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Bouts of Brain Fever:
Female Rebellion and the Dubiety of Illness in Victorian Fiction

A thesis submitted in partial fulfillment of the requirement
for the degree of Bachelor of Arts in English from
The College of William and Mary

by

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Accepted for ________________________________
(Honors, High Honors, Highest Honors)

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A multitude of mid-nineteenth century novels feature scenes in the sickroom. In *The Illness Narratives*, Arthur Kleinman explains how illness in novels points to the presence of “unresolved conflict” in a character’s life: “between what one desires and what is expected, between what one desires and what is available, or perhaps between two conflicting desires” (Kleinman 97-99). Some types of illness are more concrete, alluding to a legitimate ailment that plagued the Victorian England population at that point of history, such as tuberculosis, smallpox, or cholera. In other cases, authors present a character’s sudden illness with elusive detail, prompting readers to question its causes, its purpose in the novel, and its relevance (if any) to readers’ lives. I became fascinated by the few cases that blend these two extremes in mid-Victorian novels, specifically in those symptoms described directly or indirectly as “brain fever.” That is, even though during the 1800s doctors identified brain fever as a legitimate illness, over time it dwindled from doctors’ professional lexicons, rendering modern readers of Victorian literature perplexed by this ailment that seems like so much more than an increased body temperature (Peterson 463). While characters with brain fever do experience physical symptoms (such as a raised body temperature), the illness nearly always materializes immediately following a stressful or tense series of circumstances in the plot, becomes life-threatening, and if it does not result in the character’s death, it frequently leads to a drastic change in the character’s way of living. In addition, the victim is almost always a woman, or depicted with feminine qualities.

With the intent of fully understanding the motivations behind authors’ incorporation of brain fever into their works, the causes of brain fever in the characters’ lives, and the narrative result of the characters’ infliction with brain fever, I selected four
mid-1800s English novels from different genres: Emily Brontë’s *Wuthering Heights* (1847), a Gothic Romance novel; Elizabeth Gaskell’s *Mary Barton: A Tale of Manchester Life* (1848), a Condition of England/social problem novel; Anthony Trollope’s *Lady Anna* (1874), a Novel of Manners; and Charles Dickens’ *Little Dorrit* (1857), which, like many of Dickens’ novels, is a combination of social satire and melodrama. The characters inflicted with brain fever in these novels are women, excluding Arthur Clennam from *Little Dorrit*; I will argue how Dickens’ feminine depiction of the man unites him with the female victims of brain fever in the other three novels: Cathy Earnshaw, Mary Barton, and Anna Murray. As a point of departure from Sandra Gilbert and Susan Gubar’s germinal work, *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination*, I have featured an equal number of male and female authors. My argument aligns with Miriam Bailin’s belief that the list of “Victorian invalids includes many men as well as women, and that scenes of illness are as pivotal in works by Thackeray, Meredith, Kingsley, and Dickens as they are in the novels of Brontë, Gaskell, or Eliot” (Bailin 2). I do very much believe that the tensions caused by the characters’ femininity/gender act as a key catalyst for his or her bout of brain fever; however, I do not think that Dickens’ and Trollope’s male gender should preclude them from participating in the conversation. While I will not discuss how the author’s gender may have influenced his or her incorporation of rebellion or illness, therefore, I will examine how the prevalence of illness in each of the authors’ lives perhaps affected their inclusion of brain fever in each selected novel.

Another parallel that I have drawn between these authors’ personal histories and the brain-fevered characters will ultimately form the crux of my thesis: in a manner
suggestive of later Freudian theories, every author and character lacks one or both of their parents’ presence, support, and love at crucial periods of their development. In the case of the brain-fevered characters, if the parental absence or neglect in their lives does not directly precipitate the onset of their brain fevers, then a timely, nurturing presence by their bedside certainly aids their recovery process (except for Cathy in Wuthering Heights, whose recovery only comes through her daughter’s restorative, balanced upbringing). Thus, despite the fact that every novel examines different issues related to gender, class, and race—which contribute to each individual’s particular case of brain fever—each novel shares the particular illness, the method of recovery, and the alteration of character post-fever. This common strain demonstrates the importance of parental love and acceptance to restore these individuals’ health, clarify these individuals’ identity, and empower them to live boldly and self-assuredly—notwithstanding society’s expectations for their lives in Victorian England.¹

Because the contemporary general public does not recognize brain fever as a common or possibly even authentic illness, it is especially imperative to define the illness from which these Victorian characters suffer. As I mentioned previously, authors tend to employ brain fevers along with various extenuating circumstances—sometimes utter chaos—in the character’s life, so readers are constrained to work with concise phrases and sometimes even single words in order to deduce the character’s specific illness. This

¹ During the nineteenth century, widespread medical reforms were enacted, including the creation of public asylums for the insane. I do not think these public asylums influenced these four authors’ assertions that parental support is crucial to recovery from these bouts of brain fever. Nonetheless, it is interesting to note the similar methods of treatment: English social reformers organized the asylums “on the family model,” with the medical superintendent and his wife acting as father and mother, “the attendants as elder brothers and sisters, and the patients as children” (Showalter 28). According to Dr. Henry Maudsley, the most important aspect of the asylum was its “homishness,” which is also crucial to the sickrooms of these brain-fevered characters (Maudsley 461).
task might seem nearly impossible for the modern reader, possibly lacking knowledge of the existence of brain fever; however, it is important to remember that “the medical treatises of the period show that in the nineteenth century the disease was very real indeed in the minds of both doctors and patients – and thus in the minds of fiction writers as well” (Peterson 445). In addition to that, another general understanding in the nineteenth century was that illnesses were “systemic rather than localized,” and had to do “with one’s body’s relations to the whole environment,” so it was common to associate “illness with issues of identity and relationship in the eighteenth and nineteenth centuries” (Bailin 9). Thus, an acquired knowledge of the context in which these authors were writing enables readers today to make connections that they otherwise may not have been able to make.

Even though it seems that “novelists were more concerned with the wider social meanings and the disputed interpretations of morbid states than they were with clinical accuracy,”² it is interesting to infer the etymology of this term that is described in many Victorian novels (Wood 4-5). There are a few classifications into which brain fever could possibly fall. The most likely hypothesis, in my opinion, is that the vague term, brain fever, originates from a classical word used to describe inflammation of the brain: phrensy (Peterson 445). An eighteenth-century physician, Robert James, defines a derivative of that word under the heading, Phrenitis, in his medical dictionary. James

² I think Miriam Bailin also adeptly discusses the role of medical accuracy in mid-nineteenth century fictions: “Although the steady rise in the medical profession’s status and advances made in medical research in the nineteenth century have been usefully adduced as factors shaping the cultural meanings ascribed to illness, it is my view that such events had relatively little impact upon the representation of illness and recovery in early and mid-Victorian fictions. The marginalization of medical knowledge and discourse in such fiction with the exception of satirical accounts of the inefficacy and commercial competitiveness of doctors is evidence of their subsidiary importance in the construction of the social reality of the Victorian sick person” (3).
describes the disorder as “an acute inflammatory Fever, arising from too great a
Congestion of Blood…accompanied with intense Heat, a Delirium, and Danger of Death”
(James 3: 266). Other words often connected with the term are hysteria, nervous disorder,
delirium, and encephalitis. Though traditionally associated with women, hysteria seemed
too broad to be synonymous with brain fever: “with its vague and flexible symptoms,
hysteria encompassed both excess and restraint, and defined at once the paroxysmal
lapses of self-control and the frozen internality of suppression” (Wood 13). Indeed, Janet
Oppenheim deems hysteria the “great catch-all,” and the “archetypal feminine functional
disorder in the nineteenth century” (181). I recognize that brain fever is also a vague
term, but because hysteria overlaps with insanity and other long-enduring mental
illnesses, it is crucial that we distinguish the terms from each other. Another idea,
suggested by Dalrymple, is that many cases of brain fever in Victorian novels can be
traced back to viral encephalitis, an inflammation of the nerve tissue of the brain (1001). I
do not agree with Dalrymple’s theory, however, because interchanging the terms of viral
encephalitis and brain fever presumes that brain fever could be transmitted to others, or
contagious. On the contrary, it would not coincide with the symbolism attached to brain
fever for the illness to be serendipitously “caught” by just anyone; in these four novels,
brain fever occurs as a result of social tensions in each character’s unique life
circumstances.

Although the symptoms of phrenitis, or brain fever, may come with the intensity
of something likened to insanity, these terms can (and should) be differentiated from each
other. Dr. James concisely clarifies that when a “Delirium happens in the Beginning of an
acute Fever, or comes on when it is at its Height, but is removed when the Fever is
alleviated, the Disorder is in this Case generally called a Phrenitis” (James 2: 481). On the other hand, “if the Disorder is long continued, unaccompanied with a Fever, and succeeds a melancholic State, it is universally called Madness” (481). While the victims for a time may appear to have lost their minds, then, their recovery and subsequently fulfilling lives following their recovery define the ailment as a “mere” brain fever. Jane Wood also describes how brain fever “had the advantage of being perceived as ‘real’ and was immediately recognizable to a contemporary readership as physiological and, therefore, distinct from madness” (Wood 119). The emphasis on the actual fever, then, was another demarcation from madness.

By imposing brain fever on characters that possess bold desires disallowed by society for the individual’s particular gender, class, or race, though, these authors appear to have a more deliberate reason for featuring the illness than just placing the person in a vulnerable position for a time. Miriam Bailin concurs with this supposition, stating that “scenes of illness are employed as registers of emotional tumult, as crucial states in self-development, and as rather high-handed plot contrivances to bring events to their desired issue” (1). Viewing it from a narrative standpoint, the incentive for featuring a character with brain fever rather than one with madness in one’s novel is that at any point, the inflicted character may completely recover as a changed individual. Indeed, “the disease was particularly attractive to writers of fiction because of its dramatic onset and long duration” (Peterson 449). A comparison of real-life accounts with the narrative descriptions of this particular trope reveals, however, that most actual cases of brain fever resulted in death, while the novelistic interpretations allow the character to serendipitously recover (Wood 119). In other words, authors manipulate the symptoms
and recuperation process of this illness in order to voice their opinions on the relevant social issues in the characters’ lives.

I am chiefly concerned with the points of distinction of novelistic brain fever from both madness and most historical accounts of brain fever: the character’s recovery, and the character’s change in comportment following that recovery. That is, when these characters recuperate, they not only eliminate the possibility of their lives being defined by “the sick-room,” delirium, and varied states of consciousness, but they also become empowered to act according to their own wills rather than the constraints of society. My definition of woman’s restoration to health, however, does not involve the nineteenth-century expectation that she might submissively return to her post as the “Angel in the House,” free of personal opinions and complaints. Jane Wood laments the same reality in her work *Passion and Pathology in Victorian Fiction*. She agrees that the idea of being cured at this point in history neither contained “connotations of a recovered sense of self-worth nor of restoration to a level of autonomy and control,” but rather a return to woman’s “proper functioning within the domestic economy” (Wood 41). Conversely, I do not abide by Bailin’s suggestion that the characters at hand might resist recuperation. She claims that “so desirable are the conditions within the sickroom walls that characters are wont to express a desire to be or to remain sick in order to have access to its benefits” (Bailin 6). While the comfort experienced by a parental presence might lull some individuals into complacency, one cannot forget how these bold desires (which precipitated their brain fevers) form the characters’ essences of being. It is more society and culture around them that might oppose the individuals’ recovery, for their way of living and thinking repels society’s expectations for them.
As I mentioned before, I would like to draw another association between all four cases by suggesting that the lack of parental presence in the individuals’ lives serves as a catalyst for their cases of brain fever. Not only that, but the existence (or lack thereof, in Cathy’s case) of authentic love by the sick person’s bedside (which was absent from their single parent or orphaned upbringing) determines that character’s ability to recuperate from his or her case of brain fever. In her book, *The Sickroom in Victorian Fiction*, Bailin draws a similar connection between nurse and parent, stating how “in Western culture nursing has long been associated with the maternal role – with affection, intimacy, compassion, and tendance” (25). Cathy Earnshaw, Arthur Clennam, Anna Murray, and Mary Barton are all significantly altered by their untraditional upbringing; this fact surely shapes the way that they interact with the world around them. Though during this time period many women were expected to be the “Angel in the Home,” and responsible for the education and upbringing of their children, these four characters lack that compassionate, nurturing presence at critical points in their lives. I do not believe that were it not for this absence/neglect, these characters would not have “rebellious” natures or desires that did not align with their social class/gender/stage of life, ultimately leading to their cases of brain fever. Rather, perhaps they would have had support in their non-normative ways of thinking, helping them to resolve the apparent inconsistencies between their beliefs and society’s expectations for them before reaching the cataclysmic point of brain fever. I will subsequently discuss relevant details of each author’s biographical history, followed by his or her novel in question, examining how gender, social class, race, and other cultural expectations influence the onset of brain fever, and how satisfying characters’ parental void leads to recovery and empowerment. For simplicity’s
sake, I will move through the works chronologically—except for Charles Dickens’ *Little Dorrit*; I will conclude with this work because Arthur Clennam is the only male victim of brain fever that I will analyze, so it will involve a distinct though not altogether unrelated investigation.
Loss of Love and Identity in *Wuthering Heights*

