THE RISE OF MODERN MEDICINE AND THE VICTORIAN NOVEL: MENSTRUAL, MENTAL, AND EMOTIONAL ILLNESS IN CHARLOTTE BRONTË'S *SHIRLEY* AND *VILLETTE*

by

Nicola Ivy Spunt

Submitted in partial fulfillment of the requirements
for the degree of Master of Arts

at

Dalhousie University
Halifax, Nova Scotia
September 2000

For Ronnie, Louise, Alie, and Dana

TABLE OF CONTENTS

ABSTRACT

By investigating representations of women's illness in Charlotte Brontë's *Shirley* and *Villette*, I endeavour to use literature as a cultural thermometer to assess how nineteenth-century social and medical ideologies converged and permeated the cultural imaginary. The rise of modern medicine ushered in an era of normalizing and moralizing medicine that had significant implications for social perceptions of women, their bodies, and their health. I outline the conceptual and technological developments that contributed to the medical institution's ascension to a position of power. Against this larger historical backdrop, I evaluate discourses on women's diseases, and focus particularly on medical theorists' treatments of menstruation, emotion, and insanity. I engage in close readings of *Shirley* and *Villette* to elucidate the ways in which Brontë simultaneously appeals to and challenges medical rhetoric in order to challenge oppressive socio-medical norms for women. I explore how the author's symbolic intertwining of themes of love, starvation, and illness enables her to comment on emotional repression and circumscribed gender roles. I claim that Brontë draws on both popular and medical assumptions regarding menstruation in her representations of female disorders; however, I argue that the integration of a menstrual subtext is ultimately subversive as it enables a portrayal of female subordination that takes into account its multiple medical and social dimensions. In *Shirley*, Brontë uses instances of illness to comment on the dimensions of female oppression. In *Villette*, the author brings the doctor-patient relationship to the fore in order to elaborate a narrative of resistance to pernicious medical dictates for women. I contend that Brontë's novels emerge as sites of resistance to a medical tradition that reinforces and perpetuates oppressive social stereotypes regarding gender and health.

LIST OF ABBREVIATIONS

Elaine Showalter – *A Literature of Their Own* ..... *ALTO*

Elaine Showalter – *The Female Malady* ..... *FM*

Sally Shuttleworth – "Female Circulation: Medical Discourse and Popular Advertising in the Mid-Victorian Era" in *Body/Politics* ..... *BP*

Sally Shuttleworth – *Charlotte Brontë and Victorian Psychology* ..... *CBVP*

ACKNOWLEDGMENTS

I would first like to acknowledge the extent to which my three committee members, Marjorie Stone, Sue Campbell, and Sue Sherwin, have helped to shape my experience at Dalhousie into a positive and profound one. I want to thank you all for your thoughtful insight and encouragement throughout the year, as well as during the writing of the thesis. I would also like to thank Amanda Coen and Colin Johnston for their endless support, patience, and confidence. And thanks to Matt Kerner for always believing in me and encouraging me to follow my dreams.

INTRODUCTION

The rise of modern medicine in the nineteenth century ushered in an era of normalizing and moralizing medicine that had significant implications for social perceptions of women, their bodies, and their health. The influence of medical thinkers and scientific theorists was extremely pervasive during the reign of Queen Victoria, helping to transform medicine into a cultural institution of authority and power. Victorian culture thrived on a rigidly dichotomized social system that relegated men to the public sphere of power and voice, and women to the private domain of nurturing and silence. With the development of scientific theories on the nature of female physiology and its liabilities, medical and cultural ideas pertaining to gender mutually reinforced one another, facilitating the dissemination of oppressive conceptualizations of women and illness. In this thesis I will investigate the impact of medical discourses on the lives of Victorian women by studying representations of female illness in Charlotte Brontë's novels. For reasons that I outline below, I have chosen to focus on the female protagonists in her two last novels, *Shirley* and *Villette*. By appealing to literature as a tool for unveiling the ways in which pernicious medical dictates permeated the nineteenth-century cultural imaginary, I hope to offer a way of interpreting the impact of medicalization on Victorian women during a time when their opportunities to challenge socio-medical norms were few.

