage and the marriage plot as normative standards.[2] But marriage and marriage plots are not absolute for all people or for all characters. In fact, the only plot common to all real and fictional people is a medical one: for every person or character, health (or ill health) is of persistent interest while marriage is not. The marriage plot yields important historicist and feminist readings for the nineteenth-century novel of manners, but medicine and medical discourse, as they universally affect life and literature, also deserve critical consideration.

Concurrent marriage and medical plots in nineteenth-century novels, such as those suggested by Austen's play on "cordial" above, show the "struggle between the

[2] For a few (of many) recent works on Austen's and Victorian marriage plots, see Emily Madsen, "The Nun in the Garret: The Marriage Plot and Religious Epistemology in the Victorian Novel," *Dissertation Abstracts International* 76.6 (2015); Talia Schaffer, "Reading on the Contrary: Cousin Marriage, Mansfield Park, and Wuthering Heights," IN *Queer Victorian Families: Curious Relations in Literature,* New York: Routledge (2015); Vlasta Vranjes, "Jane Austen, Lord Hardwicke's Marriage Act, and the National Courtship Plot," *CLIO: A Journal of Literature, History, and the Philosophy of History* 43.2 (2014); Catherine England, "The Attraction of Imperfection: Depreciating Social Capital in Victorian Marriage Plots," *Dissertation Abstracts International* 74.9 (2014); Sheryl Craig's "'So Ended a Marriage,'" *Persuasions: The Jane Austen Journal*, 36 (2014); and Danielle Barkley's "Jane Austen, Marriage, and Familial Escape," *Persuasions: The Jane Austen Journal*, 36 (2014).

growing authority of professional medicine and the sentimental and intuitive feelings that inflect the convention of romance" (Sparks 25). Sir Thomas's professed reason for sending Fanny to Portsmouth is to establish her as Henry Crawford's wife, but his "experiment" hinges entirely on her physical and mental health (Austen, *MP* 372). These overlapping interests suggest that *Mansfield Park*, along with other novels critics consider novels of cordiality and courtship, is also a novel of cordials and cures.[3] As such, the following chapters evaluate the medical plots of Austen's novels and Anne Brontë's *The Tenant of Wildfell Hall* (1848) to consider, first, the extent to which illness, disability, and medicine impact courtship and marriage within a given novel; second, the reasons this impact might have been overlooked by readers; and third, the ways in which Austen and Brontë represent medical practice to reflect socio-medical discourse and harness the narrative power of that discourse to engage questions of illness and treatment more broadly.[4] I argue that the nineteenth-century medical plot comprises two levels of treatment: (1) practical medical treatment and (2) literary treatment of medical practice. Characters effect or are affected by medical practice, and Austen and Brontë represent medical practice to explore the implications of "treatment" on narrative. I distinguish the medical plot from the marriage plot not to hierarchize the two, but to show that they complement one another, and to show how recognizing their interdependence can change

[3] In a similar vein, *Mansfield Park*'s Fanny as well as *Persuasion*'s Anne Eliot are frequently recognized for both disappointments in love and relative ill health. Though I focus primarily on the evolving trajectory of illness and medicine over the course of Austen's canon, the juxtaposition of Fanny's and Anne's illnesses and eventual healings with their courtships and marriages suggests that, in their cases, the *bildungsroman* involves improved physical health as a means of personal growth.

[4] In the Epilogue, I explore how this study could expand to include Charlotte Brontë's *Jane Eyre* (1847) and Emily Brontë's *Wuthering Heights* (1847).

how readers evaluate narrative in a number of nineteenth-century novels. Instead of thinking of novels as "cures" or failed cures for the social ills they portray (Davis, Miller), we might think of novels as cordials, literary "medicine" that offers not solutions to social problems but comfort in the face of them. The medical plot, recognizing the influence of the corporeally and mentally different, invites a reevaluation of conventional plots in that the end, or "cure," of a novel is structurally illusory; the medical and social problems of novels extend beyond the pages of books. While the medical plot does not disrupt the linear progression of a novel's events, it posits that those events are only part of an ongoing socio-medical story, which to fix is a task beyond the ability of any one novel. Importantly, Austen and Brontë claim no pretense to medical realism, and they do not prescribe particular treatment methods nor discernibly judge the medical practices they portray. Rather, the nature of their literary treatments is ambiguous, much like the nature of relationships between nineteenth-century practitioners and patients and between patients and medicine. This ambiguity reflects the effect of the imperfect yet indispensible nineteenth-century cordial, which offers comfort to combat medical and emotional uncertainty.

My juxtaposition of nineteenth-century medical and marriage plots owes a debt to Tabitha Sparks. In *The Doctor in the Victorian Novel: Family Practices* (2009), Sparks aligns the arc of Victorian representations of "the doctor" (by which she means all medical practitioners) with the marriage plot, arguing that representations of both doctors and the marriage plot decline over the course of the century due to the practitioner's inability to sympathetically participate in the marriage plot. For example, she argues that

where practitioners in the early-century novel, such as Mr. Harris in Austen's *Sense and Sensibility* (1811), only slightly impact romantic plots, the medical practitioners of late-century novels, such as those in Wilkie Collins's *Heart and Science* (1883), actively threaten the love story at the novel's center. Sparks exhaustively researches the professional Victorian doctor, but she imposes strict limits on the medical plot's inspiration as well as its content. Positing a causal relationship between historico-medical and literary practices, she argues that a "proper" practitioner yields a successful marriage plot while a "bad" practitioner dooms one (15). This sense of poetic justice too simply categorizes ethics and representation; Sparks overlooks the fact that every nineteenth-century practitioner made mistakes, some of which disgraced practitioners but many of which went unnoticed. Furthermore, she disregards medical plots that do not explicitly include a "professional" practitioner. Thus she neglects novels like Brontë's *Tenant*, in which an unofficial practitioner's medical treatment is the crux of the novel's medical *and* marriage plots. Recognizing that such novels show marriage and medicine's dual influence on narrative, my dissertation considers works with both official and unofficial practitioners.

I historicize my study of medical plots by highlighting several challenges that affected relationships between eighteenth- and nineteenth-century medical practitioners and their patients. First, while people were often ill and depended on practitioners for treatment, they simultaneously distrusted practitioners because of England's increasing number of predatory quacks. Quacks and quack medicine surged to prominence after the fallout of the Royal College of Physicians, which resulted from a legal battle known as

the Rose Case. In 1701, William Rose, a member of the Society of Apothecaries, faced a lawsuit from a former patient, John Seale, who accused Rose of practicing with ineffective physic.[5] Though the College initially investigated Seale's complaint and ruled against Rose, the Society of Apothecaries appealed the decision in 1704 and reversed the ruling. The reversal highlighted the College's monopolization of prescriptions and ultimately transformed the College from a controlling agency to more of a fashionable club. Deregulation resulted in a surge of apothecaries and a corresponding increase of both quack and legitimate medical "treatments," which apothecaries could now prescribe without fear of legal punishment. The nineteenth-century public had mixed reactions to the medical profession's democratization: while an influx of practitioners meant people could more easily access medicine, people distrusted experimental practitioners and unproven treatments.[6]

Even for reputable practitioners, social separation complicated practitioner-patient relationships because practitioners were decided social inferiors to the majority of their patients. Dr. George Cheyne, author of *The English Malady* (1733), grumbled that, "Fine folks use their physicians as they do their laundresses and send their linen to be cleaned

[5] Physic was the blanket term for all medicine prescribed by a physician or apothecary (Chapter 1 details professional distinctions between practitioners).

[6] While Sylvia A. Pamboukian's *Doctoring the Novel* (2012) emphasizes mostly negative representations of the relationships between practitioners and patients, Valerie Sanders argues Harriet Martineau's *Deerbrook* (1839) "pioneered the assimilation of the country surgeon as legitimate hero of the provincial domestic novel" (293-94). Its surgeon-apothecary, Edward Hope, guides the village of Deerbrook through a fever epidemic and wins the villagers' respect (and marries the heroine). Sanders argues that *Deerbrook* ushered in a host of sympathetic representations of practitioners in the novel, including *Bleak House*'s Allan Woodcourt (1852-53), *Villette*'s John Graham Bretton (1853), and *Middlemarch*'s Tertius Lydgate (1871-72). I say more about this, particularly about John Graham Bretton's portrayal, in Chapter 3.

in order only to be dirtied again" (*Essay* 349). To make money, practitioners had to keep patients satisfied and eager to refer them to other would-be patients, so practitioners sacrificed authority and were as dependent on patients' patronage as patients were on practitioners' prescriptions. The troubled co-dependence between practitioners and patients was amplified by the fact that medical knowledge itself suffered from underdevelopment and technological limitation. Since many treatments and practitioners were wholly experimental, practitioners universally endorsed few methods. As Roy Porter notes, nineteenth-century practitioners found themselves "in the grips of ludicrous and dangerous theories" and left their patients "terrified and in search of alternatives" (*Cambridge* 110).

Likely a result of public fear and professional profiteering as much as medical experimentation, more and more "medicines" of varying legitimacy emerged. New treatments like hydropathy, electricity therapy, and homeopathy as well as cure-all "elixirs" and "cordials" were advertised as essential for the medical arsenals of middle and upper class households. Many of these "cure-alls" were just alcohol concentrates, and most were laced with emetics, laxatives, and purgatives, since ridding the body of toxins was thought to treat nearly every complaint.[7] Samuel Solomon's Cordial Balm of Gilead illustrates how quack medicine targeted the dual emotional and medical comforts people sought in "cordial" cordials. Recommended in Solomon's *A Guide to Health: or, Advice to Both Sexes* (1796), the "cordial balm" was widely used, though it is now thought to have consisted only of brandy and turpentine mixed with herbs to cover its foul odor.

[7] Emetics induce vomiting; laxatives evacuate the bowels; purgatives are extra-strength laxatives.

Solomon claimed the balm treated various conditions and symptoms including fevers, languidness, stomach disorders, menstrual issues, gout, and nervousness. He claimed that

> constitutions relaxed, weak or decayed, in men or women, are under the immediate influence of this Restorative; and old Coughs, Asthmas, and Consumptive Habits, are soon relieved, and speedily cured. Poverty of blood, and emaciated limbs, will, ere long, meet the happiest change; the chill watery fluid will become rich and balsamic, and the limbs be covered with flesh, firm and healthful. ("Classified Ads," *Albion and Evening Advertiser*)

Solomon advertised the cordial balm as physical and emotional treatment; not only would it "restore," "relieve," and "cure," but it also would cause the "happiest" changes to physical problems. In the eighteenth century, Lady Mary Wortley Montagu used the Balm on her face during her travels in Europe but complained that it only caused pain and inflammation. Her experience drove her to support smallpox inoculations as a better way to cope with eighteenth-century outbreaks in England, but despite Montagu's and others' denunciations of Solomon's Cordial Balm, it continued to be popular for decades.[8]

The uneven character of nineteenth-century medical practice affected those with physical and mental disabilities as well. Though disabilities had different sociocultural

[8] For more on Montagu's critique of the Royal College of Physicians and limitations in women's education in science and medicine, see McQuiggs. Another example of a popular quack medicine was Dr. Brodum's "Restorative Nervous Cordial," which was thought by some to be "most certainly nothing more than particular mixtures and combinations of ingredients of vegetable origin." Brodum claimed his cordial restored patients from "headach, pains in the stomach, lowness of spirits, insanity, indigestion, loss of appetite, bilious complaints, gout, epidemical distempers, declines, consumptions, heartburns, cholics, costiveness, and paralytic and apoplectic afflictions" (*Caledonian Mercury* 4). See also Bradley et al. 263.

interpretations than they do in modern discourse, they increasingly drew public attention in the nineteenth century. With regard to physical disability, disabled veterans of the Napoleonic Wars (1803-1815) changed the ways in which the public perceived physical difference. Not only was the disabled Admiral Lord Nelson valorized in both person and portraiture (Michaels), but large numbers of returning disabled veterans demanded public acknowledgment. At the same time, King George III's widely publicized mental deterioration in the early century increased public interest in mental disability and no doubt accelerated reforms for insane asylums between 1810 and 1850. Unfortunately, both physically wounded veterans and mentally disabled people still faced exclusion or poor treatment overall; the former were often shunned for their appearance and the latter were labeled as mad, insane, or lunatic and were usually thrown into unregulated and decrepit asylums. Where the physically disabled were frequently forgotten, the mentally disabled often suffered bodily manipulation meant to "cure the mind" (Porter, *Greatest Benefit* 272).

Limitations in practical and social treatment inspire a number of scholars to blame institutional failures for medicine's fraught literary history. Michel Foucault's *The Birth of the Clinic* (1963) argues that institutional medicine, characterized by the all-seeing medical gaze, achieved dictatorial power in England after the rise of French clinical practice in the late eighteenth century. Foucault claims the clinic, or teaching hospital, developed the new diagnostic tool of morbid anatomy and thus relocated perception of disease from taxonomic categories to in the body itself. Foucault's now-familiar argument emphasizes false pretenses of scientific knowledge under which institutional

medicine exercised "insidious disciplinary control" (Caldwell 5). Susan Sontag's *Illness as Metaphor* (1978) argues that illness (tuberculosis in the nineteenth century and cancer today), though in fact more insidious than institutional medicine, is nevertheless distorted by our metaphorization of it; physical illness demands treatment but our insistence on metaphorically engaging illness affects the ways in which sick people are treated in society and limits practical treatment options. Sontag argues institutional, practical medicine is, however problematic, not as problematic as is the social discourse on illness that hinders practical medicine's application.

Foucault and Sontag both identify a crucial issue: illness and medicine are practically and discursively pervasive and thus inherently influence narrative. On this point, I agree. However, while at the heart of this dissertation there exist analogical relationships between medical practitioners/authors, patients/readers, and prescriptions/novels, these relationships are fluid. They resist the concrete hierarchies suggested by Foucault and Sontag, and instead embrace the unknowable possibilities of narrative deviation. In this way, my dissertation challenges reading practices like Lennard Davis's and D.A. Miller's that force structural imperatives on novels in terms of novels' obligation to cure social ills. Davis collapses the analogies between practitioners/authors and prescriptions/novels to equate practitioners with novels; he argues in *Bending Over Backwards: Disability, Dismodernism and Other Difficult Positions* (2002) that the novel, as the literary genre most capable of resisting structural limitation, fails to uphold its responsibility to cure the social ills it represents. Miller, in "The Late Jane Austen" (1990), asserts for the novel the same need for a "cure" or a need to "provide for the story

of recovery" (Miller; Erika Wright 378). Aligning biographical criticism with narratology, Miller foregrounds the idea that "traditional narratives are marked by the drive toward the expulsion of that which is morally as well as medically undesirable or unhealthy" (378).[9] But Miller's "paranoid" reading, as Eve Kosofsky Sedgwick famously laments, has a "distinctively rigid relation to temporality, at once anticipatory and retroactive, averse above all to surprises" (146). Sedgwick challenges Miller's Foucauldian assumptions, and advocates instead "reparative" reading that refutes an "unnecessarily narrow view not only of the novel's exploration of affective life but also of the possible range of critical projects" (24). Ann Jurecic also promotes a "necessary plurality of responses" among critics in writing about illness; she argues reparative reading like Sedgwick's yields not a "resolution" but rather a recognition of how "the ailing body points to culture, pain points to philosophy, language points to consciousness, and all point to what is still to be learned about our fragility, our mortality, and how to live a meaningful life" (131).

Channeling Sedgwick's and Jurecic's reparative spirit, Sylvia A. Pamboukian's *Doctoring the Novel: Medicine and Quackery from Shelley to Doyle* (2012) helpfully recuperates the "failed" structures of novels criticized by Davis and Miller. As she

[9] Davis and Miller take particular issue with, respectively, Austen's *Emma* and *Sanditon*, arguing they fail since they refuse to prescribe cures for the social and medical ills they mock. Their alignment of literature with cures recalls the widespread "Condition of England" debates in the nineteenth century. As Mary Poovey points out in *Making a Social Body* (1995), nineteenth-century political economists and social analysts established authority to "diagnose contemporary problems" but neither group "monopolized the right either to specify or to treat the range of woes suggested by [Thomas] Carlyle's phrase" (132). For more on Victorian intellectuals' conflation of literature and medicine see McCormack.

illuminates the slippery nature of professional boundaries between orthodox and quack practitioners over the nineteenth century, Pamboukian argues that social and literary tensions between practitioners and patients, and between patients and medicine, were due to the complexity of language itself. She observes that, "the very word *medicine* denotes simultaneously a profession and a chemical entity. A given compound is called a *medicine* if useful, a *poison* if harmful, or a *nostrum* if useless; however, in different doses the same compound may qualify for all three descriptions" (8-9 original emphasis). Pamboukian here extends Jacques Derrida's deconstruction of Plato's *"pharmakon"* in *Dissemination* (1983). Derrida argues that since *pharmakon* can simultaneously mean "drug," "poison," and "remedy," its simple translation is impossible. Pamboukian applies Derrida's linguistic deconstruction to practical, legal, and literary discourses on medicine, and stresses the overwhelming nature of public and professional confusion about illness and treatment in the nineteenth century. But while she passionately dismantles binaries of quack/orthodox and lay/professional, she avoids explicit investigation of the ways in which these dismantled binaries complicate the novel's relationship to medicine.

Pamboukian's work represents one avenue of the four-way intersection of historicist literary criticism, narratology, medicine, and disability studies. When considered together, these connected yet distinct critical methodologies illuminate the medical plots of nineteenth-century novels. Some scholars, such as Rita Charon through her dual roles as a medical practitioner and narratologist, have reduced practical and theoretical gaps inherent in the burgeoning "medical humanities." Advocating a medical methodology she calls "narrative medicine," Charon insists on the necessity of a

sympathetic attitude toward patients from doctors, an attitude that can only be cultivated through storytelling and active listening. Charon's methodology calls to mind the rise of self-proclaimed "invalidism" in the nineteenth century, when *talking about* one's illness in addition to medically treating it was thought essential for social and medical practice. The success of narrative medicine today depends on a practitioner's ability to reject total authority and allow a patient to construct his or her own experience.[10] Charon challenges earlier literary scholars such as Lawrence J. Rothfield, who too simplistically asserts literature's direct relationship with medicine. Rothfield's *Vital Signs: Medical Realism in Nineteenth-Century Fiction* (1992) claims nineteenth-century authors "modeled themselves after doctors, borrowing cultural authority from the distanced, all-seeing gaze of the clinician" (Caldwell 6). But, in the same way Sedgwick critiques Miller, Charon rejects Rothfield's "rigid template of interpretation," suggesting he unsuccessfully "wield[s] invasive diagnostic instruments to arrive at therapeutic solutions to generic problems" (rev. *Rothfield* 126). She warns literary scholars to obtain "some understanding of clinical medicine" before analyzing texts (127), a warning that informs my dissertation, particularly when I challenge imprecise critical assertions of Arthur Huntingdon's "alcoholism" in Brontë's *Tenant*. I also echo Charon's critique of Rothfield's "diagnostics" to challenge Rothfield's rather sinister construction of "the author." His construction aligns with Simon Parkes's "Wooden Legs and Tales of Sorrow Done: The Literary Broken Soldier of the Late Eighteenth Century" (2013), in which

[10] Until recently, as described by Sontag in *Illness as Metaphor* and Siddhartha Mukerjee in *The Emperor of All Maladies* (2011), patients were characterized *as* their disease or disability and, as such, were removed from a position from which they might control it.

Parkes argues that authors like Jane Austen at best keep a cold and calculated distance from the horrors experienced by disabled soldiers, and at worst intentionally manipulate the veteran experience to theatricalize war. But I will show that Austen was not distanced from the horrors of war, and that she sympathetically represents veteran sailors, allowing them narrative force not yet recognized by critics.

Despite the fact that he problematically considers novels "ableist," Lennard Davis is another seminal critic who, like Charon, helps bridge the gap between medicine and literary criticism – through disability studies. Davis contends that disability is altogether a socially constructed identifier. He argues, in other words, that a person does not conceive of his or her condition as "disabled" until environmental constrictions force that conception.[11] In this dissertation, I connect individual with social understandings of disability; the broad heading of "disability" should be understood to mean a physical or mental difference, perceived individually or socially, that appears to limit (or actually limits) major life activities. Importantly, my definition of disability encompasses "illness." This is essential for studying nineteenth-century literature and medicine since "disability" has been modernized with a socio-political consciousness that was rare until recently. My definition allows me to consider, for example, early nineteenth-century alcohol addiction, which was not considered a medical disease until the mid-to-late

[11] Teresa Michals notes the nineteenth-century identification of "defects" and disabilities stems from eighteenth-century aesthetic ideals (i.e. "perfect" physical forms), whereas disabilities today are understood in terms of a person's body in relation to environment (20). "Defect" is a nineteenth-century linguistic equivalent for today's "disability."

century despite its chronic and destructive nature.[12] As I note above, Davis argues the social constrictions that impose normative standards on bodies likewise impose themselves on novels. However, while he condemns non-prescriptive novels, he aligns with other prominent disability studies scholars who rightly claim that disability enables narrative. Literary critics and disability studies scholars like David T. Mitchell, Sharon L. Snyder, and Michael Bérubé argue that without disabled or non-normative characters and events, novels would not have plots.[13] Mitchell and Snyder argue in their formative *Narrative Prosthesis* (2001) that discourse *depends on* disability not only because disability is prevalent in literature but also because disability disrupts social constructions of the norm.[14] Bérubé's *Disability and Narrative* (2005) claims that we take for granted many of the narrative devices and rhetorical tropes "grounded in the underrecognized and undertheorized facts of bodily difference" that allow for narrative fluidity in the first place (570), such as a character's capacity to self-narrate. We might see this capacity occurring in Austen's free indirect discourse, which presents narrative development

[12] Alcoholism is defined by the Americans with Disabilities Act of 1990 as a disability. Today, we might also look at invalidism as a disability but it was not considered such in the early nineteenth century.

[13] In *The One vs. the Many: Minor Characters and the Space of the Protagonist in the Novel* (2003), Alex Woloch makes a similar argument about the respective developments of "major" and "minor" characters. Discussing Austen's *Pride and Prejudice*, Woloch emphasizes Austen's tendency to describe characters relatively through asymmetric characterization. He argues minor characters "become" minor, rather than always being so. The argument that minor characters displace themselves to let the protagonist evolve conceptually connects to disability studies in that disabled characters dissolve or evolve in narrative as they are compared to non-disabled characters, who tend to be protagonists.

[14] According to Mitchell and Snyder, a narrative prosthesis is a narrative's "need to restore a disabled body to some semblance of an originary wholeness" (6).

through the perspective of one character, or in Brontë's *Tenant*, where Helen Huntingdon "records" her medical practice on her son, telling her story from her own perspective.

A number of historicist scholars also assert that disability was formative for nineteenth-century culture and thus narrative. The work of Maria Frawley, Miriam Bailin, David Wright, Lilian Craton, Janis McLarren Caldwell, and Mary Wilson Carpenter, whose studies range from broad invalidism to the individual sick-room, from institutional medical care to "visions" of illness and disability, and from literary representation to cultural formation, complements the work of literary disability studies scholars such as Athena Vrettos, Rosemarie Garland-Thompson, and Martha Stoddard Holmes, who avow the social, medical, legal, and literary presence of disability in the nineteenth century. G. Thomas Couser even asserts that discourse not only *depends* on disability, but that disability *demands* a narrative, or an explanation, while the "normal" body passes without comment. Robert McRuer, Ato Quayson, and Margrit Shildrick maintain that disability has powerful social and narrative force. McRuer's *Crip Theory* (2006) challenges notions of normalcy and community identity, arguing the queer disabled body is antagonistic, challenging the construction of social norms that link able-bodiedness and heteronormativity. Quayson's *Aesthetic Nervousness* (2007) and Shildrick's *Dangerous Discourses of Disability, Subjectivity, and Sexuality* (2009) also locate critical narrative power in disability. Quayson advocates reexamining literary representations of disability to foreground unacknowledged aspects of literature, and Shildrick rethinks the ways in which disabled bodies both illuminate and challenge normative body standards.

These recuperative works have helped relocate ill and disabled bodies from positions of institutionally oppressed passivity to positions of individualized activity, but the impact of illness and disability on narrative remains largely hidden. It is hidden not in the sense that it has gone unseen; disability has been, if anything, "hyperrepresented" in mainstream culture (Couser 606). But, as Tobin Siebers points out, disability's contributions to literary history are hidden in the sense that disability is almost always defined against a normative standard. However, recent interdisciplinary critical practice, like that of Rita Charon and Lennard Davis, helps us challenge normative standards for reading and for literature, particularly for the nineteenth-century novel. To exhaustively reevaluate the nineteenth-century novel's contributions to illness and disability's literary history, critics will have to ambitiously bridge historicist literary criticism, narratology, medicine, and disability studies. Having no claim to professional medical training, I necessarily limit this dissertation to historicizing and analyzing the influence of medicine and medical discourse on narrative in select nineteenth-century novels, specifically the medical plots in the novels of Jane Austen and Anne Brontë's *The Tenant of Wildfell Hall*. Critical focus on these novels' marriage plots has overshadowed the novels' medical plots: Austen's marriage plots dominate popular and critical discourse about the nineteenth-century novel; they have, for many critics, relegated to the periphery the novels' "hidden" though concurrent medical plots.[15] And though Brontë's *Tenant* is less well known than Austen's novels, when critics *do* read it they also fixate on Helen's two marriages rather than recognize the novel's important connections to medicine through

[15] Sparks calls Austen's novels "exemplary of the marriage-plot format" (5), both adapted by Victorian novelists and also carefully studied by critics.

both literal and figurative cordials. In the chapters that follow, I join the marriage and medical plots on more even critical ground, evaluating the intersections of marriage and medicine, courtship and cures, history and literature, and all of these elements' contributions to illness and disability's ambiguous literary history, with the goal of illuminating medicine's (not just marriage's) considerable influence on narrative in the nineteenth-century novel. According to Davis and Miller, novels have a narrative responsibility to cure the social ills they portray, but Austen's novels (which Davis finds particularly offensive) as well as Brontë's *Tenant* don't try to cure these social ills. Instead, the novels' medical plots reflect the exploration and experimentation so often attributed to nineteenth-century medicine, science, and literature. In opposition to Davis's claim, I argue the non-curative nature of these novels encourages discourse on disability rather than represses it; the novels may not "cure" social ills but may inspire dialogue about the ambiguities of practical and literary treatment of illness and disability. I do not argue that Austen and Brontë consciously sought to empower the ill and the disabled. However, they recognized the discursive power of illness and medicine and explored the ways in which that power can affect narrative. They imbue illness with rhetorical force that not only reflects the prevalence of broadly defined practical and literary "medicine" and "treatment" in the nineteenth century, but also challenges reader assumptions about normative standards for bodies and literature. The novel, then, can be an appropriate "cordial" for social ills in the nineteenth century, one that is experimental and uncertain, one with both emotional and biomedical impact, and one with a provision for comfort, rather than a cure.

In Chapter 1, "Jane Austen's Apothecaries," I establish the medical and social influence of "cordial" treatment in the nineteenth century by tracing the trajectory of the apothecary figure over the course of Austen's novels. While her novels' marriage plots illustrate the dominance of cordiality and courtship in nineteenth-century novels generally, Austen's apothecaries turn our attention to an unexpected though similar kind of novel of manners: one that represents the politics of medical practice. An oft-overlooked poem of Austen's entitled "I've a Pain in My Head" (1811) humorously illustrates the ambiguous relationship between an apothecary and his patient and establishes a literary precedent for Austen's novelistic apothecaries. Austen's evolving portrayal of apothecaries suggests that the Apothecaries Act, which passed at the same time as the cult of "invalidism" acquired elevated social status, actually hurt the medical profession. In *Sense and Sensibility* (1811) and *Pride and Prejudice* (1813), apothecaries have active roles, but their medical choices include experimentation and uncertainty, each of which respectively reflects the limitations of medicine and the precarious social positions of apothecaries in relation to their wealthier patients. In *Mansfield Park* (1814), Sir Thomas Bertram adopts a metaphorical practitioner position, exercising similar actions and rhetoric of the earlier novels' apothecaries but conducting a different medical "project" on his niece, Fanny. In *Emma* (1815), Mr. Perry, despite being Austen's most famous apothecary, has a peripheral presence in the novel, and his authority is commandeered by his wealthy, invalid patient Mr. Woodhouse. Finally, in *Sanditon* (1817posth), Austen creates a community of paradoxically active invalids who ironically spend their days treating illnesses that have yet to appear, and who render the

professional apothecary useless. To account for the oddities of *Sanditon*'s invalids, D.A. Miller suggests that Austen wrote with bitterness because of her own dwindling health; he argues her marriage plot suffers from a "morbidity culture" removed from affect. But Miller assumes much about Austen's weak and "morbid" state at the end of her life without considering the robustness of her medical plots. When we look at the medical plot's evolution over the course of Austen's novels, the uncured (so to speak) "end" of *Sanditon* suggests not Austen's collapse of style into resignation towards mortality but the possibility of a "cordial" approach to style and text itself.

In Chapter 2, "Jane Austen and Disability," I reevaluate the ways in which Austen's personal experience with disability affected how she literarily "treats" it in the medical plots of *Mansfield Park* and *Persuasion* (1817), arguing that she offers a more cordial and sympathetic representation of disability than critics have allowed. Austen had numerous family members with physical and mental disabilities, but I focus on two of the most critically recognized: her uncle Thomas Leigh and her brother George. Some critics such as Patricia M. Ard suggest that the Austens wanted to "forget" disabled family members to avoid embarrassment. But family records suggest the Austens treated Thomas and George kindly, perhaps in part because the social stigma attached to physical and mental disabilities in the nineteenth century was lessening, albeit gradually. King George III's mental deterioration sparked public interest in reforming mental asylums, and the Napoleonic Wars changed perceptions of physically disabled veterans. This was especially true after Admiral Lord Nelson was publicly recognized and venerated despite his own physical disability. Austen's *Mansfield Park* and *Persuasion* represent physical

disability, though these representations have largely gone overlooked by critics. I argue that Austen's personal experience with both mental and physical disability, as well as changing historical perceptions, made her more sympathetic to the disabled characters in her novels, three of whom are naval veterans. Her representations of Mr. Price in *Mansfield Park* and Mrs. Smith, Captain Benwick, and Captain Harville in *Persuasion* posit a reevaluation of disability's narrative influence while still observing the social and medical challenges these disabled characters face. Though these characters have largely been dismissed by critics as peripheral, they actually have active roles in the novels' marriage plots. In Captain Harville particularly, Austen advances the idea that *Persuasion*'s hero, Captain Wentworth, has a more uncertain than "happy" ending since he might become disabled like Harville. However, Austen imagines this fate not as passive but the opposite, suggesting disability can have real, narrative impact when considered as part of a larger medical plot.

In Chapter 3, "Anne Brontë and Addiction," I narrow my focus to a particular cordial – tartar emetic – and explore the ways in which this medical treatment impacts a literary treatment of alcohol addiction and medical practice in Brontë's *The Tenant of Wildfell Hall* (1848). Though *Tenant* is less popular than Austen's novels, its marriage plot is, like Austen's, a dominant subject in critical discourse about the novel. Many critics see Helen's eventual escape from her alcohol-addicted husband Arthur Huntingdon as her climactic moment and are disappointed when she eventually marries Gilbert Markham, the rather unremarkable narrator of *Tenant*. However, while Helen's escape from Huntingdon is certainly an important achievement for her, it is as certainly

not her only one. She also cures her son of alcohol addiction by giving him "medicine" – tartar emetic – over the course of many months. While Helen, like Sir Thomas in Austen's *Mansfield Park*, is not an official practitioner, she adopts medical rhetoric to describe her actions and achieves successful results through her dangerous practice. She grows "better plants" in Arthur's mind and removes the "weeds" of alcohol addiction Huntingdon had sown there. This metaphor of cultivation is crucial for understanding *Tenant*'s medical plot, which more explicitly engages questions of alcohol abuse. Because the ideas of Lamarckian evolution were commonly accepted, the early nineteenth-century public often saw alcohol addiction as directly inherited; the problem was that alcohol was the predominant "solution" for ills both social and medical until after the middle of the century. Thus Helen's "treatment" of Arthur's addiction as well as her metaphorical description of it in terms of biological inheritance make *Tenant* a more discerning text than critics have yet acknowledged. Moreover, when we read *Tenant*'s medical plot more carefully, we see Helen's marriage to Gilbert at the end of the novel to be not regressive but rather a continuance of the "cordial" cultivation she began with Arthur. Still, Brontë highlights the problems with Helen's practice; Brontë neither condemns nor celebrates the fact that Helen's treatment paradoxically poisons Arthur to cure his addiction to poison. She illustrates the historical confusion surrounding debates of alcohol, medicine, and treatment in the nineteenth century, not showing us how to "cure" this confusion, but instead imbuing her narrative with literal and figurative cordials to effect on it a provocative literary treatment of medical practice.

In the Epilogue, "Futures of the Medical Plot," I first speculate on how reading medical plots and the dual social and medical connotations of "influence" in Charlotte Brontë's *Jane Eyre* opens one avenue into which this project could extend. I provide an abridged overview of the critical readings of the novel's representations of disability, which center largely on Bertha Mason – the "madwoman in the attic" – and Edward Rochester, her husband and the eventually maimed and partially blind husband of Jane Eyre. I focus on a recent and seminal critical text, *The Madwoman and the Blindman: Jane Eyre, Discourse, Disability* (2012), whose contributors offer the first collective study to read one text through the lens of disability studies and reevaluate the novel to challenge the metaphorization of disability practiced by previous scholars. In the second section I briefly explore the social and medical connotations of "influence" in the mid-nineteenth century as well as how these connotations appear in *Jane Eyre*, to speculate that the novel's medical plot could absolve *Jane Eyre* from accusations of ableism. Looking particularly at Rochester's, Helen Burns', and Bertha's social and medical "influences" on Jane, I suggest that illness and disability in *Jane Eyre* are neither condemned nor celebrated, and that the novel's lack of judgment, offers a "cordial" rather than curative approach to physical and mental difference. In the final section, I consider the ways in which this project lays a critical foundation for future work on the medical plot in nineteenth-century novels. An extended look at *Jane Eyre* as well as Emily Brontë's *Wuthering Heights* (1847) would complement my study of medical and literary practices in Anne Brontë's *Tenant*. Moreover, while this project articulates early-to-mid-nineteenth-century medicine as it informs narrative, it invites future work on medical

plots after 1850, which introduced what Roy Porter calls the "honeymoon era" of medicine that extended to the 1960s; this period saw great medical discoveries such as anesthesia and antisepsis, along with new branches of medical study such as bacteriology, immunology, and psychiatry. Debates about natural philosophy and evolution in the latter half of the nineteenth century also unquestionably influenced literature – George Eliot's *Middlemarch* (1871-72) most notably. Channeling the collaborative spirit of scholars such as Rita Charon, I gesture to the importance of interdisciplinary work in future criticism on the medical plot, which could both extend the literary history of illness and disability as well as connect that history to modern culture to illuminate the ways in which medical plots – real and fictional – reflect and shape individual, social, legal, medical, political, scientific, religious, ethical, and literary discourse today.