Emily Jane Brontë was born on July 30, 1818 in Thornton, Yorkshire, though less than a year later, her family relocated to Haworth—where she would live for the rest of her life (Allingham). From a young age, Emily grew accustomed to being in close contact with illness and death. The Brontës’ mother, Maria, died in 1821 from cancer when Emily was but three years old; shortly thereafter, Emily’s eldest sisters, Maria and Elizabeth, both died in 1825 after returning home ill from treatment received at Cowan Bridge School (Allingham). I do not want to project onto Emily’s writings by proposing what did or did not influence her writing. Nevertheless, I agree with Stevie Davies in her work *Emily Brontë: Heretic* that “it has been wrongly assumed that her extreme youth would have meant she suffered little from this blow [of losing her mother]” (Davies 18). Just like Cathy and Heathcliff cling to each other upon their father Mr. Earnshaw’s death, it is apparent that over the years Emily certainly turned to the friendship of her siblings and their shared love for imagination, reading, and writing to cope with their losses. As a result, Emily purportedly sought to stay at home at all costs, demonstrating how “in this sense, mother-loss was literally disabling” (Davies 18). Even though their father’s sister eventually came to live with them, one can surmise that the aunt’s “formidable and not very tender” nature could not satisfy the empty role of mother in the Brontë home (18). In crafting the character of Cathy Earnshaw in *Wuthering Heights*, then, Brontë did not have to conduct extensive research to know how the young girl might react to the death of a parent, or how the prevalence of sickness and death in a home might impact a girl’s upbringing.
Written in 1847, Emily Brontë's *Wuthering Heights* is a Gothic Romance that primarily details the interactions between the Earnshaw, Linton, and Heathcliff families who inhabit Wuthering Heights and Thrushcross Grange over three generations. While Lockwood, a “present-day” guest at the Grange, serves as one narrator who describes his exchanges with the current residents at Wuthering Heights, Ellen “Nelly” Dean acts as the main narrator, providing flashbacks recounting the history of the families and assigning meaning to Lockwood’s interactions with Heathcliff, Catherine, and Hareton. Lockwood’s initial interest in the family history seems to stem from his attraction to Cathy and Edgar’s daughter, Catherine. Nonetheless, I am primarily concerned with the young woman’s mother, Cathy.

Following her childhood companion Heathcliff’s leave-taking and then subsequent return after the span of a few years, Cathy develops two cases of brain fever. In the second, more serious case, Cathy defaults to her childhood rebellious nature, and dies just after giving birth to her daughter Catherine. Although one could quickly diminish the supposed significance of Cathy’s brain fever by saying it was a mere fever associated with her pregnancy, I would like to propose that Brontë utilizes this particular ailment to point to deeper issues at hand, such as Cathy’s opposing nature to that of her husband’s, as well as her soul-reaching connection to the socially inferior Heathcliff. In *Reading the Brontë Body: Disease, Desire, and the Constraints of Culture*, Beth Torgerson discusses how every character in *Wuthering Heights* at some point becomes afflicted with various ailments so that “readers are better positioned to analyze ‘Civilization,’ which Brontë presents as the common source of all the illnesses” (Torgerson 90). Torgerson later defines Brontë’s “Civilization” as the “Victorian
patriarchal culture” (94). For Cathy, it is her husband, Edgar Linton, who most completely embodies that Victorian patriarchy. Because Edgar (or Culture) disallows Heathcliff, her true love, from tending to Cathy in her ill state, Cathy never improves; I am purporting that only after her death, through her properly parented namesake, does Cathy find true healing.

At the start of Nelly’s narrative, Mr. Earnshaw returns from Liverpool with an orphan who quickly becomes more beloved to him than his own son; he names the boy Heathcliff. Upon meeting Heathcliff for the very first time, Mr. Earnshaw’s daughter Cathy spits on him to express her repugnance towards the presence responsible for her missing present from her father. Soon thereafter, however, Cathy\(^3\) becomes “much too fond of Heathcliff,” and “the greatest punishment [anyone] could invent for her was to keep her separate from him” (Brontë 134). In fact, it seems that they even begin to serve each other as parental figures at different moments of each other’s lives, offering nurturing comfort and unconditional love as they grow to be orphan children. As an illustration, Heathcliff does Cathy’s “bidding in anything, and [Mr. Earnshaw’s] only when it [suits] his own inclination” (135). Mrs. Earnshaw dies just two years following Heathcliff’s arrival; however, the two children display the most evident sorrow at Mr. Earnshaw’s death, a father figure to them both despite the fact that “he had always been strict and grave with them” (115). From that point in their lives onward, “the curate might set as many chapters as he pleased for Catherine to get by heart, and Joseph might thrash Heathcliff till his arm ached,” but “they forgot everything the minute they were together again…” (138). Despite Heathcliff and Cathy’s diverse lineage, their similar

\(^3\) In order to eliminate confusion, throughout the thesis I refer to Catherine I, or Catherine Earnshaw Linton, as Cathy, and Catherine II, or Catherine Linton Heathcliff Earnshaw, as Catherine.
circumstances create a connection that surpasses that which Cathy possesses with her own brother, Hindley.

A significant change in the relationship of Heathcliff and Cathy occurs upon Cathy’s extended stay with the Linton family. This brief period apart from both Wuthering Heights and Heathcliff leads to a corresponding alteration in manners and behaviors by Cathy, as well as the start of a budding romance with Edgar Linton. While Cathy grows accustomed to refined tastes, dress, and attitudes, Heathcliff’s savagery reaches new proportions, marked by his “clothes, which had seen three month’s service in mire and dust, […] his thick uncombed hair, [and] the surface of his face and hands [which] was dismally beclouded” (146). Even though Cathy continues to express her affection towards her childhood companion and resumes her unruly behavior alongside him while at the Heights, these instances are fragmented by gatherings at Thrushcross Grange or in the company of the polished Linton family. Despite the fact that “Heathcliff kept his hold on her affections unalterably, and young Linton… found it difficult to make an equally deep impression,” Cathy, in her vain adolescence, ultimately chooses to bind her life with the latter in marriage (158). Although Edgar and Cathy’s union would ideally flourish out of a lasting regard for one another, Cathy marries Edgar “because he is handsome, and young, and cheerful, and rich, and loves [her]” (171). This compels Heathcliff to forcibly remove himself from any interactions with his kindred spirit for a time; he disappears from the Heights immediately after hearing Cathy’s declaration that “it would degrade [her] to marry [him]” (173). In reality, nonetheless, it is Cathy’s decision to marry Edgar rather than Heathcliff’s disappearance that separates the two from each other. Even if, as Davies discusses, “the relationship between Catherine and
Heathcliff is a displacement of the symbiotic bond between mother and child which acknowledges no boundaries,” by choosing to marry Edgar, she is leaving that family of her youth to start a new one of her own (Emily Brontë: Heretic 77). That is, Cathy must leave her “parent/son” just as “a man shall leave his father and his mother and hold fast to his wife, and they shall become one flesh” (English Standard Bible, Gen. 2.24). In truth, Cathy’s decision to marry Edgar is a much more binding and definitive decision than marriage might sometimes appear today, for "under Victorian law she became her husband's property and lost her name, to be invested with another" (Davies, Emily Brontë: Heretic 206).

Without full comprehension of her offense, Cathy passes the first night searching relentlessly, in rain-soaked clothes, for her ill-treated friend. In the morning, after being provoked by her brother, she “burst[s] into uncontrollable grief” to the point that Nelly questions Cathy’s sanity. When summoned, Mr. Kenneth, a doctor from Gimmerton, immediately “pronounce[s] her dangerously ill” with “a fever” (182). Nelly calls it the “commencement of delirium,” which also aligns with James’ description of “phrenitis” in his Medical Dictionary. While Nelly confesses that she, Joseph, and Hindley did not make “gentle nurse[s]” during Cathy’s infirmity, it seems that the Linton family’s care delivers her from this first fever (182). Cathy returns to the Heights “saucier and more passionate” than before, believing it “nothing less than murder…for any one to presume to stand up and contradict her” (182). The love and attention bestowed upon Cathy by the Lintons certainly enables her to recover from this bout of fever, empowering her to act in a bolder manner than perhaps what is prescribed for women; however, her second, more intense fever requires the paternal care of someone more deeply entrenched in her
bloodline than a Linton could ever provide. When she is barred from this care, her illness
does not subside so smoothly.

Cathy develops the extent of brain fever shortly after Heathcliff abruptly returns
to the area and visits her at her new home, Thrushcross Grange. When Edgar, Cathy’s
husband, defies her wishes for the first time in their marriage by attempting to banish
Heathcliff from the Grange, Cathy becomes hysterical, leading into an even more intense
fever than her previous bout of illness. Susan Gorsky’s “‘I’ll Cry Myself Sick’: Illness in
_Wuthering Heights_” describes how Cathy “reacts internally to the external division
between a natural free spirit and a trammeled nineteenth-century lady” (Gorsky 178).
This conflict driving her illness is even more emotionally charged than her previous
malady, as her husband Edgar tells her that “it is impossible for [her] to be [his] friend,
and [Heathcliff’s] at the same time” (Brontë 212). Standing under the weight of Society’s
expectations for her, her inability to be herself, and the loss of her true soul mate, Cathy
ultimately cannot withstand the pressure. I agree with Peterson when she asserts how
Brontë’s choice of “brain fever is particularly appropriate because it reveals the depth of
Catherine’s passionate attachment for Heathcliff,” as “the attack comes on immediately
after Edgar Linton tries to force her to make a choice” and to forsake Heathcliff forever
(Peterson 450).

Cathy finds herself in an irreconcilable situation. As she describes it, “whatever
[their] souls are made of, [Heathcliff’s and Cathy’s] are the same, and Linton’s is as
different as a moonbeam from lightning, or frost from fire” (173). Though she is tied to
Edgar by marital and social bonds, Cathy feels united with Heathcliff down to their very
souls. In other words, to forbid Cathy from interacting with Heathcliff is for Edgar to
basically forbid her from being connected to her own self. Christopher Heywood’s remark in his introduction to the 2002 Broadview edition aligns well with this situation: “Catherine’s incarceration at the Grange is enlivened by Heathcliff’s return” (43). Only when Heathcliff, who is, to Cathy, “more myself than I am,” returns does Cathy realize how she has betrayed herself by marrying a Linton and moving away from the Heights (173). As a woman who is pregnant and naturally possesses a passionate disposition, Cathy does seem susceptible to becoming ill. However, considering the context in which she becomes ill, her fever seems to symbolize something beyond her elevated bodily temperature. That is, I would like to assert that Cathy’s brain fever acts as an unspoken, physical response to her realization that she not only allowed familial and societal pressures dictate the person she married, but also that she has no way to reconcile her desires with her reality.

She begins to waver in and out of normal thinking as neither she nor Edgar will relent on their positions; Cathy candidly declares that her “brain [gets] confused,” and that she finds herself “scream[ing] unconsciously” (218). Although Nelly insistently treats her as though she is faking for dramatic effect, the illness is “denominated a brain fever” by a doctor (228). Bailin explains how Victorian sickroom “scenes are precipitated by or fortuitously linked to moments of crisis during which the sufferers…have become separated from the social roles and norms by which they previously defined themselves…” (5). Alternatively, Cathy’s sickness develops when she realizes that in marrying Edgar, she has been separated from the social roles and norms by which she had defined herself.
After Cathy realizes the consequences of the decisions she has made, it seems that she resists her current state as Edgar’s stoic wife, instantly seeking to return to her innate rebellious and passionate disposition—as she was when a child, and Heathcliff’s playmate. When she sees herself in the mirror and Nelly addresses her as Mrs. Linton (rather than Cathy), she does not recognize her own reflection, believing herself to be at the Heights as a girl (218). Cathy finds “childish diversion” in pulling feathers from her pillow, talks to herself as though playing by herself, and cries at the scary thought of being alone (216-217). She reverts to her childhood days with Heathcliff, talking to him when he is not present and as though they are out on an adventure on the moors (220-221). While some might draw connections between Cathy’s feather arranging and Ophelia’s “flower speech” in Hamlet (Act IV, Scene 5), I think that her return to thoughts of childhood is more of a coping mechanism than a sign that she has lost her mind. She begins to see her life as though “the whole last seven years of [her] life grew a blank,” as if she and Heathcliff are still as intimate as they were when her father had just died (219). Further, though surely precipitated by her delirium and fever, Cathy’s unconscious reversion to childlike behavior serves as a cry for love and nurturing comfort. While Nelly Dean has been present throughout most of Cathy’s life, at some points seeming like a sibling despite their class differences, I believe that Nelly is precluded from properly nursing Cathy because she refuses to take seriously her illness (until it is too late). In this sense, she serves as the destructive sibling, flippantly shifting her loyalties from Edgar to Heathcliff’s “sides” as is convenient, overlooking Cathy’s worsening state. Alternatively, years before, Heathcliff fills the absence wrought by her parents’ early deaths and truly
loves her unconditionally; thus, it is Heathcliff’s nurturing presence that could provide Cathy the love she needs to face reality, empowered to live out her bold desires.