Medicine and Literature: The Changing Dialectic Between 'Two Cultures'

We currently inhabit a world that is increasingly dominated by advances in technology, and where the perceived disparities between the culture of science and that of

art have been normalized and reified. However, as medical historian Michael Neve points out, "[t]he endless discussion of 'two cultures', in this case science and the humanities, in fact conceals a great deal of interpenetration and co-mingling" (1533). In his article entitled "Medicine and Literature," Neve draws our attention to the long-standing exchange between Western medicine and literature, and outlines a history of literary representations of medicine through the ages. He first takes us through the works of Chaucer, Rabelais, and Shakespeare to reveal their more satirical treatment of the doctor's role in society. The writings of eighteenth-century authors, such as Denis Diderot and Samuel Johnson, instead characterize the physician as a "heroic" figure (1524), who is "more socially beneficial [and] more attentive in the understanding of patients" (1526). By the nineteenth century, however, medicine has assumed a very significant position in the cultural reality and imaginary, and Neve points out that there are innumerable authors taking up medical topics in their novels – George Eliot, Gustave Flaubert, and Anthony Trollope, to name a few.

Just as literary writers have frequently incorporated medical themes into their works, medical writers throughout history, and particularly nineteenth-century psychological theorists, have often subscribed to literary representations of sickness to elucidate the complex interplay of mental, emotional, and physical symptoms in illness. In their text, *A Manual of Psychological Medicine* (1862), J. C. Bucknill and D. H. Tuke appeal to the poetry of Dryden in order to enhance their medical description of melancholia:

> The incubation of melancholy is generally prolonged, and sufficiently obvious. The subject of it loses his relish for existence, he feels depressed and unequal to the ordinary duties which call him to public life, and in the domestic circle he is more silent than in health, and seeks entire solitude. In the words of Dryden –

> "He makes his heart a prey to black despair:
> He eats not, drinks not, sleeps not, has no use
> Of anything but thought; or, if he talks,
> 'Tis to himself." (156)

In *Love's Madness: Medicine, the Novel, and Female Insanity 1800-1865* (1996), Helen Small similarly demonstrates how literary illustrations of female love-madness were used by Victorian doctors to draw comparisons between the cases of fictive female characters and real-life female patients. She refers particularly to four doctors, Joseph Mason Cox, John Conolly, Henry Maudsley, and Alexander Morison, whose respective publications of treatises on insanity throughout the course of the 1800's have come to be seen as central to the development of nineteenth-century psychological medicine (38). These literary references sometimes played a substantive role in the evolution of medical ideas. For example, Small has noted that though Maudsley's literary allusions appear to be "largely decorative...the decorativeness possess both an immediate rhetorical function and a wider class-cultural one" (59). In a passage from his 1867 text, *The Physiology and Pathology of the Mind*, Maudsley makes an argument for privileging fiction as a source for understanding the complexities of insanity:

> Do we not, in sober truth, learn more of [insanity's] real causation from a tragedy like 'Lear' than from all that has yet been written thereupon in the guise of science? An artist like Shakespeare, penetrating with subtle insight the character of the individual, and the relations between him and his circumstances, discerning the order which there is amidst so much apparent disorder, and revealing the necessary mode of the evolution of the events of life, furnishes, in the work of his creative art, more valuable information than can be obtained from the vague and general statements with which science, in its present defective state, is constrained to content itself. (cited in Small, 61)

Maudsley's opinion demonstrates his valuation of literature as a tool for gleaning holistic insight into the cultural, relational, and personal circumstances that give rise to mental illness. His view is one that I endorse, since my study of embodied

representations of women's illness in Brontë's novels attempts to gauge the convergence of social and medical ideologies and their impact on women's lives in Victorian England. However, Maudsley's opinions increasingly conflicted with the tenor of those expressed by the majority of the medical establishment, who, while embracing the growing scientific dimensions of medicine, were prepared to relinquish the idea of medicine that Maudsley was so committed to preserving: the notion of medicine as a "gentlemanly hermeneutic art" (61-2).

With the rise of scientific medicine in the nineteenth century, the relationship between medicine and literature became more tenuous and political, as the two disciplines competed for the right to psychological interpretation. Maudsley's views on medicine were part of a dying tradition that was being gradually replaced by professionals who assert their claim to scientific legitimacy, not to a "gentlemanly hermeneutic art." The nineteenth century saw significant ideological and practical shifts in medicine. The ascension of the physician to a status of social authority and credibility coincided with the institution's subscription to an emerging language of science. With the subscription to a scientific discourse (accessible to an exclusive few), there is a disjunction between the language spoken by the doctor and the patient. Whereas the eighteenth-century doctor employed a language that was generally common and recognizable to the patient, "[t]he medical language of the nineteenth century jettisoned this external and collectively comprehensible element, and headed into the dark cave of the previously unexplored internal body and its world" (Neve, 1527). The medicalization of knowledge and language operated to exclude patients from their experience of health and illness. "Individual human beings were now objects of medical attention, not

participants in their own struggles in life...The trained doctor, and especially the trained new kid on the block, the psychiatrist, were now looking into a patient who had become part of the doctor's conversation, not a part of his or her own" (Neve, 1528). Having been denied access to the idiom of scientific medicine, the patient is now required to defer blindly to the expert physician who has begun to devalue her testimony and to speak a language that displaces the social and emotional components of health and well being; the language of physiology, anatomy, pathology, and chemistry reigns supreme.