Chapter 1

Jane Austen's Apothecaries

Jane Austen's letters are sick. Austen writes about illness or disability in almost half of them and often narrates persistent illnesses over multiple days.[16] She writes of colds as the most common ailment, explicitly mentioning twenty-four of them, and narrates dozens of other complaints: postpartum sickness, "heat in [the] throat" (14), bile, rheumatism, unsettled bowels, asthma, dropsy, liver disorders, water in the chest, faintness, eye pain, gout, bleeding hands, jaundice, fever, hooping cough, sweating, sickness, paralysis, coughs, sore throat, ear complaint, lung inflammation, chills, face pain, "deranged" stomach (223), headache, nervousness, measles, chilblains, back pain, knee pain, weakness, neck "eruptions" (326), discharge, and languor. Austen also writes of numerous unnamed or mysterious illnesses such as "Mr. Wither's sudden and frightening illness" (37), Edward Austen's "sick and uncomfortable feelings" (47), Mrs. Austen's recurring "old complaints" (167), and, perhaps especially, Austen's own, final illness which remains a medical mystery.[17]

Illness was everywhere; it was "all the fashion," Austen wrote, but few critics address the prevalence of illness in Austen's letters and literature (92). Some briefly

[16] Sixty-nine letters mention illness and thirty mention disability. Several are "repeat" letters - clean copies of drafts. One to her brother Frank requires Austen to detail their father's death a second time since Frank's naval obligations made him miss the first.
[17] Sir Zachary Cope asserted in 1964 that Austen had Addison's disease, an adrenal failure that causes the body to produce too much aldosterone and too little cortisol. Claire Tomalin argues Austen's proclivity for infection suggests she had Hodgkin's Disease, a form of lymphoma. Still others argue Austen suffered from a form of tuberculosis because of the sheer number of cases in the nineteenth century (White, Upfal).

mention Henry Austen's serious illness in 1815, Mrs. Austen's near-constant nervous complaints, and Jane 's mysterious, final illness. Illness also inspires some critics to remark on harsher moments of Austen's letters, such as when she writes of Mrs. Hall of Sherbourn being "brought to bed yesterday of a dead child, some weeks before she expected, oweing to a fright. –I suppose she happened unawares to look at her husband" (17). However, only two monographs discuss Austen's representations of illness at length: Anita Gorman's *The Body in Illness and Health: Themes and Images in Jane Austen* (1993) and John Wiltshire's *Jane Austen and the Body: 'The picture of health'* (1992). Gorman helpfully links Austen to the cult of sensibility by recognizing the roots of medical "hysteria," but she collates illness in Austen's works without interpreting it. Wiltshire's psychoanalytic study is more interpretive than Gorman's, but Wiltshire fails to historicize individual medical conditions like Mr. Woodhouse's valetudinarianism in *Emma* (1815) or Mary Musgrove's hypochondriacal complaints in *Persuasion* (1817).[18] He interprets illness broadly, as an "instrument for the exercise of domestic tyranny" (19). Though he rightly mentions the influential social positions of Mrs. Jennings and Mr. Woodhouse that command obeisance, Wiltshire fails to extend their influence to those beyond familial circles, such as subservient medical practitioners. Considering practitioners' forced compliance with the whims and wants of patients, Wiltshire's failure

[18] The *Oxford English Dictionary* distinguishes between the conditions: A "nervous man, easily depressed" (57), Mr. Woodhouse is a valetudinarian, "a person in weak health, esp. one constantly concerned with his own ailments; an invalid." In contrast, a person with hypochondria has "a morbid state of mind, [and is] characterized by general depression, melancholy, or low spirits, for which there is no real cause."

to think extensively about the limitations of an apothecary's authority in Austen's works is remarkable.

The apothecary figure is essential for understanding Austen's "treatment" of medicine and marriage in her novels. I argue that reading Austen's medical plots yields an important reconceptualization of not only the novels' contents themselves but also of Austen's contribution to nineteenth-century literary treatments of medical practice. Austen's apothecary allows readers to engage a different kind of novel of manners than what we may expect from her works; though apothecaries cultivated skills similar to those of physicians, they suffered low social status and were as dependent on retaining clients as clients were on using apothecaries' treatments. Austen minutely represents the socio-medical complexities of codependence between apothecaries and patients, and her representations turn critical interest from cordiality and courtships to cordials and cures. I first detail the historical rise of the apothecary after the 1704 Rose Case disestablished the Royal College of Physicians' monopoly over medical practice. While the surge of practicing apothecaries could have comforted masses of sick people in England, the resulting increase of quack medicine and self-diagnosing pseudo-practitioner patients led to widespread distrust between practitioners and patients. Austen comically represents the effects of this distrust in a short poem entitled "I've a Pain in My Head" (1811), which serves as a poetic foundation for Austen's novelistic portrayals of practitioner-patient relationships. In the novels, the apothecary's trajectory is notable: in *Sense and Sensibility* (1811) and *Pride and Prejudice* (1813), Mr. Donavan's, Mr. Harris's, and Mr. Jones's social inferiority to their patients subvert their practical roles; in *Mansfield Park*

(1814), Sir Thomas Bertram supplants the apothecary, assuming a pseudo-practitioner role to conduct a "medicinal project" on Fanny Price; in *Emma* (1815), alongside the rise of "invalidism" as a viable social identity form in England, Mr. Perry's identity becomes enmeshed with those of his social superiors; and finally, in *Sanditon* (1817posth), the (notably absent) apothecary is ironically rendered useless by a community fixated on treating illnesses that have yet to appear.[19] Because most scholars overlook the apothecaries in Austen's novels or misread Austen's representation of illness and medical practice, some, such as D.A. Miller and Lennard Davis, accuse Austen of participating in "ableist" discourse. However, I challenge such accusations by showing how Austen

[19] *Northanger Abbey* (1817posth), though begun in 1788, was Austen's final (complete) published novel, and it has no apothecary. Three unnamed physicians are mentioned during the novel's description of a most important illness – Mrs. Tilney's, which killed her before the novel begins. While the novel primarily satirizes the gothic mode and muses on qualities of "good" novels, it also sets a precedent for understanding illness in Austen's later novels. Catherine Morland, in the gothic fantasy she constructs for the Tilney family, believes that Mrs. Tilney was imprisoned and murdered by her husband. However, during Catherine's famous awakening when Henry Tilney finds her exploring his mother's bedroom, Henry dissolves her fantasies by relating the practical, medical details of Mrs. Tilney's death:

> 'My mother's illness,' he continued, 'the seizure which ended in her death, was sudden. The malady itself, one from which she had often suffered, a bilious fever—its cause therefore constitutional. On the third day…a physician attended her, a very respectable man, and one in whom she had always placed great confidence. Upon his opinion of her danger, two others were called in the next day, and remained in almost constant attendance for four and twenty hours. On the fifth day she died.' (*NA* 195)

Catherine's imagination had turned Mrs. Tilney's real medical illness into murder, and she is justly ashamed when Henry brings her back to reality ("Henry's address, short as it had been, had more thoroughly opened her eyes to the extravagance of her late fancies than all their several disappointments had done. Most grievously was she humbled" (196)). This does not mean that Mrs. Tilney's illness was not terrifying, but instead suggests that Catherine's gothic fantasies preclude the reason that would allow her to contemplate illness practically. As we will see in greater detail in Austen's later novels, illness was real and frightening enough to demand attention in its own right.

represents the social ills that evolved from distrusting the medical profession, which itself suffers from forgivable limitations. As a literary practitioner, Austen provides a treatment of medical practice that questions, rather than endorses, the socio-medical "illnesses" that paradoxically rely on and reject a cure.

"Ah! What Shall I Take For't?"

Medical practitioners valued their professional positions as much as patients valued their social ones. Though today practitioner distinctions may seem arbitrary, they were crucial in the eighteenth and nineteenth centuries. Physicians, who we would consider general practitioners, were called "Dr." and enjoyed the highest distinction, treating illnesses of the wealthy, nobility, and royalty.[20] They belonged to the Royal College of Physicians, which managed licensing in London. Founded in 1518, College retained the highest recognition among medical practitioners, despite eventually becoming more of a fashionable association than an authoritative body. Roy Porter notes the College snobbishly refused fellowships to anyone not a member of the Church of England and not a graduate of Oxford or Cambridge, even though as early as 1750 "the finest physicians were Dissenters by religion and trained either in Leiden or at Edinburgh" (*Greatest Benefit* 288). While physicians treated only internal disorders for which they could prescribe physic, surgeons, who outnumbered physicians in London, tackled messier and bloodier operations. Surgeons had been apprenticed, and had passed examinations set by London's Company of Surgeons (Porter, *Cambridge* 110). Theirs was "the cutter's art," which had "traditionally carried scant prestige" (Porter, *Greatest*

[20] "Dr" was also used to denote a doctor of divinity (Pool 299) as it is in Austen's novels.

Benefit 277). Though socially higher-ranking than apothecaries, surgeons were usually considered repulsive because the public perceived their job to be disgusting. The surgeon was

> habitually handling nasty tumours, wens, gangrene and syphilitic chancres, and his means were invasive: the knife, cauterizing instruments and the amputating saw. Surgeons normally passed through a practical, not a liberal education; often yoked in guilds with barbers, they were scathingly compared to butchers. (277)

Surgeons dressed wounds, pulled teeth, amputated limbs, extracted blood, and treated side effects of various venereal diseases. They enjoyed increased distinction during the early nineteenth century because of their ability to treat injuries of soldiers and sailors of the Napoleonic Wars, which provided many opportunities for surgery's practical application. Surgeons' public distinction also increased due to developments in France and Edinburgh, leading locations for "progressive" medical advancement (Porter, *Cambridge* 193). In 1778, Edinburgh's Royal College of Surgeons began awarding its own diplomas, and students "found it made sense to equip themselves to practise *both skills* [physic and surgery], particularly if they expected to become general practitioners, medical jacks-of-all-trades practising all branches of healing" (194 my emphasis).

In England, as in France and Scotland, surgeons were becoming adept at administering physic as well as practicing surgery, and lines separating medical professions were becoming more opaque. Charles Thomas Haden, a surgeon-apothecary Jane Austen knew, was among "progressive" medical students educated in Edinburgh and

France who blended skills of surgery and physic.[21] Haden became an official member of London's Royal College of Surgeons and traveled to Paris to work with French physician René-Théophile-Hyacinthe Laennec, who invented the stethoscope in 1815 (Cope, "Dr. Charles" 974). By the time he was in Sloane Street, London, Haden honed his skills to become a general practitioner. He treated Austen's brother Henry during Henry's serious illness of 1815, prescribing calomel, bleeding, plaster, and a variety of unidentified swallowable medicines. Though Austen once mistakenly refers to Haden as only an apothecary, she later clarifies that he is *not* one; indeed, his being one seems an unwelcome thought.[22] She wrote on December 2, 1815 to Cassandra that Cassandra was "under a mistake as to Mr. H.":

> You call him an Apothecary; he is no Apothecary, he has never been an Apothecary, there is not an Apothecary in this Neighbourhood—the only inconvenience of the situation perhaps, but so it is – we have not a medical Man within reach –he is a Haden, nothing but a Haden, a sort of wonderful nondescript Creature on two Legs, something between a Man & an Angel – but without the least spice of an Apothecary.—He is perhaps the only Person *not* an Apothecary hereabouts. (*Letters* 303)

[21] The title "surgeon-apothecary" became commonly used to denote such a person. John Keats also had skills in both professions. After his parents died, he trained as an apothecary under Thomas Hammond and also worked under surgeons at Guy's Hospital, where he dressed wounds. His training helped him identify his own tuberculosis; looking at blood he'd spit on his sheets, he remarked, "that drop of blood is my death warrant." For more on Keats's literary and medical careers see Barnard, and Ziegenhagen.

[22] In October 1815, Austen wrote to Cassandra that Henry's illness is "more serious" than she first thought. She inquired of a "Mr. Haydon" [sic] about Henry's being able to leave London for business, and he told her no. She explained: "Mr H. is the apothecary from the corner of Sloane St – successor to Mr. Smith" (*Letters* 292).

Over the course of several months, Haden became Austen's friend and by December was more a social visitor than "a medical man." In fact, in the above passage Austen laughingly hints at Haden's romantic interest in her niece, Fanny-Catherine Knight, who was staying with Austen in London. Austen had written to Cassandra on November 26 that Henry "is so well, that I cannot think why he is not perfectly well.—I should not have supposed his Stomach at all disordered but *there* the Fever speaks probably;--but he has no headake, no sickness, no pains, no Indigestions!—Perhaps when Fanny is gone, he will be allowed to recover Faster.—" (302). Austen jokes about Haden's visits, which were ostensibly to provide Henry medical treatment but really enable Haden to enjoy a light flirtation with Fanny. Her joke comes just after she notes Haden and Fanny were sitting close together the previous evening, where

> the Draw^{g}-room was thus arranged, on the Sopha-side the two Ladies Henry & myself making the best of it, on the opposite side Fanny & Mr. Haden in two chairs (I *believe* at least they had *two* chairs) talking together uninterruptedly.—Fancy the scene! And what is to be fancied next?—Why that Mr. H. dines here again tomorrow. (301-302)[23]

[23] A year earlier, Austen coached Fanny through a decision to not marry Mr. John Plumptre: "how few young Men you have yet seen much of—how capable you are (yes, I do still think you *very* capable) of being really in love" (286). Though Haden's visits became more social than medical, there was another practitioner treating Henry. Critics agree this was likely Matthew Baille, who also served as the Prince Regent's physician. Deirdre Le Faye comments in *A Chronology of Jane Austen and Her Family* that on October 22, 1815, when Henry's illness seems worse, that "it may be about now that she calls in a second doctor, in addition to Mr. Haden; it is probable that this was Dr. Matthew Baille" (518). Baille knew of Austen's residence, telling the Prince Regent of it in November. This prompted the Prince to send James Stanier Clarke to visit (519) as well as the dedication of *Emma* to the Prince Regent.

Haden and Fanny flirted, certainly, and he visited on occasions that were not medical; he exchanged books with Austen and Fanny, and a note from Austen to him is preserved in her letters (308).[24] He also was "*quite* delighted with" *Emma* and, according to Austen, preferred *Mansfield Park* to *Pride and Prejudice* (*Minor Works* 438, original emphasis).

Even as Austen teases Fanny in her letters, she asserts Mr. Haden's non-apothecariness. Apothecaries had been apprenticed and had passed examinations set by the Society of Apothecaries (Porter, *Cambridge* 110), but though they treated the same complaints as physicians, the public questioned apothecaries' legitimacy. Cynics called the apothecary's prescription little more than a "recipe for profiteering" (Porter *Greatest Benefit* 269). Such criticism fit into apothecaries' literary history, which includes Simon Garth's 1699 mock-epic poem *The Dispensary*, in which *Horoscope*, the "consummate quack" apothecary, "various projects tries,/And knows that to be rich is to be wise./By useful observations he can tell/The sacred charms that in true sterling dwell" (Sena); and Richard Cumberland's 1797 dramatic apothecary, Jerry Scud, who infamously says "A patient cur'd is a customer lost."[25] As I discuss in the Introduction, the later nineteenth century saw a more sympathetic novelistic representation of medical practitioners, but acclaim came gradually. The 1815 Apothecaries Act helped the public feel better, as it was the first legislation to standardize professional medical education in England and Wales. The act mandated licensing for apothecaries, requiring "attendance at approved lectures and six months' hospital clinical work" before an apothecary could become eligible for a License of the Society of Apothecaries (Porter, *Greatest Benefit* 355). After

[24]For a cinematic take on Haden's flirtation with Fanny, see *Miss Austen Regrets* (2008).
[25]For more on medical practitioners' social standing, see Corfield, and Porter and Porter.

the act passed, apothecaries enjoyed slightly elevated social standing because the public knew that legally operating apothecaries "would at least have undergone some academic and clinical training" (355).

But even after the Apothecaries Act passed apothecaries remained socially subordinate to physicians and surgeons. But apothecaries' affordability made them the most sought-after practitioners for rural middle and upper classes. Moreover, since most physicians were based in London, people in market towns or villages found apothecaries more accessible. Apothecaries were the primary source of medicine for Austen and her social circle, and they appear regularly in her works. She represents the positions and prejudices of both apothecaries and patients and is characteristically complex in her valuation of socio-medical relationships. In a short poem, "I've a Pain in My Head" (1811), Austen humorously illustrates this complexity and establishes a precedent for her novelistic representations of practitioners and their patients.

David Selwyn argues the poem was inspired by a visit to an apothecary in Alton, in which Austen accompanied her acquaintance, Maria Beckford, to address some "old complaint" (13). The poem records a short conversation between Miss Beckford and her apothecary, Newnham, in which the business of treatment comprises both fear and humor:

'I've a pain in my head,'
Said the suffering Beckford
To her doctor so dread:
'Ah! what shall I take for't?'
Said her doctor so dread,

Whose name it was Newnham,
'For this pain in your head,
Ah! what can you do, ma'am?
Said Miss Beckford: 'Suppose –
If you think there's no risk –
I take a good dose
Of calomel brisk?'
'What a praiseworthy notion!',
Replied Mr. Newnham:
'You shall have such a potion,
And so will I, too, ma'am.'

This poem is comical but has serious implications as it sympathizes with both patients and apothecaries. For instance, one reason Newnham is doubly "so dread" may be that patients sometimes feared medical prescriptions. After all, the pharmacopoeia was "a bag of blanks" and in the worst cases could include fatal concoctions (Porter, *Greatest Benefit* 674). While acknowledging this possibility, Austen sympathizes with apothecaries' difficulties. Because of the Rose Case, apothecaries could legally prescribe for their clients, but they only made money through dispensing drugs (Austen, *E* 65). They also had to precisely balance experimentation with effectiveness. Fortunately for them, many patients were like Miss Beckford and had notions of treatments they wanted and the drugs they wished to use to effect those treatments. Miss Beckford determines the apparent remedy for head pain herself, and the typical doctor/patient Q&A is more like audible musing than an inquiry into treatments or cures. Her musing with a remedy already in mind reflects a popular idea that *any* type of medical intervention, even if

minor, comforted patients. Juliet McMaster suggests that even the most minor intervention, such as talking hypothetically with a medical authority, was a technique for "curing" (295). She discusses Samuel Richardson's fervent correspondence with George Cheyne as being psychologically helpful, perhaps even more than his advice was physically effective.[26] In Austen's poem, Miss Beckford thinks aloud about her symptoms and treatment rather than seeking medical advice, exercising a self-sufficiency Newnham likely appreciates considering the backlash for a bad prescription. He enthusiastically agrees with Miss Beckford's suggestion of "a good dose" of calomel, offering her a kind of emotional affirmation**.** Since Miss Beckford suggests calomel herself, Newnham just has to supply it without fearing its consequences. Miss Beckford's self-prescribing is an example of the more democratic access to medical knowledge popularized in the late eighteenth century that resulted from a desire to replace "elite medicine" with "common" at-home treatments (Porter, *Greatest Benefit* 283). William Buchan, though a trained physician, claimed the medical profession was "oligarchic," and his popular *Domestic Medicine* (1769) "espoused medical democracy as a fulfillment of the rights of man declared by the French Revolution: for far too long healing had been monopolized by a clique" (283).[27] Now, patients could purchase treatments or substances from apothecaries to address their various medical conditions themselves.

But the popularization of medical knowledge did little to challenge the guesswork of apothecaries and patients. As we will see in Austen's *Mansfield Park*, as well as in

[26] See also Takei.
[27] For other texts on domestic treatments see Wesley, Tissot, and Thompson. For more on debates about public knowledge of medicine, see Porter, "Medical Journalism."

Anne Brontë's *The Tenant of Wildfell Hall* (1848), people continued to risk the dangerous consequences of at-home medical experimentation. In Austen's poem, calomel is "a potion" founded on "supposition," "thinking," and a "notion," rather than on medical fact. Without precise knowledge of a patient's condition, apothecaries and patients relied on common treatments. People regularly used mercurial blue pills, bolus, plaster, bitters, smelling salts, laudanum, and opium to treat conditions as varied as bile, nerves, pain, catarrh, chilblains, gout, rheumatism, hooping cough, dyspepsia, and the common cold or flu. They also used more serious treatments designed to expel toxins, including bloodletting or cupping, in which a hot piece of glass was pressed on the skin until a blister formed and someone punctured it. But people's favorite purges were laxatives or purgatives because "the aim of traditional therapeutics was getting the bowels open" (Porter *Cambridge History* 108).[28]

Calomel was one of the most common substances used to "get the bowels open." It was a "tasteless, gray medicine, sometimes powdered, that was made of mercury and chlorine" (Pool 279), and it "appeared in every physician's bag throughout the nineteenth century" (Porter, *Greatest Benefit* 266). It was commonly used to treat symptoms of biliousness, including headache and constipation. These symptoms characterized a public

[28] Sick people in Austen's letters tried numerous remedies. The more common ones include taking bitters, drinking pump waters, cupping, taking physic, leeches, bloodletting, emetics, and calomeling. Rarer remedies include "cotton moistened with oil of sweet almonds" (140) and the "electricity" method Edward Austen tried to treat a mysterious illness (42, 44). Galvanism, or electric therapy, was one alternative remedy rising in popularity. Others included hydropathy (water therapy), mesmerism, naturopathy (herbal treatments), and homeopathy. Homeopathy was very popular and stemmed from the research of German physician Samuel Hahnemann. Following a theory of minimal dosage and drug purity, it involved the ingestion of diluted substances thought to cause certain symptoms (Porter, *Greatest Benefit* 271).

that was often dehydrated, lethargic, gouty, and over-indulgent.[29] So frequently ill, the public paid many visits to medical practitioners; in most cases, these practitioners were apothecaries. Thus, apothecaries had many patients to see and drugs to dispense. As apothecaries were not compensated for their time, the more patients they could sell to the more likely they would make money and retain a large client base. Professional strategy is likely one reason the encounter between Newnham and Miss Beckford is noticeably short. Characterized by abruptness, irregularity, and insight into an apothecary's position, the poem hints that Newnham is backed up in more than one sense. He has many patients to see and needs a fast-acting solution for both this professional problem and also what seems to be a personal, physical problem. His ready approval of Miss Beckford's "brisk" calomel and his eagerness to take calomel himself bring us to the poem's simultaneously funny and disturbing conclusion: the apothecary is literally and figuratively full of shit.

Apothecaries In Action

"I've a Pain in My Head" serves as a poetic foundation from which we can evaluate Austen's representation of apothecaries and illness in her novels. She rarely includes other practitioners. There are only two surgeons mentioned in the novels: one named, in *Mansfield Park* – a ship's surgeon, Mr. Campbell – and one unnamed, in

[29] Biliousness was thought one effect of prosperous middle and upper classes. George Cheyne's *The English Malady* (1733) documents such "elite" diseases and "fashionable disorders" (Porter, *Greatest Benefit* 258). John Wiltshire argues that Cheyne's book was "chiefly responsible…for putting the notion of the nerves and the nervous system as a source of human suffering into general circulation…this new (and very widespread) disease entity was the product of increasing wealth and leisure among the middle classes" (117). For more on diseases in the early nineteenth-century British public, see Kaplan.

Persuasion, who attends Louisa Musgrove after her head injury. There are three physicians, two unnamed in *Mansfield Park,* who both attend Tom Bertram (one in London and one at Mansfield Park) after his fever from a "neglected fall, and a good deal of drinking" (425), and Dr. Davies/Davis, the beau of the eldest Miss Steele in *Sense and Sensibility*. But Austen names six apothecaries in her novels: *Sense and Sensibility's* Mr. Donavan and Mr. Harris; *Pride and Prejudice*'s Mr. Jones; *Emma*'s Mr. Perry and Mr. Wingfield, and *Persuasion*'s Mr. Robinson. In each representation, Austen portrays the complicated social and financial positions of apothecaries and their relationships with their ailing patients, and while she questions the profession's practical legitimacy she sympathizes with the apothecary's fraught social position.

Sense and Sensibility's Mr. Donavan is a London apothecary who attends Charlotte Palmer throughout her confinement and after the birth of her child. He also serves Charlotte's mother, Mrs. Jennings, with gossip. Mrs. Jennings recounts to Elinor Dashwood the violent reaction of Elinor's sister-in-law, Fanny, to the engagement of Fanny's brother Edward. It turns out that Mr. Donavan is the means by which Mrs. Jennings discovers Fanny's reaction. Mrs. Jennings recounts Mr. Donavan's attitude as he related the event, and suggests he has no scruple in discussing scandal. As Mrs. Jennings tells Elinor, when Mrs. Jennings asked Mr. Donavan if he had "any news," she says he "smirked, and simpered, and looked grave, and seemed to know something or other" (271), and claims he and she "had a great deal of talk about it" (273). Mrs. Jennings means to keep using him for information; she says it is "the best of all…that he is gone back again to Harley-Street, that he may be within call when Mrs. Ferrars is told

of it…for your sister was sure *she* would be in hysterics too" (273).[30] Mrs. Jennings implies that Mr. Donavan will tell her of disruptions among the Ferrars and Dashwoods. She would have to hear of such disruptions secondhand because apothecaries like Mr. Donavan were among the few outside figures allowed access to private familial events. However, secondhand knowledge has the potential to distort the truth. That we "hear" Mr. Donavan only through Mrs. Jennings's recounting is important in this respect: *his* role is seen only through *her* representation. Although Mr. Donavan apparently spreads gossip about the Ferrars family, he is, after all, in a difficult position when Mrs. Jennings accosts him for information. He also serves *her* family and must keep her happy to retain her as a client. If he does not maintain Mrs. Jennings's emotional interest with gossip, Mr. Donavan risks losing her financial interest as well.

In Mrs. Jennings's account of Mr. Donavan, the complications of the medical profession affect the profession's representation. Austen layers representation in this scene, which requires parsing**:** an unnamed someone, perhaps a servant answering the door or a person overheard speaking by Mr. Donavan, told Mr. Donavan what caused Fanny's hysterics; he told Mrs. Jennings what that someone told him; she told Elinor

[30] It is unclear how Mr. Donavan treats Fanny's "hysterics." Hysteria was differently understood in medical circles, and its treatments varied. Its history includes Puritan persecution of witchcraft and demonism, of which "fits" and erratic emotions and physical movements were thought indicative (Porter, *Cambridge* 77-78). Anita Gorman claims in the eighteenth and early nineteenth centuries, the condition was seen as involving "solipsistic individuals with emotional boundaries embedded in their own psyches" (42). It was believed that immodest thoughts or sexual deviousness contributed to hysterics. Some women who were "diagnosed hysterical" underwent (sometimes forcibly) what was called a "normal ovariotomy," in which healthy ovaries were removed as they were in hysterectomies (Porter, *Greatest Benefit* 364). Mr. Donavan, we can assume, does not perform this drastic treatment; he might have recommended smelling salts or a cold bath for nerves. For more on nervous disorders, see Beatty.

what he told her someone told him; and, of course, Austen, as the author, tells readers what Mrs. Jennings told Elinor that Mr. Donavan told her that someone told him. To simplify, Austen shows Mr. Donavan only through four removes, a layering that complicates the truth of Mrs. Jennings's narrative. Mrs. Jennings says Mr. Donavan "smirked, and simpered" but also says he "looked grave." Even if truth lies in one or the other observation, Mrs. Jennings's juxtaposition of them fails to reconcile their contradictory natures. Perhaps Mrs. Jennings, in slyly asking for gossip, is who "smirked, and simpered" while Mr. Donavan "looked grave." After all, when she first meets Elinor and Marianne Dashwood, Mrs. Jennings "pretended to see them blush whether they did or not" as she "attacked" them with witticisms about lovers and husbands (71). She may have executed a similar attack on Mr. Donavan. Her abrasiveness, in addition to her financial interest, could have pressured Mr. Donavan into disclosing information. He only murmurs a short, "whispered" speech: "For fear any unpleasant report should reach the young ladies under your care as to their sister's indisposition, I think it advisable to say, that I believe there is no great reason for alarm; I hope Mrs. Dashwood will do very well" (271-72). Though we might wonder at Mr. Donavan's face and voice in speaking this, Austen suggests nothing to make us question his sincerity. Only Mrs. Jennings suggests insincerity, but she is a character parodied for exaggerating truth and for making up stories entirely. Through Mrs. Jennings, Austen complicates Mr. Donavan's representation, reflecting social complexities facing the medical profession and its patients; each depended on the other and each often led the other astray.

Mr. Harris, *Sense and Sensibility*'s other apothecary, attends Marianne Dashwood at Cleveland, where she falls violently ill. Marianne's dangerous condition has been caused by, in addition to misery and under-eating, her "sitting in her wet shoes and stockings" after several rambling walks (315). After she falls ill, prescriptions "poured in from all quarters" (315), which could be a subtle reference to the common practice of drinking alcoholic cordials to affect a cure. For instance, earlier in *Sense and Sensibility* Elinor gives an alcoholic cordial to Marianne when the latter, heartbroken after Willoughby's dismissal, has "an aching head, a weakened stomach, and a general nervous faintness": "A glass of wine, which Elinor procured for her directly, made her more comfortable" (206). In a funnier instance, Mrs. Jennings tells Elinor she has "some of the finest old Constantia wine in the house that ever was tasted, so I have brought a glass for your sister" (218). She notes the wine's usefulness in treating her late husband's "cholicky gout," but Elinor, "smiling at the difference of the complaints for which it was recommended," drinks the wine herself because "though its effects on a cholicky gout were, at present, of little importance to her, its healing powers on a disappointed heart might be as reasonably tried on herself as on her sister" (218). Thus an alcoholic cordial proved an effective medical and emotional treatment.

No treatments seem to work in Marianne. Common treatments for fever – her initial complaint – were either "conservative," involving "bed rest, tonics, care and hope," or "heroic," "involving violent purges" or "drastic bloodletting" (Porter, *Greatest Benefit* 674). Marianne's treatment begins more "conservatively"; though she was "heavy and feverish, with a pain in her limbs, and a cough, and a sore throat, a good night's rest

was to cure her entirely" (*SS* 315). Soon, though, Elinor "forc[es] proper medicine" on Marianne, but whatever this medicine is, it is ineffective, and Marianne's condition worsens. After undergoing unspecified treatments of Mr. Harris, Marianne becomes delirious, her repose

> more and more disturbed; and her sister, who watched with unremitting attention her continual change of posture, and heard the frequent but inarticulate sounds of complaint which passed her lips, was almost wishing to rouse her from so painful a slumber, when Marianne, suddenly awakened by some accidental noise in the house, started hastily up, and, with feverish wildness, cried out. (319)

Elinor calls Mr. Harris again and returns to Marianne to "wait for the arrival of the apothecary, and to watch by her the rest of the night. It was a night of almost equal suffering to both. Hour after hour passed away in sleepless pain and delirium on Marianne's side, and in the most cruel anxiety on Elinor's" before Mr. Harris appeared (320). He takes five hours to arrive, a "delay" that distresses Elinor, who "was on the point of sending again for Mr. Harris, or if he could not come, for some other advice" (321). His delay stems from conviction that Marianne's case is not serious. When he finally arrives, he still "would not allow the danger to be material, and talked of the relief which a fresh mode of treatment must procure, with a confidence which, in a lesser degree, was communicated to Elinor" (321). Mr. Harris's "fresh" mode of treatment will be more extreme and could involve opium or its liquid form, laudanum. After all, the next day Marianne was "more quiet" and "remained in a heavy stupor" (321-22). Mr. Harris leaves "both the patient and her anxious attendant more composed than he had found

them" (321), but ultimately "his medicines had failed; --the fever was unabated; and Marianne only more quiet – not more herself" (321-22).

At this point Elinor "proposed to call in further advice," but "[Mr. Harris] judged it unnecessary; he had still something more to try, some more fresh application, of whose success he was almost as confident as the last" (322). Mr. Harris now likely employs more "heroic" treatments like purges or bloodletting, by which as much as three liters of blood were taken at a time (Porter, *Greatest Benefit* 314). He might even dose and blood-let simultaneously, a common practice for apothecaries treating all kinds of illnesses (266).[31] We cannot assert with conviction that Mr. Harris's remedies cure her, but Marianne does eventually begin to recover. After several hours, she becomes "in every respect materially better" and Mr. Harris "declared her entirely out of danger" (323). He unsurprisingly offers eager "assurances [and] felicitations on a recovery in [Marianne] even passing his expectation" (322-23). Mr. Harris will enjoy positive public notice with Marianne's recovery, just as her death would have incurred him similar notice in scope but more detrimental in nature. After all, medical practitioners "won their reputation" based on successes or failures of their bedside care. Importantly, whether or not Mr. Harris cures Marianne is not at issue because he *appears* to have done so. This wins him the family's "trust in his judgment" (323), which, at a time when nearly everyone got sick and knew little about medicine, was essential in publicly recommending Mr. Harris.

[31] Marianne's illness goes unnamed but both typhus and pneumonia are contenders. Typhus seems less likely as its "putrid fever" was largely contained within the urban, industrialized poor. Pneumonia, involving breathing difficulties, cough, fever, and fatigue, was a prevalent threat in the nineteenth century and was popularly treated with bloodletting (Porter, *Greatest Benefit* 312-315, 427, 673-75).

Because news of Marianne's near-death reached London, we can assume that news of her recovery will reach the ears of the wealthy middle and upper classes there.