However, Edgar forbids Cathy’s childhood friend from visiting his wife. Heathcliff’s only interactions with Cathy are brief and conducted while Edgar is away or in his library. Even though Nelly states that “no mother could have nursed an only child more devotedly than Edgar tended her,” she also mentions that Edgar nurses Cathy out of “common humanity, and a sense of duty” rather than the ardent love Heathcliff claims for her (228, 243). Heathcliff nonetheless does have the opportunity to hold Cathy in her last moments of consciousness. Even were Heathcliff permitted to continually look after Cathy, however, that care in the sickroom could not reverse the bonds broken by Cathy’s marriage to Edgar. Right before her death, Heathcliff exclaims to Cathy that while “‘misery, and degradation, and death, and nothing that God or satan could inflict would have parted [them], [Cathy], of [her] own will, did it’” (255). Cathy’s sickness culminates in giving birth to her daughter Catherine. Two hours after delivering her baby and prolonging her hysterical frenzy, Cathy’s fever abates—in her death. She dies “having never recovered sufficient consciousness to miss Heathcliff, or know Edgar” (259).

Just as the beginning of Catherine’s life occasions the end of Cathy’s life, Catherine’s life offers closure for the unresolved tensions in her mother’s life—specifically those that appertain to Cathy’s brain fever. Stevie Davies remarks in her 1988 Key Women Writers work, Emily Brontë, that “as the novel’s structure is circular, cyclical, so the story of the second generation recapitulates and completes that of the first” (44). Even though Catherine is almost literally born without a mother, her father takes great care to compensate for the loss. He takes “her education entirely on himself,”
and “trust[s] her to no one else” (Brontë 283). That is, it seems that Edgar specifically redirects his remorse for neglecting his wife towards the end of her life towards caring for his daughter, Catherine. That the mother and daughter share the name Catherine, or Cathy, signifies how Edgar’s daughter “formed to him a distinction from the mother, and yet, a connection with her…[for] his attachment sprang from its relation to her, far more than from its being his own” (278). In raising and loving his daughter, it is as though he is making amends for the ways he was precluded from nurturing and caring for his wife due to the nature of their marriage. It seems that partly as a result of this deep attachment formed between father and daughter, Catherine’s love for others is “deep and tender” rather than “fierce” like her mother’s (283).5 I would like to assert that through the generational links, Cathy ultimately finds closure and peace through Catherine’s alliance (and marriage) with Hareton. Catherine was parented well, so she is well equipped to express her emotions openly, though not rashly—as her mother did. As a result, she ultimately finds one who equals her in kindness, independence, and capacity for attachments—overhauling the legacy of her mother’s unresolvable conflict in exchange for a welcoming and nourishing environment.

5 I think there is also an apparent distinction between the natures of the women (rather than only the effects of a parent’s nurturing presence) that differentiates the mother from the daughter. That is, Catherine inherits the best qualities of both of her parents (Cathy and Edgar), whereas the character of Linton (son of Isabella and Heathcliff), for example, inherits his parents’ worst characteristics. Nevertheless, I believe that the effect of Edgar’s love for Catherine is clear in the way she freely loves.
Gender Role Reversal in E.C. Gaskell’s *Mary Barton*

Elizabeth Gaskell was born Elizabeth Cleghorn Stevenson on September 29, 1810 in Lindsey Row, Chelsea (Uglow 4). From the beginning of her life onward, she was exposed to the sickness and death of family members and loved ones; even though she was the youngest of eight children, only she and her brother John survived to adulthood. Even more significant, Elizabeth only spent “thirteen months with her mother before the latter’s untimely death” (D’Albertis, “The Life and Letters” 16). Her mother’s family raised her, with Hannah, or Aunt Lumb, serving as “the central figure in Elizabeth Gaskell’s early years” (Uglow 12). Elizabeth’s father remained in Chelsea, and eventually remarried. Because he had a new family, separate from Elizabeth, one can see how “despite his evident concern for her, her living father was almost as absent from her early childhood as her dead mother” (13). Elizabeth certainly did have a plethora of extended family surrounding her growing up; Uglow talks about how “Elizabeth was loved and cared for and never without friends as she grew up within these great clusters of aunts, uncles, cousins and second cousins, embracing almost three generations at once” (19). However, many of her biographers refer to her apparent feelings of isolation. Elizabeth seemed to be haunted particularly by the loss of her mother all through her life, revealed in a letter she wrote in her thirties to the Unitarian minister George Hope, where she said: “‘I think no one but one so unfortunate as to be early motherless can enter into the craving one has after the lost mother…’” (19). Elizabeth married William Gaskell, a man of the church, in 1832. They settled in Manchester, where her observations of the conditions of the working class and various social tensions would inspire her first novel, *Mary Barton*. In the 1830s, Gaskell experiences “the joy of childbirth, but also the grief
of loss – her stillborn daughter, Aunt Lumb, her baby son” (Uglow 127). In addition to that, she loses her son Willie of scarlet fever in August 1845 after going on holiday to Wales (152). Thus, it is not only the social problems, but also the prevalence of death in her works that Elizabeth seems to draw from her own life experiences. Indeed, Uglow asserts that Gaskell’s “sympathy with the people of Manchester, whose children so often died in epidemics, was intensely personal: before the story opens John Barton’s son has died of scarlet fever, and several of the subsequent deaths are from fever, probably typhus” (153).

While we know general facts about Elizabeth Gaskell’s early life, marriage, and professional life, nonetheless, many scholars have noted that we know very little of Gaskell’s opinion of the experiences in her life. That is, notwithstanding the fact that she is famous in part for her biography of Charlotte Brontë, Gaskell “practiced self-censorship to a surprising degree” (D’Albertis, “The Life and Letters” 11). Deirdre D’Albertis reasons how “inevitably, her fictional representations of motherless daughters…that echo what we know of the outlines of her own experience – have been consulted, not without peril, in biographers’ attempts to interpret such silences” (“The Life and Letters” 11). I do not pretend that I have any more of a right to claim that I know what did or did not inspire Gaskell to write *Mary Barton*. However, it is interesting to note the similarities of motherlessness, absent fathers, interaction with social issues in the public sphere, and proximity to illness shared between Mrs. Gaskell and the protagonist of her first novel, *Mary Barton*. 
Elizabeth Gaskell’s *Mary Barton* (1848) is a Condition of England novel, concerned with the prominent political and social issues of the time. More specifically, books within this genre focus on “the representation of class, gender, and labour relations, as well as on social unrest and the growing antagonism between the rich and the poor in England” (Diniejko). Thus, while the plot and characters are, as in Brontë’s novel, products of the author’s imagination, the social ills detailed in *Mary Barton* are a result of Gaskell’s attention to the conditions in Manchester—where she lived for the entirety of her adult life. A perusal of her letters reveals that the incorporation of these injustices was not by chance. In the preface of the novel, she writes, “I had already made a little progress in a tale…on the borders of Yorkshire, when I bethought me how deep might be the romance in the lives of some of those who elbowed me daily in the busy streets of the town in which I resided’’ (Gaskell 3). It is evident from her novel that apart from the potential “romance” in the lives of her neighbors, Gaskell also observed the constant toiling of the working class contrasted with the complaisant luxuries of the upper class—in addition to the emotional and psychological burden of those struggling to make ends meet.

Even though Gaskell’s original title for her first work was named after the fervent Chartist millworker John Barton, her biographer, Jenny Uglow, remarks that “as the novel progresses Mary does move to centre stage and so does Gaskell’s enduring subject – a different kind of psychological drama, the violent jolting into maturity and sexual awareness of a young, idealistic and innocent girl” (Uglow 186). Thus, despite the fact that injustices between classes and in working conditions permeate the entire novel, Mary’s internal development, bold actions, and ensuing brain fever do not remain an
inconsequential subplot for the entirety of the novel. In fact, it is in wading through the ills caused by these murky social issues that Mary acts outside of the prescribed gender norms for a woman in nineteenth-century England, culminating in the courtroom scene and Mary’s brain fever. Along those lines, in his work, *Elizabeth Gaskell: Mary Barton*, Richard Gravil parallels Mary’s boldness as a female with the injustices highlighted among classes: “The representation of Mary as an active heroine, running not only the household but her father’s accounts, rescuing her lover, making difficult choices without and against advice, vocalizing her feelings in court, has all been seen as voicing women’s experience just as the novel voices proletarian experience” (Gravil 18). Therefore, while this very much is an “industrial novel” and a “factory novel,” the novel also captures the unique difficulties faced by women during this time in history. I think it is true that, as Diana Archibald asserts, the working-class woman “could not live as an ‘angel’” because many women were compelled to work away from the home to earn wages “as domestic servants, […] seamstresses, needleworkers, slopmakers…” and other related jobs (Archibald 26). However, it seems from Gaskell’s novel that working-class women merely exerted more energy in order to uphold such “moral dictates” as being the Angel in the Home, balancing this role with their jobs in the public sector.

It is in this context that Gaskell frames her story of the Barton family. While the novel opens with a seemingly picturesque description of two married couples (the Bartons and the Wilsons) enjoying “the delicious May afternoon together,” not twenty pages pass before we find thirteen-year-old Mary kneeling by her mother’s deathbed (Gaskell 7). From the beginning of the novel, Gaskell describes Mary as a girl who is strong in her convictions, self-willed, and extremely independent; these qualities remain
marked even in the stressful, heart-wrenching time of her mother’s sudden death. While her father moves about the house, openly crying aloud at this heartbreak, Mary “mechanically help[s] the neighbor in all the last attentions to the dead…reserv[ing] the luxury of a full burst of grief till she should be alone” (21-22). At thirteen, Mary possesses the wisdom to know how her emotions might negatively influence her father—so she represses them for his sake. Breaking out of the traditional role for a woman (especially one who is in mourning), Mary wills away her emotional response to the situation for a time so that she might be a strong, unwavering presence in the Barton household. It is in this same manner that Mary boldly proceeds to interact with the world as she progresses into adulthood.

Moments after his wife’s death, John Barton says to his daughter, “‘Child, we must be all to one another, now she is gone’” (22). However, though he loves Mary tenderly, John begins to invest the majority of his time and care in the Chartist Trades’ Union movement, allowing Mary to have “more of her own way than is common in any rank with girls of her age” (23). When money runs thin, John Barton does seek work for his daughter; it is Mary, nonetheless, who successfully secures a job for herself. Because Mary “had early determined that her beauty should make her a lady,” she is scrupulous in finding work that will not dirty her hands or degrade her in any way (26). The now sixteen-year-old girl thus sets out by herself into the public sphere. Partly because of her beauty, she quickly becomes engaged “as an apprentice…to a certain Miss Simmonds, milliner and dressmaker…” (27). Mary finds this appealing because “a dressmaker’s apprentice must (or so Mary [thinks]) be always dressed with a certain regard to appearances” (26). Despite the vast difference in social classes discussed in the two
novels,⁶ the depiction of Mary at this point of the novel seems similar to Cathy’s preoccupations upon her return to the Heights from the well-mannered inhabitants of Thrushcross Grange in *Wuthering Heights*. Another apparent parallel I would like to draw with Cathy in Brontë’s novel is that despite Mary’s affinity for luxury, she never forgets her roots. In fact, it is this high social “rank she covet[s] the more for her father’s abuse” in the fruitless drudgery of working-class life (26). Mary labors for long hours at Miss Simmonds’ shop, yet she expends a great amount of energy ensuring that her father receives a full meal at night—even at the expense of her own daily sustenance. It is through these exertions that Mary attempts to fill the void wrought by her mother’s absence. Archibald comments on this in her work, *Domesticity, Imperialism, and Emigration in the Victorian Novel*. She emphasizes that “Mary must be her father’s ‘angel’ now” (Archibald 51). Mary succeeds at this endeavor for a time, but when her father loses his job, she sustains this role of Angel in the Home “only by removing all comforts from their home, stripping away much of that which made the house a ‘home’” (Archibald 51). I interpret this slow breakdown of all that made the Barton house “a home” as Mary’s inability to manage the cares of both the private and public sphere on her own. Without the presence of a mother and with John Barton becoming increasingly physically and emotionally absent over time, Mary feels duty-bound to assume the responsibilities of not only the mother but also the father figure of her household. While this fact grows increasingly problematic, for a time Mary uses it to further her adolescent aims.

⁶ That is, between rural Northern yeoman farmers and gentry in *Wuthering Heights*, and working-class workers and upper class factory owners in Manchester—as featured in *Mary Barton*. 
Mary takes the liberty of her father’s inattention and absence to form her own connections. Just as Mary does not know about the deep subjects that begin “to occupy him, heart and soul,” John Barton allows his daughter, “with full trust in her unusual sense and spirit, to choose her own associates, and her own times for seeing them” (23). This license, combined with Mary’s ambitious social pursuits, leads her to become involved in a frivolous, flirtatious relationship with Harry Carson, the son of a wealthy mill owner. The son is “strikingly handsome, and [knows] it” (68). While Mary maintains this trivial affair with Harry for a time, her deeply rooted desires become evident quite quickly due to her father’s changing behavior and her childhood friend Jem’s marriage proposal to her. As her father grows increasingly dependent on opium rather than food and disillusioned by the cares of the trade union, he speaks less and less—when he does appear at home. In addressing Mary, it is often using “sharp angry words, such as he [has] never given her formerly,” and once “in his passion he…[beats] her” (117).