Feminist literary critics such as Helen Small, Elaine Showalter, and Sally Shuttleworth have investigated how the emergence of psychiatry during the 1800's impacted the lives of Victorian women and contributed to the social construction of Victorian femininity. In the first half of the nineteenth century, psychiatry struggled to establish itself as a legitimate medical sub-discipline. In order to secure a status of medical and social respectability, it became crucial for psychiatry to similarly lay claim to a scientific language – a language of credibility rooted in physiology and anatomy. The profession's push to medicalize insanity had particularly pernicious repercussions for women. The intersection of cultural ideas of women with the development of medical and psychological discourses on the diseases of women resulted in the reification of woman as a violation of the male corporeal norm:

> The medical view of women's bodies implicitly takes male biology as the norm for human health. Against this male-biased standard, female reproductive biology, with its inherent cyclicity, is seen as deviant. Women's biological differences from men are recast in terms of illness or disease. In effect, the medical model reproduces women as deficient or dysfunctional men. (Stoppard, 126)

Nineteenth-century medical theory provided a scientific framework for understanding female physiology in a way that served to justify pre-existing perceptions

of women's social roles as dictated, to a large extent, by her reproductive capacities and organs. Theories pertaining to the nervous and reproductive systems were frequently collapsed into a discourse of female insanity – a discourse that ultimately served to pathologize the entire female condition. The popular Victorian catchall term 'hysteria' is itself derived from *hustera*, the Greek word for 'uterus' (Small, 16); the nomenclature itself stands as evidence of the perceived inextricability of mind and uterus. "The physiological, mental, and emotional economies of womanhood were all regarded as interdependent," exposing women to a variety of medically determined dictates regarding their health and their femininity (*BP* 47). However, as Showalter tells us, in most instances, "[t]he language of scientific medicine, especially in the nineteenth century, when there was scant scientific documentation for most assumptions, is as culturally determined and revealing in its metaphors as the language of fiction" (*FM* 5). Showalter contends that the language used by the medical institution to describe the pathologies of woman operated to enshroud cultural assumptions pertaining to gender in scientifically legitimated jargon.

Medicine and literature can therefore be understood as disciplines that similarly confirm and dictate cultural beliefs. Shuttleworth draws our attention to the territorial overlap between the medical and literary cultures of the Victorian era:

> The novelist and physician shared similar ground in mid-Victorian culture. The era had witnessed the simultaneous rise to cultural prominence of both medical and fictional discourse: the novelist, newly released into the sphere of social respectability, took on the role of social sage, empowered to diagnose the moral and social ills of the society, while the physician emerged as the supreme arbiter of mental and psychological health. Such territorial demarcations are clearly nominal, however, since both sides ranged freely across the terrain. They shared, moreover, the same central metaphors for their proceedings, drawn, pre-eminently, from the sphere of science: surgical dissection, and penetration of the inner recesses of mind and body. (*CBVP* 15)

Shuttleworth's statement, among other things, demonstrates that there was a reciprocal relationship between Victorian medicine and literature – a dialectic that cannot and should not be concealed by the notion that there existed (and continues to exist) two distinct, mutually exclusive cultures of science and art. The Victorian medical theorist and the literary author were both equally immersed in the web of cultural associations that comprise the social fabric in which they lived, thought, and wrote.

As Small explains, the growing professionalization of psychological medicine had complex repercussions for literature. With the emergence of psychology, literature and medicine competed for representational control over the controversial domain of discourse that dealt with the complexities of the human mind:

> [M]edical claims to understand insanity were widely seen to be provisional, internally as well as externally disputed. Under such conditions, literature became the purveyor of 'lay' knowledge about insanity, yet, at the same time, preserved and even consolidated its right to speak about matters of emotional and psychological crisis for which medicine generally seemed to have provided no better answer. In the hands of certain writers, the novel could become, in part, a forum from which medical claims to understand and treat insanity were openly challenged. The conventional narrative of a young woman driven insane by her misfortune in love proved a remarkably useful vehicle for such a challenge. (23)

Literature opened itself as a forum for criticizing the medical institution, and in particular, the new tenets propounded by the sub-discipline of psychological medicine. Charlotte Brontë's stories of allegedly "love-mad" women are pre-eminent examples of the ways in which a female author used her novels to resist strands of Victorian medical discourse that reified deleterious conceptualizations of woman.