Pride and Prejudice's (1813) apothecary, Mr. Jones, and his narrative connection to Mrs. Bennet, have a brief but important impact on Austen's medical plot, providing a transition between "real" practitioners Mr. Donavan and Mr. Harris in *Sense and Sensibility* to a pseudo-practitioner, Sir Thomas Bertram in *Mansfield Park* (1814). Though Mr. Jones prescribes draughts in the novel, Mrs. Bennet is more actively connected with medicine. She famously sends her daughter Jane to Netherfield on horseback "with many cheerful prognostics of a bad day" (68). She thinks it will rain and Jane will have to stay the night, thereby gaining her more time at the home of a rich prospective husband, Mr. Bingley. Mrs. Bennet's "prognostics" link her to the medical profession because while they can mean "prophecies" they also allude to medical prognoses (*OED*). She offers no indication that she wants or expects the rain to make Jane sick – she only hopes it will detain Jane – but Jane getting sick is an even better outcome, by the logic of Mrs. Bennet, since Jane must remain at Netherfield for several days.[32] Jane develops a severe cold and is attended by Mr. Jones. Interestingly, while we are told that Mr. Jones promises Jane some medicine, he has no dialogue himself; his thoughts are voiced entirely by Mrs. Bennet ("Mr. Jones says we must not think of moving her"). He and Mrs. Bennet are narratively entangled; they even arrive at Netherfield "at the same minute" (78), and by overriding Mr. Jones's narrative voice, Mrs. Bennet commandeers his medical authority. This is true even though Mrs. Bennet is

[32] Mrs. Bennet's plan works out better than she imagines, since Jane's illness and stay at Netherfield also prompts Elizabeth to go there and inspire Mr. Darcy's interest in her.

an unofficial practitioner with questionable logic. She is undoubtedly an unethical pseudo-practitioner, but she, in *Pride and Prejudice*, is the comic version of what becomes sinister in *Mansfield Park*. Austen creates a kind of inverse Mrs. Bennet in Sir Thomas Bertram, making him less comical and more menacing. Though Mrs. Bennet and Sir Thomas both seek marriage for Jane and Fanny respectively, they use different means and effect different ends. Mrs. Bennet prescribes her daughter go to an affluent home, and though she unintentionally makes Jane literally sick, Jane ultimately marries Mr. Bingley. Sir Thomas, though, prescribes Fanny visit her poor family in Portsmouth to make her weary enough of poverty to marry Henry Crawford, but though Fanny does end up figuratively "sick" of Portsmouth, she also becomes physically sick and still does not marry Crawford (*MP* 371).

Sir Thomas's pseudo-practice in *Mansfield Park* reflects his confused system of values. Though he takes in Fanny at ten years old – "it was a serious charge; a girl so brought up must be adequately provided for, or there would be cruelty instead of kindness in taking her from her family" (37) – he manages her upbringing and establishment quite cruelly. Sir Thomas and, to a lesser extent, Fanny's aunt, Mrs. Norris, constantly contradict their words with their actions. For example, Mrs. Norris orchestrates Fanny's transfer to Mansfield but assumes no financial responsibility for her - "nobody knew better how to dictate liberality to others" (39), and while Sir Thomas assumes financial responsibility for her, he refuses to take part in Fanny's upbringing despite its being "a serious charge" (37). Mrs. Norris claims Fanny will "be introduced into the society of this country under such very favorable circumstances as, in all human

probability, would get her a creditable establishment" (i.e. marriage to a gentleman), but she prevents Fanny from participating in social engagements. Additionally, Sir Thomas, unconvinced of Fanny's marrying well, talks of getting her the "provision of a gentlewoman" like a governess's appointment (38) but later tries to force her to marry Crawford. He also ignores his daughters' educations, trusting to the appearance of good health as indicative of a "promising" future (51) but paradoxically sees Fanny's understanding as "diseased" at the same time her looks improve (371).

Sir Thomas has long been critiqued for his failed parenting, especially in terms of his daughters' educations.[33] At the end of the novel he acknowledges his "grievous mismanagement" of Maria and Julia, admitting "the most direful mistake in his plan of education" had been that "his cares had been directed to the understanding and manners, not the disposition" of each (459). Sir Thomas more easily controls his wife, Lady Bertram, who some suggest may be addicted to opium.[34] Opium "was freely available over the counter and widely used" at the time (Porter, *Greatest Benefit* 269). Of course, critics have no proof besides insinuations that Lady Bertram "might always be considered as only half awake" (*MP* 348). She is "a woman who spent her days in sitting, nicely dressed, on a sofa, doing some long piece of needlework, of little use and no beauty" (50), though more often than not she's nodding off. At one point, her sons, Edmund and Tom, discuss the "anxiety" she must feel in their father's absence, but her drowsy interruption is telling: "'What is the matter?' asked her ladyship, in the heavy tone of one

[33] See Butler, Poovey, *Proper Lady*, Leroy Smith, and Stewart.
[34] For example, see Beard, Forster, and Willis. For a vivid portrayal of Lady Bertram as a drug addict, see Patricia Rozema's cinematic adaptation, "Mansfield Park" (1999).

half-roused,--'I was not asleep'" (148). She reclines on her couch, blissfully unaware of disturbance. If Lady Bertram is an opium addict, as seems plausible considering descriptions of her and easy access to opium, Sir Thomas would be her supplier. After all, Lady Bertram was "guided in every thing important by Sir Thomas" (50). Sir Thomas seems to believe that if all *appears* managed – if his children look healthy and Lady Bertram is content – then his form of "education" and household management is sound. But he hardly has an education plan (459); his daughters have a governess and Sir Thomas largely disregards them and the whole house. He contradicts himself further by demanding obedience to *his* management style but leaving Mrs. Norris to run the house, a policy that ends in literal and figurative theatricals.

Sir Thomas's contradictions force Fanny into the middle of a strange "experiment" (372). He ostensibly values Fanny's education and establishment but bases his experiment (figuratively) on her physical and mental health. Even before she arrives, Sir Thomas construes her as sick and in need of a cure. He says she may have faults of "gross ignorance, some meanness of opinions, and very distressing vulgarity of manner," but that these faults are "not incurable" (41). Fanny arrives at Mansfield "puny and delicate" (42) and continues in contrast to her cousins' robust, active growth throughout the novel. She is perpetually sick, yet despite dozens of mentions of her illnesses throughout the novel, Fanny never once sees an apothecary or physician. Moreover, her illnesses preserve her inferiority to her cousins and this suits their need for distinction between them and Fanny. In addition to her smallness and frailty, Fanny's near-constant belittling by Mrs. Norris puts her in constant contrast with other women. Thus Fanny's

peripheral position in the family becomes naturalized; we expect no sympathy from Mrs. Norris, who sends Fanny on fatiguing errands across the estate, but even Edmund fails to notice her physical illness when Mary Crawford takes Fanny's horse, leaving Fanny unable to exercise.

However, when Sir Thomas returns from a trip to his sugar plantation in Antigua, he takes a greater interest in Fanny than he ever did in either of his daughters, and involves himself in her "establishment" directly. He "looked at her again -- inquired particularly after her health, and then, correcting himself, observed, that he need not inquire, for her appearance spoke sufficiently on that point…he was justified in his belief of her equal improvement in health and beauty" (195). Sir Thomas is, of course, not the only person to remark Fanny's improved appearance; flirty Henry Crawford is fascinated by her and soon asks her to marry him. After Crawford proposes marriage to Fanny, Sir Thomas reverses his initial plan for her to remain socially inferior to his daughters. He wants her marriage with Crawford to make her the complete gentlewoman, with status and fortune, and is angry when Fanny refuses Crawford. Sir Thomas, though only recently commenting on Fanny's physical improvement, calls Fanny's understanding "diseased" (372). He construes her as an addict, further validating the idea that he keeps Lady Bertram submissive with opium. Sir Thomas thinks Fanny's ability to compare and judge is "disordered" and that she needs "abstinence" to put her mind in "a sober state." He muses on "hopes" and "observations" to further a hypothesis about her addiction, fully anticipating her "craving" Crawford's renewed marriage proposals. He concocts a

"cure" for Fanny's addiction: sending her to Portsmouth to stay with her immediate family because he sees the Prices as an overwhelming cordial for Fanny:

> He certainly wished her to go willingly, but he as certainly wished her to be heartily sick of home before her visit ended; and that a little abstinence from the elegancies and luxuries of Mansfield Park would bring her mind into a sober state, and incline her to a juster estimate of the value of that home of greater permanence, and equal comfort, of which she had the offer.
>
> It was a medicinal project upon his niece's understanding, which he must consider as at present diseased. A residence of eight or nine years in the abode of wealth and plenty had a little disordered her powers of comparing and judging. Her Father's house would, in all probability, teach her the value of a good income; and he trusted that she would be the wiser and happier woman, all her life, for the experiment he had devised. (371-2)

Sir Thomas figuratively assumes the role of an experimental apothecary, prescribing a cure for Fanny's perceived "disease." Echoing guesswork common among apothecaries when prescribing for patients, Sir Thomas uses only "probability" and "trust" in creating his experiment. He applies his experiment to Fanny not with medical fact but with one long *wish*: He *wished* her to go…he *wished* her to be heartily sick of home, and, by implication, he *wished* that a little abstinence from Mansfield Park would cure her. He hopes her cure will yield a connection with the wealthy Mr. Crawford. Emphasizing the "elegancies and luxuries" Fanny has enjoyed, he hopes her absence will give her a "juster estimate of the value" of a permanent home, asserts her appreciation for "the abode of

wealth and plenty" in which she grew up, and wants her to know the "value of a good income" by the end of his experiment. Though Sir Thomas believes Fanny's understanding – her lack of interest in Crawford's offer of marriage – is "diseased," he believes it is curable through his "medicinal project." Once more, though, Sir Thomas contradicts himself; since it is "the abode of wealth and plenty" that he claims "disordered" Fanny in the first place, Sir Thomas' confusion of Fanny's health with wealth reveals that he's more interested in making a profitable connection than in her physical or emotional well-being.

Sir Thomas attempts to control Fanny's "disease" by sending her to her Father's house in Portsmouth, and Fanny also believes her immediate family will "heal every pain" (372). But as Erika Wright notes, "not only does Fanny reject Portsmouth, but Portsmouth rejects Fanny" (388). First, though Portsmouth is on the coast, its literal and figurative bad airs totally disagree with Fanny.[35] Portsmouth's "closeness and noise," and its "confinement, bad air [and] bad smells, substituted for liberty, freshness, fragrance, and verdure" (*MP* 430). Portsmouth fails Fanny again in her initial exposure to her family. In this scene, which I discuss in the Introduction, Fanny receives a "cordial hug" from her father (339). However, Mr. Price's "smell of spirits" impedes any comfort Fanny hoped for in trying this cordial. His hug, tainted by alcohol, only shows Fanny she should expect no cure from the literal *or* figurative embrace of her family. So while

[35] Portsmouth was not popular as a resort destination since it was devoted to the Navy (Lavery *Nelson's Navy*). It was, according to Brian Southam, a "squalid" place, with "its nightly turmoil of drunken sailors armed with pay and prize-money, its swarming prostitutes and ferocious press-gangs, altogether a scene of brutality, riot and debauchery" (*Navy* 21).

Portsmouth achieves Sir Thomas's goal of Fanny gradually being "heartily sick" of her poor family, it fails as a cure for Fanny's "disease." She still rejects Crawford's proposals *and* she becomes physically ill, making Sir Thomas's experiment only partially successful.

Helen Huntingdon performs a similar, only partially successful medical experiment in Anne Brontë's *Tenant*; Helen cures her son, Arthur, of alcohol addiction but only does so by poisoning him for months. Like Arthur, Sir Thomas's "patient," Fanny, nearly dies in *Mansfield Park*, and like Helen, Sir Thomas's role in the "project" emphasizes both the power and dangers of experimental medicine. The narrator tells readers that "though Sir Thomas, had he known all, might have thought his niece in the most promising way of being starved, both mind and body, into a much juster value for Mr. Crawford's good company and good fortune, he would probably have feared to push his experiment further, lest she might die under the cure" (414). Of course, Sir Thomas does not "know all" and never has. But importantly, neither does Fanny. Neither the figurative practitioner nor the actual patient knows all. Even though they are "treating" different ailments, Sir Thomas and Fanny both (incorrectly) believe Fanny's cure lies in being among her immediate family in Portsmouth. Sir Thomas believes Fanny's ailment is a "diseased" understanding and Fanny believes her ailment is not being loved or appreciated. The prescribed cure's effect is that Fanny becomes mentally stronger but physically weaker. And Sir Thomas's appropriation of medical authority, in conducting his experimental "medicinal project" on Fanny, not only echoes historical medical

experimentation with dubious cures, but also sets an important precedent for the apothecary's increasingly unstable professional position in Austen's later novels.

Apothecaries' Inaction

In July 1815 the Apothecaries Act passed and significantly increased the number of apothecaries practicing in England (Corfield 158).[36] In October, Austen was negotiating the publication of *Emma* with publisher John Murray. Murray had the manuscript by November (*Letters* 295), and based on *Emma*'s representation of Mr. Perry, the novel's busy and submissive apothecary, Austen likely drew on effects of the Apothecaries Act for his characterization. Because social politics troubled relationships between apothecaries and wealthy patients, apothecaries continued to suffer from a lack of authority. They often could not produce a cure or, in some cases, had to treat patients uninterested in finding one. Limitations in medicine, paired with the rise of invalidism as a viable identity form, compromised apothecaries' professional status as much as did domestic "experiments" like Sir Thomas's in *Mansfield Park*. For instance, while Austen composed *Emma* in 1814 and 1815, and attended her brother Henry in his life-threatening illness, one of Henry's doctors, Matthew Baille, admitted his own inability to find a cure: "I know better perhaps than another man, from my knowledge of anatomy, how to discover disease, but when I have done so, I don't know better how to cure it" (qtd. in Porter, *Greatest Benefit* 266).[37]

[36] By 1851, there were 13,586 surgeons and apothecaries to 1817 physicians in England.
[37] Baille's *Morbid Anatomy of Some of the Most Important Parts of the Human Body* (1793) studied diseases, and was popular despite only theorizing (not prescribing) cures.

Even if practitioners found a cure, the early nineteenth-century cultish rise of "invalidism" - a condition of being "not strong, infirm, weak, inadequate, and not valid" (*OED*) - might have prompted self-proclaimed invalids to decline being cured so they could retain the social force embodied by their physical weakness. Invalids were "a privileged people" (Austen, *E* 94); whether active or sedentary, they "assumed a kind of public visibility unparalleled in earlier periods of English history" (Frawley 12). Invalidism became an opaque "cultural mentality" that not only complicated diagnosis but also shaped and expressed the way people "conceptualized, experienced, and represented a wide range of afflictions" (3). Some invalids, such as Florence Nightingale, became ill due to overwork but continued to work with great energy. Active invalidism seems contradictory but was an important distinction for Nightingale, as it was for self-proclaimed invalids Harriet Martineau and Charles Darwin. Two fictional invalids – Diana and Susan Parker – are quite active in Austen's *Sanditon*. Though Diana and Susan, have "wretched health…& are subject to a variety of very serious Disorders," they are simultaneously "such excellent useful Women & have so much energy of Character that, where any Good is to be done, they force themselves on exertions which to those who do not thoroughly know them, have an extraordinary appearance" (58). Diana says "we are sent into this World to be as extensively useful as possible, & where some degree of Strength of Mind is given, it is not a feeble body which will excuse use—or incline us to excuse ourselves" (123). According to some scholars the Parkers emblematize the "social currency" of invalidism (Wiltshire, "Sickness and Silliness" 99). Even inactive invalids such as *Emma*'s Mr. Woodhouse achieved public glamor. They claimed an

inability to exert themselves and used their conditions to miss social engagements: "You will make my excuses, my dear, as civilly as possible. You will say that I am quite an invalid, and go no where" (Austen, *E* 205). Whether active or otherwise, invalids saw their conditions as essential components of their identities and made those conditions the topic of every conversation. Austen even played on the perceived narcissism of invalids when she wrote to Anne Sharp in 1817 "Beleive me, I was interested in all you wrote, though with all the Egotism of an Invalid I write only of myself" (*Letters* 341).[38]

Austen's *Emma* reveals invalids' detrimental effects on the apothecaries trying to treat them. While *Emma*'s apothecary, Mr. Perry, is to some critics a peripheral and unimportant character, he shows Austen's awareness of an important shift in socio-medical tensions between nineteenth-century patients and their practitioners. Where apothecaries were once professionally separate, their identities become enmeshed with those of their socially superior patients. This loss of professional separation may seem to give the apothecary more social power, but actually only brings him one step closer to uselessness. If an apothecary loses his professional status, he will still not be welcomed into the social circles of those patients he once treated. Though Austen's characters depend on medical treatments of apothecaries to temper their frequent illnesses, and thus keep the apothecary busier than ever, Austen's apothecaries actually suffer diminishing social as well as medical authority with every prescription, their professional voices overwhelmed by their patients' social dominance.

[38] For criticism on disability and narcissism see Siebers, *Disability Theory*.

Mr. Perry is an established and busy apothecary in Highbury, the fictional village of *Emma*. He has been attending Mr. Woodhouse and others for a considerable time and has kept Highbury "reckoned a particularly healthy spot" (*Emma* 68). Though he is "strangely indeterminate" because of the novel's limited narrative perspective, his peripheral presence throughout the novel is "designed to suggest his part in the social establishment of the village" (Wiltshire, *Jane Austen and the Body* 111). Mr. Perry is everywhere: most often he attends Mr. Woodhouse but he also provides gossip for Highbury's residents, sets up his carriage, shows up in conversations as an authority on ill health, attends Jane Fairfax, and is spotted by *Emma* "walking hastily by" as she shops. Mr. Perry is likely rushing from client to client to keep his influence intact within Highbury, but may be kept busy by more than the increasing number of rural apothecaries; he also faces the legal turn to licensed apothecaries after 1815. Roy Porter comments that, "with a plethora of doctors jostling for affluent invalids and faced by brisk competition from druggists, chemists and hucksters, medicine risked becoming a cut-throat, cut-price trade" (*Greatest Benefit* 351). Mr. Perry must protect his financial security because though apothecaries theoretically had lucrative possibilities, these were quite rare. Perry seems to be doing well as he has acquired a carriage, which suggests greater than typical wealth, but if he were to lose one affluent patient, especially Mr. Woodhouse, financial disaster could follow.

One way Perry might keep his patients is to see as many as possible and sell them the physic they want. In a culture of invalidism, invalids often prescribed ongoing rather than curative medicine for themselves, and the apothecary's job was to give them what

they asked for. Early in *Emma*, Mr. Perry guards his claims to Mr. Woodhouse by agreeing with Mr. Woodhouse's condemnation of wedding cake: "upon being applied to [by Mr. Woodhouse], he *could not* but acknowledge, (though it seemed rather against the bias of inclination,) that wedding-cake might certainly disagree with many" (66 my emphasis). Mr. Woodhouse often "confirms" his own opinion through Mr. Perry, as he does when he advocates avoiding cake or eating gruel. In fact, he "unconsciously [attributes] many of his own feelings and expressions" to Mr. Perry (133), and Mr. Perry has little choice but to agree since he depends on Mr. Woodhouse's patronage. As Porter notes, "physicians inevitably deferred to social superiors, and powerful patients expected doctors to fall in with their self-diagnoses and pet treatments (*Greatest Benefit* 286). Rather than believing in Mr. Woodhouse's practices, Mr. Perry likely only condones Mr. Woodhouse's rather ascetic lifestyle because he fears losing his own increasingly affluent one.

John Knightley, the son-in-law of Mr. Woodhouse and husband of Emma's sister, Isabella, has no patience with either Mr. Woodhouse or apothecaries. In a moment of frustration, he bursts out saying "Mr. Perry would do as well to keep his opinion till it is asked for…I may be allowed, I hope, the use of my judgment as well as Mr. Perry.—I want his directions no more than his drugs" (132).[39] Of course, "Mr. Perry's opinion" here is only Mr. Woodhouse's, but Knightley's conflation of the apothecary and his patient is essential. In *Emma*, wealthy patients still claim medical authority via the medical practitioner, but Knightley's reaction to such appropriated authority precedes

[39] I refer to John Knightley as "Knightley," but this should not be confused with George Knightley, the novel's hero, who is often called "Knightley" in *Emma* and by critics.

apothecaries' disappearance in *Sanditon*. Knightley treats Isabella with the same abruptness as he does Mr. Woodhouse, telling her to "be satisfied with doctoring and coddling yourself and the children, and let me look as I chuse" (130).[40] His rudeness displeases Emma, his "greatest fault" in her eyes being his "want of respectful forbearance" towards his family (122). However, though Emma is the novel's heroine, Austen does not demand sympathy with her (certainly not so early in the novel). After all, Emma is the heroine about whom Austen wrote, "no one but myself will much like" her (James Edward Austen-Leigh 19).

In fact, Emma might be displeased for vainer reasons; Knightley is certainly rude, but his frustration with the medical profession also directly contradicts Emma's own valuation of it. In a scene critics often overlook, probably because it comes just before an infamous conversation on apothecaries and illness between Mr. Woodhouse and Isabella, Emma and Harriet Smith visit "a poor sick family" (115). Emma, we are told, "was very compassionate…and always gave her assistance with as much intelligence as good-will.

[40] The *OED* credits Austen with the first use of "coddle," meaning "to nurse overmuch." It may have come from the Middle English "caudle," a "warm drink consisting of thin gruel, mixed with wine or ale, sweetened and spiced, given chiefly to sick people." "To caudle" (v) meant to administer a caudle (n). The term's similarity to "cordial" suggests a clever invention by Austen that makes her works' emphases on medicine and treatment even more interesting. Austen uses "coddle" once more, describing *Sanditon*'s Mr. Parker and his sisters, a family emblematic of nursing "overmuch." Mr. Parker both caudles and coddles his hot caudle/cocoa: "They were now advancing so deep in physics, that Charlotte viewed the entrance of the servant with the tea things as a very fortunate interruption. It produced a great and immediate change. [Mr. Parker's] attentions were instantly lost. He took his own cocoa from the tray, which seemed provided with almost as many teapots as there were persons in company, Miss Parker drinking one sort of herb tea, and Miss Diana another and turning completely to the fire, sat coddling and cooking it to his own satisfaction and toasting some slices of bread, brought up ready-prepared in the toast rack—and till it was all done, she heard nothing of his voice but the murmuring of a few broken sentences of self-approbation and success" (*S* Ch. 10).

In the present instance, it was sickness and poverty together which she came to visit; and after remaining there as long as she could give comfort or advice, she quitted the cottage" (118). Emma quickly forgets the family and as quickly forgives herself for this. Though she initially exclaims she "feels now as if I could think of nothing but these poor creatures all the rest of the day" (118), only minutes later, Mr. Elton appears and Emma dismisses the cares she and Harriet have just contemplated:

> Ah! Harriet, here comes a very sudden trial of our stability in good thoughts. Well, (smiling), I hope it may be allowed that if compassion has produced exertion and relief to the sufferers, it has done all that is truly important. If we feel for the wretched, enough to do all we can for them, the rest is empty sympathy, only distressing to ourselves. (119)

Emma asserts the only comfort and assistance necessary is hope that their visit "produced exertion and relief." She might seem cold and distant after a single reading of this passage and readers have suggested the same coldness of Austen. But Brian Southam defends Austen's emotional distance from difficult subjects. In his reading, Austen uses humor to displace fear she likely feels for having two brothers in the Napoleonic Wars, and here Emma candidly admits her own inadequacies as a medical practitioner. Always the straightforward observer, Emma candidly asks of herself and Harriet "who can say how soon it may all vanish from my mind?" She is not callous; rather, she is pragmatic about her limited healing abilities. In a separate instance, Mr. Elton says that when Emma visited Harriet while Harriet was ill, Harriet "must be better after such a cordial as I knew had been given her in the morning." But Emma responds that her visit "was of use to the

nervous part of her complaint, I hope; but not even I can charm away a sore throat; it is a most severe cold indeed. Mr. Perry has been with her, as you probably heard" (97). Austen again plays on the social and medical meanings of "cordial" with Emma contrasting her own practice with that of Mr. Perry. Uncharacteristically resisting the temptation to claim more for herself than deserved, Emma emphasizes her ability to comfort rather than cure.

The very next chapter of *Emma* showcases Isabella and Mr. Woodhouse's lengthy argument about their respective apothecaries' treatments. The basic debate is whether Isabella should have taken her children to South End for sea bathing at the recommendation of her apothecary, Mr. Wingfield. Her argument is that Wingfield "most strenuously recommended it… particularly for the weakness in little Bella's throat, - both sea air and bathing" (128). She trusts him because "his own brother and family have been there repeatedly" (132). Mr. Woodhouse argues with her on the basis of *his* apothecary's contrasting recommendation, saying "you had better let him look at little Bella's throat" (128) and telling her she "should have consulted Perry" (132). Mr. Woodhouse thinks Bella would have fared better at Cromer, another seaside resort, because Mr. Perry "was a week a Cromer once, and he holds it to be the best of all the sea-bathing places" (132).[41] Comically, Isabella reveals Bella's throat is better now, likely due *not* to sea-bathing but instead to "an excellent embrocation of Mr. Wingfield's," which they have

[41] The Knightleys may have chosen South End for its proximity. It is about 40 miles from Brunswick Square in London, while Cromer, on the northeast coast, would be over 130 miles for the Knightleys to travel. Both destinations were "admired" and "fashionable" according to contemporary newspapers and offered the same attractions, namely sea bathing. See "Classified Ads" *World* and *Morning Chronicle*.

been applying for about four months. Before Mr. Woodhouse can retort that Isabella should have gone to Perry for an embrocation (he tries), Emma mentions Miss Bates who recently had a cold, and Isabella and Mr. Woodhouse immediately adopt the subject. While Wingfield "has never known [colds] more…heavy" right now, Perry "says that colds have been very general" and that this is not "altogether a sickly season" (129). But then, as Perry argues, *anybody* that lives in London must be sick as "in London it is always a sickly season. Nobody is healthy in London, nobody can be…the air so bad!" (129). Of course, Isabella says Mr. Wingfield considers *their* part of London – Brunswick Square as "the most favourable as to air" (129), but Mr. Woodhouse comments that they are none of them "looking well at present" (129).

Mr. Woodhouse and Isabella commit logical fallacies throughout their argument: the sea is bad for Bella's throat, so she should have gone to Cromer (at the sea); one resort is better than the other but the other is better than the first; both resorts are held above the other on the basis of one apothecary's personal experience; Bella's throat was bad but sea-bathing might not cure it because the cure could be an embrocation; this embrocation is likely ineffective because it was applied over the course of four months, which is plenty of time for an illness to cure itself; anyone living in London must be sick, but Mr. Woodhouse, living in Highbury, has constant complaints; Perry says "'where health is at stake, nothing else should be considered'" (132), but also says "he has not time to take care of himself" (128). By this point in Isabella and Mr. Woodhouse's argument, readers likely appreciate Knightley's outburst against Mr. Perry. Similar to the narrative relationship between Mr. Jones and Mrs. Bennet in *Pride and Prejudice*, Mr.

Perry's and Mr. Wingfield's prescriptions are voiced only through Mr. Woodhouse and Isabella – the apothecaries' professional voices are drowned out by the voices of their social superiors. Importantly, though, to protect their practices Mr. Perry and Mr. Wingfield are likely endorsing remedies Mr. Woodhouse and Isabella themselves suggest because of the apothecaries' precarious positions on the social hierarchy and their need to please wealthy patients. In other words, like Maria Beckford in Austen's "I've a Pain in My Head," Mr. Woodhouse and Isabella have become their own prescribers, blending their authorities with those of their apothecaries. This suits Mr. Woodhouse's and Isabella's self-proclaimed invalidism, though it also makes medical cures in *Emma* rather unlikely.

Paradoxically, the novel employs a heavy dose of *rhetorical* curing. Even for the physically healthy characters a rhetorical illness lingers, treated by asserting broadly defined "cures." For example, one might be "cured of a school-girl's giggle" (95) or find a "cure" for a wound (158). The idea of curing increases for physical and emotional sicknesses in the final third of the novel: there are several versions of "Harriet's cure" of lovesickness (257); Frank's running away a "perfect cure" for being in love (282); a failure to be "cured of wishing" (315); eating and drinking as a "cure" for incidental complaints (318); a character telling another "You are my best cure" (319); "present sufferings as a cure of ungenerous suspicions" (329); troubles and ill health having the same "cure" (346); a letter as a "cure" for little nervousness (370); and Jane Fairfax's recovery a product of Mr. Perry's "cure" (383).

Emma's rhetorical dependence on curing negates the medical cure's effect; at the very least, such dependence conflates rhetorical comfort with medical cures. This is a telling authorial construction since *Emma* houses a number of self-proclaimed invalids. Lennard Davis has argued that *Emma* and *Sanditon* fail to provide a "cure" for the social ills they depict and thus are part of an ableist discourse on which the novel form depends. He suggests a novel's plot is a deforming or disabling factor in an otherwise normal recounting and that the novel has a responsibility to resolve this deformity or disability. But, he claims, the novel inherently fails to fulfill its formal need for a cure, producing more novels instead of a social solution. Attacking *Emma*'s tidy ending, Davis claims the novel's abrupt and unsatisfying "cure" signifies Austen's "desire for a quick fix" (99). But in his eagerness to condemn *Emma* as ableist for its "quick fix" ending, Davis neglects to consider the trajectory of practical and rhetorical medicine over Austen's works. His argument is predicated on the fact that the novel itself physically ends. While this is certainly true, *Emma*'s conceptual problems as well as the problems of its characters are not "fixed." After all, the novel ironically emphasizes curing while healing nothing, especially regarding illness itself. Davis also disregards the fact that ill characters command a potent narrative presence. Mr. Woodhouse particularly "use[s] his weakness to control the world around him" (Deresiewicz 16). Moreover, in the unfinished *Sanditon*, readers find not only uncured characters but also a figuratively uncured novel for precisely the opposite reason of Davis's: *Sanditon* is physically incomplete. Instead of Austen actively participating in ableist discourse, she challenges social and medical institutions that hierarchize bodies in terms of relative health, and

instead of depending on "a cure" for social and medical illnesses, Austen attacks the idea of a cure over the course of her novels. Fueled by personal experience with medical ineffectiveness, Austen ultimately laughs at a society that simultaneously makes itself ill and scorns the medical profession.

Sanditon's irony is pervasive, its residents ironically consumed with curing ailments that have yet to affect them. This irony is pronounced even in the novel's opening scene, in which Mr. Parker travels towards Willingden to look for a surgeon. En route he sprains his ankle and exclaims the novel's first spoken words: "there is something wrong here" (3). There is something wrong with Mr. Parker's ankle, certainly, but also with his enterprise, with his *being here*, at Willingden, injured while searching for a surgeon for Sanditon. He justifies his search by asserting the only thing Sanditon needs is a medical practitioner. He says having one will bring more people to the seaside town, especially his sisters Diana and Susan, who "could hardly be expected to hazard themselves in a place where they could not have immediate medical advice" (22-23). However, Diana, actually commands him to quit his search in an interesting conflation of the three distinctions of the "medical tribe":

> never run into Peril again, in looking for an Apothecary on our account, for had you the most experienced Man in his Line settled at Sanditon, it would be no recommendation to us. We have entirely done with the whole Medical Tribe. We have consulted Physician after Physician in vain, till we are quite convinced that they can do nothing for us. (61-62)

Mr. Parker, we know, searched for a *surgeon*, but Diana tells him not to look for an *apothecary* because *physicians* have failed her, so she disclaims all professional medical help. Her complaint adds insult to literal injury as Mr. Parker's failed search for a surgeon ends in his needing one. Mr. Parker's partner in the Sanditon "speculation," Lady Denham, also denies the town's need for a medical practitioner, claiming Mr. Parker had his accident *because* he went looking for medical help: "let us have none of the Tribe at Sanditon. We go on very well as we are" (79-80). She gets her wish: no medical practitioner appears in *Sanditon*.

Sanditon is a fictional representation of a seaside resort thought to serve the wealthy "ill." In the novel, Mr. Heywood remarks "Yes—I have heard of Sanditon. Every five years, one hears of some new place or other starting up by the Sea, & growing the fashion.—How they can half of them be filled, is the wonder ! *Where* People can be found with Money or Time to go to them !—Bad things for a country" (12-13). Mr. Heywood's surprise is not unfounded. With the period's rise in therapeutic remedies came endless recommendations for seaside travel, at least for the wealthy. Consumer demand was met with an increasing number of resort destinations, including Bath, Tunbridge Wells, Buxton, Scarborough, Cheltenham, Brighton, Lyme Regis, Margate, Dover, Weymouth, Cromer, South End, Ramsgate, and Bourbon. By 1801, Bath was England's seventh largest city (Porter, *Greatest Benefit* 268). Offering little variety from these real resorts, Sanditon provides the appropriate setting for "medical" trips to sea-bathe, touted by practitioners like Dr. Richard Russell, the "booster of Brighton" (268). King George III sea-bathed in 1789 at Weymouth, as did Austen during a stay at Lyme

Regis in 1804. Austen wrote to her sister Cassandra in September to say "your kind anxiety on my behalf was as much thrown away as kind anxiety usually is. I continue quite well, in proof of which I have bathed again this morning" (*Letters* 92). Though Austen sea-bathed she laughs at the practice in her letters and novels. In the same letter as above, she says being ill is only chic: "It was absolutely necessary that I should have the little fever & indisposition, which I had;--it has been all the fashion this week at Lyme" (92). In Austen's novels, *Pride and Prejudice*'s Mrs. Bennet exclaims that "a little sea-bathing would set me up forever" (244), and Lydia Bennet eventually travels to Brighton to seal her doomed fate with Wickham. Mary Musgrove is another silly but memorable character (in *Persuasion*) who enjoys sea bathing in Lyme.

The supposed silliness of sea-bathing did not prevent thousands of people from trying it, even if its medical effect was questionable. Mr. Parker's "eager" defense of Sanditon is funny because he defends its "small" size and exclusivity (13) while seeking "a prodigious influx" of inhabitants (22). Though he touts Sanditon as being "precluded by its size from experiencing any of the evils of Civilization," Mr. Parker also remarks that Sanditon is "designed by Nature for the resort of the Invalid—the very Spot which Thousands seemed in need of" (13, 15). Thus, he insults himself when he says "those good people who are trying to add to the number, are in my opinion excessively absurd, & must soon find themselves the Dupes of their own fallacious Calculations" (14). Mr. Parker, who claims that sea bathing will cure every disorder, bases his conclusion on such fallacies:

> The Sea air & Sea Bathing together were nearly infallible, one or the other of them being a match for every Disorder, of the Stomach, the Lungs or the Blood ; They were anti-spasmodic, anti-pulmonary, anti-sceptic, anti-bilious & anti-rheumatic. Nobody could catch cold by the Sea, Nobody wanted appetite by the Sea, Nobody wanted Spirits, Nobody wanted Strength.—They were healing, softing, relaxing—fortifying & bracing—seemingly just as was wanted—sometimes one, sometimes the other.—If the Sea breeze failed, the Sea-Bath was the certain corrective ;--& where Bathing disagreed, the Sea Breeze alone was evidently designed by Nature for the cure. (25-26)

Overselling Sanditon, Mr. Parker is the "dupe" of his own "fallacious Calculations" here (Hwang); it does not follow that if air fails to cure then water will, or visa versa, particularly if the two are at once "softing" and "fortifying," "relaxing" and "bracing."