This extreme change in their relationship seems to affect Mary profoundly. Working at Miss Simmonds’ shop, thoughts of the “present distress” replace her “cheery laugh,” and she begins to ruminate more over “the circumstances of ease, and the pomps and vanities awaiting her, than on the lover with whom she was to share them” (116). This is the first indication of how John Barton’s worries have influenced Mary. Diana Archibald reads Mary’s difficulties at this point of the novel as one of the most lasting effects of Mrs. Barton’s death. Archibald emphasizes that “the absent mother cannot protect her daughter from threatening men,” and “the safe and comfortable home of the beginning of the novel has been deconstructed” because “her father beats her [and] ‘strange’ disembodied men ‘peer’ into what should be her private sanctuary…”
Archibald 52). I would never go so far as to assert that Mary’s situation is ideal at this point of the novel, and I do believe that Mary lacks the necessary motherly presence at this critical point of her life. However, I think Archibald overstates her claims on the subject of Mary’s relationship with her father: John Barton beats Mary once in a passion after her own provocation, and they both apologize and repent immediately following the altercation. Their relationship is not what it was before Mrs. Barton’s death, and he is certainly emotionally and physically absent, but he does not deserve the title of “abusive.” It does seem that Mary grows from this single conflict; she soon understands that her pining after Harry Carson is really her longing for the carefree lifestyle rather than for the man attached to the luxuries. Thus, though the goals of John Barton and his daughter at one point seem drastically at odds, it is apparent that beneath Mary’s girlish interests there exists a desire for an improved quality of life—more for the sake of her father’s well being than for her own. It is in this moment of the novel that I find problematic D’Albertis’ proclamation that Mary Barton is a “disappointing heroine,” and “incurious, unself-aware” (Dissembling Fictions 50). While Gaskell may depict Mary as just another superficial, self-obsessed teenage girl at the onset of her teenage years, it is through her relationships with those around her, like her father, that help her to grow as a person, care about the issues around her, and learn how she might play a part in alleviating injustice.

In addition to her father’s influence on her life, Jem’s marriage proposal serves to elucidate in whose hands her heart lies. Although throughout her childhood, she continually rolls her eyes and her face colors with a combination of lividness and embarrassment at the mention of their possible union, as soon as she rejects Jem’s formal
proposal, she knows that she has made a mistake. Despite the fact that she had been more receptive to Mr. Carson for the past few months than she had been towards Jem for her entire life, her interaction with Jem “unveil[s] her heart to her” and “convince[s] her that she love[s] Jem above all persons or things” (131). The narrator aptly summarizes Mary’s feelings with the rhetorical question, “What [are] these hollow vanities to her, now she [has] discovered the passionate secret of her soul” (131)? Through her rejection of Jem and her immediate feelings following his taking leave from her house, it is as though she transitions from girl to woman. That is, she suddenly has the wisdom to discern her folly in flirting with Mr. Carson and her pride in refusing to acknowledge Jem as the lover of her soul.

However, in order for Mary to make right all that she has made wrong, Mary feels compelled to confront both Jem Wilson and Harry Carson. Even though Mary believes that this is the most direct approach in seeking retribution for her errors, women are not, on a social level in Victorian England, supposed to engage men in such a bold manner. She eventually does bluntly reveal her heart to Harry—when she is given no other choice. However, in dealing with Jem, the one she truly loves, Mary’s gender disallows her from playing any sort of active role—even to let him know that she has changed her mind about his proposal. As her friend Margaret phrases it, “‘men are so queer, they like to ha’ the courting to themselves’” (141). For this confident woman, “maidenly modesty…seemed to oppose every plan she could think of; for showing Jem how much she repented her decision against him, and how dearly she had now discovered that she loved him,” so “she came to the unusual wisdom of resolving to do nothing, but strive to be patient, and improve circumstances as they might turn up” (132). Mary’s level of
determination in maintaining this silent passivity varies over the course of Jem’s absence. While in some moments she is content to remain subdued, in other moments “her state of impatience…require[s] all her self-restraint to prevent her from going and seeking [Jem] out, and (as man would do to man, woman to woman) begging him to forgive her hasty words, …bidding him accept of the love that [fills] her whole heart” (174). Gaskell describes the current state of Mary’s condition as though Mary considers herself masculine, or Jem feminine; nevertheless, to Mary, the two are apparently on par with each other. Because it is “the whisperings of her womanly nature that [cause] her to shrink from any unmaidenly action,” though, Mary possesses the self-awareness to know that her assertiveness might be interpreted as masculinity to her potential husband (174). She maintains her reserved demeanor until circumstances necessitate otherwise.

On the other hand, from the point of her heart change onward, Mary is not so successful in avoiding her other lover. If Jem is consciously avoiding Mary at this point, Harry appears to redouble his efforts in order to compensate for Jem’s lack of pursuit. As a result, Mary feels obligated to confront Harry directly, disclosing her change of heart in as composed a manner as possible. Despite Mary’s best attempts to rectify her superficial, flirtatious behavior towards the son of the mill owner, however, Harry will not relent. He and his accomplice, Sally Leadbitter, interpret Mary’s newfound straightforwardness as “playing hard to get,” or *just* being a fickle woman. When Mary flees from Harry’s grasp and runs home, Harry consoles himself by proclaiming aloud that women “‘always have second thoughts, and find out that they are best in casting off a lover’” (139). Mary continues to feel scrutinized by both Harry and Sally after this point. Nonetheless, I agree with Stoneman that “although Esther and Jem, and indirectly her
father, are all concerned to ‘save’ Mary from Harry Carson, she does not need ‘saving’ and deals with him competently herself on the basis of the ethics learned in her childhood” (Stoneman 80). Mary is firm and honest with him, and maintains her integrity even to the point of literally fleeing from him.

Just as she feels that “the persecution of the one lover, and the neglect of the other, [oppress] her sorely,” nonetheless, Mary’s world turns upside down when Harry is shot and killed by a trade unionist (Gaskell 140). Even though Mary concludes almost immediately that her father is the murderer, everyone else remains convinced that Jem committed the crime, as Mr. Barton borrowed his gun to commit the act. Moreover, John Barton uses as wadding for the gun a valentine Jem had given Mary, so individuals merely recognize Jem’s writing, not from where the murderer may have gotten the paper: the Barton household. All of a sudden, every issue in Mary’s life collides together: her father’s absence and anger, her inability to disclose to Jem her romantic feelings toward him, and her secret, flirtatious interactions with Harry Carson, a man from an elevated station. She can no longer silently cope with it all, or passively watch it all occur. As the only one who possesses the truth about every aspect of the case, Mary feels that only she can put everything back in its order—without concurrently incriminating her father, or losing Jem forever.

It is interesting that at just the moment she begins to process this shocking information, she thinks “of those days when she hid her face on her mother’s pitying, loving bosom, and heard tender words of comfort, be her grief or her error what it might” (231). Without her mother or father present to guide her through these traumatic events, Mary feels alone. As a way to seek comfort, she momentarily reverts to the past, when
she did have her mother in every situation. In fact, Mary becomes so consumed with these thoughts that when she hears a knock at the door, and a voice with the “accents of her mother’s voice,” she opens the door “without fear, without hesitation” that it is the ghost of her deceased mother (232). It is in fact her mother’s sister, Esther, who disguises herself as a wholesome working-class wife to hide her true status as a prostitute; Esther enters her old home for the first time since she has become a “fallen woman” in order to give to Mary Jem’s valentine (the paper her father uses as wadding for Jem’s gun, and the piece of evidence that convinces Mary of Jem’s innocence and her father’s guilt). As soon as she opens the door, Mary throws herself into her aunt’s arms “as if she were a terrified child, secure of safety when near the protecting care of its parent” (Gaskell 232). Stoneman posits, “As so often in Elizabeth Gaskell’s work, the parental impulse is more important than parental identity. In the moment of crisis, Esther functions as a mother for Mary” (79). It is a similar source of security that will enable Mary to overcome her delirium and brain fever. In fact, Stoneman argues that “by bringing Mary the valentine/gun-wadding, she raises her from the posture of prostrate suffering…to ‘the necessity for exertion,’” just as the care the Mary receives at the height of her illness will empower her to recover from her fever as a bold female (79).

After briefly thinking through the current state of affairs, Mary resolves to do everything in her power to save Jem—without mentioning her father’s involvement in the murder. She reverts to her natural inclination of acting with bold independence, longing “to do all herself; to be [Jem’s] liberator, his deliverer; to win him life, though she might

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7 Even though Esther’s falling into prostitution happens far earlier than in this scene, I find D’Albertis’ observation thought-provoking: “The price of this protection, which enables Mary to function ethically and socially as an insulated middle-class subject, is the assumption of knowledge and experience, or ‘sin,’ by another woman, her mysterious Aunt Esther, who serves as the girl’s secret guardian throughout the story” (Dissembling Fictions 50).
never regain his lost love by her own exertions” (Gaskell 254). Mary learns that at the
time of the murder, Jem was walking with his cousin, Will, as the latter began his journey
back to Liverpool, where he would set sail within the next couple of days. Even though
Job, Margaret’s grandfather, attempts to establish a plan to find Will in order that he
might testify at Jem’s trial, Mary demands to travel to Liverpool on her own, and to find
Will by herself. She proclaims to Job, “‘Nothing you can say will daunt me, Job, so don’t
you go and try. You may help, but you cannot hinder me doing what I’m resolved on’”
(259). Archibald describes this scene as one of the collapses of “boundaries and
expectations” in the novel: that in this pursuit, “Jem is a passive victim while Mary is an
active savior” (Archibald 54). This is the first instance of what Patsy Stoneman deems the
“feminization of working-class men” in the character of Jem, as he is alone helpless to
save himself from death (Stoneman 69). However, though Gaskell describes Mary having
more “dignity, self-reliance, and purpose” (260) than ever before, it is evident that the
anxiety of Jem’s possible death, her father’s evident guilt, and the added stress of being
in an unknown location in order to find Will begins to take its toll on Mary’s health. In
addition to that, in her poverty and state of anxiety, she can neither eat nor sleep,
significantly contributing to her delirium.

Similar to Cathy’s illness in Wuthering Heights, Mary’s health seems to worsen
over time before she finally collapses with brain fever. Mary has such strength of purpose
that it seems she disallows her body from fully absorbing the effects of the illness until
she is able to save Jem. From the moment she leaves for Liverpool until she gives her
deposition in the courtroom scene, nonetheless, it is evident that her health is
progressively declining. In the search for Will, she finds herself in a tiny boat with two
rough-looking Liverpool men. Throughout this scene, “a veil seem[s] drawn over her mind, and she [has] no clear perception of anything that passe[s]” (297). Stoneman interprets how Mary’s mental state develops as a result of the “moral chaos behind the ‘veil’ hiding her father’s fall” (Stoneman 82). Stoneman continues, “Since it is through the father that adults acquire access to language, the father’s ‘fall’ threatens the child with inarticulacy” (Stoneman 82). In truth, Mary cannot “hold an idea before her for two consecutive moments” or find the address of where she is to meet Job, Mrs. Wilson, and the lawyer after talking with Will (Gaskell 299). Mr. Sturgis, one of the men on the boat, brings Mary back to his house when he gathers that she is completely incapacitated. She follows him “with the unquestioning docility of a little child,” just like Brontë’s Cathy thinks herself a young girl again at the height of her illness (Gaskell 300). While the worst bit of her fever occurs immediately following her time in the courtroom, she does not seem to be functioning normally at the Sturgis’ house—by any sense of the word. Despite the fact that shortly after arriving at their home, “the girl’s cheek flushe[s], and then blanche[s] to a dead whiteness; a film [comes] over her eyes, and, catching at the dresser for support in that hot whirling room, she [falls] in a heap on the floor,” Mary lies awake in a nervous vigil the entire night (312). Over the course of these hours, she becomes consumed with the fear that the sea winds will remain against them, diminishing the likelihood that Will will be able to return in time to defend Jem’s innocence at the trial.

In the courtroom the next morning, when Mary is on the stand, she begins to answer basic questions “mechanically, as if in a dream” (324). Suddenly, however, she is aroused from this dreamlike state. Rather than focusing her thoughts on Jem as she did
the night before, though, she is roused with overwhelming trepidation that in her
delirium, she might reveal her father’s guilt. This detail serves as a reminder of the
immense amount of pressure under which she is living; by a slip of one word or detail,
she might lose either one of the two most cherished men in her life. As she concentrates
on maintaining her consciousness and censoring her speech, the prosecutor arrests her
attention by asking: of the two lovers, Jem or Harry, which did she prefer? Mary reacts in
her mind as any proper woman would: “And who was he, the questioner, that he should
dare so lightly to ask of her heart’s secrets? That he should dare to ask her to tell, before
that multitude assembled there, what woman usually whispers with blushes and tears, and
many hesitations, to one ear alone?” (324). In *The Reader’s Repentance*, Christine
Krueger boldly asserts that “the prosecutor’s relentless probing after details of Mary’s
affair with Carson is rendered in terms which suggest rape” (Krueger 182). Even though
she reacts with inward disbelief, Mary, as a point of contrast, chooses to view the
audacious question as an opportunity to reveal her heart to Jem, just as her “maidenly
modesty” had earlier prohibited. I see this decision as Mary taking control of a male-
dominated setting despite the ostensible antagonism in the courtroom. With “no feminine
shame to stand between her and her avowal” (Gaskell 325), Mary once more acts outside
of the prescribed gender roles for women by using her “brief public power” to speak
honestly about her two lovers (Stoneman 82). As soon as she completes this task, she
asks to be released from the stand, “for she [feels] the sense, the composure, the very
bodily strength which she had compelled to her aid for a time, suddenly giving way, and
[is] conscious that she [is] losing all command over herself” (326). From there, Mary’s
delirium and brain fever overcome her senses, and she moves in and out of consciousness for an indefinite period of time.