Charlotte Brontë: Her Cultural Context and Her Novels

"Literary and medical texts played a crucial role in mid-nineteenth-century society, offering an arena where cultural meanings could be negotiated, and anxieties expressed and explored" (*CBVP* 12). My thesis is an attempt to examine the dynamic intersection of medicine with literature, of scientific discourse with cultural representation. I have chosen to work specifically with two novels by Charlotte Brontë, a female author who, while writing in the middle of the nineteenth century, we know to have been keenly aware of the contemporary medical debates and discourses surrounding women's mental and physical health. Brontë's literature enables us to examine situated and embodied portrayals of women; her female protagonists are deeply moulded by their simultaneous internalization and repudiation of Victorian mores, and their illness are part-incarnation, part-rejection of oppressive nineteenth-century medical rhetoric. As Victorianist Janet Oppenheim has remarked in her book "*Shattered Nerves*" (1991), we have been left with little in the way of first-hand accounts of Victorian ladies' responses to the notion of woman's enslavement to her reproductive organs (196). In discussing women's medical concerns regarding menstruation, Oppenheim points out that "[t]he records kept by Victorian and Edwardian doctors leave the undeniable impression that countless women were bothered by disorders and discomforts accompanying menstruation, but whether the women themselves perceived their monthly periods as adequate reason to remain bound to hearth and home is another matter altogether, about which their medical advisors were silent" (196). Literature by and about women therefore emerges as an extremely important historical tool from which to gain a more complete and contextualized understanding of women's oppression through the ages. It is also a cultural artifact that records women's experiences with debilitating medical

dictates that extolled sexual division of social roles, and consequently encouraged their silence.

As the result of the work done by many Brontë family biographists, we have come to know that the Brontës were very much concerned with health and illness, and were current with medical debates and emerging theories. Reverend Patrick Brontë, Charlotte's father, prided himself on his extensive medical knowledge. His work as parson of Haworth often brought him in contact with illness, and his interest in medicine was therefore largely attributable to his frequent encounters with the sick and dying. However, his fascination with medical knowledge (particularly the inter-relations between mind and body) was nothing short of obsessive, leading him to impose a rigorous medical regime on his whole family. According to the research conducted by Shuttleworth for *Charlotte Brontë and Victorian Psychology* (1996), "[e]very symptom, whether of mental or physical ill-health, was closely scrutinized, and checked against the near-infallible word of his secular Bible, Graham's *Domestic Medicine*, which was in turn checked against the wisdom of other medical texts" (27). In a letter to her best friend, Ellen Nussey, Brontë confesses: "I am too much disposed to be nervous. This nervousness is a horrid phantom. I dare communicate no ailment to papa; his anxiety harasses me inexpressibly" (Shorter, 60). The medical tyranny Charlotte experienced at the hands of her father figures into her own preoccupation with real-life illness, as well as her portrayal of sickness in her novels. All of her works are replete with themes of surveillance, however, her final novel, *Villette*, deals most explicitly with the oppressive surveillance of the medical gaze.

Shuttleworth also draws our attention to two newspapers, *The Leeds Mercury* and *The Leeds Intelligencer*, which were avidly read by the Brontë family, and frequently imitated (in format and specific advertising copy) in the Brontë juvenilia (48-9). In her article "Female Circulation: Medical Discourse and Popular Advertising in the Mid-Victorian Era," which arose out of the local research she conducted for *Charlotte Brontë and Victorian Psychology*, Shuttleworth examines popular advertising surrounding menstrual remedies between 1830 and 1855. She claims that "advertisements directed specifically at a female audience were distinguished by lengthy preambles and 'medical' justifications that reiterated and confirmed contemporary beliefs in the peculiar delicacy of the female system and the pernicious impact of menstruation" (49). The advertisements for menstrual remedies were consistently characterized by allusions to "female vulnerability, and the determining impact of menstrual obstruction" (50), and assumed a direct continuity between the workings of the mind and the menstrual cycle (51). For example, an early 1837 advertisement for "Lady Huntingdon's female pills" claims that the medication has "rescued many thousand young persons from an early grave," and is most effective in "cases of Debility of the Constitution, in creating appetite, by strengthening the system, removing obstructions, giving relief to those troubled with fainting fits, nervous giddiness, pains in the head" (cited in *BP* 49). An 1850 advertisement for "Dr Locock's Female Pills" lauds their ability to remove chlorosis (the suppression of menstrual blood) and "all nervous and hysterical affections," and cites the opinion of six doctors that "most of the diseases of women are caused by irregularities" (cited in *BP* 50). Shuttleworth's study demonstrates that, with the commercialization of menstrual disorders and remedies, one did not need to look

further than their local paper to glean a sense of contemporary medical theories on the relationship between menstrual and mental activities. From these abbreviated biographical facts, we begin to glean a picture of Brontë as a woman who is acquainted with medical theories by virtue of her personal, professional, and cultural circumstances and interests.