Scholars debate what *Sanditon*'s structure and content say about Austen as a writer. Some suggest *Sanditon* shows Austen's own physical and emotional decline – the "last gasp of a dying woman" (Austen, *Later Manuscripts*). E.M. Forster, despite his avowed appreciation for Austen generally, wrote that *Sanditon* "gives the effect of weakness" (149). D.A. Miller claims the apparent removal of affect from the novel suggests a morbidity culture serving only to entertain the town's privileged invalids ("Late Jane"). However, other scholars argue that *Sanditon* is not itself weak nor does it show authorial weakness. Joan Rees, Alistair M. Duckworth, and Brian Southam commend Austen's mental strength and vigor in composing her last novel. Indeed, it seems she exhibited cheerful resignation rather than embittered sadness in her final

months (Austen, *Later Manuscripts*). Deirdre Le Faye claims Austen remained determined to "turn from complaint to cheerfulness" even in her last letter (*Letters* 343).[42] In his *Memoir* of Austen, his aunt, James Edward Austen-Leigh emphasizes Austen's determination to face her final illness, writing

> She was quite aware of her own danger – it was no delusive hope that kept up her spirits – … She was happy in her family and in her home; and no doubt the exercise of her great talent, was a happiness also in itself…We may be sure she would fain have lived on – yet she was enabled, without complaint, and without dismay, to prepare for death – She had for some time known that it *might* be approaching her; and *now* she saw it with certainty, to be very near at hand. (181 emphasis in original)[43]

Its twelve chapters composed from January to March of 1817, *Sanditon* is one of the only remaining novel manuscripts we have of Austen's writing, and it shows a characteristic sprawling, scrawling writing style. Because the manuscripts we do have all show this style, it is rash to assert as some scholars do that *Sanditon*'s erratic appearance and hurried composition suggest only Austen's physical weakness. John Halperin comments

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[42] Le Faye notes the following extract from Austen's last letter to account for this "turn": "But I am getting too near complaint. It has been the appointment of God, however secondary causes may have operated…You will find Captain – a very respectable, well-meaning man, without much manner, his wife and sister good humour and obligingness, and I hope (since the fashion allows it) with rather longer petticoats than last year."

[43] Austen-Leigh thought that only a few months after Henry Austen recovered from his life-threatening illness in December 1815, Austen herself began to feel "the inward malady" which ultimately claimed her life (*Memoir* 120). In December 1816, she wrote of being too weak to walk to Alton from Chawton, a distance of just over two miles (*Letters* 323). After successive illnesses, she wrote her last Will & Testament by April (338). Austen saw an apothecary in Alton, but because he could not deduce a cure, Austen and Cassandra went to Winchester: Austen died there, on 18 July 1817.

that there are "no paragraph divisions, and much is abbreviated—the whole thing having the air…of being written fast to keep pace with the speed of composition—as if, that is, the writer, puffing and breathless, could not get it all down fast enough" (Austen, *Later Manuscripts*). Miller oddly suggests Austen's speed in composing *Sanditon* reflects bitterness or mournfulness. But it seems more likely that Austen's "cheerful" resignation regarding her illness, and her determination to continue exercising "her great talent," show a "professional commitment" noted by John Wiltshire ("Silliness and Sickness") that marks confidence in her talent, rather than fatigued abandon of the novel form.

With *Emma* and *Sanditon*, Austen's medical plot comes to an end, but instead of seeking a cure for either medical illnesses or the literary novel on a topical or theoretical level, Austen suggests the possibility that there is no cure for the self-constructed socio-medical illnesses of the nineteenth-century public. Despite patients' dependence on medical practitioners, tensions between patients and practitioners, which are illustrated expertly though the apothecary figure in Austen's works, build from hesitant trust in *Sense and Sensibility,* to appropriation and displacement in *Pride and Prejudice, Mansfield Park,* and *Emma*, to utter distrust and erasure in *Sanditon*. These tensions strip both patients and practitioners of rhetorical and practical power, and locate that power in illness itself. By reading Austen's medical plot, we more clearly see not only the medical minutia that comprise a bulk of knowledge in her novels, but also understand Austen's mastery of the mechanics of medical rhetoric. *Sanditon* shows a society ironically obsessed with imagined illness and ineffective curing that is not, as Miller argues, an embodiment of Austen's bitterness or emotional breakdown, and the novel's unaffected,

unpredictable, "uncured" end is not Austen's collapse of style into bitter mortality. Instead, the novel offers the possibility of a conscious disabling of style and text itself. It endures as a last ironic comment on authorial command that illustrates Miller's later, correct assertion that Austen's style really is like no other (*Secret of Style*). She asserts narrative control not just through the pointed representation of uncontrollable ill bodies but also by transforming what could have been her own position of physical passivity into one of mental control and literary production.

Chapter 2

Jane Austen and Disability

On January 5, 1801, Jane Austen wrote to her sister Cassandra of the ostensible benefits of moving to Bath, England: "For a time we shall now possess many of the advantages which I have often thought of with Envy in the wives of Sailors or Soldiers" (*Letters* 68). I would argue that Austen writes ironically here.[44] Only a few lines prior to this comment Austen wrote that she was "glad to hear of the Pearsons' good fortune – It is a peice [sic] of promotion which I know they looked forward to as very desirable some years ago, on Capt: Lockyer's illness" (68). She was commenting on the position of Captain Sir Richard Pearson, who had just been promoted to Lieutenant-Governor of Greenwich Hospital for Seamen. Greenwich was England's preeminent housing hospital for injured and disabled veterans and saw its most active time during and immediately following the Napoleonic Wars (1803-1815). Austen's juxtaposition of the hospital for disabled seamen and the glories (or, perhaps, the misfortunes) of military wives qualifies her comment on the "advantages" of Bath. After all, Pearson's long-anticipated "good fortune" comes only after the serious illness of Captain Lockyer, and the wives of military men daily faced the possibility of widowhood. Moreover, Austen's juxtaposition suggests the "advantages" of living in Bath include being surrounded by ill and disabled

[44] Deirdre Le Faye notes that upon learning she was moving Austen "gave vent to feelings of grief and perhaps even resentment at being so suddenly uprooted from her childhood home without any prior consultation by her parents as to her own opinions in the matter" (*A Family Record* 113).

veterans as well as their pining or grieving loved ones, so we might consider her comment as rather more cutting than cordial.

Dismissing essential context such as this, Virginia Woolf claimed Austen had a "vision of human life [that] was not disturbed or agitated or changed by war" (399). But many scholars have shown that this notion is obsolete. In addition to Austen's close relationships with her brothers Frank and Charles Austen, who both rose through the Navy ranks to become Admirals, Austen's "naval" novels, *Mansfield Park* (1814) and *Persuasion* (1817), show Austen's acute awareness of the effects of wars that punctuated her life and the lives of her family and acquaintances. These novels even include two explicitly disabled veterans of the Napoleonic Wars, arguably those *most* affected by war. With the figures of *Mansfield Park*'s Marine Lieutenant Price and *Persuasion*'s Captains Benwick and Harville, Austen illuminates the evolving social position of the disabled veteran and relocates this figure from a peripheral narrative position to a more central and complex one. Critics have thus far paid little attention to the conditions of these characters, but their conditions merit more attention not just because they are the few rare representations of disability in Austen's canon, but also because bringing them into prominent focus forces us to rethink Austen's engagement with disability.

This chapter's two primary goals are (1) to establish Austen's practical engagement with disability within unexplored familial and historical contexts, and (2) to reveal her sympathetic literary treatment of disability by reevaluating Mr. Price's characterization in *Mansfield Park* as well as the "happy ending" of *Persuasion*. I first refute the claim that Austen and her family "purposefully forgot" about disabled family

members such as Austen's uncle, Thomas Leigh or her brother, George. Despite critical complaints about the Austens' decision to board out these members to a caregiving family and suggestions that we bring them back into critical notice, critics have not fully explored the nuanced ways in which Austen sympathetically represents disability in her letters and fiction. Their representation actually aligns with historical events that affected perception and representation of disability in the early nineteenth century; namely, King George III's mental degeneration and the end of the Napoleonic Wars. However, despite increased public interest in mental and physical disability resulting from these events, treatment options for persons with disabilities remained limited; unproven, sometimes violent methods for treating illnesses were also tried on the disabled, and, overall, persons with disabilities were still socially shunned. Such failures in both treatment and public notice were visible in the literary disabled sailor or soldier, such as *Mansfield Park*'s drunken, disabled sailor, Mr. Price. Importantly, one of the only "medicines" for ill or disabled veterans like Mr. Price was the alcoholic "cordial." Just as civilian characters consumed alcohol as a cordial for emotional and medical comfort, so disabled veterans like Mr. Price had few options to cope with the effects of their disabilities. Alcoholic cordials contributed to the rise of the "drunken sailor" stereotype since sailors were not only drinking Navy-sanctioned alcohol on the job but were also drinking it for medical relief.

Price's history in *Mansfield Park* parallels that of an Austen family acquaintance, Earle Harwood, who was disabled from service in the Marines (renamed the "Royal Marines" in 1802). This history, and Austen's sympathetic literary "treatment" of Mr.

Price, complicate our assumptions about veterans and their treatment and redeem Mr. Price from his critical characterization as a wayward drunk. Thus I conclude by using Mr. Price's example to offer a nuanced reading of the disabled characters of *Persuasion*: Captains Benwick and Harville, as well as Mrs. Smith, a "crippled" friend of Anne Eliot. These characters (particularly Harville and Smith) have mental or physical disabilities but "turn" their situations to "the best possible account" and have active, important impact on the novel's marriage plot. Ultimately, while Austen makes no claim to practical medical prowess nor openly advocates for changes in veteran treatment, her literary treatment of characters with physical and mental disabilities allows these figures narrative impact otherwise refused to them, both within and outside the novel.

Family Treatment

Jane Austen lived only to age 41 but came from an uncommonly long-lived family. In the mid-to-late eighteenth century life expectancy was about a third of what it is today, due partly to staggering infant mortality rates. So even though all eight Austen children survived 1-in-13 odds of infant death, they faced a life expectancy of only around 35 (Porter, *Greatest Benefit* 283). Newly invested in longevity, the early nineteenth-century public embraced philosophical and practical medicine and fervently read publications like Christian Hufeland's *The Art of Prolonging Life* (1797). Such works encouraged health-conscious and preventative behaviors to elude common disease. Despite frequent illnesses, the Austens (excepting Jane) lived long lives. Jane's father, Reverend George Austen, lived to 73 and her mother lived to 87. Her brothers and sisters also lived long; with the exception of James, who died at 54, each sibling lived at least

into his or her 70s. Cassandra lived to 72; Charles to 73; Henry to 78. Edward lived to 85 and Francis (Frank) lived to 91. Even George Austen, the brother who suffered from physical and mental complications, lived to 71.

Austen's extended family, however, included several members who not only died young but also suffered severe physical and mental disabilities. Appendix I collates family records of these persons, who include grandparents on both sides of Austen's family, Austen's uncle Thomas Leigh, her brother George Austen, her cousin Hastings de Feuillide, and her nephew Henry Austen. Here I concentrate on records of Thomas Leigh and George Austen, who are thought by some critics to have been "purposefully forgotten" by the Austens (Ard). But a critical reevaluation of the treatment Thomas and George received from their family not only shows the Austens' participation in changing (i.e. more positive) cultural perceptions of disability, but also posits a concomitant reevaluation of the disabled characters in her novels.

Thomas Leigh, brother of Austen's mother, Cassandra Leigh, had "fits" similar to Austen's brother, George, and has been dramatized by biographers. For example, David Nokes characterizes Cassandra's recollection of Thomas with the following:

> It was several years since Cassandra had last seen her younger brother. In the family, his name was seldom mentioned. But she could still vividly recall his unavailing infant struggles to form a syllable or pronounce even the simplest of words. No one seemed to know the precise nature of his affliction. The physicians had many names for it, but were unequal to finding a cure. (25)

Claire Tomalin also overstates Cassandra's remembrance of her brother, lamenting "[Thomas] was born when [Cassandra] was eight, just of an age to enjoy a baby brother; but when his backwardness was obvious, he was sent away to be cared for" (9). Biographers like Nokes and Tomalin dramatize Thomas's condition, perhaps because no family member from Thomas's generation wrote of it. Subsequent generations also say little: Jane Austen's younger brother, Charles, called Thomas "our unfortunate uncle" (*Austen Papers* 272); Jane's niece, Caroline Mary Craven Austen, called Thomas "imbecile from birth" (58); and Jane's great nephew and great great nephew, William Austen-Leigh and Richard Arthur Austen-Leigh, only mention Thomas as "mentally handicapped" (8).

Like Thomas's family, critics speculate about his precise illnesses and conflate different conditions under labels like "imbecile," "mad," "handicapped," "idiot" (*Letters* 549), and "mentally disabled" (Spence 16). Among critics and biographers, the most common label for Thomas is "idiot."[45] Critics also frequently apply this label to George Austen, one of Jane's older brothers, whose condition was similar to Thomas's.[46]

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[45] Before a vast increase of insane asylums in Britain from 1810-1850, distinctions between mental illnesses were few due to the mentally ill often being shunned or seen as figures of spectacle. David Wright notes that eighteenth- and nineteenth-century medicine subsumed dozens of individual conditions of mental deficiency under three primary labels: "idiots," "lunatics," and the "insane." "Idiot" "referred to persons considered suffering from mental disability from birth or an early age"; "lunatics," "referred to all those who, though previously 'sane', suffered from a temporary or permanent impairment of mental ability"; "insane" was used to describe anyone who was not of sound mind (9-10).

[46] A number of critics call George epileptic. See, for example, Le Faye, *A Family Record*, 22; Spence, 20; Byrne, 17; Austen-Leigh and Austen-Leigh, 15; Tomalin, 9; Collins, 22. We do not actually know if George's condition was lifelong or if it was what today would be considered epilepsy. Though critics call him epileptic, they also entertain other

Regardless of their exact conditions, Thomas's and George's differences located them beyond "normal" family activities. In accordance with "the custom of the time" George joined his uncle Thomas in nearby Monk Sherborne to receive care from the Culham family (*Letters* 549).[47] The Austen-Leighs wrote that "poor little George never recovered sufficiently to take his place in the family, and we hear no more of him" (16). After 1772, when George's godfather, Tysoe Saul Hancock, commented "I cannot say that the News of the violently rapid increase of [the Austen] family gives me so much pleasure ; especially when I consider the case of my godson who must be provided for without the least hopes of his being able to assist himself," explicit references to George are absent from extant family correspondence (*Austen Papers* 66). But George's family did not forget him. Not only did his father and brothers assist him financially during his lifetime but his older brother, James, after preaching at Sherborne St. John, regularly visited the Culhams at Monk Sherborne to ensure George's comfort.[48] Another of George's brothers, Edward Knight, also gifted his own share of £3,350 from Mrs. Austen's Old South Sea Annuities to George for his particular use (Nokes 525).

George's peripheral family position aligns with his scanty biographical notice. Patricia M. Ard contends that "so complete was the Austen family's desire or willingness

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possibilities. Tomalin writes "he could walk, and he was not a Down's Syndrome child, or he would not have lived so long" (9); she speculates he could have had cerebral palsy: "Did George recognize his mother? if he suffered from cerebral palsy, he could well have done so" (193). Nokes calls George "Jane's idiot brother" (304), and an "imbecile" (522). To be clear, he takes a polemical stance against the Austens for boarding George

[47] Critics spell Culham alternately as "Cullum." I default to "Culham" for consistency.

[48] Le Faye's *Chronology* notes two days the Culhams were visited and paid; March 22, 1817 (561); April 1, 1820 (606). Though undocumented, payments were likely regular.

to forget the existence of George" that he is "purposefully" left out of early biographies.[49] She argues later biographies are also inadequate because they do not discuss George enough.[50] Ard argues most biographers "elide" the Austens' decision to board out George, omitting him in the same way the Austens "abandoned" him:

> In his mention of George Austen, Park Honan in a 1987 biography notes that Mrs. Austen's brother Thomas was 'placed at nearby Monk Sherborne' and that 'George would soon join his uncle' (24). In *Jane Austen in Context* (2007) Janet Todd states he was 'farmed out to a village family' (4). And [Deirdre] Le Faye writes in her brief biographical indexing of George in the Letters that he 'was never able to take his place in the family circle' (487). For a brief time, George did arguably have a place in the family. Once boarded with the Cullums, however, he was purposefully forgotten. (116)

Ard angrily dismisses even recent biographical attempts to include George in family history, with the exception of Nokes's 1997 biography. Like Ard, Nokes claims "in death, as in life, [George] was to be forgotten" (526), arguing that "neither the Austens nor the Leighs cared to be reminded of the existence of these imbecile relatives" (522). Nokes accuses the Austens of neglecting George, comparing the attention Jane Austen received during her last illness to George's isolation. Jon Spence's *Becoming Jane Austen* (2003) neither condones nor condemns the Austens' action, but the biography's cinematic adaptation, "Becoming Jane" (2007), inaccurately shows an adult George walking

[49] These include both family and non-family biographies: See Caroline Austen, Austen-Leigh, Goldwyn Smith, Hill, Lascelle, and Brown. Most of these biographies refer to Jane's "five brothers" or "six siblings," incorrectly excluding George.
[50] These biographies (Bush and Cecil) mention George but do not study his condition.

country lanes with Jane and using sign language to communicate with her.[51] Like Spence's biography, Tomalin's and Paula Byrne's biographies (1998 and 2013 respectively) do not definitively condone or criticize the Austens' treatment of disabled family members, taking a middle ground approach that Ard considers unforgivable. Her colorful objections advocate bringing persons with disabilities within critical focus, but she, among others, goes too far in accusing the Austens of historical and biographical "abandonment" of George, especially since she fails to fully consider George's actual participation and representations among the family.

The Austens' decision to board out George actually seems the most humane choice among a number of difficult options, since widespread medical quackery made it hard to trust institutionalization or professional aid. One 1796 advertisement, for example, claimed "Convulsion, hysteric, and all kinds of FITS are effectually cured by Church's Patent Antispasmodic Elixir. The most dreadful ever known have been entirely cured by this excellent Medicine; and in no one instance, within the knowledge of the Proprietor, has it been known to fail" ("Classified Ads, *Morning Post*). This "elixir" cost 7s 6d (approximately £21 today), and was not "affordable" for those with moderate incomes. Moreover, the elixir was very likely only a high dose of alcohol, the staple "medicine" for treating most illnesses. William Buchan's reactionary *Domestic Medicine* (1769)

[51] The film sentimentalizes George's presence and aligns with Ard's wish to correct his near-absence from family records. In a similar way, scholars dramatize an episode from Austen's *Letters*, in which Austen wrote that she sat with Mr. Valentine Fitzhugh, who was "so totally deaf, that they say he could not hear a Cannon, were it fired close to him; having no cannon at hand to make the experiment, I took it for granted, & talked to him a little with my fingers, which was funny enough.—" (160). Even Le Faye asserts this illustrates Austen knew sign language, though there is no other mention nor proof of that. It is more likely Austen gestured to Mr. Fitzhugh to clarify her meaning.

challenged such suspicious medical practice, advocating public resistance of professional diagnosis and experimental practitioners. He might see the Austens' decision as humane, in keeping George at Monk Sherborne rather than forcing various "elixirs" down his throat or placing him in an institution.

Even if the Austens decided to put George in an institution, his care still would have had significant limitations. First, it likely would not have been specialized or individualized, as there were few distinctions among mental illnesses in the eighteenth and nineteenth centuries. George would likely have been "diagnosed" an "idiot" like his uncle Thomas Leigh, and before 1815, institutionalized "idiots" as well as epileptics shared quarters with the general "insane" (Wright 506).[52] One option for George was Bethlem, the ineffective treatment center for one of his ancestors, Lord Leigh, where patients were often chained and left for days without medical care. Other hospital options included the Westminster (1720), Guy's (1724), St. George's (1733), the London (1740), and the Middlesex (1745), but these were all in London, nearly sixty miles from the Austens at Steventon (*Greatest Benefit* 298). The hospitals' relative distance would guarantee no visits to George whereas nearby Monk Sherborne, approximately three miles from Steventon, offered proximity.[53]

Some critics acknowledge institutional limitations but question why George could not remain at home. Because Austen's cousin, Eliza de Feuillide, refused to board out or institutionalize her son Hastings, who, like George, had "fits," Ard explicitly contrasts

[52] Specialized epilepsy hospitals did not exist until the middle of the century.
[53] Though rarer than hospitals, villages such as the Geel community in Belgium also housed the mentally ill. In Geel, a 14th-century church and hospice were built for the mentally ill, but space was limited so neighbors opened their homes to the extra patients.

Eliza with the Austens even though Ard does not consider that Eliza might have had to change her methods had Hastings lived past fifteen. The Austens may have had practical reasons for being unable to give George "sufficient attention" (Le Faye, *A Family Record* 22). Eliza was independently wealthy; though her father died in debt and her husband was guillotined, she was left £10,000 by Warren Hastings, her godfather and son's namesake. Rev. Austen had only a modest living, earning approximately £210 annually as a rector and making very little to supplement as a tutor of local boys. Tomalin claims "his accounts show a perpetual juggling of debt repayments and new borrowings" (7). Additionally, Eliza had only one child to care for while Rev. Austen had his own eight children as well as several boarders. His house was

> full of the clatter of boys, a mixture of brothers and pupils, the eldest of them fourteen and fifteen. Boys' talk and boys' interests dominated the breakfast and dinner table, and even from the nursery you could hear the sound of boys' voices and boyish activities inside and outside the house. There were [Jane's] four brothers, reasonably familiar, who remained at home all the year round; and the other, stranger boys who came and went as pupils. (25)

Cacophonous "clatter," "talk," "interests," and "sound" "dominated" the Austen home, and Rev. Austen and his wife managed all this noise and all these bodies that loudly came and went. They would have been hard-pressed to give their second son, George, the attention and care his condition merited, so it is rather unsurprising that they sent him to Monk Sherborne, not to be "forgotten," but actually to receive more attentive care. In

fact, critical assertions that he was forgotten are exaggerated, belied by family records as well as simultaneous historical changes in perceiving and representing disability.

Historical Changes

The business of care for the mentally disabled took on a more public nature in the late eighteenth and early nineteenth centuries, largely because King George III himself suffered from widely publicized mental deterioration. His "mad business" unquestionably affected public perception of mental illness in the early century (Suzuki 14).[54] In 1788, the king was declared deranged and England feared a Regency headed by his flamboyant and fiscally irresponsible son. However, the king apparently recovered in 1789 after undergoing the bizarre treatments of Francis Willis (Appendix I). His initial recovery along with Willis's Parliamentary recognition restored the public's confidence in organic treatments for madness. David Chandler argues that George III's "madness" was the illness with the greatest impact on British society, leading to "a fundamental change of attitudes toward insanity, which became widely recognized, for the first time, as curable and demanding of sympathy" (74). Because many independent treatments still proved ineffective, the English public cultivated a faith in "civilized" institutions that replaced "hidebound madhouses like Bethlem" (Porter, *Greatest Benefit* 272-73). New "progressive" treatments philosophized "freeing the insane from chains and other

[54] See also Malcapine and Hunter.

benighted cruelties" and encouraged "moral" methods that gently "work[ed] upon" traces of humanity in the patient (495-96).[55]

However, while the king's madness initiated changed perceptions of mental illness and some began to view mental illness more progressively, the medical community was far from effecting any "cure" for mental disability, moral or otherwise. Practitioners felt more capable of addressing physical disabilities, such as those of Napoleonic War veterans, but social and medical treatment was still limited since it often meant acknowledging rather than accommodating disabilities. People may have found physical disability less confusing than mental illness – a veteran's lost limb seemed easier to understand than an epileptic's "fit" – but they did not necessarily find it less distressing. They still did not know how to accommodate persons with physical disabilities and continued to stigmatize them. While invalids suffering from unnamed illnesses enjoyed positive public distinction, a person with a visible physical disability was often shunned or hidden, or, if noticed, treated as a spectacle (Mitchell and Snyder 166).[56]

Cultural change was slow but shifts toward sympathy around 1800 prompted small changes in social treatment, at least for physically disabled veterans of the Napoleonic Wars; some people turned from ignoring or tormenting disabled veterans to pitying them. Such stoic "broken soldiers," many with disfigured faces, damaged

[55] The organic medical ideology – treating the body to cure the mind – persists today in modern medical dependence on prescription drug treatments for mental illnesses.
[56] Lady Mary Wortley Montagu wrote of the "visual blight" caused by persons with disability, remarking "those loathsome Cripples so common in London," and David T. Mitchell and Sharon L. Snyder note the "considerable" numbers of persons with disabilities "regularly exhibited for profit" (*Body and Physical Difference* 166).

psyches, and absent or impotent limbs, returned in large numbers to England and forced the public to confront the physical aftermath of war (Parkes). *The Disabled Sailor* (1800), a penny tract supposedly adapted from Oliver Goldsmith's *The Citizen of the World* (1760-61), claimed that it "is inconceivable what difficulties the meanest of our common sailors and soldiers endure without murmuring or regret" (*Elegant Extracts* 526). Margarette Lincoln argues *The Disabled Sailor* and similar tracts were meant to "reconcile readers" to the plights of disabled seamen, who became a more common sight as war continued (27-8). One writer in *The Disabled Sailor* humbly recounts: "As for my misfortunes, master, I can't pretend to have gone through any more than other folks; for, except the loss of my limb, and my being obliged to bed, I don't know any reason, thank Heaven, that I have to complain: there is Bill Tibbs, of our regiment, he has lost both legs, and an eye to boot; but thank Heaven, it is not so bad with me yet" (*Elegant Extracts* 527). Another veteran wrote he "was wounded in two places: I lost, four fingers off the left hand, and my leg was shot off. If I had had the good fortune to have lost my leg and use of my hand on board a king's ship, and not on board a privateer, I should have been entitled to clothing and maintenance during the rest of my life" (528). Some complained of mistreatment, which was a common literary theme: "For this, I lost an eye, an arm, a leg, / For this poor Nan too is compell'd to beg" ("Soliloquy of a Sailor" 254), and some proudly responded to it; a "Sailor's Retort" published in *The Lady's Magazine* in 1815 read: "'As you do not belong to my parish,' said a gentleman to a begging sailor with a wooden leg, 'I cannot relieve you.' – 'Sir,' replied the sailor, with an air of heroism, 'I lost my leg fighting for *all* parishes" (39).

In many ways, the extensive *literary* treatment of disabled veterans illuminated stark limitations in their *practical* treatment. Though physicians were thought more professional than surgeons, in 1797 only fifteen physicians served in the entire British fleet, including physicians on half-pay (Lavery, *Nelson's Navy* 212). Moreover, surgical options were limited and anesthesia and antisepsis were not discovered until 1846 and 1867 respectively. Ship surgeons, who were at once physician, surgeon, and apothecary, complained that their tools were inadequate and their maritime practices dangerous. James Rymer asserted "it would be very vague and inconsistent to suppose amidst the horrors of actual war, the noise, the incessant bustle and distraction of engagement, that an amputation should be as properly, and chirurgically, performed in a cock-pit, as in a room on shore" (7). He argued not only that surgical tools were inadequate and in short supply, but also that the lack of proper and timely assistance caused disabilities as well as preventable deaths.

Though Rymer perhaps rightly insists an on-shore amputation would be smoother, treatment for veterans on land was still limited. Some disabled veterans received pensions and were given places in one of several naval hospitals. Greenwich, near London, was the most famous of these; others included Haslar Naval Hospital and Plymouth Hospital (Chelsea Hospital was primarily for soldiers). Greenwich opened in the early eighteenth century and was advertised as a place for disabled seamen who were unable to support themselves, though the Admiralty quarterly employed a surgeon to examine Greenwich's pensioners to "see if old age or injuries prevented [them] from following [their] profession" (133). Its original plan provided for just 100 pensioners, but by 1814

Greenwich was serving 2710 men. Jane Austen and her family knew one pensioner, Mark-Halpen Sweny, one of Frank Austen's officers. Sweny was twice "severely wounded and lost a leg, for which in 1816 he received a pension and a place at Greenwich" (*Letters* 576). Unfortunately, many other seamen were not treated like Sweny and some hospitals were less progressive than others. Haslar, in Portsmouth, was a far cry from Greenwich. In 1794, Haslar was treating 15,000 men per year though it had a capacity of only 1200 patients at a time. Brian Lavery suggests that in addition to it being overcrowded, Haslar was not built "philanthropically"; because naval desertions were common in private housing for disabled seaman, Lavery suggests that Haslar's location, construction, and management were carefully calculated to prevent such desertions (*Nelson's Navy* 215-16). The hospital was "situated on a narrow peninsula" and had high walls surrounding it (215-16). Also, only patients wore uniforms so as to "make escape difficult" (216). It is unclear why patients would be more likely to attempt escape at Haslar than at other naval hospitals, but the combination of widespread mental distress and limitations in treatment were undoubtedly factors.[57] Physicians and surgeons frequently treated patients with "[cinchona] bark, opium and wine" ("Letter to the Editor").[58] All were popular "medicines" in hospitals despite the "dangers of dulling

[57] Around 1 in 1000 seamen were estimated to be affected by insanity – seven times the rate among the general population.

[58] Cinchona bark was introduced to Europe between 1630 and 1640, and put in the *London Pharmacopoeia* in 1677 (Porter, *Greatest Benefit* 233). Commonly called Peruvian bark or Jesuit's bark, it was a popular homeopathic treatment for malaria and muscle spasms. In fact, cinchona bark inspired the father of homeopathy, Samuel Hahnemann (1755-1833), with his theory of "like cures." Hahnemann claimed that, "in order to cure diseases, we must seek medicines that can excite similar symptoms in the healthy human body" (391).

pains by plying patients with [them]" (365). And alcohol was already used in surgeries and on board ships because it was often the only available painkiller (Southam, *Navy* 216).

In many other cases, disabled veterans did not have conditions that qualified them for hospital care. Austen's Mr. Price, a marine "disabled for active service" in *Mansfield Park,* seems to fictively illustrate a difficult case like this.[59] Such displaced and disabled veterans often had to just live with their conditions, because while medical practitioners used bodily manipulation to treat mental illness, they did little to treat a body that was already manipulated. To make matters worse, the factor of physical fitness in rating an "able seaman" made it "quite common for men to be reduced to ordinary seamen shortly before being invalided out of the service" (Lavery, *Nelson's Navy* 130). This meant that many disabled veterans would almost certainly lose their qualifications to receive a pension. Interestingly, many disabled veterans sought comfort for their physical and economic woes in the same medical and emotional treatment they would have received had they been in hospital care: alcohol.

Marines and *Mansfield Park*'s Mr. Price

Rather than succumbing to a personal moral flaw, the stereotypical drunken seaman had a dependence on alcohol with both professional and medical roots. Austen's Mr. Price in *Mansfield Park* is one character we might reevaluate with this knowledge. Readers often characterize this Lieutenant of the Marines, "disabled for active service,"

[59] If Mr. Price had been in hospital care he would have been at Haslar, in Portsmouth.

as a loud, crude, textbook drunken seaman. He did likely drink copiously at sea and continue this habit once disabled, but these facts alone should not condemn him. Active duty men were typically allotted a gallon of beer, a pint of wine, or a half-pint of spirits per day, an allotment clearly abused by many: "more than half the courts-martial for mutiny, indiscipline or negligence" resulted from drunkenness (Lavery, *Nelson's Navy* 209-10). Critics certainly enjoy censuring Mr. Price's spirited indulgences. They seem to forget, though, that we know neither the particulars of his disability nor any treatments he underwent for it, and they vilify a character who might in fact be a victim of circumstance.

Alcohol was not only used in naval hospitals and on board ships, but was also advertised as a cordial for veterans with "incurable" conditions. One advertisement showcased a "veteran sailor's" letter to the Board of Admiralty, explaining that after the sailor was discharged as from numerous hospitals, including Haslar, he was cured by a "cordial" called Tue-kay de Espagna, which he claimed could cure the incurable and might rescue "many thousands" of disabled sailors and soldiers ("Classified Ads, *Morning Post and Gazetteer*). The manufacturer of this "cordial," Duncan McBride, was a wine merchant. He claimed his wine was medicinal, that "it has been recommended with much success by those of the Faculty in Nervous Cases, Fevers, Fluxes, Agues, Dropsy, Debility, Lowness of Spirits, Loss of Appetite, and in Complaints in the Stomach and Bowels" ("Classified Ads," *Star*; McBride). Like other cure-all "restoratives" of the period, McBride's cordial was quack medicine, effecting no physical "cure" besides intoxication. Though patient testimonies could be easily and often forged like the

"sailor's" above, their promises of physical and emotional relief influenced ailing veterans. As we know already, misplaced dependence on advertised "cordials" could lead to situations such as Mr. Price's "cordial hug" offending his daughter, Fanny. In that instance, conceptual slippage between physical and emotional cordials results in Fanny overestimating the curative potential of her father's physical, cordial hug. When she embraces him she hopes for an emotional cordial for being unloved, but his smell of alcoholic spirits causes physical pain (Austen, *MP* 391). For Mr. Price, though, his alcoholic cordials might provide both physical and emotional relief for his situation. Considering the encounter from Mr. Price's perspective as a disabled marine stuck in Portsmouth on (maybe) half-pay, we might sympathize more with him since his drinking might have begun innocently, a result from his experience at sea as well as misplaced trust in medical cordials.

Since Austen reveals little of Mr. Price's sea service readers might wonder what caused his disability. Austen brings us closest to details through Mr. Price's son, William, a newly minted Navy Lieutenant, but all we learn is that William, "in the course of seven years had known every variety of danger which sea and war together could offer" (248). Some scholars have argued Austen could not detail these dangers because she lacked knowledge of them, but J.H. and Edith Hubback assert Austen "never touched, even lightly, on a subject unless she had real knowledge of its details (4-5). Austen "cared a great deal about accuracy" and consulted her naval brothers and their acquaintances for precision (Byrne 2). For example, in revising *Mansfield Park* Austen replaced "Government House" with "Commissioner's" because "I learn from Sir J. Carr that there

is no Government House at Gibraltar.—I must alter it" (*Letters* 198). Also, when Austen has William write immediately to Fanny of his ship returning to Portsmouth, his communication appropriately beats Henry Crawford's "belated" delivery of the same information since Crawford depends on the newspaper for information. Austen's brothers and their colleagues would appreciate such "meticulous and authenticating accuracy" (Southam, *Navy* 194). Austen even gave both Frank and Charles the final manuscript of *Mansfield Park* to read before sending it to her publisher. Le Faye notes that Austen's brothers were characteristically "balanced" in their reviews; Frank commented "We certainly do not think it as a *whole*, equal to P&P – but it has many and great beauties" (*A Family Record* 189). According to Southam, Austen may have been "disappointed" that Frank and Charles did not comment on *Mansfield Park*'s naval elements (*Jane Austen and the Navy* 217), but their silence also suggests they found nothing for her to correct which they had not already noted. Another acquaintance, Captain (later Admiral) Foote, seemed pleased Austen "was able to draw the Portsmouth scenes of *Mansfield Park* so well" (*Letters* 524). Furthermore, though her novels do not detail the dangers William faced at sea, Austen knew of the "imminent hazards, or terrific scenes, which such a period at sea must supply" (Austen, *MP* 248-9). Lavery notes that in 1810 "50 per cent of the navy's casualties were caused by disease, 31 per cent by individual accident, and 10 per cent by foundering, wreck, fire or explosion; compared with 8 per cent caused by enemy action" (*Nelson's Navy* 212).