In his article, Gravil asserts that Mary Barton “shows that on some occasions, at least, it is vital that a woman exerts herself in the male sphere of action” (Gravil 17). However, due to the cause and nature of Mary’s brain fever, I would not go so far to say, as Gravil does, that the novel “contributes to the mid-nineteenth century project of re-imagining women and women’s roles” (Gravil 18). Rather, I think that Gaskell’s use of brain fever immediately following Mary’s daring adventures and declaration of love to Jem indicate how poorly Gaskell perceives that Culture would receive these new gender roles. Further, I do not believe that Mary’s strength fails in such a timely manner following her confession because she cannot “handle” this bold, masculine act as a woman. I believe that Mary cannot remain healthy while enacting such bold undertakings because she does not have the love and support of a parent or parent figure to equip her to navigate such uncharted territory in mid-nineteenth century England.

The alternative, common direction for working-class women desiring an unconventional way of life is that of prostitution, illustrated through the character of Mary’s aunt Esther in the novel. Christine Krueger succinctly discusses how Esther is removed from her family circle “first by illness, then by prostitution, prison, and alcoholism—the last warm refuge remaining to her” (Krueger 178). Nonetheless, Mary’s strength of character and morality, as well as Jem’s devoted love and respect disallows that option from ever entering Mary’s mind. In addition to that, Esther’s own watchfulness from the periphery of society enables her to observe Mary’s “secret rendezvous with Harry Carson,” realize the likely, dreadful outcome of these flirty
interactions, and warn Jem before Mary finds herself in an unfortunate situation like her aunt (Krueger 178). In this way, I agree with Krueger that “it is not John Barton, nor Jem Wilson, but, finally, Esther who can save her”—from a degrading lifestyle, at least (177).

As soon as Mary leaves the courtroom, Mrs. Sturgis appears to help the girl; along with being with her the night before the trial, she is present at the trial and observes Mary’s declining health on the stand. About Mary’s appearance, Mrs. Sturgis remarks, “‘You’re so hot, and first white and then red; I’m sure you’re ill’” (327). Just as before, Mary uses every ounce of energy remaining within her to maintain consciousness. Yet, though “a great struggle [brings] herself round to an instant’s sanity,” Mary’s “power of struggling against the growing delirium [grows] fainter and fainter” (327-328). This description echoes Nelly’s fears in *Wuthering Heights*, at the worst point of Cathy’s brain fever; that is, Gaskell describes Mary’s condition with uncertainty, indicating that the patient might lose her sanity altogether. In fact, before the Sturgises bring her back to their house and to her sickbed, “throwing up her arms with wild energy, [Mary] shriek[s] aloud: ‘O Jem! Jem! you're saved; and I am mad —’ and [is] instantly seized with convulsions” (329).

Once back in the private sphere on her sickbed, despite her questionable sanity and level of consciousness, Mary is overwhelmed by the same worries that plagued her in the days leading up to the trial. She remains fixed in this tense, traumatized state of mind because “sight and hearing [are] no longer channels of information to [this] poor distracted brain, nor [can] human voice penetrate to her understanding” (335). Despite this seemingly hopeless case, however, Mary has many individuals vying to fill the role of nurse, or caretaker. Because Jem must also appease his mother’s desire to see him, it is
mostly Mrs. Sturgis at the beginning who “alternately tend[s] Mary, and [weeps] over the violence of her illness” (336). Much like how Mary takes full responsibility in finding an alibi for Jem, though, Jem assumes the role as chief caretaker for Mary once he returns from visiting his mother. While I am sure Mrs. Sturgis cares for Mary with the painstaking precision of any caretaker and the motherly affection of a woman, she does not know the patient well enough to provide her with the love necessary to ease Mary’s apprehensions about her father or help her find true healing from the physical and social causes of her illness. Thus, “Mary still hover[s] between life and death when Jem arrive[s] at the house where she lay; and the doctors [are] as yet unwilling to compromise their wisdom by allowing too much hope to be entertained” (347). This is the second instance that Stoneman cites in the discussion of Jem’s feminization, because he performs the role of “sick-nursing,” a traditionally female role (Stoneman 69). Regardless, it does not seem to be what Jem can do once at her bedside, but rather who Jem is, and the fact that he is at her bedside that makes a difference. Jem earlier proclaims, “‘whether she lives or dies, I look on her as my wife before God, as surely and solemnly as if we were married’” (341). Jem’s love for Mary seems unconditional, as one might expect in a marriage. They have not been formally married, yet Jem sits by her bedside as if they were one unit. Further, as she is mostly unconscious and her caretakers are “not to expect any visible change for long, long hours of sad monotony,” it is not as though he receives any sort of benefit—like conversation or a loving glance—by spending so much time by her bedside (348). Nonetheless, he continues his watch, faithfully and full of hope.

It is unclear just how many days Jem spends by Mary’s side before she begins to improve; Gaskell merely states that “after a while the reward came,” and “from that time
forward, Mary’s progress towards health was rapid” (348-349). This demonstrates how arbitrarily brain fever can come and go according to the narrative function of the illness.

In order to describe Mary’s transformation post-illness, Gaskell utilizes the vocabulary of rebirth. Mary is so changed from before her illness that it is as though she is a new creation, or a new being. When she opens her eyes for the first time, “her mind [is] in the tender state of a lately born infant’s,” and when she sees Jem, “she smile[s] gently, as a baby does when it sees its mother tending its little cot” (348-349). Archibald succinctly asserts that “Jem’s love for her replaces her absent parents’ love, and Jem gives her a true home to replace the one she has lost” (Archibald 55). Despite the fact that Gaskell utilizes parent-infant language to describe Jem and Mary’s interactions in this scene, during this time Mary also acknowledges how Mr. and Mrs. Sturgis also “cared for her, and nursed her, as though she had been a daughter” (351). Thus, it seems as if both parties serve a purpose in Mary’s healing: Jem provides the loving care that comes with knowing Mary, her family, and her circumstances, and the Sturgises provide the kind of loving care offered by material comforts, medical attention, and affection from individuals near to her parents’ age.

Even though Mary receives parental love from the Sturgises and Jem, enabling her to fully recuperate from her brain fever, her father is still alive—though not in his role as a father. From Mrs. Barton’s death onward, I agree with Archibald’s statement that “John is the child while Mary is the adult” (Archibald 54). Because John Barton is still living, nonetheless, a vital component of Mary’s complete healing is reconciling her father’s decisions with the perception she held of him from birth. Therefore, it is necessary for Mary not only to forgive him for his lack of parenting, but also for his
murderous act. These needs are made clear even in her most delirious state, that “mingled even with the most tender expressions of love for her father, was a sort of horror of him; a dread of him as a blood-shedder, which seemed to separate him into two persons,—one, the father who had dandled her on his knee, and loved her all her life long; the other, the assassin, the cause of all her trouble and woe” (346). It is on the topic of visiting her father that Mary reveals that she is just as (if not more) resolute in expressing her desires as she was before she falls ill. In everything, Jem observes that she is “softer and gentler than she had even been in her gentlest mood; since her illness, her motions, her glances, her voice [are] all tender in their languor” (350). Despite Mary’s docile demeanor, though, she is unafraid to share her opinions and act on her desires—especially in cases where she might have wavered beforehand. She succinctly and firmly declares to Jem, “‘you’ll be really kind if you’ll not speak against my going home. Let us say no more about it, dear Jem. I must go home, and I must go home alone’” (351). And so, Mary returns to the place that once housed her comfortable, happy family to find her dejected father—who has also suffered his own bout of monomania. It is apparent that she is unsure if she would meet John Barton, the murderer of Harry Carson, or John Barton, her father. Instead of shying away from the possible danger of the situation, though, Mary confidently faces the situation, ready to “endure all imaginable terrors” for the sake of her father—in whatever state he might be (353).

As a result of not only seeing her father but also witnessing John Barton’s own reconciliation experience, Mary is able to experience complete healing and freely move forward with her life. When she first encounters her father, all of her potential fears vanish and she is immediately overcome with compassion for him. From that moment on,
“his crime was a thing apart, never more to be considered by her” (354). Mary is also surreptitiously present for her father’s interactions with Harry Carson’s father, the mill owner and embodiment of the inequality between classes. This intimate interaction between social classes provides closure for John and Mary’s sufferings and illnesses over the course of the novel. Jill Matus states that “far from being mere melodramatic effects, the novel’s crisis of inner life and consciousness are an integral part of Gaskell’s attempt to chart the social transformations of mid-century England and understand the forces of feeling and unconscious life that jolt the individual into self-scrutiny and renewed engagement with the outside world” (Matus 44). It is apparent in both this scene and in Mary’s brain fever how, as part of her Condition of England novel, Gaskell creates specific characters in order to humanize these social issues about gender, class, and inequality. In this scene specifically, Mary is able to see her father receive grace and forgiveness from Mr. Carson for killing his only son, and also witness her father change his view of Mr. Carson as “no longer the enemy, the oppressor, but a very poor and desolate old man” (Gaskell 366). Krueger identifies a “spiritual brotherhood” between the two men, wherein “Barton dies in Carson’s arms as the repentant millowner prays the ‘Our Father,’ at once forgiving Barton and accepting his own guilt” (Krueger 185). Stoneman also notes how Carson’s “support of the dying Barton is like that of the Madonna in Michelangelo’s Pietà,” wherein Mr. Barton is the Son and Carson mother Mary (Stoneman 83). John Barton is thus able to die a “free man” in the mind of the one who matters. Mary can, too, feel at liberty to continue her life as she pleases—without feeling the need to seek retribution or to continue the work of her father (for John Barton successfully finds closure for himself by the end of his life).
Unlike Cathy in *Wuthering Heights*, Mary *does* make a full recovery from her illness. The care received in the sickroom from Jem and Mrs. Ben Sturgis satisfies the void left by her deceased mother and estranged father, equipping her to recuperate from her brain fever, make peace with her father, and live a fulfilling life as a woman with bold desires and strong opinions. Gravil concludes his remarks on *Mary Barton* by stating that “one of the repeated motifs in the novel is that of personal reconciliation” (Gravil 59). Indeed, by the end of the novel, Mary is able to find peace with who she is as a working-class woman, with Jem and his mother, and with her father. Even though “John Barton: A Tale of Manchester Life” does not survive as the title of the novel, Mr. Barton remains an essential component to Mary’s growth, healing, and empowerment.

Because of Jem’s involvement in the murder case, Mary and Jem are unable to remain in England; the novel ends with their moving to Canada to begin their married life with a clean slate. While it may seem that Mary exchanges her active independence for domestic silence by this point, Gaskell ensures that Mary is not silenced. Mary literally has the last words of the novel. It is important to note that these words do not take place in England, but rather in Canada. Gaskell describes their new home as an idyllic, edenic location, with “a garden around the dwelling, and far beyond that…an orchard,” where “the glory of an Indian summer is over all, making the heart leap at the sight of its gorgeous beauty” (Gaskell 392). I think Gaskell describes Canada in this way in order to communicate that freedom of bold action and expression for women is an ideal goal—a goal that in the mid-1800s had not yet been reached. Therefore, though Mary does recover from her brain fever and make peace with her identity, she can only sustain this unconventional way of living outside of Victorian England; Gaskell thus seems to add
“the unreasonable expectations for women” on the list of social ills that need to be rectified.
Differentiating between Duty and Desire in Trollope’s *Lady Anna*

Anthony Trollope was born on April 24th, 1815 in London, the fourth son of the Trollope family (Glendinning 3). While he did not lose his mother to illness like Brontë or Gaskell, Anthony “did not see his mother at all between the ages of twelve and a half and sixteen, and he survived those years in circumstances which would depress and disturb the most robust adolescent” (4). Mrs. Trollope was in America during this time, attempting “to save the family fortunes” (4). As Anthony was straddling the line between childhood and adolescence, he did not, then, have motherly support and instruction. His father “was not a cold man, but one who was afraid, or unable, to show affection, and hated any kind of gush,” so one can surmise that Anthony did not have many reminders of how much he was loved, especially during his prepubescent years (5-6). Illness and death were prevalent in the Trollope family. Mr. Trollope’s excessive ingestion of calomel, used to relieve his chronic headaches and stomach troubles, “exacerbated, if it did not cause, his neurotic, irritability and poor health” (14). Mr. Trollope eventually died in Bruges, where they were living at the time, in 1835 (75). In addition to that, Anthony lost his brother, Arthur, in 1824—when Anthony was just nine years old (16), and his siblings Henry and Emily to tuberculosis in 1834 and 1836 (73, 77). He would also lose his sister, Cecilia, in 1849 (176). Because there were so many deaths in the family, when Anthony himself became “dangerously ill” just after his twenty-fifth birthday, Mrs. Trollope, who had already lost three children by this time, “prepared herself for the loss of a fourth” (103-104). Additionally, Glendinning seems to draw connections between the young man’s illness and his novelistic inspiration. In Trollope’s biography, immediately following her description of Anthony’s illness, she writes, “healthy young
people fall gravely ill in Anthony’s fiction when they are faced with a conflict they cannot resolve” (104). We will never know exactly what motivated or inspired Anthony’s writing. Nonetheless, it is apparent that both Anthony and his character, Lady Anna, experience great change in their lives after recovering from illness. Glendinning describes Trollope’s illness as a “turning point,” stating that “after it was over he was his own man,” much like after recovering from her brain fever, Anna in *Lady Anna* is empowered to make her own decisions as a woman (110).
Anthony Trollope’s *Lady Anna* (1874) is a novel of manners; as such, nearly every character except for Anna is preoccupied with rank and social class (or, in the Radical Daniel Thwaite’s case, his contentment with being excluded from the system). Most notably, Countess Lovel, Anna’s mother, devotes her “whole life” to “establishing the rights of her daughter” (Trollope 79). However, despite the novel’s genre and the nearly endless discussions of class within the text, it is actually Anna’s desire, as a woman, to follow her own path that leads to her brain fever—as it is with Cathy in *Wuthering Heights* and Mary in *Mary Barton*. In her chapter “Trollope’s Lady Anna: Corrupt Relations or Erotic Faith?” in *Searching for Anna*, Deborah Denenholz Morse discusses these apparent gender tensions: “Trollope’s novel is about the oppression of women in patriarchal English society, about the ‘corrupt relations’ that are the reality of Victorian sexuality” (50). As a result of her rebellion from the patriarchal, domineering oversight in her life, the eponymous protagonist of *Lady Anna* suffers from two distinct bouts of illness over the course of the novel—just as Cathy does in *Wuthering Heights*. Even though both of her fevers arise, in some capacity, from others’ incessant insistence on her marrying her cousin, Earl Lovel, (and consequently on her maintaining her high social rank), only the second and more enduring fever results in a radical change in Anna’s character. While the motherly affection bestowed on Anna from Serjeant Bluestone’s wife equips her to recover from her first trope, it is the assurance of her fiancé’s devotion and her strong conviction of her own worth regardless of her rank that enables Anna to not only recover from her fever, but also to stand firm in her decision to marry a tailor.
Notwithstanding the novel’s title, *Lady Anna*, the introduction in the 1990 Oxford University Press edition of the novel claims that “it is in the mother’s story that Trollope’s greatest passion is invested,” because the treatment of Countess Josephine Lovel “constitutes one of the most detailed of Trollope’s studies of that classic Victorian exemplum, the poor but well-born girl who marries solely for money and position” (Orgel vii). The novel begins by detailing Josephine Murray’s unfortunate tale: how, despite her beauty (Trollope 2), she chooses to marry a man “because he [is] an earl” though he believes that women were “made to gratify the appetite of man” (3). Because the Earl is unable to convince Josephine to become his mistress, he agrees to marry her. She does not live with him for half a year before he informs her that “the marriage was no marriage and that she was—his mistress,” as his first wife was still living in Italy at the time of their wedding (4). He takes careful pains to assure Josephine that her daughter, Anna, would then have no right to the title or inheritance, as she was his illegitimate child. Earl Lovel leaves the Countess to go abroad, offering her a substantial income on the grounds that she would quietly leave Lovel Grange and cease to call herself Countess Lovel. Jenny Bourne Taylor interprets the repulsiveness of this man as going so far as to lack loyalty to his nation. She states that “Trollope plays on the rhetoric of radical melodrama by making her father the old Earl a burlesque aristocratic libertine, an un-English embodiment of a Gothic ancien régime” (Taylor 56). Thus, considering her father’s character and abominable actions, it is not as much of a misfortune that Anna grows up without her father—as it may have been were the man a stable human being.

Even though the Countess and her daughter do not receive help from their relatives, a friendly tailor, Thomas Thwaite, and his son Daniel take a “strong part in
denouncing the wrongs to which Lady Lovel had been subjected” (7). Jenny Bourne
Taylor continues her aforementioned political metaphor of Earl Lovel’s character by
stating that “Josephine and Anna's legitimacy is first taken up as a radical cause by
Thomas and Daniel Thwaite, a way of opposing absolutist power” (Taylor 56). The tailor
seems primarily motivated to help Josephine and Anna out of his goodwill, yet it does not
seem coincidental that the Thwaites are Radicals, and that Earl Lovel, a member of the
nobility, commits the offenses. Five years after the Earl leaves the country, Josephine
finally decides to prosecute him for bigamy (Trollope 6). In the meantime, she is “eaten
up by lawyers and tradesmen, and [falls] into bad repute as asserting that claims made
against her, should legally be made against the very man whom she was about to
prosecute because she was not his wife” (7). Mr. Thwaite in response offers his home as a
short-term living space for the mother and daughter, pays their debts, and supports them
when the Earl is acquitted for bigamy. Geoffrey Harvey reasons that “this legal plot is
essential in gaining the reader’s sympathy for the wronged Countess, but more
importantly it enables Trollope to allow Anna to grow up in the same household as
Daniel Thwaite and to fall in love with him without flouting either social or narrative
propriety” (Harvey 30). As children, the tailor’s son and the daughter of the Countess and
the Earl grow and play together with no notion of their disparity in rank. (This marginal
detail will become the root of Anna’s problems years later when she decides to make her
playmate her lifelong companion.) When Anna is still young, the Earl spontaneously
returns to Lovel Grange with a mysterious woman, and shortly thereafter, he dies. In his
will, he bequeaths everything to the aforementioned woman, Signorina Camilla Spondi,
does not mention his son at all, and in a clause to the will acknowledges Anna to be his
illegitimate daughter—to whom he owes nothing. For the remainder of the novel, Countess Lovel devotes every bit of her time, strength, and sanity ensuring that her daughter “may have her birth allowed and her name acknowledged” (Trollope 19).

Despite Countess Lovel’s evident suffering and discontentment as a result of her choice to marry for rank and wealth rather than love, she dedicates her life to ensure that her daughter follows in her footsteps. In her book Reforming Trollope, Deborah Morse affirms that the “Countess Lovel—still under the thrall of the immoral Earl even after his death—cleaves fanatically to old aristocratic mores that privilege rank over love” (66). It seems that for most of her upbringing, Anna complies with her mother’s wishes, “always sympathiz[ing] with her mother’s sufferings” and “carrying herself as one who [is] bound to special obedience by the peculiarity of her parent’s position” (Trollope 86). In truth, though, her father’s rank and wealth “had been a perpetual trouble to her, and a crushing weight upon her young life, that she had almost learned to hate the title and the claim” (28).

In her mother’s continual interactions with Mr. Thwaite, Anna becomes intimately acquainted with her childhood friend, Daniel, and plans to marry him. Despite the fact that “the rights of the Countess and the wrongs of the Countess had become [Mr. Thwaite’s] life” (32), though, Countess Lovel rejects this potential match of Anna and Daniel, proclaiming to her daughter that “‘it is not fitting that there should exist between you and him the intimacy of equal positions’” because “‘he has been born to be a tailor, and you are the daughter and heiress of an Earl’” (28). Taylor asserts that Trollope creates a “parody of a racialized belief in rank as Josephine denies the obligations of the past and embarks on an increasingly obsessive quest to prove her daughter's legitimacy,
as status hierarchy segues into rigid classificatory categories” (Taylor 56). The thought of a tailor marrying her daughter is so horrendous to the Countess that it is as if they are of two different species; it simply cannot happen. When her mother’s plans require her to marry her cousin, Lord Lovel—rather than her betrothed, Daniel Thwaite—in order to ensure Anna’s right to her title and her father’s money, Anna resists: first, meekly and quietly, and later, firmly and verbally. Anna faces a choice similar to Mary Barton: to marry her childhood, working-class friend—for love, or to marry a man elevated in station—for material comforts and class. On the other hand, while Mary attributes her flirting with a man she does not love to her lack of motherly guidance in her life, it is Anna’s mother who pushes Anna towards a man she does not love.

As her mother begins orchestrating her marriage to Earl Lovel, Anna limits her defiant response to a repetitive exclamation of “it is impossible!” She not only does not want to marry someone whom she just met, but she also fears her mother’s reaction to the news of her betrothal to her low-class lover (83). After compliantly following her mother’s orders for the entirety of her life while the Countess fought tirelessly for the reestablishment of their rank, Anna seems to not really know how to rebel—or even to clearly speak her mind. As a result of this tension between wanting to follow her mother’s orders and desiring to keep her promise to her betrothed, she seems paralyzed with indecision.

Further, “on the next morning Lady Anna was ill,” declaring “that her head ached wretchedly” (84). It is apparent that Trollope intends for this instance of illness to act as a precursor to Anna’s subsequent, more transformative malady when he notes how her declaration that “It is impossible” is “repeated with a vehemence beyond that which such
natural timidity might have produced” (85). When her mother notices this unanticipated zeal in her daughter’s voice and identifies it as a threat to her schemes, the Countess assumes a commandeering, cold manner in relating to her daughter; she maintains this attitude toward her daughter for the remainder of the novel. Countess Lovel decides “that she would prefer to divest her bosom of all soft motherly feeling than be vanquished in this matter by her own child” (86). During this time, Anna’s serendipitous visit to Bedford Square, the Bluestones’ residence, offers her the kind of love that is from this point onward absent from Anna’s relationship with her mom—and crucial to her recovery. The narrator mentions how “there had sprung up…a sort of friendship between Mrs. Bluestone and the two Miss Bluestones and the Lady Anna,” wherein to Anna Mrs. Bluestone is “kind and motherly” (77). Despite this brief bout of illness, Anna accedes that “she [is] bound in duty, at any rate, to meet her cousin,” and to at least initially humor her mother’s requests (84). Anna’s recovery from this first fever seems to strengthen her resolve, enabling her to withstand a greater amount of persecution and pressure as the plot progresses.

The lack of sympathy imparted to her by her once-loving mother surely contributes to her second, more abiding fever. The symptoms of this bout of illness begin when her mother asks for Anna to give her “word of honour that [she] will never see [Daniel] again” (214). Countess Lovel appeals to her daughter’s duty to her. It seems that Anna has realized that she would rather remain devoted to her promise to Daniel than to satisfy her mother’s hunger for rank. In *Trollope’s Later Novels*, Robert Tracy concurs

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8 Countess Lovell’s unsympathetic treatment of her daughter likens her to Lady MacBeth in Shakespeare’s *The Tragedy of Macbeth*, pointing to the influence of Shakespeare and other Elizabethan and Jacobean playwrights in Trollope’s works. Deborah Denenholz Morse discusses this in detail in Chapter 2, “Sailing to Australia, Reading *Othello*, Transforming the Marriage Plot in *Lady Anna* (1874),” of *Reforming Trollope*. 
that “strength and steadfastness, a commitment to living an ordinary life, and a refusal to value rank over honor are Lady Anna’s chief virtues” (Tracy 139). However, she does not yet know how to articulate this truth to her mother. In forming a response, Anna “trie[s] to think, but her mind [will] not act for her…” – just as Mary Barton articulates before and after her appearance in court (Trollope 214). The narrator describes, from Anna’s point of view, the experience of everything in the room “turning round,” Anna becoming “giddy,” and the girl finally throwing “herself on the bed” (214). This ailment seems like brain fever due to the doctor’s declaration that she is “harassed in spirit,” and because she is not able to think coherently (227). Again, though, like both Mary Barton’s and Cathy Earnshaw Linton’s illnesses, Anna’s illness remains relatively ambiguous. Bailin remarks on this subject that “although there is mention of bodily wasting and delirium, […] the conditions of illness remain reassuringly vague, merely the occasion for the benefits they elicit and the desires they legitimate” (Bailin 7). For Anna, the desires this illness legitimates do not align with the desires possessed by the individuals at her bedside: her mother, who is “a careful nurse rather than a loving mother,” and the Earl, her cousin and alternative option for a spouse (405). Moreover, in Reforming Trollope, Morse discusses how “Lady Lovel is so intensely focused upon a religion of class that she can say ‘let her die’ (400) when her daughter becomes dangerously ill, choosing that fate for Anna rather than a marriage to the tailor’s son” (Morse 54-55). She continually criticizes her daughter for being selfish and stubborn, and refuses to comfort her daughter—even when it seems Anna is on her deathbed.

However, after weeks of her doing poorly and little suggestion that her condition is improving, her health suddenly begins to improve—as does her strength of purpose.
This spontaneous recovery mirrors Mary Barton’s experience with the fever, pointing to the fact that these authors seem to utilize the illness for similar authorial purposes. Like Cathy in *Wuthering Heights*, Anna’s true love is barred from visiting her at her bedside. She is imprisoned on her sickbed, both literally and metaphorically. How, then, is Anna able to recover from her illness, whereas Cathy’s fever can only end in death? Surrounding by others who oppose her desires, Anna is able to not only survive, but also recover and thrive, because she learns the lesson that “she ought to be true to her word;—that she specially ought to be true to one who had ever been specially true to her” (335). That is, she learns that she has a duty to Daniel, but also—more importantly—to herself. I believe that she learns these truths ironically through the persecution inflicted by her mother and nearly everyone else in her life (that persists even while she is on what seems is her deathbed). She is driven away from these merciless judges due to their inflexibility on the matter; in turn, she gravitates towards the man who continually asserts that “she shall be free,—if she chooses to be free” (364). These are crucial realizations that reinforce Anna’s position on the issues at hand. Her bold self-assurance gives her the resolve needed to regain her health and move forward with her life as an independent individual.