If a seaman escaped disease he still faced accidents, which caused about 40% of deaths during the Napoleonic Wars. Austen wrote in 1799 of one memorable accident of

an acquaintance, Earle Harwood who, like Mr. Price, was a Lieutenant in the Marines *and* was involved in a rather scandalous marriage.[60] Before Harwood's 1798 injury – a self-inflicted gunshot wound in his leg – Austen wrote to Cassandra of his appointment to the HMS *Prothee* at Portsmouth, "which he has been for some time desirous of having" (27). News of his appointment likely interested the Austens because of the situations of Frank and Charles, who were also pursuing naval careers. Both Frank and Charles awaited appointments and involved themselves, family, and friends in a "bombardment" of applications for notice (Southam, *Navy* 87). Jane even joked to Cassandra that "the Lords of the Admiralty will have enough of our applications at present, for I hear from Charles that he has written to Lord Spencer himself to be removed. I am afraid his serene Highness will be in a passion, & order some of our heads to be cut off" (31).[61] After numerous supplications from the Austen family, Admiral Gambier replied to Rev.

[60] The Harwood family lived at Deane House in Steventon for decades and were friends of Austen's family. It seems they enjoyed the comforts of their modest estate without personal financial difficulties until, upon John Harwood VI's death, "it was discovered that he had 'contracted debts, quite unsuspected by his family. He had borrowed and mortgaged so freely, that it seemed as if the estate itself could scarcely pay its own liabilities" (*Letters* 533). The "inheritance" left for the eldest son, John Harwood VII, combined financial debt and reputational ruin. Though he had once been the suitor of Elizabeth Bigg, a favorite friend of Austen, his financial struggles after his father's death prevented him from ever marrying. After failing as a coal merchant in 1794, Earle Harwood joined the Marines, becoming a Lieutenant in 1796 and the next year marrying a woman of "doubtful" reputation. Over the next ten years, Harwood served on the prison ship HMS *Prothee* (1798), the HMS *Gladiator* (1800), in the West Indies and the capture of Curacao (1805), and at Fort Amsterdam (1807). When he died in 1811, he was a Captain in the Royal Marines in the Woolwich Division.

[61] Lord George John Spencer, second Earl, was First Lord of the Admiralty from 1794-1801. This position also made him President of the Board of Admiralty and a member of the Cabinet, which decided issues of war policy such as "naval strategy, the disposition of the Navy worldwide and the levels of manning and finance put before Parliament" (Southam, *Navy* 34). He was also the brother of Georgiana, the Duchess of Devonshire.

Austen, writing that Charles's stay on board the *Scorpion* was "proper on account of [his] inexperience," but that he would soon be moved to a frigate (28).[62]

Gambier's letter arrived within days of the Austens learning of Harwood's appointment to the HMS *Prothee*. No evidence suggests the Austens felt indignant at Harwood's appointment; after all, Harwood is a family friend. He is also, similar to Frank and Charles, pursuing a naval career, and had been a source of gossip among the Austens. For example, he reappears in Austen's letters after she learns that he shot himself in the leg: "Earle Harwood has been again giving uneasiness to his family, & Talk to the Neighbourhood; --in the present instance however he is only unfortunate & not in fault. – About ten days ago, in cocking a pistol in the guard-room at Marcou, he accidentally shot himself through the Thigh" (55-56).[63] His injury causes "anxious sufferings" for the Harwoods, but Austen remarks "one most material comfort however they have; the assurance of it's being really an accidental wound, which is not only positively declared by Earle himself, but is likewise testified by the particular direction of the bullet. Such a wound could not have been received in a duel" (56).[64] Harwood seems rather often at fault; he is the source of uneasiness and gossip "again," an adjective that reveals he has been that source before. And though Harwood "positively" declares his wound accidental

[62] Charles' 1797 promotion to Lieutenant put him on the *Scorpion*, a "dull" brig (Hubback and Hubback 48). Brigs were small, fast vessels that carried fewer guns (and typically saw less action) than larger ships such as frigates like the *Tamar*, to which Charles eventually transfers. For more on the procedural formalities of promotion in the Navy, "its studied politeness, its circuitousness, and the turning of its mechanism," see Southam, *Navy* 197.

[63] Marcou comprised two small islands off Normandy's coast and was one station for deployed Marines in the late eighteenth century. Its French name is Iles Saint Marcouf.

[64] For more on dueling's history, particularly as it applies to Austen's works, see Thaler.

and not the result of a duel, his declaration does not explain how the accident occurred, or why he was cocking his pistol in Marcou's guardroom in the first place.

Harwood's station and activities at Marcou need some explanation. During the Napoleonic Wars, Marines like him were important for naval operations; by 1810 Marines supplied 30,000 of the 145,000 men on active duty (*Oxford Illustrated* 139). On land they often formed press gangs and provided guard duties, and at sea they primarily prevented mutinies, though with limited success (Lavery, *Hostilities Only* 190). Marines committed to life service or until the end of the present war; they "could not predict the end of the war, and release before then was only by death, desertion, illness and incapacity, or very special circumstances" (Lavery, *Nelson's Navy* 133). Marines also battled tensions with Navy officers, who often demeaned Marines as "ignoramuses, idlers they were called, no more than landlubbers afloat…At sea, their duties were essentially static…amongst sailors their stupidity was legend, a standing joke" (Southam, *Navy* 202). Also, Southam suggests that the Marines' "modest" entry requirements, which made it a "career for those who could find nothing better," contributed to tensions between Marines and Navy officers (203). Where *Mansfield Park*'s William Price, a newly commissioned Navy Lieutenant, was "experienced" because he "would have served a sea-apprenticeship of not less than six years," a Marine Lieutenant like Mr. Price or Earle Harwood "might be little more than a raw recruit, completely unprepared for life at sea" (203). This could complicate our understanding of William's relationship with his father, as commissioned Navy officers historically viewed Marines contemptuously as lazy, drunk, and debauched.

It is likely, though ironic, that some of Marines' on-duty activities partly inspired their "lazy" characterization. At Marcou, for example, in December 1795, Marines landed to "watch the movement of enemy vessels" (152).[65] Interestingly, though the original force left at Marcou from the HMS *Diamond* was fit for duty, this force was "soon replaced by 'invalid marines,' sent from Portsmouth" (152).[66] Due to the Navy's open blockade, Marcou's operations were passive and its Marines were limited to observing French activity. The islands measure only about 200 x 120 yards each and were, according to a 1798 account, "of no other use than as a reconnoitering station, to facilitate the operations of the French royalists, after being garrisoned with about 500 seamen and marines, including a great proportion of invalids" (James 265). In other words, Marcou and places like it were rather cramped and boring. One Captain, stationed off the coast of Brest, complained in 1810 that he had yet "another tiresome, useless week! The only variety a little foul weather to tear our sails and make us swear at the wind" (305). With little to distract him from his "subordinate and inferior" duties, it is quite possible that boredom overcame Harwood at Marcou, leading to accidental violence (Southam, *Navy* 202).

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[65] They would have been part of the Channel fleet, stationed to observe French activity from the large port of La Havre.

[66] "Invalid" here refers not to the invalidism discussed in Chapter 1, but to older or infirm pension marines not serving full-time but called upon to serve if necessary. They often did not see violent action; hence, some of their stations at the relatively quiet Marcou Islands. For example, after 1798 there was no threat to Marcou. The last attack on it, before the Treaty of Amiens surrendered it back to the French, occurred in May. Interestingly, it was a Lieutenant Charles P. Price who commanded the garrison's defense, defeating a French fleet of "52 gun-brigs and flat-bottomed boats, having on board about 6000 men" with minimal injury and death (James 265-66).

After his accident Harwood received treatment at Haslar in Portsmouth, the same place Mr. Price lives. Though he eventually recovered, the story of his injury "might well have been material for novels" like *Mansfield Park*, particularly when considered in tandem with his "disobliging" marriage to Sarah Scott (Leavis). In addition to documenting Harwood's injury and surgery, Austen's letters show that his marriage to Scott interested her and Cassandra: after Cassandra described Scott to Jane, Jane wrote she "cannot help thinking from your account of Mrs. E.H. that Earle's vanity has tempted him to invent the account of her former way of Life, that his triumph in securing her might be greater" (*Letters* 48). Southam links Harwood's marriage to Mr. Price's, suggesting Mr. Price's marriage could depict Harwood's in reverse, where Mrs. Price marries down to "disoblige her family" and Mr. Price's profession "was such as no interest could reach" (Austen, *MP* 35). However, Southam ends the comparison there, ultimately dismissing Mr. Price as a "failure" because of his drinking and the fact that he was never promoted (*Navy* 206).

I am less interested in proving Harwood's inspiration for Mr. Price than in illuminating aspects of his character clear to Austen's contemporaries but possibly unclear to readers today. While Southam's (and others') dismissal of Mr. Price as drunk and lazy is easy, such a dismissal discounts his service details and his disabled condition. We can only guess at Mr. Price's half-pay as a disabled Marine Lieutenant. Lavery notes "according to the 1814 regulations, the 300 most senior lieutenants had 7s per day, the next 700 had 6s, and the rest had 5s," but these figures assume lieutenants "held themselves in readiness for an appointment," which Mr. Price, being disabled, does not

(*Nelson's Navy* 99). In fact, "though [a disabled seaman] could remain on half-pay, the practice was considered 'an abuse of the system' that was meant as a retainer for future service," and so was discouraged among the disabled (Lavery, *Nelson's Navy* 99). Mr. Price might therefore not draw half-pay at all, leaving him financially dependent on the interest from his wife's dowry. Moreover, his disability leaves him no longer "fit" for marine service and could easily cause him identity confusion.

Though some critics have judged Mr. Price to be an unsympathetic drunk, his character is due more critical nuance in light of historical circumstances affecting disabled veterans and Austen's literary treatment of the disabled. Mr. Price, in fact, enjoys a moment of dignity in *Mansfield Park*, and Austen, as she did with Fanny and Mr. Price's "cordial hug," carefully intertwines Mr. Price's description with cordials and makes him more sympathetic. When Fanny and Crawford meet Mr. Price along Portsmouth's High Street, Fanny, ashamed of her father, weirdly laments that he will drive away Crawford's unwanted attentions; she says Crawford "must be ashamed and disgusted altogether…and yet, though she had been so much wanting his affection to be cured, this was a sort of cure that would be almost as bad as the complaint" (Austen, *MP* 403). As she did with her father's cordial hug, Fanny conflates and confuses the effects of physical and emotional cures: she not only strangely implies that Crawford could be physically "disgusted" while emotionally "cured," but she also underestimates her father's effect, which is, in practice, cordial. When Mr. Price talks to Crawford, Fanny observes with "great relief" that Mr. Price becomes "a very different man, a very different Mr. Price in his behavior…His manners now, though not polished, were more

than passable; they were grateful, animated, manly…be the consequence what it might, Fanny's immediate feelings were infinitely soothed" (404). Fanny's worry that Mr. Price will "cure" Crawford's attention to her is ironic since he doesn't do this but instead "relieves" and "soothes" Fanny's fear. Moreover, her fear contradicts her stated desire in the first place: to, in fact, end Crawford's attention. This scene illustrates Fanny's temporary inversion of feeling: not only does she not end Crawford's attention but she admits she'd rather accept it than cure it (at least for now), "be the consequence what it might."

In this moment Mr. Price comes closest to achieving Sir Thomas' goal of curing Fanny's "diseased" mind, though his transformation from a lazy, low-class lounger to a "very different Mr. Price" of manly animation is the opposite of what Sir Thomas prescribes. Mr. Price embodies dual identities: the active "manly" one, which is learned and surfaces as Mr. Price talks to a "gentleman" like Crawford, battles the "lazy" disabled one that limits his movements and occupation. Fanny's confused mental battle over Mr. Price as both a complaint and its cure suggests Fanny at least temporarily admits the cordial effect of her father in softening her dislike of Crawford. However, in interpreting both his "cordial hug" and his effect on Crawford, Fanny alternately misunderstands and underestimates Mr. Price's cordial influence on herself, undermining her own moral judgment of him. In a similar way, more careful critical consideration of historical circumstances surrounding disability and active duty personnel, and attention to Austen's medical plots of disabled veterans, relocates Mr. Price from a narrative place wholly characterized by lazy drunkenness to one of more sympathetic action. And,

importantly, such a re-reading demands that we revisit Austen's other disabled naval characters, all of whom appear in *Persuasion*.

Activity and Disability in *Persuasion*

In *Persuasion*, Austen includes a decidedly negative portrayal of a seaman in dead Richard Musgrove, "a very troublesome, hopeless son" who at sea was "nothing better than a thick-headed, unfeeling, unprofitable Dick Musgrove, who had never done any thing to entitle himself to more than the abbreviation of his name, living or dead" (Austen, *P* 86). *Persuasion*'s heroine, Anne Eliot, assumes the novel's hero, Captain Wentworth, "had probably been at some pains to get rid of" Dick on his frigate and admires the fact that Wentworth tolerates Mrs. Musgrove's "large fat sighings over the destiny of a son, whom alive nobody had cared for" (100-01). Dick's portrayal seems callous considering the "ever-present shadow of death" behind sailors, but it mirrors the "artfully casual, artfully inconsequential" accounts of battles in Austen's letters (Southam, *Navy* 67-69). Composed after the Napoleonic Wars ended, *Persuasion*, according to Southam, showed literary "thick skin" and less "protective" portrayals of seamen (70). He suggests Austen uses callous humor as "a literary device, the writer's strategy for holding death at a distance, a habit of heart and mind that in war-time the sister of the sailor brothers could cultivate in private as a device of self-protection" (70).

But Dick Musgrove offers more than a "thick-skinned" representation of a sailor; he shows a failure to assimilate to his lot, and his mother's "large, fat sighings" are more than not-so-subtle jabs at her character's weight; she represents the problems of valuing

an idealization of her naval son more than his reality. One of *Persuasion*'s central conflicts is worn but wealthy sailors returning to face a misjudging public. When on active duty, sailors "acclimiti[zed] to what in sailors' talk was called 'the wooden world', an isolated and contained community" (38). For example, Rev. Austen wrote to Frank on Frank's embarking in the Navy of "the little world of which you are going to become an inhabitant" (Hubback and Hubback 17); he would find "his place in its structure of command, in its routines and tempo, in its confines of space, its constraints on freedom" (Southam, *Navy* 38). Back at home, sailors met social resistance when they tried to unite two worlds once separated by the sea. *Persuasion's* Sir Walter Eliot hates the idea of a returned sailor renting his home. After Anne, his daughter, praises the Navy, Sir Walter replies that the profession is "offensive" because it distinguishes people of obscure birth and "cuts up a man's youth and vigor most horribly" (59). He complains of the visual, physical effects of the Navy on a man he saw who had a "face the colour of mahogany, rough and rugged to the last degree, all lines and wrinkles, nine grey hairs of a side, and nothing but a dab of powder at top" (60). This appearance, according to Sir Walter, is a mark of every Navy man and makes each veteran "not fit to be seen" (60). His ridiculous comments point to the fact that Sir Walter is not a sympathetic character, but while they are comical they gesture toward more serious changes in disability's visual representation in the nineteenth century. Previously, literary representations of veterans had often been generalized, but after the Napoleonic Wars these representations became "more triumphal and perhaps more individual" (Reed 190). They emphasized "highly idealistic" pictures

of moral paradigm, lionizing veterans as brave leaders of the British cause.[67] These representations were inspired in large part by Admiral Nelson, who had an arm amputated during battle in 1797 only to continue giving orders to his men half an hour later. He was painted with his disability in a number of subsequent portraits and, as a national hero, was the first figure to visually combine heroic masculinity with amputeeism in portraiture (Michals).

Nelson's is a grand example of the ways in which perceptions of physical disability and its representation were changing, but Nelson was unique and change was slow overall. Simon Parkes argues veterans of the eighteenth and nineteenth centuries, or "broken soldiers," embodied "cultural ambiguity" about war (192). He contends the broken soldier "is meant to be familiar, safe, picturesque, deferent, patriotic" but also "containable" (196), a

> safe and sanitised version of the consequences of war to be imbibed, with a sprinkling of patriotic opiate to dull the sense of those mourning or with disabled sons, brothers, husbands, and fathers. Pain and disability are deployed […] to comfort while drawing attention to the effects of war, rather than to disturb reader sensibility too much. (203)

Parkes suggests the literary function of a veteran is to "comfort" readers with "a sprinkling of patriotic opiate" rather than aggravate grief readers feel about loved ones

[67] Sir Walter Scott's "Field of Waterloo" (1815), for example, simultaneously depicts the glorious bravery and fortitude of British soldiers and the "tremendous carnage" left in war's wake. The poem was a hastily composed fundraising effort for the Waterloo Subscription, which raised money for disabled veterans, and was one of many poems written at the time that depicted the dual glory and gore of battle. Southey's "The Battle of Blenheim" and *The Poet's Pilgrimage to Waterloo* (1816) were also popular.

abroad. This "opiate" romanticizes the war experience, with authors "deploying pain and disability" because they "desire to own the veteran's story, to take war experience and make it an artifact" (200). In Parkes' view, the literary veteran is only a spectacle. *Persuasion*'s Captain Benwick seems a candidate for this reading; although he does not have a visible disability like Captain Harville and is not described as disabled like Mr. Price, his status as a veteran and his melancholic reserve excite visual interest among his visitors. When Benwick's fiancé Fanny Harville died, Wentworth thought no man could "be more deeply afflicted under the dreadful change" than Benwick (*P* 126). Wentworth considered Benwick's disposition as "of the sort which must suffer heavily, uniting very strong feelings with quiet, serious, and retiring manners" (126). After Wentworth relates Benwick's private history, Benwick becomes "perfectly interesting" to others, a passive spectacle of a broken heart. He was someone to look at, with "a pleasing face and a melancholy air, just as he ought to have, and [he] drew back from conversation" (127). In company, he seems "oppressed" by chatter and "his spirits certainly did not seem fit for the mirth of the party in general" (129).

Benwick's melancholic bent suggests mental stress, but it would be anachronistic to claim he has Post-Traumatic Stress Disorder or depression. Though Samuel Johnson used "depression" to describe his own spirits, "melancholia" was still the more common term at the end of the eighteenth century (Jackson 145-46).[68] A legacy of Middle-Age medicine, melancholia was thought by many early eighteenth-century physicians to result

[68]Stanley W. Jackson argues that Johnson foreshadowed "the language of late nineteenth- and twentieth-century psychiatry" and "was a significant influence in the emerging trend that would eventually lead to *depression* largely displacing *melancholy* and *melancholia* in the literature of dejected states" (145-46 original emphasis).

from imbalance in bodily "humours" caused by an excess of black bile. Herman Boerhaave conceived of black bile as a "pathogenic material" that affected the blood; he named this "defect" "Melancholy Juice" (120). Boerhaave claimed that a patient in the first degree of melancholia experienced "a lessen'd Appetite; a Leanness; Sorrowfulness; Love of Solitude; all the Affections of the Mind violent and lasting; an Indifference to all other Matters; a Laziness as to Motion; and yet a very great and earnest Application to any sort of Study or Labour" (120). Richard Mead, a contemporary of Boerhaave's, argued that "fixed thought…as we sometimes observe in studious persons," combined with "disturbing passions," could cause melancholia (124). Later in the century, William Cullen also noted the "studiousness" of melancholic patients, observing they "are even ready to be engaged in a constant application to one subject; and are remarkably tenacious of whatever emotions they happen to be affected with" (127).

Cullen also connected melancholia to the brain and central nervous system and officially classified it as a mental illness. The condition was thought one of two types of "madness," the other being mania (Porter, *Greatest Benefit* 81).[69] Both madness and mania involved an interest in morbidity, but there is a difference between the mad Earl of Portsmouth's maniacal laughter as he chased funeral parties and Captain Benwick's interest in loss and death. Though mania was seen as a medical problem in the eighteenth century, melancholia lost its classification as a "dangerous" condition and became a "delicious languor" for poets (Porter, *Cambridge* 242). William Cowper, one of Austen's

[69] Elizabeth J. Donaldson notes the that some of the inspiration for public perceptions of madness and mania is due to the central figures of Caius Gabriel Cibber's sculpture atop London's Bethlem Hospital (*The Madwoman in the Attic* 22-23).

favorite poets, famously suffered from melancholia and wrote extensively of his experiences in his *Memoir* (1816). He said his ailment lasted almost a year, in which he was "struck…with a dejection of spirits, as none but they who have felt the same, can have the least conception of" (Jackson 137). One reviewer of his *Memoir* suggested Cowper's first "attack of morbid melancholy" was "greatly aggravated by a disappointment in love" (*Extracts* 138), and his condition eventually rose to a manic level; "His 'continual misery at length brought on a nervous fever' – apparently a state of severe anxiety – and he came to wish for madness as a way out of his dilemma" (Jackson 137). Benwick's melancholic state never quite reaches the level of Cowper's manic one, but Benwick's "disappointment in love" and his fixation on loss and death suggest a similar experience of melancholy, as does his interest in poetry.[70] When talking to Anne, Benwick reads her melancholic passages from poetry: "he repeated, with such tremulous feeling, the various lines which imaged a broken heart, or a mind destroyed by wretchedness" (130).

Benwick's interest in this poetry typifies him as a specific kind of sailor, one of "so many young people, most of whom had probably those attachments at home that particularly dispose the mind to the warm emotions calculated to taste poetry" (Southam, *Navy* 289). Benwick certainly had "attachments at home" but returned from war to find his fiancé dead, and his mind likely "suffered heavily" as Wentworth claims. Benwick's mind might have been "destroyed" by Fanny's death, though its destruction might also have resulted from horrors witnessed at sea. His resulting melancholia is one reason

[70] Philippe Pinel argued "unfortunate love" and "events connected with the revolution" were primary causes of melancholia in the late eighteenth and early nineteenth centuries.

Benwick is not "forced to exertion" at home, but his passivity might actually worsen his condition. As Robert Burton wrote in the seventeenth century, "there is no greater cause of melancholy than idleness, no better cure than business" (Radden 17).[71] Benwick lives with Captain Harville, who certainly seems frustrated with Benwick's refusal to exert himself. When Anne tells Harville sailors are "forced to exertion. You have always a profession, pursuits, business of some sort or other, to take you back into the world immediately, and continual occupation and change soon weaken impressions," Harville contradicts her: "Granting your assertion that the world does all this so soon for me (which, however, I do not think I shall grant) it does not apply to Benwick. He has not been forced upon any exertion. The peace turned him on shore at the very moment, and he has been living with us, in our little family-circle, ever since" (Austen, *P* 241-42). The structure of Harville's comment reflects Benwick's passivity, and Harville, who is physically disabled, distinguishes himself from Benwick by being active. While Benwick and some of his visitors romanticize his broken heart, Harville suggests this romanticization is unproductive.

But Harville disapproves even when Benwick does exert himself, as happens after he falls quickly and passionately in love with Louisa Musgrove. Harville's disapproval partly stems from the fact that his own dead sister was quite recently Benwick's fiancé but also suggests that Benwick's melancholia has traces of mania. His fast emotional recovery and new passion for Louisa further romanticize his condition and are exaggerated because he and Louisa "fall in love over poetry" (186). Louisa's injury, a

[71] Burton's *Anatomy of Melancholy* (1621) was immensely influential for medico-psychological theories of melancholia during the Renaissance.

"severe contusion" turned into a "concussion," keeps her at Harville's home for several weeks, and it is there she and Benwick fall in love (140; 150). The match astonishes Anne: the "high-spirited, joyous, talking Louisa Musgrove, and the dejected, thinking, feeling, reading Captain Benwick, seemed each of them every thing that would not suit the other" (185). However, Anne suggests, Benwick's melancholic mood and Louisa's personality (changed by a head injury) are both improved by their relationship. Anne "saw no reason against their being happy…The day at Lyme, the fall from the Cobb, might influence [Louisa's] health, her nerves, her courage, her character to the end of her life, as thoroughly as it appeared to have influenced her fate" (186). Though Anne does not see the future Benwicks after the events in Lyme – she hears of their romance through Admiral Croft – Louisa's head injury clearly alters her personality, and Benwick seems to have undergone a mental change as well.

Despite Benwick's initial passivity and abrupt emotional shift, he generally remains a sympathetic character; Austen seems to understand even if she does not celebrate his love for Louisa. However, the two explicitly disabled characters in *Persuasion*, Mrs. Smith and Captain Harville, are not only given much more authorial attention but actually *are* celebrated for their activity in the face of physical disabilities. First, Benwick's self-indulgent melancholia seems even more passive when compared with the busy "employment" of Mrs. Smith, Anne's friend (175). Anne visits Mrs. Smith in Bath after hearing from an acquaintance that Mrs. Smith "had long been afflicted with a severe rheumatic fever, which finally settling in her legs, had made her for the present a

cripple" (173). Her physical movements are restricted by her condition but Anne thinks Mrs. Smith is content overall:

> [Anne] watched – observed – reflected – and finally determined that this was not a case of fortitude or of resignation only. – A submissive spirit might be patient, a strong understanding would supply resolution, but here was something more; here was that elasticity of mind, that disposition to be comforted, that power of turning readily from evil to good, and of finding employment which carried her out of herself, which was from Nature alone. It was the choicest gift of Heaven; and Anne viewed her friend as one of those instances in which, by a merciful appointment, it seems designed to counterbalance almost every other want. (174-75)

Like Benwick, Mrs. Smith has lost a loved one, lives cheaply, and has few distractions. But unlike him, she takes comfort in cheerful activity and "counterbalance[s]" her "wants" with employment, "turning" her disability to advantage. She may be physically "a cripple" and confined to her lodgings in Westgate buildings, but the "elasticity" of her mind "carrie[s] her out of herself" and lets her live a comparatively active life. She learns to knit from her caretaker, Nurse Rooke, and says it "has been a great amusement; [Rooke] put me in the way of making these little thread-cases, pin-cushions and card racks, which you always find me so busy about, and which supply me the means of doing a little good to one or two very poor families in this neighborhood" (175). Nurse Rooke actually provides more than knitting lessons. Similar to *Sense and Sensibility*'s apothecary Mr. Donavan, she provides Mrs. Smith with gossip: "when nurse Rooke has

half an hour's leisure to bestow on me, she is sure to have something to relate that is entertaining and profitable, something that makes one know one's species better" (176). As Anne says, "a sick chamber may often furnish the worth of volumes," because nurses "witness" more than any other person (176).[72] The knowledge of nurses is important for *Persuasion* as it is Nurse Rooke who informs Mrs. Smith of Anne and Mr. Elliot's supposed engagement, which prompts Mrs. Smith to reveal Mr. Elliot's past dishonesty. Though Mrs. Smith is "disabled from personal exertion by her state of bodily weakness," she was "able to tell [Anne] what no one else could have done" (223-24). Her disability does not prevent Mrs. Smith from taking action, and Anne admires the "elasticity of mind" that provides Mrs. Smith "power" to seek knowledge and employment.

Mrs. Smith's condition, accommodations, and cheerful employment resemble Captain Harville's situation. He is "a little lame" from "a severe wound" he suffered two years before the events of *Persuasion,* and he settles at Lyme Regis for both his health and financial necessity (127; 122). The half-pay rates for a naval Captain were £190 to £270 per year after 1814, rates demanding economical living. Mark-Halpen Sweny, the Austen family's friend who served under Frank Austen, received a pension of only £91 5s in 1816 for his wounds. While he also received a small gratuity from the Patriotic Fund, this support diminished over time. War added more claimants daily so many gifts "had to be discontinued, and the gratuities to officers and men had to be limited to cases of special urgency" ("Our Patriotic Funds").[73] Even Charles Austen, whose half-pay

[72]"Witness" here has doubled meaning, referring to both seeing and telling.
[73] For more on the Patriotic Fund see O'Byrne.

provided “only a bare minimum to live on,” and his wife Fanny lived “as the Harvilles” after the war (Southam, *Navy* 285; 132).

Living “as the Harvilles” meant economical living, but also suggests creative living. Like Mrs. Smith, Harville forces himself to exertion and always pursues “business of some sort or other” (Austen, *P* 241). We glimpse details of his daily life when Anne and the others visit his home, where they:

> found rooms so small as none but those who invite from the heart could think capable of accommodating so many. Anne had a moment’s astonishment on the subject herself, but it was soon lost in the pleasanter feelings which sprang from the sight of all the ingenious contrivances and nice arrangements of Captain Harville, to turn the actual space to the best possible account, to supply the deficiencies of lodging-house furniture, and defend the windows and doors against the winter storms to be expected. The varieties in the fitting-up of rooms, where the common necessaries provided by the owner, in the common indifferent plight, were contrasted with some few articles of a rare species of wood, excellently worked up, and with something curious and valuable from all the distant countries Captain Harville had visited. (127-28)

Some critics cite this passage to claim Frank Austen identified with Harville’s interest in carpentry. Indeed, Harville’s character inspired Frank to comment that he thought parts of Harville “were drawn from myself—At least some of his domestic habits, tastes and occupations bear a strong resemblance to mine” (Reed 219), and Harville’s active living

recalls a number of Frank's creative activities.[74] Like Mrs. Smith's "elasticity of mind" finds her "employment" (128), Harville's "mind of usefulness and ingenuity" keeps him "furnish[ed] with constant employment" (Austen *P* 128). In fitting up his house, Harville blends the "common necessaries" with "some few articles of a rare species of wood, excellently worked up" (127-28). Moreover, not only had Harville "contrived excellent accommodations, and fashioned very pretty shelves" for Benwick, but he also "drew, he carpentered, he glued; he made toys for the children, he fashioned new netting-needles and pins with improvements; and if every thing else was done, sat down to his large fishing-net at one corner of the room" (127-28).

Harville's disability does not limit him but actually inspires him to "contrive" and "arrange" his home to suit his needs. His is not the best accommodation for others – "none but those who invite from the heart could think [the rooms] capable of accommodating so many" – but is the best for him, "suppl[ying] the deficiencies" with which other lodging-house furniture would burden him. What begins as a space inconvenient for visitors "turns" into the presentation of "domestic happiness" and softens Anne into "a something more, or less, than gratification" (127-28). Harville's home turns into a makeshift ship whose arrangements "defend the windows and doors against the winter storms to be expected." Tony Tanner has described the Harville home as "rather like a ship on shore" (*P* ed. Spacks 224), and, as Southam asks, "Who better

[74] Paula Byrne notes "When Francis Austen's baby was born in 1807, he cut out the patterns for the infant's night-clothes himself. On another occasion, according to his sister Jane, 'he made a very nice fringe for the drawing room curtains.' Like Harville, he 'turned silver' to make needles for fishing nets…Jane also remembered her brother Frank, as she always called him, making 'a very nice little butter-churn'. He was [also] skilled at turning wood" (5).

than a sailor to fashion a home out of cramped quarters, to make it ship-shape, and turn such a dwelling into a place of comfort and delight, both a cabinet of wonders and a workshop"? (*Navy* 287). Like Mrs. Smith has the "power to turn from evil to good," Harville "turns" the small space of his house (i.e. his ship) to the "best possible account" and actively accommodates his physical disability.

Rather than recognizing Harville's disability, Paula Byrne emphasizes his general character over his individual characteristics, thinking of him only in terms of an idealized veteran (7). In overlooking his disability, she generalizes his character and suggests, like Simon Parkes, that Austen is "using military or naval status as a quick means of characterization" (Reed 189).[75] But we can expand Harville's characterization *because* he is physically distinct from others. His lameness prevents him from physically taxing employment but his constant activity by no means diminishes and makes his character all the more impressive. And while his love of carpentry may be "a compliment to Frank" (Byrne 5), Harville's disability distinguishes him from Austen's brother.

As would suit the best of ship captains, Harville commands his time "usefully," and the usefulness of his mind as well as his home serve both his physical needs and the needs of Louisa after she injures her head (Austen, *P* 140). Though the response of all but Anne to Louisa's injury is panic, Harville, "shocked as [he] was…brought senses and nerves that could be instantly useful" (139). His home, complete with nurses, offers a

[75] Even scholars emphasizing Austen's "individualized" naval characters focus on Harville's personality rather than his physical condition: "Jane Austen carefully individualizes her sailors: Wentworth for his confidence, bearing, and sensitivity to those around him; Harville for his hospitality and domesticity; Admiral Croft for his liberality and good nature" (Hart).

sickbay for Louisa: “Mrs. Harville was a very experienced nurse; and her nursery-maid, who had lived with her long and gone about with her every where, was just such another. Between those two, [Louisa] could want no possible attendance by day or night” (141). The discussion of who will stay at Lyme and assist Mrs. Harville prompts one of the novel’s most romantic moments: Anne becomes emotional after overhearing Wentworth say “If Anne will stay [to assist Mrs. Harville], no one so proper, so capable as Anne!” (141). We already know of Anne’s nursing capabilities; she had earlier been “of first utility to” the young Musgrove who broke his collarbone at Uppercross (92-93).

Anne’s similarities to Mrs. Harville in nursing and Wentworth’s recognition of Anne’s skill are significant because the Harvilles suggest a potential future for Anne and Wentworth. Critics often compare the happy, wealthy Crofts to Wentworth and Anne, and considering Wentworth’s successes at sea, have not hesitated to suggest the Crofts represent the future Wentworths. The similarities between Admiral Croft and Wentworth are obvious – only time and prizes separate them by rank. And both Mrs. Croft and Anne are strong, independent women connected with the Navy: Mrs. Croft loves being a sailor’s wife, Anne imagines she would feel the same, and both of them are in love with sailors and think fondly of life at sea. I do not disagree that *Persuasion*’s romantic Crofts suggest a bright, fit future for the Wentworths. However, the Harvilles, as equally happy though not as equally wealthy as the Crofts, also suggest a potential future for them. In fact, the final paragraph of *Persuasion* emphasizes an ambiguous future:

> Anne was tenderness itself, and she had the full worth of it in Captain Wentworth’s affection. His profession was all that could ever make her friends

> wish that tenderness less; the dread of a future war all that could dim her sunshine. She gloried in being a sailor's wife, but she must pay the tax of quick alarm, for belonging to that profession which is, if possible, more distinguished in its domestic virtues than in its national importance. (258)

While the end of the novel is "happy" in the sense that the hero and heroine fall back in love, it also gestures toward the physical and emotional challenges of being in or married to naval service. Anne's friends wish her "tenderness less;" she feels "dread of a future war;" her "sunshine" is "dimmed;" and she "gloried…but must pay." With the context of disability's connections to the Navy in mind, we see that the passage's contrasts imply several potential outcomes for Wentworth. Perhaps he will end like Croft, rising able-bodied to the Admiralty, but he could also end like Benwick, alternately melancholic and manic, or like Harville, disabled but active, or even like Admiral Nelson, disabled, active, and glorified. Benwick's and Harville's characterizations suggest these are not lamentable possibilities. Benwick, after all, ends happy, and Austen emphasizes Harville's strength, not despite but *because of* his disability. His abilities as a sailor and carpenter, and his active choice to be useful award him importance that self-proclaimed invalidism does not merit. Choosing to be ill like the invalids in *Sanditon* invited Austen's ridicule, but being physically disabled leads to Harville's choice to be active. This choice is important for Austen; as she becomes increasingly infirm at the end of her own life and composes *Persuasion*, she emphasizes the mental and physical strength of disabled characters. Her literary treatment of disability narratively empowers characters like Mr. Price, Captain Benwick, Mrs. Smith, and Captain Harville, not by "curing" them

but by showing that those who suffer from practical medical limitations can still challenge the low social and critical expectations of their active abilities.

Chapter 3

Anne Brontë and Addiction

Early in Anne Brontë's *The Tenant of Wildfell Hall* (1848), Helen Graham and her five-year-old son, Arthur, shock their hosts by "obstinately refus[ing]" to drink wine. Arthur "especially shrank from the ruby nectar as if in terror and disgust, and was ready to cry when urged to take it." Helen explains "he detests the very sight of wine, and the smell of it almost makes him sick. I have been accustomed to make him swallow a little wine or weak spirits-and-water, by way of medicine when he was sick, and, in fact, I have done what I could to make him hate them" (Brontë, *Tenant* 27). Mr. Millward, a local vicar, calls Helen's actions "criminal" and impious, claiming they "despis[e] the gifts of Providence" (38). Mrs. Markham, mother to Gilbert, the narrator, says Helen is turning Arthur into the "veriest milksop that ever was sopped!"; she warns Helen that Arthur's education is not Helen's business: "my dear Mrs. Graham, let me warn you in good time against the error – the fatal error, I may call it – of taking that boy's education upon yourself" (29). Millward and Mrs. Markham's criticisms show a "distinctly old-fashioned" embrace of alcohol, since Brontë set *Tenant* in the 1820s but published it in 1848. After the Temperance and Teetotal movements gained traction in the 1830s, alcohol lost some of its appeal among the masses and medical communities (Hyman 453). However, though readers often dismiss Millward's and Mrs. Markham's criticisms, Helen's actions *should* give pause. Above, early in *Tenant*, Helen says she has "done what I could" to make Arthur hate alcohol. In fact, Arthur did not always hate it; he had

been addicted to alcohol through his father's influence. Readers only later understand what Helen did about this when she finally reveals her "treatment" of Arthur in Chapter 41: lacing his alcohol with tartar emetic, a popular but dangerous "medicine" with side effects that justify Mrs. Markham's warning about Helen's "fatal error." Helen's actions have serious implications, particularly in the context of social and medical attitudes towards alcohol addiction; her dangerous and tenacious treatment not only typifies medical practice of the nineteenth century, but also shows how Brontë, in her literary treatment of medical practice, harnesses the power of medical rhetoric to criticize domestic and medical patriarchy.

Although *Tenant* still receives far less popular or critical attention than the novels of Charlotte or Emily Brontë, it has escaped the "lukewarm" reception it long suffered (Margaret Smith xxiv).[76] Though "neither well known nor well loved," it occasionally inspires praise for its notes of early feminism and its attention to historical detail (Glen 99). Brontë wrote in her preface to *Tenant*'s second edition that if she could "gain the public ear at all, I would rather whisper a few wholesome truths therein than much soft nonsense," and defending the novel's "vicious characters," she wrote "if I have warned one rash youth from following in their steps, or prevented one thoughtless girl from falling into the very natural error of my heroine, the book has not been written in vain" (4).[77] Beth Torgerson argues Brontë "writes to educate rather than simply to entertain," and critics like Torgerson, Gwen Hyman, Marianne Thormählen, Elizabeth Pellerito, and

[76] See also Poole, Bellamy, and Berg.
[77] Contemporary reviewers complained of *Tenant*'s "morbid love for the coarse, not to say the brutal;" its "deplored scenes 'of the most disgusting and revolting species'"; its "unnecessary coarseness" and "splenetic and bitter tone." See *Tenant*, Introduction, ix.

Monika Lee Hope appreciate *Tenant* for its correct depiction of legal risks for wives escaping tyrannical husbands. Hope even calls Helen a heroic "mother outlaw" who defies society's strictures on her child's (and her own) body and education.

This recent critical praise rightly acknowledges *Tenant*'s value as an early feminist text that troubles social acceptance of domestic patriarchy. However, while the novel's sympathetic portrayal of Helen shows the difficulties of wifehood and motherhood, its medical plot, involving dangerous practical treatment, makes us rethink the prominence of the marriage plot. When critics focus on *Tenant*'s marriage plot, they typically see Helen's escape from Huntingdon as her climactic moment and see her second marriage, to Gilbert Markham, as regressive. Russell Poole is representative of critical disapproval of Helen's remarriage; emphasizing Gilbert's "intrusive" male gaze and sense of entitlement, Poole suggests Gilbert's observations of (and ultimate marriage to) Helen are "a more or less muted variant of rape" (860-61). This reading doubly subverts Helen's power: it suggests, first, that only in escaping a man is Helen victorious, and, second, that her remarriage places her back within the abusive patriarchy from which she escaped. But I evaluate the novel's medical plot to argue that Helen's ultimate success comes from both escaping Huntingdon *and* from practicing medical treatment on Arthur, and that her marriage to Gilbert signals not a fall back into oppression, but a choice to continue her medical practice. The medical plot helps us escape readings of *Tenant* that consider Huntingdon, and "vicious" (real) people like him, Brontë's only inspiration. Some critics assert Huntingdon portrays Anne's alcohol-addicted brother,

Branwell, but though biographical inspiration is possible, Brontë seems more interested in Huntingdon's medical *condition* than in his biographical representativeness.

I also argue that *Tenant* not only shows Brontë's awareness of social attitudes towards alcohol addiction, but also extends Helen's defiant feminism once readers better understand the implications of her tartar emetic treatment.[78] Like so many other common medical treatments, tartar emetic had dangerous side effects and some medical practitioners warned against its use in small children. Thomas John Graham's *Modern Domestic Medicine* (1827), the "medical Bible of Haworth Parsonage," warned against it (Thormählen 838).[79] But Helen, as "Mrs. Graham," risks Arthur's life to save him, preferring "he died to-morrow! – rather a thousand times!" than see him use and abuse alcohol (31). Helen only "vanquishes" what she sees as Arthur's moral and spiritual corruption by poisoning him with the tartar emetic. This practice is quite similar to Sir Thomas's in Austen's *Mansfield Park*, where his predicted cure for Fanny's "diseased" mind makes her physically weak. But where Sir Thomas metaphorically extends his patriarchal dominance through medical appropriation, Helen, another unofficial medical practitioner, defies domestic and medical patriarchies to claim control over her and Arthur's lives. Fighting the corruption of Arthur's moral and spiritual health and

[78] The Brontës' "social awareness" was extensive. Describing their juvenilia, Carol Bock argues their "plots are informed by detailed knowledge of actual military campaigns and scientific expeditions, while the gorgeous settings owe as much to contemporary descriptions published in newspapers and magazines as they do to either [their] imaginations or to the standard geography textbook which they owned. The tales demonstrate a familiarity with current parliamentary debates, as reported in the periodical press, and with reviews of contemporary theatrical productions, musical performances, and art exhibitions" (*Cambridge Companion* 34-35).

[79] Roy and Dorothy Porter also claim Patrick Bronte "swore by" Graham's manual (*Patient's Progress* 34).

precluding the biological "taint" of hereditary alcohol addiction, Helen is altogether progressive, cultivating an ideology separate from not only temperance and teetotal advocates of the early century but also scientists and medical practitioners of the middle and late century. Her dual fears about moral and spiritual health and biological inheritance, and her "heroic" treatment, characterize the confusion of mid-century medical discourse and practice. Helen's practice is not Brontë's pretense to medical realism and Brontë avoids judgment of Helen's *practical* treatment; instead, like Austen, Brontë harnesses medicine's public power to implement a literary treatment of medical practice. Writing Helen's role as a "mother outlaw," Brontë asks readers to reconsider what is the locus of a mid-century Englishwoman's power as a wife and mother and showcases how the mechanics of medical rhetoric extends one's power within and outside the novel.

Evolution of Alcohol Abuse

The majority of *Tenant*'s narrative is Helen's diary, dated from 1821 to 1827. It details Helen as a naïve young woman marrying a rake, Arthur Huntingdon, and describes Huntingdon's "corrupting" influence on their child, Arthur.[80] Helen marries Huntingdon despite knowing about his excessive drinking. She even disregards an inadvertently apt warning from her close friend, Milicent Hargrave; Milicent dismisses Helen's preference for the "flesh and blood" of a lover over his spirit, observing, "I'll be satisfied with flesh and blood too—only the spirit must shine through and predominate.

[80]I call Arthur Huntingdon Sr. "Huntingdon" and Arthur Huntingdon Jr. "Arthur."

But don't you think Mr. Huntingdon's face too red?" (170). Without knowing it, Milicent reveals the real fault of Helen's lover: Huntingdon's flesh and blood is indicative of his literal and figurative "spirit," which *does* "shine through" – his face is visibly "too red" because he drinks excessively. Though initially charming, Huntingdon becomes an alcohol-addicted adulterer who "delights" in corrupting Arthur and turning Arthur against Helen (311). Helen writes that if she scolds Arthur

> he knows his other parent will smile and take his part against me. Thus, not only have I the father's spirit in the son to contend against…and his corrupting intercourse and example in after life to counteract, but already *he* counteracts my arduous labour for the child's advantage, destroys my influence over his tender mind, and robs me of his very love;--I had no earthly hope out of this, and he seems to take a diabolical delight in tearing it away. (312)

As above, Huntingdon's "spirit" in Arthur here has doubled meaning; the first is figurative, referring to Huntingdon's "diabolical" destruction of Helen's influence with Arthur, and the second is literal, referring to alcoholic spirits. In fact, one of Huntingdon's and his friends' "staple amusements" is training Arthur to drink excessively and to hate Helen. Helen laments that Arthur "learnt to tipple wine like papa, to swear like Mr. Hattersley, and to have his own way like a man, and sent mamma to the devil when she tried to prevent him" (335). Huntingdon's "spirits" in Arthur scare Helen; she worries Arthur will become increasingly like his father, who is addicted and degenerate:

> [Huntingdon] knows such indulgence injures his health, and does him more harm than good…he may drink himself dead, but it is NOT my fault! Yet I do my part to save him still: I give him to understand that drinking makes his eyes dull, and his face red, and bloated; and that it tends to render him imbecile in body and mind. (309 original emphasis)

Today, medical communities consider alcoholism a psychological and physiological disease requiring diagnosis and treatment, and because of widespread use of the term "alcoholism" now, some scholars refer to Huntingdon's destructive "alcoholism" in *Tenant*.[81] He *is* physically and emotionally destructive and also addicted to alcohol, but calling Huntingdon an alcoholic is imprecise. The term alcoholism, coined by Swedish physician Magnus Huss in 1849, was not widely used in medical communities until the 1850s, and was not used in England to describe alcohol addiction as a disease until the 1860s, more than a decade after *Tenant*'s publication (Porter, *Greatest Benefit* 452). Though Thomas Trotter's 1804 *Essay on Drunkenness* was "among the earliest [texts] to describe habitual drunkenness as a disease," Brian Harrison argues Trotter could not describe the condition without moral overtones, and only in the 1860s and 1870s was alcoholism considered "more a disease than a crime" (21).

The English "alcoholic" evolved from the "drunkard," a person habitually in a drunken state (22). Before mid-century, people viewed the Victorian drunkard as "a weak and selfish man," but not a medical problem (Porter *Greatest Benefit* 704); he was "viciously depraved, morally bereft, or badly socialized," but not diseased (Hyman 452).

[81] See Hope, Torgerson, Pellerito.

As Gwen Hyman succinctly puts it, "Everyone drank" (452). Even children drank, given "weakened 'table' beer" and undergoing public "rearings" where their fathers got them drunk (452; Harrison 39). Alcohol allowed workers "to cast off the misery of their lives for a few hours" (Schivelbusch 149). It was "the thirst quencher, the reliever of physical and psychological strain, the symbol of human interdependence," and the predominant economic and medical prescription for a "cure for cares" (Harrison 44). Moreover, water was sanitarily suspect and alcohol was cheaper than tea and coffee, making it popular with the lower classes (37).[82] Additionally, as I have noted previously, alcohol was a key ingredient in many nineteenth-century medicines, since some practitioners considered alcohol "restorative" rather than injurious (Pruitt 99). Even in the 1860s, physician Samuel Wilks wrote, "All persons who are ill are weak; they have lost strength; they require it to be restored; alcohol is a supporter and a tonic, therefore, alcohol is a remedy for all diseases" (99). Not only was alcohol the predominant painkiller before anesthesia was discovered, but many "medicines" were just stiff alcoholic drinks mixed with laxatives or purgatives.

Excessively indulging in alcohol was common early in the nineteenth century, but attitudes towards alcohol shifted somewhat in the 1820s and 1830s. Industrialization had

[82] Gin, in particular, gained popularity in the 1830s because it had no import duties, and materials for brewing or distilling it were easily accessible. Gin had been widespread in the eighteenth century (see Hogarth's "Gin Lane," perhaps the most popular engraving of gin-driven debauchery). It had been encouraged in the seventeenth century by William of Orange (King William III), who formally popularized the distillation of spirits in England. Gin became more popular than beer or wine, and sometimes was given in lieu of wages for industrialized workers. In 1730, there were thousands of stores in England that sold only spirits and the 1736 Gin Act, which exponentially increased the price of gin, excited the famous Gin Riots. The Act was largely unsuccessful, and was repealed in 1742. See also Shivelbusch 149.

increased drinking, but this increase led to "costly and dangerous mistakes" in production so management took action to "combat such behavior" (Hyman 453). Gwen Hyman notes "where once drink had been a tool used to pacify and manage workers (in the pay packet, at the company-owned pub), now it was an evil to be eradicated, a foe of orderly productive life" (453). Though Hyman here refers to working-class drinkers, middle- and upper-class attitudes towards excessive alcohol consumption also underwent a "social revisioning" (451). For example, the Temperance and Teetotal movements, which gained strength in the 1830s, were less autonomous and, as Lilian Lewis Shiman argues, "only one part of a larger movement to reform the manners and culture of English society" (9). The London Temperance Society was formed in 1831, later changing its name to the British and Foreign Temperance Society. It got a slow start; though a few independently wealthy reformers funded it, lack of public funds deterred growth for a few years. Early temperance reformers – most from the middle class – generally had religious backgrounds and aimed to expose the evils of *excessive* alcohol consumption; they "did not regard alcoholic drink itself as evil or its consumption as wrong" (9). They valued moderation and sometimes drank alcohol themselves since the medical profession still endorsed the practice. Because reformers believed free trade in beer would decrease beer's allure, and hence, drunkenness, they touted their Beer Act of 1830, which removed all limits on beer houses. But the Beer Act succeeded "only in showing that beer could intoxicate almost as easily as gin"; it actually increased intemperance and by the end of the decade "the moderation movement was dying" (16; 15). Shiman suggests temperance reformers faced questions like "When does moderate drinking become excessive

drinking? When does a socially acceptable activity change into a socially repugnant evil?" and reformers could not answer.

Teetotalers, who *completely* abstained from alcohol, capitalized on reformers' confusion. Teetotalism began among the working class and distanced itself from the religious fervor and socio-economic podiums of the temperance movement. More "aggressive" than temperance reformers, teetotalers found unity in large, loud gatherings where ex-drunkards shared conversion stories. But membership in a teetotal organization required abstention pledges, and teetotalers disagreed about the degree of these pledges. "Short" pledges ("simple pledges of personal abstinence") contrasted with "long" pledges, which required personal abstinence as well as a vow to not serve alcohol. More stringent long pledges also banned giving and receiving sacramental wine and medically prescribed alcohol (22). Pledges proved too unpopular and "extreme" to three types of people: those who enjoyed moderate recreational drinking; those who, like George Cruikshank, believed the teetotal pledge was blasphemous (Cruikshank asserted he was "'pledged to the Almighty on the faith and honour of a gentleman"); and those who valued alcohol for medical reasons (20). In this third category, the medical profession's "dependence on alcoholic beverages for many of its cures led to claims that ale was "nourishing" (34-35). Moreover, though some practitioners in the 1820s and 1830s discouraged the use of alcohol, many "preferred to stick to the old customs" of prescribing it anyway (36). After all, doctors found it hard to deny patients the alcoholic prescriptions patients wanted, since patients often considered doctors "as servants rather than consultants" (Harrison 306).

Even at the height of teetotal fervor, teetotalers found it difficult to repudiate medical claims for using alcohol because "no one actually knew what its effect was on the human body" (36). But some people presciently considered alcohol addiction dangerous, partly because they believed addiction was hereditary. Many believed in biological evolution via Lamarckian inheritance (or Lamarckism), the idea that use and disuse of physical attributes result in inherited attributes in the next generation. Lamarckism partly differed from Darwinian evolution by natural selection due to the former's emphasis on *immediacy*; inheritance was immediately visible in the subsequent generation. Though some thought Lamarckism a "textbook example for shoddy thinking" (Hayden 47), Lamarckism found support late into the nineteenth century. Allen MacDuffie argues late-Victorian believers found Lamarck's theory of inheritance "less threatening" than competing explanations of evolution such as Darwin's because Lamarckism encouraged individual initiative: "Whereas under natural selection an organism was simply a vector of genetic transmission …Lamarckian evolution did not abandon the individual to the fitness of its inborn biology…it allowed for the active efforts of an organism to shape itself" (20-21). It was easy for people to apply Lamarck's philosophy of physical inheritance to a condition like alcoholism because the belief in Lamarckism and the "social overtones" of alcoholism combined to "confus[e] psychological problems, economic status, moral quality, and epidemiological factors" (Pruitt 95).[83] Even in 1867, one *London Review* writer commented that

[83] Joan Tumblety suggests the neo-Lamarckian physical culturists were predominantly behind the idea that alcoholism was hereditary: "physical culturists often stated or implied that both syphilis and alcoholism were hereditary traits. Thus Dr Jean Frumusan

> Besides the intemperance which is inherited, and that which, according to Dr. Winslow, may be cured by Tartar emetic or a Turkish bath, there is another and far more common form of the vice, which is simply a vice, and which springs as all vice does from appetite, cowardice, and want of self-control. We need not always go back a generation to find the beginning of a sot. Nor do we think that drunkenness exists in the form of a disease to nearly the extent which it exists as a vice. ("Sanitoria for Drunkards")

The writer asserts the *moral* nature of intemperance and disputes the idea that "drunkenness exists in the form of a disease to nearly the extent which it exists as a vice." To battle intemperance in current and future generations, it seems a person should suppress his "appetite," fight "cowardice," and exercise "self-control." Amy Pruitt argues "remarkable growth of physiological psychology…and the confidence that physical laws could be applied to mental phenomena" led to mid-century assumptions about heredity and alcohol addiction (95). These assumptions, Adrian Desmond suggests, mirrored political and medical upheaval in the 1830s and 1840s. He argues the "rotten-borough intriguings of the medical elite" inspired the press to "caustically" comment on the Royal College of Physicians' and the Royal College of Surgeons' political corruption. Reformers demanded change; they advocated "democratic restructuring…The purged and reformed colleges were to be built on democracy, equality, and merit rather than wealth, rank, and religion" (11-12). Demanded political reforms were fundamentally similar to

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understood that alcoholism and tuberculosis – all symptoms of an unhealthy environment in his view – could be passed on genetically, so that the 'sons' of these ill parents carried 'their heavy inheritance on puny shoulders'" (47).

biological Lamarckism's emphasis on individual effort. Each rebuffed religious and/or social elitism that preached a pre-determined destiny and each offered reward for individual effort in this life and in future generations.

But Lamarckian hope for ultimate, evolved perfection also provided room for biological degeneration. Until late in the nineteenth century, scientists and medical practitioners thought alcoholism was hereditary *and* degenerative. Hereditary degeneration had previously been yoked primarily to cases of insanity due to the work of French psychiatrists Benedict Augustin Morel and Valentin Magnan. Morel's *Traité des dégénérescences physiques, intellectuelles et morales de l'espèce humaine* (1857) traced degeneration through several generations of an asylum family with various disabilities, moving from neurasthenia in the first generation to "utter" idiocy in the last (Porter, *Greatest Benefit* 510). Roy Porter suggests practitioner "pessimism" developed from treating such "long-stay" (i.e. not cured) cases of degenerative insanity. Pessimism then "bred a new hereditarianism…Produced by both organic and social factors, hereditary degeneration was seen by [degenerationists] as cumulative over the generations, descending into imbecility and finally sterility" (510). Alcoholism, according to Porter, became the perfect "model" for degeneration theories (510).

In *Tenant*, Helen's fears for Arthur extend to his moral and physical health, and hereditary degeneration threatens both. When she treats Arthur's addiction, Helen "remember[s] my unfortunate father as well as his" (354). Her father came from a generation of sots like Millward, and Mr. Lawrence defends Helen's treatment of Arthur by acknowledging the threat of hereditary addiction: 'But don't you think, Mr.

Millward…that when a child may be naturally prone to intemperance – by the fault of its parents or ancestors, for instance –some precautions are advisable?'" (38). Upon first reading *Tenant*, we may think Lawrence's question innocuous, though Gilbert Markham tells readers in an aside, "it was generally believed that Mr. Lawrence's father had shortened his days by intemperance" (38). But Lawrence is actually Helen's brother and Arthur's uncle, though readers only learn later that he knows of Helen's situation for the entire novel and that he helped Helen escape Huntingdon. Like Arthur, Lawrence is the son of an intemperate man and is likewise threatened by hereditary addiction. His defense of Helen acknowledges the threat, especially when children are curious about forbidden alcohol. Though Lawrence says he does not "pretend to be" a judge of intemperance or abstinence, his family history means he *is* one (39). He posits that natural curiosity could corrupt a child, but though he is the son of an intemperate man himself, Lawrence seems to have navigated such "curiosity" since he drinks only moderately. However, his defense of Helen's actions and his weighing of temperance and abstinence illustrate Brontë's awareness of debates in the 1830s about hereditary alcohol addiction.

Domestic Medicine

Anne Brontë and her sisters witnessed firsthand the effects of alcohol addiction in their brother, Patrick Branwell Brontë.[84] Branwell frequently over-indulged in alcohol, though Juliet Barker suggests he did not habitually drink until his infamous affair with Mrs. Lydia Robinson ended and Robinson died (469). Barker finds it unremarkable that

[84] I call Patrick Branwell Brontë "Branwell," to distinguish him from Patrick Brontë, his father.

Branwell's juvenilia "is full of references to drunkenness," and claims that it "defies the imagination to believe" he could have drank heavily at a young age (165). She also argues that before Robinson died, Branwell had "over-indulged" on occasion but that his early excesses "did not impinge" on his life or on the lives of others (305-6). It's somewhat odd that Barker suggests the concept of a small child being addicted to alcohol "defies" imagination since *Tenant*'s "little toper," Arthur, is addicted at five (*Tenant* 355). I am not claiming Branwell was addicted to alcohol as a child; as Barker rightly notes, "it is always dangerous to argue autobiographical facts from fiction" (230-31). Branwell likely ingested no more alcohol than an average child, though probably much more than today's average child. But Barker's insistence on the impossibility of childhood addiction is misplaced and troubles her claim that Branwell's behavior did not affect others. After all, she also claims Branwell was the "model" for Huntingdon (530). Branwell's attempts to "drown" his sorrows after Robinson's death no doubt reflect a more mature addiction, but his behavior unquestionably affected his sisters (469). Charlotte most poignantly criticized her brother, writing that Branwell "'neither can nor will do anything for himself – good situations have been offered more than once – for which by a fortnight's work he might have qualified himself – but he will do nothing – except drink, and make us all wretched" (496). As Branwell drained alcohol at Haworth and Halifax inns he became a "drain on every resource," and his "irresponsible alcoholism" worsened so much that he had to sleep in his father's room (512; 544).

Branwell's condition is similar to the evolution of Huntingdon's addiction in *Tenant*; both men are intemperate and eventually become excessively ill and die. *Tenant* is clear on Huntingdon's "defiant" addiction killing him:

> [he] seized a glass in one hand and the bottle in the other, and never rested till he had drunk it dry. Alarming symptoms were the immediate result of this 'imprudence' as she mildly termed it…Every former feature of his malady had returned with augmented virulence: the slight external wound, half-healed, had broken out afresh; internal inflammation had taken place, which might terminate fatally if not soon removed. (424)

The inflammation is not "soon removed." Marianne Thormählen argues that Huntingdon's death is "a textbook case" of alcohol addiction by Thomas John Graham's standards (838). But while critics agree that Huntingdon dies from his addiction, they disagree about whether Branwell's demise was the result of his ongoing indulgence or lurking tuberculosis or a combination of the two. Importantly, for Huntingdon *and* Branwell, alcohol's poisoning effects absolve their *caretakers* of guilt; the men's deaths occur from bodily rather than caretaker failure.[85] Helen stoically returns to nurse Huntingdon and encourage his repentance, and while the Brontë sisters were frustrated at Branwell's perceived weakness they nursed him during his years of intemperance and illness.

Social recognition of alcohol's dangerous influence came only gradually to England. Even in the 1840s and 1850s people drank copiously on social occasions despite

[85] For more on the Brontës and caretaking, see Gabbard.

some mid-century medical circles that argued alcohol had "no proper place" in the living body ("Alcohol" 102). One *Scottish Review* writer commented in 1858 that alcohol

> is obviously felt by the organism to be altogether an intruder, for, whenever it finds its way in, the body, more careful of itself than is the soul which animates and ought to watch over it, tries to get rid of its unwelcome guest as quickly as possible. Now this is the unmistakable sign of *a poison.* (102)

Addiction was evolving in England from a moral vice to a biological problem; just ten years after *Tenant*'s publication, alcohol is above described as "an intruder" the body must fight off. In the same article the writer refers to alcohol's "dominion" as "at once an element of strength and of weakness; for whilst it keeps its subjects under a rule so potent…its line of frontier is so extended, as to offer almost unlimited opportunities of attack from without; and of these, a skillful tactician is not slow to avail himself" ("Alcohol" 99). Alcohol, keeping people "under a rule so potent," is an oppressive dictator at war with the motherland – the body. The writer ends optimistically, suggesting England – the "skillful tactician" – is winning (or trying to win) battles against widespread intemperance. [86]

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[86] Not until mid-century did scientists prove alcohol's detrimental effects, and importantly these scientists were not from Great Britain. Harrison suggests that temperance and prohibitionist movements in England had "so advertised the *moral* dimensions of the problem that its scientific aspects could only be effectively studied on the continent," and thus Magnus Huss "made the greatest contribution to the nineteenth-century's understanding of alcoholism" (371 original emphasis). Huss' book, *Alcoholismus Chronicus* (1849), labeled alcoholism a relapsing condition. It preceded the influential *Du role de l'Alcool* (The Role of Alcohol) (1860), the work of French medical professors Ludger Lallemand and Maurice Perrin, and chemist J.L.P. Duroy. In *Du role*, Lallemand, Perrin, and Duroy disproved the idea that alcohol was nourishing. Though it took Great Britain longer than other countries to recognize alcoholism's dangers,

However, the "unlimited opportunities of attack from without" that the *Scottish Review* writer alludes to were rather more limited than he implies; medical practitioners had no easy solution for curing alcohol addiction. In fact, medical ignorance and inadequacy meant the number of conditions practitioners could not relieve was greater than that of which they could (Porter, *Cambridge* 117). Treatments for alcohol addiction were similar to those used for constipation, fevers, and other internal conditions (116). Practitioners first opted for "conservative" treatments like rest, and if unsuccessful tried "heroic" treatments like emetics or "violent purges," each of which was used late into the century (Porter, *Greatest Benefit* 674). Limited medical knowledge did little to inspire trust in medical practitioners. Even the Brontës expressed distrust, Emily dismissing all practitioners as "poisoning doctors" (Barker 691). Charlotte suffered mercury poisoning from the "blue pills" so popularly recommended by practitioners and suggested her apothecary, Mr. Ruddock, was antiquated and ineffective by comparing him to a "leech" (694).[87] She also disagreed with Mr. Teale, a specialist who allowed Anne to travel in

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practitioners publicized those dangers extensively later in the century. Harrison notes contributions to temperance advocacy by Drs. William Beaumont, John Fothergill, and Henry Mudge (307). Dr. Mingaye Syder lectured on alcohol's "unnaturalness" in the 1840s ("Ipswich Series" 3), and the *Journal of Health* advertised essays on alcohol and "other sources of disease" ("Advertisement"). Also, while Samuel Wilks acknowledged alcohol as a useful sedative for serious injury, he thought it "over-prescribed" and "deleterious to health" (132-33). Robert Farquharson claimed excessive drinking "fills our prisons and lunatic asylums and hospitals and work-houses, and sweeps down body and mind into one dark abyss of ruin" (788). Such fierce, albeit delayed, disparagement meant late-century prescriptions for alcohol rarely went unchallenged and were often considered criminally irresponsible (Harrison 307).

[87] Barker describes a time Charlotte resisted Ruddock's interference: "Charlotte did not get better. She had hoped to slip home from Brookroyd without informing the Haworth doctor, but someone had seen her arrive at Keighly station and told Mr. Ruddock who promptly 'came blustering in' and 'was actually cross' that she had not written to him

1849 when Anne was severely weakened by consumption. It did not help that almost as many quack practitioners as legitimate ones advertised their services. While Parliament's Medical Act, which regularized medical education and practice, made it harder for charlatans to practice on unsuspecting patients, the act did not pass until 1858.[88]

General distrust of practitioners popularized at-home care manuals like Graham's *Modern Domestic Medicine*, all of which offered advice on common and rare illnesses and often listed an "ostentatious" number of substances with which a middle class family could stock its medicine cabinet (Pamboukian 80).[89] *Modern Domestic Medicine* includes 119 "medical" solutions, some made with more innocent ingredients like water and salt and some with more questionable ones like turpentine and "sugar of lead" (64-65). Though he acknowledged wine as a "cordial," Graham also noted

> when taken in excess, it intoxicates, producing sickness, head-ache, giddiness, and looseness, with nervous tremors, which continue for two or three days; and, like ardent spirits, its habitual excessive use, extinguishes the faculties of both body and mind, producing indigestion, emaciation and debility, inflammation of the lungs and liver, palsy, gout, dropsy, and a long train of disease and wretchedness. (74-75)

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immediately. He tried to insist on her resuming a course of quinine tonics which she was convinced disagreed with her and then, just as suddenly, contradicted himself and prescribed something else. It was no wonder that Charlotte wrote despairingly to Ellen [Nussey], 'I wish I knew better what to think of this man's skill. He seems to stick like a leech: I thought I should have done with him when I came home'" (694).

[88] The Act also established the General Medical Council, which was responsible for overseeing medical practice in the UK as well as publishing an annual register of "legitimate" practitioners and their qualifications. The council had the punitive authority to remove a misbehaving practitioner from the register.

[89] For a list of conditions for which Graham prescribes treatment, see Appendix II.

Graham says the effect of intoxication is "similar to that of incipient apoplexy, or palsy" (160), and that when a person is overly intoxicated, "there is excessive, acute, and constant pain; great anxiety; often delirium, followed by a cessation of every inflammatory symptom" (422). In cases like Huntingdon's in *Tenant*, Thormählen argues that "the outcome would be likely to be fatal" (838). Of course, Huntingdon is an extreme and fictional case. For real cases, Graham recommended a mildly intoxicated person be "carried without delay into a room of moderate temperature, and placed in bed between the blankets, with his head raised, particular care being taken that his neck is in no way twisted, or has any thing tight about." Additionally, he recommends "a gentle emetic of impecacuan[ha] powder" for treating the condition (159-160). Impecacuanha powder was in most medicine chests because it was in "Dover's Powders," a vomit-inducing medicine made popular because people believed the best route to health was through expelling toxins.[90] After all, "nothing tends to restore an inebriated person so soon as the removal of the liquor from the stomach" ("Drunkenness" 267).