At first, Anna silently rebels, attracting notice by her silent lack of consent rather than her previous exclamation of ‘It is impossible!’ and not much else. Tracy comments on how “the young girl is courageous about her love, but she is a quietly determined heroine rather than a romantic one” (147). Even non-family members notice this change: “Both the Serjeant and Mrs. Bluestone now conceived that the young lady had a stronger will of her own than might have been expected from her looks, her language, and her
manners” (334). As she recovers, it is apparent that this illness has transformed her from the inside out—both in body and mind. Though James Kincaid suggests that Lady Anna “lacks her mother’s strength and ambition and becomes first simply a pure victim…” (Kincaid 162), the narrator directly states that “her mother's harshness to her had produced some corresponding hardness in her” post-fever (411). When the Countess sees her during this metamorphic time, she cannot “help thinking that her child [is] different from what she had been” because she notices a tinge of “defiance in the words spoken [by Anna], though they had been spoken with the voice of an invalid” (406). Instead of deferring to her mother’s opinions or shaking her head “no” without any real explanation as before, Anna slowly finds her voice and comfortably expresses her opinions, regardless of how contrary they are to her mother’s, Lord Lovel’s, and the rest of her family members’ ideas. Tracy affirms that “Lady Anna is strong-minded enough to resist advice, tears, and threats from her relatives when she refuses to go back on her promise to marry the tailor” (Tracy 139). At this point in the novel, the narrator accedes that “in truth the girl had ceased to be subject to her [mother]” (Trollope 411).

Another aspect of this change is how she suddenly appears to be business-minded, as though she were a completely independent, land-owning woman. Once Anna becomes “of age,” she relinquishes her ties to her mother and fully takes control of the legal settlement; Countess Lovel, the Solicitor-General, and the lawyer are astonished by Lady Anna’s display of “determination of purpose and full comprehension of the whole affair…” as if a young woman did not have the mental faculties to understand the settlement (Trollope 430). Further, in a later scene, the narrator declares that it is “absurd to oppose [Anna]” because “she [is] her own mistress,” and she because had shown
herself competent to manage her own affairs” (441). Surely, Anna appears to be as she feels towards the end of the novel: “as free as air” (470).

Despite the fact that during the novel the conversation occasionally turns to Anna’s approaching coming of age, where “she would be her own mistress, free to take herself from her mother’s hands, and free to give herself to whom she would,” Trollope never really presents an opportunity where Anna will be free to be that independent to decide her husband completely separate from others’ opinions (221). Although it seems that she willingly chooses Daniel in the end, the novel presents her situation as if Lord Lovel and Daniel Thwaite are the only two unmarried, eligible bachelors in the area: her low-class childhood sweetheart, or her cousin. Her options are presented as such a sharp dichotomy that it seems the involved parties reduce her options to binaries of the “good, attractive, and highly ranked” cousin, and the “bad, low-class, and unworthy” tailor. Indeed, because Anna is indifferent towards (and eventually repels) everyone’s preoccupation with class, she seems even more inclined towards honoring her promise to Daniel—one of the only characters in the novel who, due to his own personal investment in the matter, does not insist that Anna do whatever is required to maintain her title and rank. Stephen Orgel, editor of the Oxford University Press edition of the novel, aptly evaluates Anna’s two options, stating that “such a choice, in a very real sense, is no choice at all” (Orgel xiv).

The most enduring method that Trollope utilizes to demonstrate gender inequality in the novel, however, is the way in which every character—except for Daniel Thwaite—parallels Lady Anna’s betrothal to a tailor with a loss of honor. For example, the Countess laments “what a degraded creature was her child to cling to so base a love”
(432), and Lord Lovel asks himself if he could “take to his heart one who had been pressed close in so vile a grasp” (168). It is as though associating herself with someone below her in rank somehow taints the young woman. Moreover, Serjeant Bluestone dismisses the topic, stating that “‘the marriage would be so abominable, that it is not to be thought of’” (318). He also ventures to act as though Anna’s choice will influence the whole of England. He solemnly declares, “‘Here in England the welfare of the State depends on the conduct of our aristocracy’” (237). Tracy discusses how “Lady Anna, then, is to be admired because she keeps her word, but Trollope is eager to justify her socially as well as morally” (142). Tracy continues, “in the novel itself he reminds us that the misalliance is not quite as ‘horrible,’ ‘abominable,’ and ‘incongruous’ as Lady Anna’s critics make it out to be” (142). The way in which everyone discusses Anna’s choice is as if she had become a prostitute, or engaged in sexual activity with a man other than her husband.

In reality, though, she is merely proposing to marry the man with whom she spent most of her childhood—before her rank was established, and when everyone referred to her as Anna Murray. In consideration of these facts, Anna “is as equal to the tailor as she is to her cousin, the young Earl Lovel” (Tracy 142). Tracy formulates key questions that Trollope seems to ask through this connection of rank and honor: “Does an individual change in essence when he or she undergoes a change of legal, and consequently of social status? Is Lady Anna a different person, with different needs and obligations, after her status is recognized, or does she remain the same?” (143). Nonetheless, nearly all of those surrounding her are convinced to the end that people of lower ranks are almost of a different breed—despite the fact that Anna and Josephine Murray had once been included
in this lower ranking. As Harvey states, “Trollope satirizes the abstract notion of nobility based in some mystical way on blood, and the overtly symbolic marriage between an aristocrat and a member of the working class which closes the novel deliberately and ironically indicates that there is no innate difference between people” (Harvey 32). In consideration of this fact, the double standards imposed upon Anna and Daniel by nearly every other character are unmistakable by the end of the novel.

Along the same lines of considering Lady Anna “disgraced” because of her low-class betrothal, Countess Lovel and Earl Lovel begin to objectify her as they decide whose “side” will win the girl—theirs, or Daniel’s. That is, in trying to convince Lady Anna of her worth as a member of the upper class, they talk about her as though she is a “thing” to be possessed rather than a person whose feelings and opinions are considered on any subject. As an illustration, Lord Lovel assents that Daniel deserves a reward for all he has done to help the Countess and her daughter, “but that reward must not be the hand of the heiress of the Lovels” because “he, the Earl, would once again claim that as his own” (240, emphasis mine). “That” refers to Lady Anna, and it seems Lord Lovel thinks of her as a trophy to be won, or his object to be dealt with as he pleases. The Countess, too, believes that Anna “should be a creature in her hands, to be dealt with as she please[s]” (390). It is therefore apparent how a vital part of Anna’s recovery process is gaining a sense of self-possession.

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9 That is, everyone except for the Solicitor-General, who gives a speech on the reinvigoration of the aristocracy. Deborah Morse cites this speech in Reforming Trollope. She writes, “Sir William redefines gentlemanliness as an ideal that can be realized by good men of any class who are educated and morally upright, although Daniel’s having ‘great means at his command’ will be the factor that—joined to his good character, education, and high intelligence—will allow him to acquire some of the accoutrements of gentlemanliness” (Morse 427-428).
Thus, in the end it is Anna’s status as an aristocratic woman that causes her illness—not her indecision, unequal class hierarchy, or the tension between honoring her mother and following through with her promise to Daniel. Rather, her status as a daughter of an Earl seems to both disallow her from making her own choice and depict her as incapable of deciding. Orgel claims that “Trollope guards so strongly against…the liberation of women” in Lady Anna (xviii). Conversely, I agree with Morse that Trollope portrays Anna gaining agency over the course of the novel, enabling her to be true to herself by the end (Reforming Trollope 40). In recovering from her brain fever, Anna develops her own voice (which grows louder and more resolute). Further, she utilizes this voice to defy the loudest and strongest presence in her life—her mother. This demonstrates definitive growth and, on some level, liberation. On the other hand, as before mentioned, Anna seems to have the choice between two separate sets of chains: one gilded with the promise of status and rank, the other as iron, strong with the promise of love and support—even when she was in rags. That is, she has the ability to choose between those two sets of chains, but does not have the opportunity to select another spouse outside of Lord Lovel and Daniel Thwaite—or to even to abstain from marriage altogether. Because her mother is described as domineering, ruthless, and most powerfully “embod[y]ing the patriarchy” (xix), Trollope seems to exempt the Countess from this constraint enacted upon women; in her extreme humiliation and desire for revenge, Countess Lovel appears to have morphed into the very entity that she seeks to avenge. In fact, the Countess is neither wife nor widow, living apart from her husband as a single woman for most of the novel. Although she depends on the Thwaites’ financial
support for a good part of the novel, the Countess is able to remain sexually independent—and yet she never allows Anna the same freedom.

Hence, Trollope’s *Lady Anna* demonstrates how brain fever can act as a pivotal moment of change in a character’s life, as when Anna becomes liberated from the suffocating, patriarchal presences that inhibit her ability to choose for herself. Despite the fact that Anna does feel, in part, tied to her promise to Daniel, she chooses him willingly, and with a sense of her own worth despite the pressure placed on her by everyone around her. Moreover, Harvey discusses how “Anna’s love and her moral education under Thwaite’s powerful influence finally prove stronger than mere blood, and her insistence on her pre-contract in the face of fierce psychological pressure contrasts starkly with her father’s cynical betrayal of human obligations” (Harvey 31). Albeit the assertions made by others that her choice of Daniel Thwaite or Lord Lovel would define “the marring or the making of the whole family of Lovel” (238), respectively, her strength of purpose in maintaining her promise to the tailor effectively redeems her father’s lack of loyalty to others—ironically reestablishing the family’s honor. Even further, Lady Anna demonstrates her magnanimity and sense of justice by giving the young Earl Lovel half of her wealth, restoring the Lovel family fortunes in an honorable manner. With the Lovel family effectively reestablished, Anna is then able to move to the Antipodes with Daniel, under no further obligations to the family. While her relatives, at best, tolerate her marriage, in the end Anna is able to transcend their opinions and live a content life as who she is—and who she has grown to be as a confident woman.
Empowering the Emasculated Man: The Power of a Woman’s Love in *Little Dorrit*

Charles John Huffham Dickens was born on February 7, 1812 in Landport—just outside of Portsmouth (Tomalin 3). Like the aforementioned authors (and nearly every other family in Victorian England), Charles was surrounded by illness and death from a young age. Mrs. Dickens gave birth to a child in 1814 who died shortly thereafter (15), and in 1824, Charles’ younger sister, Harriet, died of smallpox (18). At age ten and eleven, Charles began to write character sketches, and though “he was proud of his writing,” he did not show anyone; biographer Claire Tomalin cites his parents’ preoccupation “with their many young children and with money troubles,” as well as the death of their mother’s sister, aunt Fanny, as the reasons why he is so private about them (21). In February of 1824, his father was finally arrested for debt after being “pursued by creditors with increasing ferocity,” to which Charles was certainly subjected (22). When his father is taken to the Marshalsea debtors’ prison, where Arthur Clennam is imprisoned and where the Dorrit family lives for the majority of *Little Dorrit*, Charles is “frightened” and “reduced to despair” (23). As a twelve-year-old, he was now the “man” of the family, and was forced to sell most of their belongings to earn money to pay his father’s debtors. Tomalin cites how “all these experiences – of debt, fear, angry creditors, bailiffs, pawnbrokers, prison, living in freezing empty rooms and managing on what can be borrowed or begged – were impressed on his mind and used again and again in his stories and novels” (23). However, the most enduring and traumatizing event of his childhood was his time working at the Warren Blacking Factory. Unlike Brontë, Gaskell, and Trollope, he would not lose a parent to death in his early youth. Rather, he was forever changed by his parents’ ease in subjecting him to such poor conditions. In later
writings he “dwel[s] with horror and indignation on such a proposal being made for a young, sensitive and promising child, and on his parents’ indifference to what it meant for him” (24). Working at the factory, he was lonely and hungry, and missed his parents; this “misery was made worse by the knowledge that they had willingly put him into this situation” (25). After his experience ended at the factory, his parents would never mention it again, further contributing to his negative associations with this life event (29). His parents would never match the severity of treatment that Arthur Clennam experiences by his stepmother in *Little Dorrit*. Nonetheless, one can observe what may have inspired the coldness evident in the mother-son interactions in the novel.
Charles Dickens’ 1857 novel, *Little Dorrit*, satirizes British society, its view of money, and its stalemate of a government by means of the experiences of Amy Dorrit, otherwise known as Little Dorrit, and Arthur Clennam, a middle-aged man who has recently returned to England after working abroad for 20 years in China. I am not so much concerned with Dickens’ enduring critique of society. Rather, I am interested in analyzing the backgrounds of and interactions between the aforementioned two individuals. The relationship between Arthur and Little Dorrit is especially notable because it is Arthur who, under stress from his deteriorating business, falls ill with a fever—and it is ultimately Little Dorrit who possesses the strength and ability to revive him. It initially seems incongruous to have a male character experience such “distress of mind,” because in the Victorian novel it is a description (and trope) typically reserved for a woman plagued with a problematic set of circumstances from which she is unable to escape. However, Arthur’s troubled childhood and apparent lack of foundation as a forty year old in England depict him as a somewhat unstable and effeminate individual, assigning meaning to the illness that ails Arthur at the end of the novel: brain fever (Dickens 856). On this subject, Jane Wood asserts how “the nervously sensitive male [is] effectively feminized by a disorder which marginalize[s] him socially, sexually, and psychologically from the prevailing norms of manliness” (Wood 5).