In *Tenant*, Helen skips impecacuanha in treating Arthur; she uses tartar emetic, a common and more dangerous "medicine" of the eighteenth and nineteenth centuries. Critics have said little about Helen's choice of this treatment for Arthur other than to comment on its effectiveness, but the scientific properties of tartar emetic and the

[90] In "Ipecacuanha: The South American Vomiting Root," M.R. Lee writes the history of medical ipecacuanha. Derived from the Cephaelis plant, ipecacuanha was discovered in Brazil in the 1600s and transported to France. In the eighteenth century, Thomas Dover put it in his "Dover's Powders," which combined ipecacuanha with opium to treat fevers and agues. Lee notes "progress was then delayed until the early 1800s when the School of Chemistry at Paris established that the dried root of ipecac contained two powerful alkaloids, emetine and cephaeline, that consistently caused vomiting and diarrhea."

dangerous effects it might have, especially for children, illuminate a reading of *Tenant*'s medical plot. Graham described tartar emetic as "generally considered to be the most important of the antimonial preparations"; it is "emetic, diaphoretic, expectorant, alterative, rubefacient, and sometimes purgative, generally excit[ing] full vomiting, and […] liable to be more harsh in its operation than the milder emetics, such as ipecacuan, &c. …the most manageable preparation for [tartar-emetic] is antimonial wine" (25). Despite having tremendous effects tartar emetic could be discreetly advertised. For example, Graham notes Norris's Drops, a popular medicine, was simply "a solution of emetic tartar in spirit of wine, and disguised by the addition of some vegetable colouring matter" (27). Tartar emetic was primarily recommended for treating fevers but Graham also recommends its use for treating conditions as varied as dysentery and rheumatism. He does not recommend its use for treating intoxication, and warns that "it should never be given to infants, nor to very young children, unless under the direction of a medical man" (94). Some medical practitioners differed from Graham, recommending tartar emetic for treating alcohol addiction. *The Edinburgh Monthly Review* published tracts on tartar emetic as treatment for alcohol addiction ("Directions"), and an 1848 *London Journal* review entitled "Drunkenness" noted tartar emetic is "the cure of habitual drunkenness" because "possessing no positive taste itself, it communicates a disgusting quality to those fluids in which it is dissolved…Nothing, therefore, seems better calculated to form our indication of breaking up the association in the patient's feelings, between his disease and the relief to be obtained from stimulating liquors" (267). Because

as many practitioners endorsed as challenged the use of tartar emetic, its medical recommendation and application continued well into the nineteenth century.[91]

Helen's "Heroic" Treatments

Despite misinformation about tartrates' medicinal properties, much of the nineteenth-century public believed tartar emetic was the "most important" and strongest of antimonial preparations. In *Tenant,* Helen is sure it will excite the desired effect in Arthur. He is not a moderate drinker, and this perhaps explains why Helen skips the impecacuanha emetics recommended for milder cases. Just before Helen escapes Huntingdon with Arthur she details the treatment that finally "effected" Arthur's hatred of alcohol, which, for its detail, is worth quoting at length:

[91] Interestingly, tartrates – the "medicine" added to drinks to induce vomiting – were not themselves poisonous. In fact, tartrates' properties make doubly ironic the insistence that tartar emetic treated alcohol addiction. First, tartrates *originate* in bottled wine. Scientifically called potassium bitartrates ($KC_4H_5O_6$), tartrates are tiny crystals that form in bottled wine from the combination of potassium and tartaric acid. They are the same tartrates as those in "cream of tartar" used in cooking. Called "wine diamonds" in the industry, tartrates form in any aged bottled wine but form quickly if wine is cold (below 40^0F). They form on the underside of corks if the bottle is laid on its side and fall to the bottom of a bottle if the bottle stands vertical. Tartrates can be isolated from wine through a mechanized process called cold stabilization or can be cultivated by scraping them off the inside of corks. Cold stabilization also removes flavor and aroma from wine so today visible tartrates indicate higher quality wine because no processing has occurred. Tartrate removal is purely aesthetic, a fact that leads to the second irony of adding tartrates to wine: there is no medical effect from their ingestion. Tartrates are tasteless, odorless, and harmless in wine or on their own. Tartar emetic was toxic because of tartrates' nineteenth-century mixture with antimony, a brittle metal (Sb). In 1707, French chemist Nicolas Lémery discovered antimony could be cooled and compounded with lead, so dishes like cups were often formed from this combination. Wine was commonly stored in cups made from antimony, and though people added tartrates to wine to cure alcohol addiction, swallowing antimonial wine alone would excite the same medical effect; it is much like swallowing arsenic. For more on antimony see Bentley and Chasteen.

> I had much trouble at first in breaking [Arthur] of those evil habits his father had taught him to acquire, but already that difficulty is nearly vanquished now: bad language seldom defiles his mouth, and I have succeeded in giving him an absolute disgust for all intoxicating liquors, which I hope not even his father or his father's friends will be able to overcome. He was inordinately fond of them for so young a creature, and, remembering my unfortunate father as well as his, I dreaded the consequences of such a taste…I therefore gave him quite as much as his father was accustomed to allow him – as much indeed, as he desired to have, but into every glass I surreptitiously introduced a small quantity of tartar-emetic—just enough to produce inevitable nausea and depression without positive sickness. Finding such disagreeable consequences invariably to result from this indulgence, he soon grew weary of it, but the more he shrank from the daily treat the more I pressed it upon him, till his reluctance was strengthened to perfect abhorrence. (354-55)[92]

Helen's description of her treatment continues; in routinely administering the tartar emetic, she strategically battles what she views as Arthur's moral and spiritual sickness. She casts herself as a warrior in a crusade, "vanquish[ing]" Arthur's "evil habits." Though Arthur's habits had previously "defile[d]" him, Helen ultimately "deliver[s]" him from the wickedness instilled by Huntingdon. She relates her battle with that oppressive dictator, alcohol; her treatment of Arthur shows her doubled determination to save him

[92] Helen's practice on Arthur recalls homeopathic medical practice, which involved employing small amounts of the poison to cure its prevailing symptoms, like today's flu shot. Homeopathy emblematizes the interpretive problems Jacque Derrida outlines in *Dissemination* (1983), which I discuss in the Introduction.

from alcohol's "dominion" ("Alcohol" 99) and Helen emphasizes her own action in this battle: "I had much trouble"; "I have succeeded"; "I surreptitiously introduced"; "I pressed it upon him"; "I allowed him"; "I was/am determined"; "I have obliged the poor child"; "I shall secure him"; "I will yet deliver." Where Helen triumphantly "effects" Arthur's disgust for the taste, smell, and even sight of alcohol, Arthur himself is passive and weak; his only explicit strength during Helen's treatment is his reluctance to drink alcohol, and even this strength is described passively ("his reluctance was strengthened"). His weakness is not surprising since one of the most common side effects from small doses of tartar emetic was "extreme dejection and great feebleness" ("Directions"). Helen presses her advantage, compelling Arthur's good behavior by using liquors as "objects of terror" and "threats." For example, she notes that saying "'Arthur, if you're not a good boy I shall give you a glass of wine,' or 'Now Arthur, if you say that again you shall have some brandy and water,' is as good as any other threat." She also uses Arthur's unprompted sicknesses to give him alcohol without tartar emetic, so he will associate alcohol with all sickness. Ultimately Helen succeeds in breaking Arthur's addiction. Her victory is one she "hope[s] not even his father or his father's friends will be able to overcome," but should they try, Helen claims she is prepared to further "deliver" Arthur from Huntingdon's "wicked" influence.

Helen is actually concerned with protecting more than Arthur's moral and spiritual health; she also wants to guard him from the looming threat of hereditary alcohol addiction. As she tells us, her medical treatment of Arthur stems from "remembering my unfortunate father as well as his" and "dread[ing] the consequences" of Arthur's

addiction. She takes advantage of Huntingdon's absences to break the "little toper" of his habits, which he learned from Huntingdon's poisonous influence. She earlier suggests Huntingdon's influence extended to Arthur's mental capacity: "I exerted all my powers to eradicate the weeds that had been fostered in his infant mind, and sow again the good seed [Huntingdon and his friends] had rendered unproductive. Thank Heaven, it is not a barren or stony soil; if weeds spring fast there, so do better plants" (354). Elizabeth Pellerito suggests Helen's maternal influence modifies Erasmus Darwin's plant metaphor from his *Botanic Garden* (1791) and *The Temple of Nature* (1803posth). Pellerito argues Helen "revises earlier notions of heredity and motherhood" because she wants to "prevent her son from activating his genetic taint" (1). Helen certainly fears Huntingdon's "weedy" invasion, but her assertion that "better plants" can also grow in Arthur's mind shows she believes that she can make a biological intervention. In fact, Pellerito argues that Helen's intervention is Arthur's only hope of escaping alcoholism, which Darwin called a "male disease" (1). She argues that because Darwin aligns alcohol addiction with "the 'unhealthy' father-son (male-male) line of pure descent," the only way to prevent alcoholism is to introduce a female who has the "nurturing presence that prevents the disease and others like it from taking control" (14-15). Helen's "nurturing presence," which she describes with cultivation metaphors, shows her intervening in a "male-male line of pure descent." Even in the argument when Helen first explains her choice to make Arthur hate alcohol, which we saw part of in this chapter's opening, Helen invokes cultivation to challenge the notion that Arthur be brought up differently than a girl (specifically challenging the idea that he be brought up frequently exposed to alcohol):

> [Gilbert] –if you were to rear an oak sapling in a hothouse, tending it carefully night and day, and shielding it from every breath of wind, you could not expect it to become a hardy tree, like that which has grown up on the mountain-side…
>
> [Helen] Granted; --but would you use the same argument with regard to a girl?
>
> [Gilbert] Certainly not.
>
> [Helen] No; you would have her to be tenderly and delicately nurtured, like a hot-house plant—taught to cling to others for direction and support, and guarded, as much as possible, from the very knowledge of evil. (30)

For Gilbert, "rearing" a boy should involve exposing him to alcohol to make him "hardy" since tending to him too carefully will make him weak. However, though Helen adopts Gilbert's metaphor she alters the nature of what it means to "nurture," changing cultivation from formative to preventative rearing. Helen has seen the influence of Huntingdon's cultivation of "weeds" in Arthur and believes that careful tending to her son will prevent a metaphorical bad harvest. She believes her "eradicat[ion]" of the "weeds" of Arthur's alcohol addiction will stop his mind from degenerating into a "barren or stony soil" (354). This is important because such a soil is akin to barren "idiocy," which was the most commonly feared hereditary trait of alcohol addiction in the nineteenth century (Porter, *Greatest Benefit* 510).[93] Recalling Helen's observations of Huntingdon when he is drunk, she says his drinking "render[s] him imbecile in body and mind," and because each successive generation's mental capacity was believed to worsen in cases of hereditary alcohol addiction, Arthur's capacity would degenerate from

[93] Eugenicist ideology linked idiocy to infertility. For more on eugenics, see the *Oxford Handbook of the History of Eugenics*.

imbecility in Huntingdon to idiocy in Arthur. The cultivation metaphor will become crucial for the conclusion of *Tenant*, which reveals that Helen gleans her methods of nurturing cultivation from her aunt, Mrs. Maxwell, whose warnings about Huntingdon Helen failed to heed. Mrs. Maxwell, it will turn out, has a figuratively "cordial" influence in *Tenant*, and this influence will become essential for understanding Helen's approach to her second marriage, to Gilbert.

In treating Arthur, Helen is concerned with both the corruption of his moral and spiritual health and also the biological "taint" of hereditary alcohol addiction. Her dual concerns distance her from temperance and teetotal advocates of the early nineteenth century as well as scientists and medical practitioners of the middle and late century. Since she practices neither medicinal use of alcohol nor total abstinence, she is neither a temperance reformer nor a teetotaler. After all, she admits she does not "think [alcohol] of any real service in a physical sense," which distinguishes her from temperance reformers, and she continues to give Arthur alcohol when he is sick "for some time to come," so she is also not a teetotaler. Helen's "practice" rejects a single ideology or medical philosophy. Her fears about moral/spiritual health and biological inheritance and her risky "heroic" treatment combine to reflect the confusion of mid-century medical discourse and practice. Though fairly dependent on medical practitioners people were also suspicious of them, which may be one reason Helen takes Arthur's treatment upon herself and one reason she experiments with small doses of tartar emetic. Rather than take Arthur to an apothecary or physician, which she could have easily done in Huntingdon's absence, Helen subverts first the domestic patriarchy by defying her

tyrannical husband, and second the medical patriarchy by administering dangerous treatment herself. She even adopts medical rhetoric to describe her practice, testing her patient by "introduc[ing] a small quantity of tartar-emetic – just enough to produce inevitable nausea and depression." She then "allows" her patient, "at his own request," to try other cordials like brandy and gin mixed with water. As practitioners were constrained by their patients' whims, Helen takes care to let Arthur believe he will find a satisfying mixture himself. Of course he fails because he is unknowingly consuming antimony-based drinks that have "invariable" consequences. Even when Arthur no longer wants alcohol Helen gives him "wine and water *without* the tartar-emetic, by way of medicine," to "enlist all the powers of association in my service." One important "association" to note is Helen's pseudonym at Wildfell Hall. As she continues her "practice" on Arthur, she introduces herself as "Mrs. Graham," perhaps alluding to Thomas John Graham. This would not be the only time Graham appears in the Brontës' writing; Charlotte Brontë's *Villette* features a John Graham Bretton, notably a medical man. If Helen's assumed surname in *Tenant* alludes to Graham, then Helen stands a subversive female medical figure that defies both her husband's tyranny and also patriarchal medicine. Through Helen, Brontë shows that medical experimentation did not necessarily undermine a practitioner's power, and she imbues Helen with the rhetoric Helen needs to claim autonomy commonly reserved for family and medical men.

Importantly, though, Brontë does not ask readers to overlook Helen's actions; Helen remains a mother who poisons her son, curing Arthur of alcohol addiction but making him sick from antimony. Her failure in this respect actually supports the Graham

connection. Graham's *Modern Domestic Medicine* offered dangerous advice, and *Villette*'s John Graham Bretton's medical success is also questionable at best. Sylvia A. Pamboukian argues that Bretton symbolizes the "slippery nature of boundaries" between orthodox and quack medicine and that Lucy Snow's endorsement of him does little but reflect her own "rhetorical *legerdemain* to maintain John as a touchstone of authenticity" (75-76).[94] Figures of medical authority in all the Brontës' works have either questionable motives or practices, so Helen's dubious authority in *Tenant* is historically sound. Also like many medical authorities that practiced dangerous treatments, and similar to Mr. Harris in *Sense and Sensibility* and Sir Thomas Bertram in *Mansfield Park*, Helen is lucky her practice does not kill Arthur. She risks much in "pressing" him because the side effects of tartar emetic poisoning could be much worse than the weakness and dejection Arthur experiences. The risk is in more than the emetic; it also comes from treating emetic overdose. Jane Carlyle wrote in 1846 that she "lay with a Dr attending me daily – and dozing me with tartar-emetic and opium till I had hardly my sense left" ("JWC"). Carlyle's submission to tartar emetic *and* opium was common; Graham wrote that if the "severe vomiting" and stomach cramps that come with overdosing on tartar emetic continue, then opium or laudanum should be administered; if this was not effective, "twelve or fifteen leeches should be applied to the abdomen, and to the throat also" (Graham 169). Appendix I details a violent case of tartar emetic overdose, though it is unclear whether the patient suffers more from the overdose or from the treatments administered to address the overdose which include laudanum injections, spine and

[94] For more on *Villette* and modern medicine, see Shuttleworth, Vrettos.

abdomen sinapisms, brandy toddy, blistering plaster, coffee, leeches, morphia, calomel, friction, turpentine, hot feet applications, mucilaginous drinks, quinine, olive oil diuretic, and broth. And ultimately, after the physician in this case has treated his patient in these ways, he disturbingly admits he still "administered freely the tartar emetic" to other patients (Gleaves).

Side effects of tartar emetic were aggravated in children and numerous practitioners warned against its use on them because of "very serious injury aris[ing] from a large quantity of the medicine being retained in the stomach" (Bradley, T., et. al., *London*). Alfred Swaine Taylor wrote when tartar emetic is "given in small doses at intervals the effects are those of chronic poisoning. Common medicinal doses often produce violent vomiting and great depression." In the same tract he recorded multiple accounts of child deaths resulting from tartar emetic ("On Poisons"). Though tartar emetic was known to be dangerous, it was among "heroic" treatments used by exhausted mothers and wet nurses. Wet nurses more frequently administered medicine to a sick child and a notable amount of work exists on tensions between mothers and wet nurses in childrearing (Rosenman and Klaver). Negative representations of wet nurses show them dosing screaming infants with laudanum to quiet their cries, and Charlotte Yonge details a fictional case of infant death due to laudanum overdose in *The Daisy Chain* (1856). The medical community acknowledged this practice as well as the use of tartar emetic to achieve a similar effect. One physician, N.B. Pickett, asserted "opium in some form will certainly put a quietus – yes, a final quietus – to the crying babe! Several cases of this kind have been reported to me. And I view tartar emetic as little less dangerous" (218).

In *Tenant,* Helen says she gives Arthur "just enough [tartar emetic] to produce inevitable nausea and depression without positive sickness," so he does not vomit, but this might actually be worse because "if tartar emetic "fails to vomit, it may still operate as a poison to the system" (Beck). But Helen "presses" tartar emetic on Arthur "the more he shrank from the daily treat." Perhaps "Mrs. Graham" values persistence in medical treatment like the real Graham, who wrote

> The human body often falls quickly into a state of debility and disease, but, from such a condition, the progress towards recovery is generally slow, (although it may be certain,) even under the use of the most efficient means of cure ; consequently, when any advantage is gained … both our wisdom and strength will lie in following up this advantage by perseverance in nearly the same measures. (ix-x)

Arthur's fall into alcohol addiction was fast – he is only five years old – and when Helen sees tartar emetic effecting a cure she keeps administering it. John B. Beck warned the "*continued use* of tartar emetic in young subjects cannot be too strongly guarded against…a single dose, even though it vomits very freely, may be borne with comparative impunity, while the repetition of it may keep up nausea and intestinal irritation, so as to induce dangerous prostration." Thus, though Helen "delivers" Arthur from moral/spiritual corruption and from hereditary degeneration, she also poisons him throughout *Tenant***.**

Helen could have, indeed, made a "fatal error" in Arthur's "education," of which Mrs. Markham early warns her, but the fact remains that Arthur lives *and* he and Helen

escape from the moral, spiritual, and biological corruption of Huntingdon. While Helen is lucky that Arthur lives, she is aware of the risks she takes in "practicing" her medical treatment. She tells us from the beginning of *Tenant* that she is willing to risk his life "a thousand times!" to keep him from abusing alcohol (31). Desperation fuels Helen's determination to remove Arthur from Huntingdon's influence; legal strictures at the time prevented her from leaving Huntingdon and also allowed a father (even an abusive one) to retain custody of his children. As a woman and "typical" mother Helen has no obvious recourse; however, she subverts her domestic and legal limitations by not only battling a crusade against the "dominion" of alcohol but also by adopting a medical "practice" that is both dangerous and effective. That Helen's practice is ill-advised and dangerous matters less than the fact that she practices medicine on her own. Through Helen's independent medical practice Brontë constructs a powerful social critique; she highlights the complexities of Helen's "escape" from Huntingdon through the terrifying possibilities posed by Helen's tartar emetic treatment. Because Helen establishes her power in the role of a medical practitioner her "escape" from Huntingdon is not, as some scholars have suggested, her only success; rather, her successful treatment of Arthur removes Huntingdon's "corrupting" influence *and* marks Helen's victory (albeit a limited one) over domestic and medical patriarchies.

Helen's second marriage only reinforces her power. After all, Helen asserts her marriage to Gilbert "is to please myself alone" (467), and she maintains a treatment for Gilbert similar to that which she administered to Arthur. It is too much to say that Arthur and Gilbert are the same, but their similarities suggest that Helen views them both as

controllable patients suitable for figurative cultivation. She is not going to give Gilbert tartar emetic but she does check his "intoxicating delight" in his hopes for their marriage (454). Moreover, not only does Helen repeatedly infantilize Gilbert by equating him with Arthur as "his friend," but Gilbert also responds to Helen's "cordial" treatment, saying her written narrative is physical and emotional "relief" for his mind (381). As Helen's medical practice with Arthur "eradicate[d] the weeds that had been fostered in his infant mind, and sow[ed] again the good seed" in it (354), at the end of *Tenant* Helen applies lessons learned from her aunt, Mrs. Maxwell, to cordially "cultivate" a marriage that suits her role as a medical practitioner.

When Gilbert travels to see Helen at the end of *Tenant* he works himself up into exhilarating "intoxication" that is manifested in physical ways; he experiences symptoms over a two-day period, first feeling "anxious, fluttering anticipations" (452) and describing his "intoxicating delight" as his carriage draws near Staningley, where Helen stays with her aunt (454). When he learns he cannot make it to the house that first day, he feels relief that he has time "to compose my mind" since he "could not possibly be in a very presentable condition" (454). The next day Gilbert's symptoms recur; he says his heart "swelled with unspeakable delight, and [his] spirits rose almost to madness" (455). Though Gilbert invokes intoxication figuratively, his physical symptoms as well as his allusion to "spirits" and "madness" recall Huntingdon's alcohol addiction, making Gilbert seem to the reader an echo of Helen's late husband.

Gilbert attempts to temper his figurative intoxication but nothing affects him more than Helen's aunt, Mrs. Maxwell. Even before Gilbert meets Helen again, thoughts of

Mrs. Maxwell's unwelcoming reception cause Gilbert's heart to "flutter with anxiety" and his chest to "heave with impatience" (455). But when Gilbert reunites with Helen, Mrs. Maxwell's "pale, grave" (459) looks have a repressive effect, a rather unexpected "cordial" for Gilbert. Gilbert himself explicitly links Mrs. Maxwell with a medical cordial, saying her presence was "very useful as a check upon my natural impulses—an *antidote* to those emotions of tumultuous excitement which would otherwise have carried me away against my reason and my will" (461 my emphasis). Her presence "restrains" Gilbert to an almost "intolerable" degree and even affects Gilbert's cordiality; he has "the greatest difficulty in forcing myself to attend to her remarks and answer them with ordinary politeness" (461). Helen, like Gilbert, feels Mrs. Maxwell's "cool" influence (469). About to passionately engage Gilbert, she "checked" herself "as if suddenly recollecting her aunt's presence" (462). When Mrs. Maxwell temporarily leaves the room Helen grows excited, and her "cheek was blanched with the very anguish of anxiety" (463). But, importantly, her aunt's influence lingers because while Helen experiences visible physical symptoms of excitement that could be linked to intoxication ("glistening eye, crimson cheek"), she tries to control them. Invoking cultivation as she did when describing Arthur's weed-ridden, corrupted mind, Helen "plucks" a flower from outside the window and says to Gilbert,

> This rose is not so fragrant as a summer flower, but it has stood through hardships none of *them* could bear: the cold rain of winter has sufficed to nourish it, and its faint sun to warm it; the bleak winds have not blanched it, or broken its stem, and the keen frost has not blighted it. Look, Gilbert, it is still fresh and blooming as a

flower can be, with the cold snow even now on its petals.—Will you have it? (465 original emphasis)

Helen calls the flower "the emblem of my heart" and Gilbert puts the flower "in [his] bosom" (465). Both of their hearts feel the "content" that this exchange inspires and in this moment, even though their content arises from emotional rather than alcoholic comfort, their affected hearts produce the invigorating physical effects of an alcoholic drink. However, thoughts of Mrs. Maxwell again repress these effects, converting the "cordial" back from alcoholic to emotional; in the midst of a passionate embrace Gilbert suddenly asks Helen, "'But have you thought of your aunt?'" and he "clasped [Helen] closer to my heart in the instinctive dread of losing my new-found treasure" (467).

Mrs. Maxwell cools the passion of Gilbert and Helen's "heartfelt" reunion. She is, in fact, an under-examined inspiration for both Helen's personal growth and her success in controlling the "intoxication" of both Arthur and Gilbert. The novel's end suggests that Helen gleans her method of control – cordial cultivation – from her aunt, who is the restraining "antidote" to physical and emotional excess. In Mrs. Maxwell's meeting with Gilbert, her "cool, distant manners rather chilled [him]" but he tries to make a good impression. It appears he succeeds since he says Mrs. Maxwell seemed gradually more "cordial" to him (469). But Helen still makes Gilbert wait for a formal engagement until spring; a season she says is ripe for "cultivating" Mrs. Maxwell's acquaintance and approval (467). Helen makes Gilbert promise to wait while they stand in Mrs. Maxwell's appropriately named "winter garden," a "large and beautiful conservatory, plentifully furnished with flowers" that is a chilly check on their heated passion (469). It is here that

Helen proposes she and Gilbert live near or with Mrs. Maxwell, whose fondness for flowers and company counteracts the "low spirits" Mrs. Maxwell sometimes feels when alone (469). It is also here, amidst the carefully cultivated flowers, that Helen extends her command over Gilbert, checking his embrace while alluding to her earlier description of Arthur's uncultivated mind: "'Goodbye. There now – there Gilbert – let me go – here's Arthur, don't astonish his infantile brain with your madness" (470). In this verbal rebuke, Helen links cordials (and medical practice) with cultivation; presumably, Gilbert is trying to embrace Helen, indulging the "intoxication" she inspires, but Helen's (admittedly playful) check on this "mad" embrace, linked as it is with Arthur's adaptable brain, shows the influence of Mrs. Maxwell's connections to cordials and cultivation on Helen. Mrs. Maxwell even extends her influence over Helen and Gilbert's union because while she eventually consents to it, she does so on the condition that Helen and Gilbert live with her at Staningley. Gilbert accedes to this request and later boasts to his friend Halford of Gilbert's and Helen's "promising young scions," and tells Halford of the "invigorating relaxation" he can expect when he next visits. With this allusion to cultivation (scions) and cordials (invigorating relaxation), Gilbert closes his letter to Halford and the narrative of *Tenant* by showing he has internalized the cordial cultivation practices of first Mrs. Maxwell and subsequently Helen.

In reevaluating *Tenant*, critics should consider first that Helen's trial-and-error practices in medical treatment reflect the methods employed by desperate practitioners in the nineteenth century, and second that Helen's medical mistakes do not weaken her power; instead, they fortify it. *Tenant* offers not a representation of the perfect wife and

mother nor a claim to medical authority; Helen is distinctly *not* these things. However, and very importantly, Brontë avoids judgment of Helen's mothering and medical practices. Brontë's medical plot – her literary treatment of *Tenant*'s practical medicine – perceptively represents the power of medical rhetoric despite its ambiguous effects and allows us to better recognize the independence Helen maintains in her second marriage; Helen's adaptation of "male" plant metaphors to justify the "cordial" cultivation of her son as well as Gilbert reveal Helen to be more active and powerfully positioned than many critics have recognized.

Epilogue:

Futures of the Medical Plot

In her Introduction to the *Cambridge Companion to the Brontës* (2002), Heather Glen suggests that to discuss one Brontë sister is to discuss them all. In this spirit, the Epilogue first speculates on one aspect of the medical plot in Charlotte Brontë's *Jane Eyre* (1847) – "influence" – and evaluates its relationship to emotional and medical cordials as well as narrative. This short reading will function as an example of potential work on the medical plot's critical "futures," which could also include Emily Brontë's *Wuthering Heights* (1847) as well as nineteenth-century novels published after 1850. I continue with the Brontës not only because their works have distinct marriage plots, but also because their works seem more openly "about" illness than Austen's novels, since they explicitly represent the effects of medicine and treatment on courtship. For example, in *Wuthering Heights*, medical plots unquestionably intersect with marriage plots and include Hindley's perpetual drunkenness, Heathcliff's reclusiveness, Linton's weak and sickly nature, and Catherine's self-inflicted illnesses. *Jane Eyre*, to which I will now briefly turn, also has intersecting elements of medicine, medical discourse, and marriage that hinge, unsurprisingly, on Bertha Mason.[95]

[95] I focus primarily on Bertha in this section, but Charlotte's novels provide ample potential for a study of the mid-century medical plot. *The Professor* (1857posth), *Jane Eyre* (1847), *Shirley* (1849), and *Villette* (1853) all discuss hypochondria, for example (Ingham 177-78), and *Villette* has inspired a number of critics to consider the title character's withdrawn, melancholy moods and her ascetic abstention from food (Tanke, Speno, Carter). In *Jane Eyre,* Grace Poole's intemperance, Rochester's "Italian cordial" for Bertha's brother, and Bertha's home-asylum also inspire critical interest and would

Bertha, the "madwoman in the attic," and Edward Rochester – Bertha's husband, caretaker, and the (future) purblind and maimed husband of Jane Eyre – inspire the most critical discourse on disability and *Jane Eyre*. Critics often discuss Bertha in terms of her "madness," but Bertha's disability (even when critics call it such) may be only one part of a larger medical plot in *Jane Eyre*. Critics accept that the novel's narrator, Jane, is unreliable, but Jane's narrative connection to Bertha may make her more than simply this. Since Jane's narration is retrospective, Bertha and Jane have already "met" at the novel's outset, and because Jane's marriage plot with Rochester is so interwoven with her engagement with illness and disability, Bertha (in addition to Helen Burns, Jane's only childhood friend) may have had a decided though unacknowledged "influence" on Jane's narrative. Brontë's representations of illness and disability in *Jane Eyre* not only demonstrate her historical awareness of asylum reforms and changing care for the physically ill and mentally disabled in the mid-nineteenth century, but they also might support the idea that *Jane Eyre* acknowledges a "cordial" rather than "curative" potential for literal and figurative influence on narrative.

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feature in a longer discussion of *Jane Eyre*'s medical plot. Kate Lawson argues Grace Poole is the bridge between insanity treatment and *Jane Eyre's* concern with religion. Sylvia A. Pamboukian calls Rochester's cordial "quack" medicine, illustrative of pervasive mid-nineteenth century quack medicines (1-2). D. Christopher Gabbard argues "Rochester's provision of care to his first wife Bertha is wholly inadequate because it fails to meet any parameters of respect and dignity for the dependent woman locked in the attic" (Ray-Barruel 99). For recent criticism on *Wuthering Heights* and illness, sickness, and disability, see Krishnan, Torgerson (*Reading*), Gorsky, Tytler, Dudova, and Baldys.

The Madwoman and the Blindman

Lennard Davis argues "no one can claim to write knowledgably on *Jane Eyre* without taking into consideration the issue of disability" (*Madwoman* xii). He laments what he views as a critical lapse in scholarship that ignores disability, but he praises the efforts of a recent, seminal book, *The Madwoman and the Blindman: Jane Eyre, Discourse, Disability* (2012).[96] A collection of essays, *Madwoman* is the first scholarly text to read one novel – *Jane Eyre* –through the lens of disability studies, and it aims to achieve a more interdisciplinary discussion of social and literary practices while extending historical, feminist, psychoanalytical, and medical readings of *Jane Eyre*.[97] The contributors challenge common notions that impairment and disability are inherently positioned as negative or deviant in literature, suggesting that previous critics have fallen into the metaphorization of illness and madness so common to analyses of *Jane Eyre* (140). This metaphorization, which Susan Sontag critiques in *Illness as Metaphor*, distances us from the subject under study; for instance, though Bertha "has become a paradigmatic figure" for literary representations of disability (Showalter 11), scholars perpetually assert that her "madness" represents "something else" (*Madwoman* 3). They claim Bertha's condition represents Jane's "anger, female sexuality, and frustration"

[96] Davis's suggestion that scholarship on *Jane Eyre*, illness, and disability lacks historical and conceptual depth is characteristically aimed to incite critical discourse. In fact, much recent scholarship addresses the historical and socio-medical elements of *Jane Eyre* as well as *Villette*, particularly the novels' emphases on physiognomy and the "pseudo-science" of phrenology, which became popular in the nineteenth century. See Tressler, May, Elliott, Mary Armstrong, Wagner, and Dames for examples from the last decade.

[97] Though there are manifold critical works that would inform a full-length discussion of *Jane Eyre*'s marriage and medical plots, I focus on *Madwoman* because of its disability studies lens and incorporation of classic (particularly feminist) readings of the novel.

(Torgerson, *Reading* 61), or that Bertha is Jane's "alter ego" (Glen 112) or Jane's "truest and darkest double" (Gilbert and Gubar 360) and deny the possibility that Bertha's condition in the novel is a medical condition or that Bertha is a character in her own right.[98] *Madwoman*'s editors argue that even fictional representations of *Jane Eyre* such as Jean Rhys's *Wide Sargasso Sea* (1966), see Bertha as "something else; in this instance…as the strangulating mask of sexist and imperialist power imposed by an insecure and jealous husband" (3). Elizabeth J. Donaldson particularly takes issue with classic feminist readings of *Jane Eyre* to argue that metaphorical readings of "madness-as-rebellion" (12) overlook important historical and medical facts of Bertha's condition, causing "slippage" between metaphorical "madness" and real mental illness (14).[99]

Madwoman's contributors emphasize the interdependence between *Jane Eyre*'s marriage plot and disability, noting that though impairment in the novel has been read "as an undesired deviance from a condition of regularity vital to stable closure of the marriage plot," disability studies offers the opportunity to reevaluate impairment in *Jane Eyre* not as working against, but with, the marriage plot (3). While the "bulk of the story is about a young woman's coming of age and her impassioned and frustrated love affair with her employer" (ix), *Jane Eyre* connects Jane's maturation to her engagement with

[98] In his preface to *Madwoman*, Davis explains the ableist effect of metaphorizing illness/disability: "Whether you substitute entire objects for others or you use parts for the whole, the effect is to distract, to disengage from the initial object…The problem with metaphor and disability is that disability already involves looking away" (x).

[99] While I clearly appreciate the literary impact that historical context can provide and am wary of overly metaphorizing illness and disability, I also think that reading *Jane Eyre* to diagnose Bertha or any character with a "real" medical condition is a dangerous enterprise. For example, Julia Miele Rodas puts Jane "on the spectrum," anachronistically suggesting Jane has what modern doctors call autism.

illness and disability. Susannah B. Mintz points out that since Jane marries the disfigured and partially blind Rochester, the novel ends with "hope for an environment in which disability is neither hidden nor overly exposed…Far from covering over the problem of Rochester's body (and Jane's, for of course she has been damningly described as plain), marriage makes them at once obvious and inconsequential to relational success" (130).

Though the contributors agree that illness and disability are key elements of Jane's narrative, they differ in their conclusions on *Jane Eyre*'s participation in or rejection of ableist ideology, which grounds itself in notions of corporeal normativity. David Bolt claims that the novel's "ocularcentrism" makes it ableist because it establishes and depends on sight and vision as normative. Both Bolt and Donaldson suggest that Rochester's visual verification of his son's paternity at the end of the novel "reinforces the logic of physiognomy and disability in *Jane Eyre*: a legitimate patrilineal succession [that] corrects the female-based legacy of disability" (26).[100] Moreover, Mintz's "hopeful" reading of *Jane Eyre*'s concluding marriage of love and disability does not address the question of disability's seeming disappearance from the novel: why, for instance, does the disabled Bertha die and the purblind Rochester recover his sight? Mintz argues that *Jane Eyre* resists ableism, citing the novel's many iterations of "uncured" illness and disability. Applying psychoanalytic recognition, she suggests *Jane Eyre* provides for the "irregularity" of physical and mental difference since a person can

[100] This is an interesting inverse of what Anne Brontë does in *Tenant*, with Helen intervening in Darwin's "male-male line of pure descent" regarding alcohol addiction. In *Tenant*, addiction is inherited through male lines and the female "nurtures" the younger male back to health; in Bolt's reading of *Jane Eyre*, madness is biologically inherited in Bertha's family and is avoided through remarriage to a healthy woman who has a son.

recognize his or her own irregularity in another. She even suggests that the "more static conditions of disability—madness, blindness, and disfigurement…seem to mock the novel's faith in improvement" since they are resistant to the effects of care (129). This, however, seems only an acknowledgment of physical and mental difference, rather than a celebration of it.

Mintz's essay would be more compelling if instead of claiming *Jane Eyre*'s total inclusiveness (we're all irregular so we're all the same!) it acknowledged the potential discomfort of representing disability. Similarly, D. Christopher Gabbard's historically dense study, while detailing reforms in asylum and at-home care, fails to rescue *Jane Eyre* from accusations of ableism. He begins with sound claims: Jane observes the dubious care Rochester provides Bertha and develops humane caretaking skills by the end of the novel when she returns to Rochester, who is now maimed and purblind. These claims conceptually relate to narrative medicine because Gabbard emphasizes the "sharing power between caregiver and disabled," and notes that the "relational mutuality approach aims to build a relationship of reciprocal respect by mitigating dependency and achieving parity" (104). However, while it is plausible that Jane develops more humane caretaking skills from watching Rochester (though arguable that she was always more humane than him), Gabbard's ultimate claim differs from narrative medicine in that, for him, the "patient" is absorbed by the caretaker. Disregarding Bertha's individual experience of disability, he argues Jane ultimately "learns what it means to see the world through Bertha's eyes and to be seen in the world as Bertha" (105): he replaces Bertha's eyes with Jane's eyes and Bertha's existence with Jane's.

So is Jane Eyre or *Jane Eyre* ableist? I don't think so. Gabbard compellingly argues for Jane's adaptive skills that make her a more humane caretaker for Rochester when he's disabled and Mintz is right to emphasize the novel's acceptance of physical "irregularity." However, illness and physical and mental difference in *Jane Eyre* are not exactly celebrated, though they are not necessarily deviant either. They seem to just *be*. They unquestionably have an influence on Jane and, it seems, on the way in which she tells of her courtship and marriage to Rochester. It is this influence that a fuller discussion of *Jane Eyre*'s medical plot could explore. It is not new to say that Bertha influences Jane in the novel: Gabbard even calls their meeting the "contact zone" that inspires the beginning of Jane's moral development. However, I'm interested in the broader social, medical, and literary implications of "influence" throughout *Jane Eyre*. Since Jane and Bertha have already "met" at *Jane Eyre*'s outset and Bertha is the character on which *Jane Eyre*'s plot hinges, it's likely that Jane and Bertha's initial meeting influenced Jane's narrative from the beginning. The broader meanings of influence could suggest that *Jane Eyre* advocates a cordial, rather than curative, engagement with physical and mental difference, an engagement that acknowledges (but does not punish or celebrate) the fact of illness's and disability's existences.

Literal and Figurative Influence in *Jane Eyre*

I use the term "influence" advisedly because the word has medical as well as social implications. Medically, it denotes any outbreak of an epidemic infection (*OED*). The word evolved from the Spanish *influencia* and the Italian *influenza*, which inspires

our modern usage of the "flu." Among the oldest nebulous illnesses, literal influenza justifiably inspired fear in the English public; by the nineteenth century, it, along with other epidemics such as scarlet fever and pneumonia, accounted for 40% of deaths among Europe's children before age fifteen (Porter, *Greatest Benefit* 237). Today the Centers for Disease Control and Prevention report over 200,000 people becoming infected with the flu each year and between 20,000 and 40,000 of those people dying from it, even with today's comparatively advanced medical capabilities. In the nineteenth century, treatment for influenza could be just as dangerous as influenza itself since treatment (when available) predominantly involved the purges and emetics I have discussed extensively. Figurative uses of "influenza" in the nineteenth century described "any prevailing craze; a disordered condition; an outbreak;" Robert Southey and Thomas Carlyle wrote respectively of "religious influenza" and "Ballot-box influenza – One of the most dangerous Diseases of National Adolescence" (*OED*). Institutionalized research programs in epidemiology began in the nineteenth century, inspired in large part by "the English Hippocrates," Thomas Sydenham (Porter, *Cambridge* 150). Understandably, increased research on epidemics aligned with public fears of contagion, and influenza's social (and medical) "influence" sparked a number of disease theories over the course of the nineteenth century, such as miasmatic thinking.[101] Paradoxically, while "influence" has connotations of sickness it also has cordial-like ones, at least in relation to a draught that effects physical stimulation. Today we say someone is "under the influence" if he or she is intoxicated or has used narcotics, and now-obscure uses of the term emphasize an

[101] The idea that disease spreads only through environmental "emanations" and not through person-to-person contact (Porter, *Cambridge* 151).

"infusion (into a person or thing)" or the "flowing in" of principles, beliefs, and other "immaterial things" (*OED*) to effect change in someone.

In *Jane Eyre*, Jane comments on influence a number of times, particularly when she describes Rochester's emotional hold over her. For example, she says Rochester's face exerts on her "an influence that quite mastered me,--that took my feelings from my own power and fettered them in his. I had not intended to love him; the reader knows I had wrought hard to extirpate from my soul the germs of love there detected; and now, at the first renewed view of him, they spontaneously arrive, green and strong!" (198). Though Jane maintains a dominant plant metaphor, she implies an underlying medical one as well since "germ" in the nineteenth century could allude to the "causative agent or source of a disease, especially an infectious disease" (*OED*). Indeed, Rochester's infectious influence takes Jane over, removing her command over her own feelings and "fettering" them in his own. Rochester himself links influence with medicine, such as in the following passage where he justifies to Jane his description of his affair with Mademoiselle Varens:

> I know what sort of a mind I have placed in communication with my own; I know it is one not liable to take infection: it is a peculiar mind...Happily I do not mean to harm it: but if I did, it would not take harm from me. The more you and I converse, the better; for while I cannot blight you, you may refresh me." (163)

While not explicitly using the word "influence," Rochester describes an implied one-sided influence between himself and Jane in his absent potential to "infect" her and her potential to "refresh" him. He here connects her figuratively to a cordial, suggesting she

is a refreshing means by which he may "better" himself. This passage recalls other conversations between the two such as when Rochester tells Jane her "uncontaminated" memory must be a "source of pure refreshment" to her (154). He later inverts (at least rhetorically) the power dynamics of their relationship and extends Jane's cordial effect, exclaiming that Jane has "influenced—conquered" him (293) – that she "healed and cleansed" him (292).

These examples (among others) from Jane and Rochester engage influence to suggest its emotional as well as medical meaning. But even before Jane arrives at Thornfield and "begins" her courtship plot she establishes the ambiguities of influence in representing her childhood friend, Helen Burns. In their short friendship, Helen has a "calming" effect on Jane and leaves a remarkable impression (82). She acknowledges her own "wretchedly defective nature" and exercises quiet resignation when teachers at Lowood (excepting Miss Temple) accuse her of "slatternly" conduct (86). Helen, like Jane, appreciates Miss Temple's generous influence but also understands its limitations. She tells Jane that while Miss Temple's expostulations are mild and rational, they "have not the influence to cure me of my faults; and even her praise, though I value it most highly, cannot stimulate me to continued care and foresight" (67). Helen here speaks of influence figuratively but connects influence and "stimulation" to medicine and "cure." This is an important connection considering Helen is one of the sickest and most influential characters for Jane in *Jane Eyre*. Moreover, Helen's choice of "stimulate" to describe Miss Temple's influence is reflective. Not only is Miss Temple Helen's primary medical caretaker, but the word "stimulate" has physiological implications of exciting an

organ to activity (*OED*), and kidney or cardiac failure are two possible consequences of untreated typhus, which ultimately kills Helen. So while Miss Temple tries to influence Helen both morally and medically, her influence is not enough to effect either an emotional or medical "cure." Helen links her own moral "faults" with her medical sickness and illuminates the literal and figurative implications of Miss Temple's influence, which extends over Jane after Helen dies. I briefly cite this example because it early establishes the importance of influence in *Jane Eyre* and, because it occurs so early in the novel, otherwise exciting readings of disability's influence on Jane (like Gabbard's) often miss its potential to support the idea that Jane's encounters with *both* illness and disability have an influence on her that affects her entire narrative.

To conclude what is only a speculative consideration of influence in *Jane Eyre*'s medical plot, I want to return to Bertha to suggest that while Jane explicitly connects influence with Helen and sickness and, of course, with Rochester and their courtship, Jane's initial (i.e. before the novel) meeting with Bertha might be *the* formative influence for how Jane frames her narrative. Long before she "meets" Bertha in novel-time Jane alludes to her own "disturbed mind" (22), the "mental battle" she fights (23), and the fact that her "worst ailment was an unutterable wretchedness of mind" (28). These references unsurprisingly increase once Jane is at Thornfield where Bertha also stays, and they become pronounced "after" she's met Bertha.[102] But, interestingly, Jane actually

[102] As one example among many, after Jane meets Bertha Jane ironically invokes madness to explain why she won't be Rochester's mistress: "I will hold to the principles received by me when I was sane, and not mad – as I am now…[these principles] have a worth – so I have always believed; and if I cannot believe it now, it is because I am insane – quite insane" (356).

describes Bertha's "influence" on her mind before she meets Bertha, though in first reading the novel, the reader (along with Jane) is still ignorant of Bertha-the-madwoman:

> It was not only the hurry of preparation that made me feverish; not only the anticipation of the great change – the new life which was to commence to-morrow: both these circumstances had their share, doubtless, in producing that restless, excited mood which hurried me forth at this late hour into the darkening grounds; but a third cause influenced my mind more than they. (308-09)

The main cause of Jane's "fever" is an appearance by Bertha the night before, when Bertha visits Jane's room to try on and eventually destroy Jane's wedding veil. Jane says that Bertha's appearance "influenced [her] mind" more than any other preoccupation and, I speculate, it might have influenced the narrative's engagement with marriage, illness, and disability more than either a conventional commitment to a marriage plot or an ableist inclination to destroy disability. Brontë's representations of Rochester, Helen, and Bertha seem, rather, to acknowledge the influence of illness and disability without condemning or celebrating it. In other words, medical and social influence in *Jane Eyre* has cordial, and not necessarily "curative," potential. The novel doesn't aim to "cure" medical problems; in fact, it insists on the impossibility of cure.[103] It seems invested, though, in the possibilities of narrative influence after a medical death; Helen and Bertha's deaths are important because their emotional and psychological influences over

[103] Bertha isn't "cured"; she dies, and while some scholars see this as a narrative "cure" for disability (i.e. ableism), such readings often offer neither explanation nor justification (excepting "the novel is an ableist genre," a claim I dispute throughout this dissertation).

Jane acknowledge that while a novel cannot medically "cure" or otherwise "explain" illness and disability, it can allow for illness and disability's surviving influence.

Futures of the Medical Plot

This brief glimpse at *Jane Eyre* is meant to exemplify how my project could expand to include future work on the medical plot in nineteenth-century novels. A longer look at *Jane Eyre* as well as Emily Brontë's *Wuthering Heights* (1847) would complement my study of the mid-century medical plot depicted by Anne Brontë in *The Tenant of Wildfell Hall*. Though these three novels are distinct, they share themes of recurring illness and ambiguous medicine, themes that directly align with their treatments of love and marriage. *Wuthering Heights* may be the most ambiguous of these novels when it comes to the value of medicine, perhaps because Emily Brontë so distrusted the medical profession. Charlotte wrote that even in her final illness Emily "has refused medicine, rejected medical advice; no reasoning, no entreaty, has availed her to see a physician" (qtd. in Caldwell 68). Janis McClarren Caldwell claims that Emily's avoidance of medical treatment makes her seem to some readers "out of step with the medical thinking of the period" (68), but *Wuthering Heights* teems with sickness and with characters who often explicitly connect physical sickness with emotional treatment. In several instances Catherine makes herself physically sick to affect other characters, as when she threatens to "cry myself sick" when Edgar Linton says he will never visit her again. The threat seems effective: Linton almost immediately returns and he and Catherine then openly become lovers. The novel's medical practitioner, Kenneth, is

another ambiguous character. While he bluntly delivers severe diagnoses and administers harsh medical treatments, he is also often correct in his assessments and maintains an active presence in the novel. Despite his extreme methods he remains necessary to his community and thus illustrates the resignation to dubious medicine so characteristic of eighteenth- and early-to-mid-nineteenth century Britain.

As we have seen throughout this dissertation, in the period it concerns – the last decades of the eighteenth century and the first decades of the nineteenth – professional medicine was necessarily dominated by medical experimentation and guesswork, which was often further limited by practitioner and patient desires to avoid pain and suffering. Before anesthesia was discovered, experimental treatment quickly reached practical limits. But after the mid-century, medicine entered a "honeymoon era," which extended to the 1960s (Porter, *Cambridge*). Medicine advanced with the discoveries of anesthesia (1846) and antisepsis (1867), which were crucial for surgical development, and moreover in terms of research and science: new branches of medical study in anatomy, bacteriology, germ theory, immunology, lab medicine, microscopy, pharmacology (eventually including the development of antibiotics), and psychiatry, to name a few, propelled medicine from speculative guesswork to clinical research. The mid-nineteenth century saw a decisive shift away from pseudo-sciences like mesmerism, phrenology, physiognomy, and spiritualism towards theories of natural philosophy, scientific materialism, Darwinian evolution, and other secular conceptions of human existence. These shifts came with concomitant changes in perceptions of medicine and medical practice. After 1850 a cultural shift toward therapeutic nihilism, in which *studying* the

sick body was prioritized over *curing* it, resulted in the removal of many "cordials" from the pharmacopoeia. Treatments that could not be justified experimentally became obsolete and clinical medical practice that was grounded in research and observation earned more positive public recognition than it had ever seen. Literary representations of medicine likely underwent related changes. New perceptions of medicine and medical practice seem to support Valerie Sanders' argument that literary representations of medical practitioners became more positive as the century went on; certainly *Bleak House*'s Allan Woodcourt (1852-53) and *Middlemarch*'s Tertius Lydgate (1871-72), are two examples of medically responsible and scientifically legitimated practitioners who do not employ the questionable and dangerous methods of their medical forebears. (In fact, Lydgate is shunned for his progressiveness by some of the more seasoned practitioners in Middlemarch.) But this is not to say that cordiality and cordials no longer complicate marriage and medicine after the middle of the century; rather, medical plots likely become even more convoluted as they involve both old and new methods. The "webs" of *Middlemarch,* for example, weave intertwined and multi-layered discourse on the intersections between old and new science and medicine with old and new ideas about courtship and marriage.

By the time of the Modern novel, developments in psychiatry and the increasing popularity of psychoanalysis would change how both practitioners and the broad public perceived and represented mental illness. In this period, mental difference was thought to not necessarily need immediate correction but rather to deserve careful study. Virginia Woolf's Septimus Warren Smith in *Mrs. Dalloway* (1925), for example, could be a key

figure in tracing the literary representation of mental illness in veterans. Suffering from hallucinations and constant thoughts of death after his return from war, Smith is thought by many critics to represent the "shell-shocked" veteran of World War I. His medical treatment is inadequate; though he regularly sees a Dr. Holmes, Smith cannot get the doctor to take him seriously and suffers from increasing isolation. He never reclaims the life he lived before the war and ultimately commits suicide. Woolf's literary representation of mental illness as well as her general critiques of treatment for mental illness align with her own struggles with depression and suggest that not all medical "advancement" had a positive effect.[104]

Future work on the medical plot will have to recognize a resounding truth for studying public perceptions and literary representations of medicine and medical practice: these things are in constant flux. Because illness and bodies are always changing, medicine will forever involve guesswork, experimentation, and, inherently, failure, all of which make trust and respect for the medical profession mutable. Since it openly acknowledges medical innovation *as well as* failure, the literary history of the nineteenth-century novel is essential to the study of the history of medicine. The period's turn from moral and spiritual to scientific understandings of sickness, and its efforts to democratize medicine, show professional medicine at its most vulnerable but also at its most generative point, as we can see treated in novels as the novel form made its own varying experimental progress. Due to the intertwined nature of cultural elements like medicine,

[104] She also advocated literary and critical study of medical plots, though she didn't use this term. In "On Being Ill" (1926), she expresses surprise and dismay that illness "has not taken its place with love, battle, and jealousy among the prime themes in literature."

marriage, religion, and politics, literary scholars of the medical plot should also recognize an absolute *need* for the interdisciplinary study of illness and medicine. Rita Charon and Lennard Davis advocate such interdisciplinarity, but the successful critical commingling of historicist literary criticism and disability studies with practical medicine and narratology is still developing. An extended study of the medical plot, building on the initial study I have essayed in this dissertation, would offer a potential starting point for critical expansion of the literary history of medicine, illness, and disability, and could also formatively shape how we understand the influence of health and ill health as they inform personal and cultural development.

Appendix I: Disabilities Among Austen's Family and Acquaintance

To supplement material on Thomas and George Austen, this Appendix is in three sections and details letters and records of other family members and acquaintances of the Austens' circle that had physical and mental disabilities. (1) Older generations largely go unnoticed by critics, but include Austen's great-uncle Francis-Lucius Austen and an ancestor of Austen's mother, Lord Leigh. Francis-Lucius likely received treatments for mental disability similar to those administered to King George III, and Lord Leigh is known to have been to Bethlem (Bedlam) Hospital and to have paid for treatments by Thomas Monro, a noted quack. (2) Hastings de Feuillide, Austen's younger cousin, receives some critical notice though is largely compared to George Austen. His condition, and Austen's close relationship with his mother, Eliza de Feuillide, is detailed in extant family correspondence. (3) Lord Lymington, later the 3rd Earl of Portsmouth, was briefly a boarder at the Austen's house, and Austen alludes to his colorful history many years after he left the Austen's home, at the same time that public notice of mental and physical disability was increasing. These familial and social recognitions of disabled family members and acquaintance suggest not that the Austen's "forgot" disability, but rather noticed and discussed it as was consistent with increased public attention to it more broadly.

(1) Austen's great-uncle, Francis-Lucius Austen, suffered a "mental breakdown" in his late thirties, enduring varied symptoms and treatments (*Letters* 485). In February 1811, his wife wrote that she had "come to London seeking medical help for Frank's continuing illness—his mind is wandering and the doctors say this is due to a disordered stomach, but so far their treatments are useless" (Le Faye, *Chronology* 396). Francis-Lucius's "treatments" likely consisted of bodily manipulation, because medical practitioners considered mental illness an organic condition. Physicians utilized "blood-lettings, emetics, and violent purges to discharge toxins; shock treatments such as cold showers; new technologies such as rotary chairs and swings, designed to disrupt *idées fixes;* and, when all else failed, shackles and straitjackets" (Porter, *Greatest Benefit* 272). One of the most famous examples of such practices is Reverend Francis Willis's treatment for King George III's insanity in 1788-89. Willis was a clergyman who also ran a madhouse, and

though he was "thought little better than a quack" by regular physicians, the king trusted his methods. After all, the term "quack" was a common pejorative at every level of medical practice (Pamboukian 6). Willis's methods included a "straitjacket, a gag, and a restraining chair upon his royal patient, and a quasi-mesmerizing technique of fixing his patient with his eye," and they achieved enough of an effect to earn him a Parliament-sanctioned pension of £1,000 a year for twenty-one years (Porter, *Greatest Benefit* 272). Francis-Lucius Austen likely endured similar treatments for his "wandering mind" in 1811. His wife is silent about what they were, noting only their failure; Francis-Lucius was declared "insane" in 1813 and died in 1815 at age 42 (Le Faye, *Chronology* 435).

Mental illness also affected the other side of Austen's family. Her mother, Cassandra Leigh, shared a distinguished ancestor with the Leighs of Adlestrop - Sir Thomas Leigh, Lord Mayor of London (1558). Created in 1643, the Leigh baronetcy abruptly ended with Edward, the fifth Lord Leigh because of his mental illness and death (Austen-Leigh and Austen-Leigh 138). According to historical records, Lord Leigh paid for medical treatment in 1766 at Bethlehem Hospital, which originated in the thirteenth century as the Priory of St. Mary of Bethlehem (Purcell 249). Its name was often shortened to "Bethlem," and as it became notorious for inhumane treatment the public popularly labeled and pronounced it "Bedlam" (Porter, *Greatest Benefit* 127).[105] In 1767, Lord Leigh (or his family) paid for medical treatment by Dr. Thomas Monro, Bethlem's primary physician and another physician to King George III (Purcell 249). Perhaps a result of Bethlem's "comprehensive mismanagement" (Porter, *Greatest Benefit* 497),

[105] I default to "Bethlem" for consistency.

Monro's treatment apparently failed, and a 1774 Inquisition of Insanity officially declared Lord Leigh a "lunatic" (Bearman). He died unmarried two years later, without children and under the guardianship of his sister. He had a confusing will, and for twenty years, the family debated its inheritance (Le Faye, *Chronology* 105).[106] Lord Leigh's direct heirs had died so an heir had to be found among the distantly related Adlestrop Leighs; it fell to the Rev. Thomas Leigh, Cassandra's cousin. Though Cassandra's oldest brother, James Leigh-Perrot "would have a life interest" in the inheritance if he survived his cousin, he resigned his claim because it was "obviously most in accordance with the desire of the testator" that the estate should descend by the usual rules of primogeniture to James-Henry Leigh (Austen-Leigh and Austen-Leigh 139). However, though Leigh-Perrot, Jane Austen's uncle, resigned his claim, he still received a substantial settlement of a capital sum of £24,000 and an annuity of £2,000.

(2) One of Jane's younger cousins, Hastings de Feuillide, was the son of Austen's cousin, Eliza Hancock, and a Frenchman, Jean-François Capot de Feuillide, and he suffered various disabilities from a young age. When he was two, his grandmother wrote Hastings

> has had another fit; we all fear very much his faculties are hurt; many people say he has the appearance of a weak head : that his eyes are particular is very certain : our fears are of his being like poor George Austen. He has every symptom of

[106] Lord Leigh first left his property to his sister and thereafter, "unto the first and nearest of his kindred, being male and of his blood and name, that should be alive at the time of the determination of the several estates hereinbefore limited and devised, and to the heirs of his body lawfully begotten, and for want of such issue to my own right heirs for ever" (*Austen Papers* 331).

> good health, but cannot yet use his feet in the least, nor yet talk, tho' he makes a great deal of noise continually. (*Austen Papers* 130)

Eliza tried numerous "cures" for Hastings, including one we today might find brutal – winter sea-bathing at Margate when he is five (140; Southam, "Seaside"). Eliza wrote that this treatment "strengthened [Hastings] wonderfully," but he soon relapsed (*Austen Papers* 140). She always worried about her son's "faculties" being hurt by frequent bouts of ill health, but Hastings did acquire some speech and learning. In 1796 Eliza wrote that he "chatters so intolerably that I know not what I write – …Have I told you I have begun teaching him to write and that he regularly comes to school to me every day for that & French & English reading" (158). However, Eliza made excuses for Hastings' slow mental development, blaming (perhaps justly) his "seizures" as well as medicine. His condition became her primary concern; subsequent references to Hastings discuss only his health. She wrote in 1797 he "has had some fainting fits," but she would not acknowledge their seriousness, as the fits were not "either preceded or followed by any illness, so that I endeavor to flatter myself they were only the result of the relaxation which the sudden setting in of the mild weather has occasioned him" (159). Eliza indeed "flattered" herself about Hastings' condition, directly contrasting with Mrs. Austen's refusal to delude herself about *her* son, George. In 1770, Mrs. Austen wrote to Philadelphia Walter that George "had a fit lately; it was near a twelvemonth since he had one before, so was in hopes they had left him, but must not flatter myself so now" (27). Less than six months after Eliza "flattered" herself, Hastings was suddenly "taken so very ill that I thought I must have lost him. His seizure was of the convulsive kind & for many

days after it he had a high fever" (167). Hastings' relapse came one day before Eliza was to leave for a "northern trip," and she wrote that though he had improved in the night he "continues so weak & I think in so uncertain a state that I cannot bring myself to go three hundred miles from him" (167). In 1799 she wrote that he "suffers much from frequent & very violent returns of fits which I believe to be epileptic and which have hitherto baffled all the aid of medicine; their effects on his mental powers, if his life should not be destroyed by them, must be of the most melancholy nature, and are a constant source of grief to me" (173-4). Only two years later, Hastings died, leaving his "painful existence" (175).

(3) Reverend Austen housed a number of boarders, one of whom might have demanded extra care. In June 1773, Mrs. Austen wrote that Lord Lymington, who later became the third Earl of Portsmouth, arrived "between five and six years old, very backward of his age" (*Austen Papers* 29). Lymington did not stay long; that December, Mrs. Austen wrote "Ld. Lymington has left us, his mamma began to be alarmed at the hesitation in his speech, which certainly grew worse, and is going to take him to London in hopes a Mr. Angier (who undertakes to cure that disorder) may be of service to him" (30).[107] Lord Lymington's speech may have improved but when "he reached manhood, [the Earl's] family knew his mental state was such that he would be unable to live a normal life"

[107] Samuel Angier claimed to cure stammering by teaching those "deficient in point of delivery, occasioned by lisping, speaking through the nose, a low, rough, hoarse, thick-mumbling or squeaking voice, or any disagreeable tone, to speak and read with a clear, pleasing, and audible voice, and in a distinct and nervous manner, so as to be perfectly understood by a very large audience, without fatiguing, and straining themselves, or hurting their constitutions, and in a short time." See "Classified Ads," *Gazetteer*.

(*Letters* 564-65). By the time of his arranged marriage to Mary-Anne Hanson, the Earl was believed "a sadistic and necrophiliac lunatic" (564-65). Hanson and her lover, William-Rowland Alder, "maltreated the wretched Earl," but the Earl's younger brother brought a lawsuit for a Commission in Lunacy in 1823, which decided the Earl had been insane since 1809 and thus annulled his marriage (564-65).

Austen wrote briefly in 1814 of the Earl's marriage, commenting "What cruel weather this is! And here is Lord Portsmouth married too to Miss Hanson!" (261). Austen's surprise mirrors the public's reaction to the Earl's marriage, which was his second, taking place only four months after the death of his first wife in 1813. Le Faye suggests the Earl's mental instability allowed his attorney to unethically arrange the marriage since his attorney, John Hanson, was Miss Hanson's father and the Earl's primary trustee (564). The Earl's strange behavior was by then publicly known. He was believed

> morbidly fond of brutality, blood, and death. He severely whipped his horses and servants without cause or provocation; he gave harsh correction to children of St. Giles's School, to which he acted as a governor. He took a great liking to bleeding and purging his servants, and he wandered about and asked to be bled by women he met, obviously to derive erotic pleasure. He frequented a slaughterhouse and knocked animals down with an ax that was specially made for that purpose. He was fascinated by funerals, following mourning coaches in his phaeton while laughing and shaking his whip at the coachmen. (Suzuki 12-13)

Austen's comment on the Earl's marriage, albeit short, is insightful. Her first sentence *could* be read literally; England might have bad weather. But as with her comment on Captain Pearson's promotion, with which I opened this chapter, Austen's juxtaposed images of "cruel weather" and the Earl's marriage, linked by the "too" in her second sentence, suggest a connection. "Cruel weather" could figuratively refer to the Earl's mental state, or perhaps "cruel" recalls the Earl's treatment at the hands of his wife or his own sadistic behavior, which was quite public by 1814.

Austen's allusion to the Earl thirty years after he left the tutelage of Rev. Austen challenges the argument that Austen wholly ignored disability, and disability really became impossible to ignore as a subject of public interest in the nineteenth century. For instance, the Earl's 1823 Commission in Lunacy drew significant attention as it was the first to receive extensive newspaper coverage. Commissions were public, and newspapers did not protect the anonymity of people involved, publishing "their full names, addresses, assets and liabilities, income and expenditures, eating and drinking habits, living conditions, and sexual activities" ("Book Review" 230).

<u>Appendix II</u>: John T. Gleaves, "A Case of Poisoning by Tartar Emetic," *The Western Journal of Medicine and Surgery* Iss.1 (Louisville, KY, United States) Jan 1848: 23.

On the 27th of October, 1847, I was called to R., a young man of good constitution and temperate habits, aged about twenty-four years. The messenger informed me that he had left the patient an hour before pulseless, speechless, and to all appearance in a dying condition. I found him on my arrival lying on his back, breathing slowly and laboriously, his face pale and altered, features shrunken, eyes fixed and turned upwards, pupils dilated, surface cold. He appeared to be unconscious, but stated afterwards that he knew what was passing around him, but was unable to speak. The action of his heart was intermitting and extremely feeble, and no pulse could be felt at the wrists.

On inquiring into the history of the sudden illness, I learned that R. had taken a dose of tartar emetic, and that the quantity actually swallowed by him was a *table spoonful*. This he did at three o'clock, in the afternoon, and an hour and a half afterwards, although he had drunk freely of warm water and tickled his fauces repeatedly with his fingers, no vomiting had occurred. Altogether, he vomited for the first three hours only two or three times, and the matter ejected was chiefly the warm water taken to favor the emesis. About two hours after he had swallowed the medicine, he felt an inclination to evacuate his bowels, and going into the yard for that purpose found himself unable to return to the house. He was carried in and laid on a pallet before the fire. The alvine

discharges continued, and I found him passing involuntarily liquid stools in great excess. The thin matter thus discharged had actually run from one end of the room to the other.

I ordered immediately laudanum, in a decoction of galls, by the mouth, and in the shape of injections; applied sinapisms to the spine, abdomen and extremities, and directed brandy toddy to be given liberally.

This course was adopted at six o'clock, three hours after the poison was taken. In about seven hours the purging ceased, and reaction was established; the patient was able to give a rational answer to questions, and to describe his sufferings. He complained of great thirst, and a sense of burning in the fauces, oesophagus, stomach and lower bowels. Applied a blistering plaster to the abdomen, and for the laudanum and gall nuts substituted coffee. Stomach grew extremely irritable; vomitings repeated, matter discharged being tinged with blood; tongue red and smooth. Directed leeches to be applied to the epigastrium; gum water; morphia and calomel in minute doses.

22d. At five o'clock, p.m. I found my patient again cold, pulseless and speechless; abdomen tympanitic, and painful to the touch. The purging was arrested, but vomiting had continued through the day. Friction with flannels wet with warm spts. turpentine; sinapisms all over the body not blistered; flannel rollers saturated with spts. turp., to the extremities; hot applications to the feet. Reaction soon followed, and in an hour the condition of things was more promising than in the morning. Patient slept half an hour quietly; on waking, vomited a glairy matter mixed with blood. Mucilaginous drinks to be continued, with occasional small doses of morphia and sulph. quinine. Bowels to be moved by olive oil.

23d. At four o'clock, p.m., learned that my patient had rested well the night before. Still vomits occasionally; bowels have acted; the passages dark, offensive, and composed in part of grumous blood. Complains of sore throat and difficulty in deglution. On examination, find his fauces covered with pustules, some of which, having discharged their matter, have left small superficial ulcers. Pustules around the blistered surface on the abdomen. Stomach and bowels still tender to the touch, but no tympanitis. Painful micturition; the urine copious and high coloured.—Morphia, quinine, and mucilaginous drinks; diet, gruel or chicken broth. I left him at nine o'clock asleep, skin moist and warm, pulse soft and about 100; breathing improved.

24th. Patient improving; the whole surface of his body and neck studded with genuine *tartar emetic pustules*. Complains of no pain, except the burning and itching of the skin from the pustules.

25th. Patient has rested well since last visit. Alvine dejections still slightly tinged with blood. Pustules appearing on the extremities.

27th. Pustules on the body are healing, while those on the extremities are proceeding to maturity. Burning sensation very distressing. Some of the pustules on the body are as large as a plum, and the matter so deep-seated in some, as to require an incision to discharge it.

the patient went on steadily to improve and the process of desquamation was completed about the end of the second week from the time of the appearance of the pustules. He is now in as perfect health as he enjoyed before taking the poison.

Since treating the above case, I have witnessed pustulation of the surface in the case of a pneumonic patient, to whom I administered freely the tartar emetic.

Appendix III: Table of Contents for Graham's *Modern Domestic Medicine* (1827)

(Part I) Domestic Materia Medica, Collection of Prescriptions, Mineral Waters, Cold and Warm Bathing, Diet, Cookery, Blood-letting, Suspended Animation from Drowning, Intoxication, Means of Preventing Contagion, Poisons, Dislocations, Fractures, Substances lodged in the Gullet, Management of children / (Part II) Ague, Amaurosis, Apoplexy, Asthma, Barrenness, Bilious Complaints, Bladder Disease, Bleeding from the Nose/Bladder/Bowels/Incised Wounds, Bloody Flux, Boils, Burns and Scalds, Breast-pang, Bruises and Sprains, Cancer, Carbuncle, Catalepsy, Cataract, Catarrh, Chicken-Pox, Chilblains, Cholera Morbus, Cold in the Head or Chest, Colic, Consumption, Convulsions, Corns, Costiveness, Cough, Cow-Pox, Cramp, Croup, Cuts, Deafness, Diabetes, Diarrhea or Looseness, Dropsy, General Dropsy, Dropsy of the Belly/Chest/Head/Scrotal Bag, Dysentery, Epilepsy, Eruptions on the Skin, Excoriation, Ear-Ache, Fainting, Falling Fits, Films on the Eye, Flatulency, Flooding, General Health Disorders, Gout, Gravel and Stone, Green Sickness, Gutta Serena (Blindness), Gum Boils, Head Injuries, Head-Ache, Heartburn, Hectic Fever, Hiccup or Hiccough, Hooping Cough, Hypochondriasis or Low Spirits, Hysterics, Incontinence of Urine, Indigestion, Inflammatory Fever, Inflammation of the Brain/Ear/Eye/Stomach/Intestines/Throat/Liver/Lungs, Insanity, Itch, Jaundice, Leprosy, Liver Complaint, Locked Jaw, Low Spirits, Lumbago, Madness, Measles, Melancholy, Menstruation, Miscarriage, Mortification, Mumps, Nervous Disorder (general), Nettle-Rash, Night Mare, Ophthalmia, Pain in the Stomach, Palpitation, Palsy, Piles, Pleurisy, Putrid Sore Throat, Putrid Fever, Quinsy, Rheumatism (acute and chronic), Rheumatic

Gout, Rickets, Ring Worm, Rupture, Saint Anthony's Fire, Saint Vitus's Dance, Scald Head, Scarlet Fever, Sciatica, Scrophula, Scurvy, Shaking Paly, Shingles, Small Pox, Spinal Disease, Spitting of Blood, Sprains, Strangury, Stitch in the Side, Stricture, Stye, Suppression of Menses, Tenesmus, Tetanus, Tic Douloureux, Tooth Ache, Trace, Typhus Fever, Ulcers, Urinary Irritation, Vomiting, Vomiting of Blood, Water-brash or Vomiting of Water, Warts, Water in the Head, Wen, Whites, White Swelling, Whitlow, Worms, and Yellow Fever.

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