This distinctive depiction of Clennam permeates every detail Dickens mentions of the man. When Arthur first appears in the novel, he is in Marseilles awaiting reentry into England after working in China for twenty years. He befriends the Meagles family, individuals also in quarantine after traveling to the eastern part of the world. As they discuss their plans for the near future, Clennam subtly comments how he is “such a waif
and stray everywhere, that [he is] liable to be drifted where any current may set” (35). This might initially seem like a jocular aside, meant for his new acquaintances to shrug off in a casual manner. Nevertheless, the Oxford English Dictionary defines waif as “a person who is without home or friends; one who lives uncared-for or without guidance; an outcast from society; an unowned or neglected child” (“waif, n.1 and adj.”). Based on Arthur’s background of having lived in a foreign country from age 20 to age 40, having lost his Dad only a year prior (his only blood relative), and presently returning to the only home he has ever known in England: his childhood home where his “mother” reared him in “coldness and severity,” this remark appears to resonate very closely with his current reality (Dickens 180). In the same conversation, Arthur reveals the verity of his despondency and resulting victimized mentality. The man describes his upbringing as likened to being “heavily ironed with an object on which [he] was never consulted and which was never [his],” and he simultaneously asks, “‘what is to be expected from me in middle-life? Will, purpose, hope? All those lights were extinguished before I could sound the words’” (35). Clennam’s statement points to his mindset into which he feels locked at the onset of the novel—as one of the many prison metaphors of the novel. This corresponds with Wood’s note that “Little Dorrit…is a novel of mental prisons as much as literal ones” (Wood 22).

Nevertheless, when he arrives in the country, he immediately travels towards his mother’s house in London. It is evident that even though he is a grown man, he continues to operate under her authority. As soon as he walks into the bedroom where she has lived since his early remembrance, “the old influence of her presence and her stern strong voice, so gather[s] about [Arthur], that he [feels] conscious of a renewal of the timid chill
and reserve of his childhood” (49). Indeed, T. N. Grove describes Mrs. Clennam’s room as a “prison” (Grove 752). Grove continues, “the gloomy timeless room represents Clennam’s hard childhood under a cold Calvinistic step-mother who completely dominated the child and made sure he had his many deficiencies before his face day and night” (752). Not only does Arthur tend to cower under commanding figures, but he also gravitates towards the more delicate aspects of life as a result of his mother’s ruthlessness. Dickens describes him as “a dreamer” with a “warm and sympathetic heart,” and “a belief in all the gentle and good things his life had been without” (180). After his initial visit with his “mother” (as he thinks of her until the end of the novel when the truth is revealed), Arthur’s fragility does not truly resurface until the end of the novel, when he contracts brain fever as a result of the pressure and anxiety stemming from his failed business venture, bankruptcy, and resulting imprisonment. Throughout the whole of the novel, thus, the only reminder of his effeminate qualities appears in the sheer contrast of Dickens’ characterization of Little Dorrit.

Even though she is perpetually mistaken for a young child due to her slender build, Amy Dorrit acts as a firm foundation for not only her entire family, but also (later in the novel) the unsteady Arthur Clennam. Despite the fact that she has lived her entire life in the Marshalsea prison, Little Dorrit seems ironically burdened by the responsibility of caring for and rescuing those in her life who are imprisoned by their pasts, their dreams, or their views of the world. These obligations to which Amy finds herself accountable situate her into a more masculine role as a provider: while her family spends their days as they please, leisurely spending money, Little Dorrit sneaks away from the prison (to preserve her father’s illusion of his role as breadwinner) in order to work all
day and take care of her family’s needs. Thus, without having a firm foundation of his own, Arthur gravitates towards the girl’s determination and quiet vigor; he is drawn to the “light and strength” in her eyes and the fact that she is “a strong heroine in soul” (404). Arthur frequently refers to her as “child,” revealing that he serves as a kind of parent figure to her. However, as Grove states, Arthur “must stop thinking of her as an ‘adopted daughter’ and realize that she can respond to mature love in marriage” (Grove 753). Arthur and Amy thus exchange their parent-child roles during his time of illness.

After Arthur discovers the Dorrit family’s hidden riches, Mr. Dorrit is released from the Marshalsea debtor’s prison and funds an extensive vacation abroad for the entire Dorrit family. Meanwhile, Arthur has remained in London, missing Amy, his source of stability, and endeavoring to further his company, Doyce & Clennam. Doyce warns against Arthur’s involvement with the highly ineffective Circumlocution Office. Nonetheless, Grove discusses how “Clennam obstinately wants to prove his devotion to someone, and becomes rapidly involved in the timeless circlings of the Office” (Grove 753).10 He leaps at the opportunity to invest the business’s money in the famed Merdle enterprises. Later, at the same time Arthur discovers that he has lost every penny from Merdle’s own fraudulency, he is also attempting to protect his counterfeit mother from the scheming, blackmailing Blandois. In response, she vehemently rejects his endeavors by saying, “‘I hope it is enough that you have ruined yourself. Rest contented without more ruin’” (786). Considering his already fragile state, these tribulations prove to

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10 The scenes involving the Circumlocution Office in *Little Dorrit* are one of Dickens’ most apparent social satires in the novel. Arthur’s frustrations with the bureaucracy and overall government functionality certainly contribute to his psychological imprisonment—right before he is physically imprisoned in the Marshalsea debtor’s prison. A demonstration of his recovery from his illness will be his ability to rise above the Office by the end of the novel—with the help of his business partner, Doyce—and Amy, of course.
completely overwhelm him—physically and emotionally. It is apparent that Arthur’s intense reaction to the situation shocks the men around him; for example, Arthur’s lawyer, Mr. Rugg, tells him that he is “sorry to perceive…that [Arthur has] been allowing [his] own feelings to be worked upon,” but though these “losses are much deplored…[he] must look ‘em in the face’” (746). Arthur certainly does not look these problems in the face, but rather cowers away from them with despair.

Arthur’s peers are noticeably uneasy in response to his fretfulness. Nevertheless, M. Jeanne Peterson notes that his reaction was not unique. Her studies of upper-class families reveal how nervous disorders frequently appeared among professional men. Peterson writes, “What is striking, is that…descriptions of their illnesses sound very much like those usually attributed to Victorian women” (117-118). That is, as his fever progresses, Dickens’ descriptions of him grow increasingly effeminate, away from attributes traditionally associated with the male business professional. While Dickens’ feminized description of Arthur aligns Arthur with the female characters that I have analyzed (especially at the height of his illness) and offers a unique case of brain fever, the fact that it seems he must be depicted in a feminine manner in order to have such a trope is problematic. Jane Wood maintains in *Passion and Pathology* that, “despite the efforts of doctors to define and interpret male disease within constructs of masculinity, representations of male nervousness, in medical and literary texts, fashioned an image of an invalid feminized by the very nature of his disease” (Wood 60). Associating a male’s illness—a negative state of health—with the female gender raises questions, because it implies that women are a lesser – or damaged – version of man. Arthur does not view himself or women in this way, however. It is in this climactic moment of illness that he
realizes his dire need for Amy. Because she is his refuge from the pain of the world, “her absence in his altered fortunes made it, and him in it, so very desolate and so much in need of such a face of love and truth”; he consequently weeps uncontrollably at the very thought of her (Dickens 752).

To complement his feelings of loneliness and corresponding dejection, Arthur is also physically imprisoned at the Marshalsea debtors’ prison. Even though as a result of his incarceration he becomes accustomed to seclusion, the stifling sensations of “haggard anxiety and remorse” remain his constant companions (787). Soon thereafter, Arthur contracts a fever, the physical manifestation of his present stress. Bailin discusses how “in Dickens’s fiction, to be feverish is to be overwhelmed by a sickening convergence of identities, places, and stages of life, and to be tortured by the concomitant and compulsive need to keep separate, to detach, or to reconcile the press of images that become confounded each with the other” (81). This is certainly the case in Arthur’s life. While at first he experiences intervals of intense “fits,” within a few days he “settle[s] down in the despondency of low, slow fever” (787). It seems that Arthur’s trope falls under the parameters of brain fever because he contracts it as a result of other circumstances in his life, because it is sudden and intense, and because he does recuperate (rather than deteriorate to the point of insanity). His worst point of illness is concomitantly his most promising state, for though (in and out of dozing) he hears “fragments of tunes and songs, in the warm wind, which he [knows have] no existence” (788), when he awakes again Little Dorrit has truly come to his bedside. Her presence refreshes him like a sigh of relief, her tears dropping “on him as the rain from Heaven [drops] upon the flowers” (789). This scene aligns with Bailin’s assertion that “the
sickroom in Victorian fiction is a haven of comfort, order, and natural affection” (6). Amy Dorrit immediately begins the process of nursing him back to health—and is immediately successful.

Because it is brain fever that Arthur must overcome rather than an infection or solely bodily illness like tuberculosis or cholera, Amy seems to focus on Arthur’s mental well-being. For example, she initially forbears from sharing that her family has once again lost all of their money because he is “far too ill to be spoken with on subjects of emotion or anxiety, and his recovery greatly depend[s] on the repose into which his weakness could be hushed” (838). Just as a woman had, in her ruthlessness, removed all traces of his dignity and masculinity for the first twenty years of his life, it was now a woman’s role to restore his self-confidence and feelings of worth as a man. In the final scene, Little Dorrit stands with Arthur “locked in his arms” and “held to his heart,” for the first time clearly submitting to his lead (850). Little Dorrit’s words of affirmation seep life into his very being when she says to him, “‘I am rich in being taken by you, I am proud in having been resigned by you, I am happy in being with you in this prison, as I should be happy in coming back to it with you, if it should be the will of God, and comforting and serving you with all my love and truth’” (850). By allowing him to resume his traditional gender role in their relationship, Amy helps Arthur to fully recover from not only his brain fever but also from his perpetually fragile state of mind. Similar to the edenic ending of *Mary Barton*, Amy and Arthur are “married with the sun shining on them through the painted figure of Our Saviour on the window” (Dickens 859). In the end, Arthur—with the help of Amy—is able to effect modest change with the wearisome Circumlocution Office, and act as father to not only his own children, but also to those of
Fanny, Amy’s sister. In this way, he and Amy are able to redeem the cohesive family unit—without which he was raised. The novel concludes with the couple “looking at the fresh perspective of the street in the autumn morning sun’s bright rays” before “they [go] down…into the roaring streets, inseparable and blessed” (Dickens 859).
Beyond the Sickbed: Repercussions for Victorian Society

Throughout this process of analyzing four characters’ experiences with brain fever, the underlying question persists: why are the victims of this illness always women, or depicted in a feminine manner? Is it not extremely problematic to associate an unhealthy state of being with a particular gender? Conversely, is it not also problematic to associate a man or woman’s state of health with his or her ability to conform to society’s expectations for his or her gender, respectively? Characters like Mary Barton and Anna Murray demonstrate the erroneous (in my opinion) “linking of women’s well-being to contented domesticity,” a concept “which held considerable sway at the time” (Wood 8-9). In truth, it is only by forging their own paths outside of the traditional, demure role of domesticity that these individuals are able to find contentment.

Even as sanitation and medical standards were beginning to undergo major reforms, there was a widespread perception that a woman’s gender predisposed her to illnesses like hysteria, depression, madness, and brain fever.¹¹ Wood laments how “no woman could be assured of escaping since, if all the socio-medical theories were to be believed, she was already, by nature, predisposed to psychosomatic illness by virtue of the alleged morbid connection between her mental organization and physiology” (12). In a medical textbook, John Elliotson describes how, “greatly inferior to man […], woman possesses more acuteness of external sensation, of apprehension, and of emotion, through a smaller range of intelligence, […] more tenderness, affection, and compassion… but

¹¹ I think the opening of public asylums during this time also influences this perception, because “the mid-nineteenth century is the period when the predominance of women among the institutionalized insane first becomes a statistically verifiable phenomenon” (Showalter 52). While I do not think that brain fever is a form of madness, I do believe that these statistics associating insanity with the female gender may have swayed individuals’ perceptions of women—and their vulnerability to illness.
less consistency, impetuosity, courage, and firmness of character…” (Elliotson 705).

Even though Elliotson’s work is purportedly objective, it is evident how “philosophical speculation, and cultural preconception,” as Wood phrases it, influenced medical practices at the time (17).

I would like to suggest a positive reading of these instances of brain fever in fiction: that they are a way to refigure the expectations for women in society. That is, as these female characters are learning (through their illnesses and recovery processes) who they are in relation to the British population at large, the authors are saying, “There is currently no place in which bold females may function without being considered an outcast or rebellious in our society—and this needs to change.” Wood affirms this supposition, stating, “Indeed, the orthodox picture of domestic ideology, which served as a standard whereby women’s conformity and resistance, health and disease could be measured, is vigorously asserted, negotiated, and contested in the range of writing across the period” (10). Even though many of these novels conclude in the private sphere, with the characters married and with children on the way, I think it is important to acknowledge that it is only after extensive growth, redemption, and assurances received from a parental figure by their side that they reach that point which we observe at the conclusion of these novels. Most notably, these characters arrive at this place out of their own volition, as empowered, confident individuals. Perhaps British society does not have a place for them in the nineteenth century. However, it is clear that with supportive family, friends, and lovers beside them, Cathy, Mary, Anna, and Arthur are able to find peace with who they are as “rebels” against society’s standards—by means of their bouts of brain fever.
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