In an attempt to elucidate and contextualize the stories of women's medical experiences during the Victorian era, it therefore becomes vital to study the works of Charlotte Brontë. Because of her familiarity and fascination with medical discourse, her novels offer portrayals of heroines that take into account the various dimensions of systemic oppression suffered by women at the hands of an all-powerful cultural institution. Her stories and characters do so much more than merely reflect contemporary medical beliefs and attitudes. Brontë's novels are, as Small suggests, sites of resistance, forums for disputing circumscribed ideas of gender and medicalized notions of women and emotion. I am preeminently interested in the ways Brontë draws on medical discourse to subvert and challenge conventional medicalized modes of understanding women.

In the first chapter of my thesis, I will outline the conceptual and technological developments that contributed to the medical institution's rise to a social position of authority and prestige. Having developed new theories on women's bodies and illnesses grounded in scientific claims and evidence, medical professionals wielded normalizing and moralizing power of critical magnitude that allowed for the reinforcing of social perceptions of women and the justification of cultural stereotypes. Emerging discourses of disease and pathology, as well as technological developments such as the microscope

and the speculum, represented new ways of surveying the interior workings of the human body. Against this larger socio-medical backdrop, I will use chapter two to evaluate the nineteenth-century physician's obsession with both the mysterious functioning of the menstrual cycle and mental stability. Theories of female insanity were inextricably connected to notions of disordered menstruation, emotionality, and sexuality. This chapter will demonstrate the extent to which ideas of women born out of menstrual and mental discourses pervaded the Victorian social consciousness.

In chapters three and four, I turn to examine the incorporation of medical discourses in literature. I engage in close readings of Charlotte Brontë's *Shirley* and *Villette* to elucidate the ways in which the author simultaneously appeals to and subverts medical rhetoric. Because "[t]he suffering human body is a site of almost endless signification," Brontë uses illness as a means of symbolizing her heroines' struggles with myriad personal, social, and political conflicts, in ways which evince Victorian circumstances of female oppression (Babcox, 7). Thus, in subscribing to medical theories to describe the condition of her ailing female protagonists, Brontë permits herself the opportunity to challenge specific medicalized ideas of the female body and mind, which she interprets as detrimental to the social status of women. Although her characterizations deal most explicitly with notions of madness (consistently of the love-mad category), I argue that Brontë develops a menstrual subtext in both novels to bolster her allusions to insanity. Her elaboration of menstrual imagery and metaphors is necessarily coded, and whether it truly exists or not, is perhaps a matter of contention. However, I maintain that biographical evidence, in addition to the nineteenth-century cultural obsession with menstruation, reveals that Brontë engages in covert menstrual

descriptions. Her development of a menstrual subtext enables a portrayal of female subordination that takes into account its multiple medical and social dimensions. Brontë is contemptuous of medical discourses that reiterate cultural assumptions concerning gender roles, and I contend that her representations of illness in fact work to resist notions of insanity as determined by medicalized notions of femininity.

Brontë also consistently associates sickness with the insalubrious repression of emotion. Her stories demonstrate her conviction that physical and mental health is contingent on the right to express feeling. Following the deaths of her two sisters, Emily and Anne, during the writing of her third novel, *Shirley*, Charlotte became increasingly obsessed with her own physical, mental, and emotional health. Her letters recording her own experience of illness during the winter of 1851-52 indicate this extreme preoccupation, and draw particular attention to Brontë's tendency to privilege the role played by emotion in the physiological manifestations of illness: "That depression of spirits...came back with a heavy recoil; internal congestion ensued, and then inflammation" (Shorter, 31). Brontë's characterizations of her heroine's sicknesses in both *Shirley* and *Villette* allow her to examine the relationship of emotional health to mental and physical integrity, and reveal her conviction that a repression of emotion is ultimately unhealthy.

Both novels also see Brontë employing food imagery and raising issues of anorexia. On one level, her heroines' experiences with anorexia enhance the legitimacy of her portrayals of women's illness in her novels; however, more importantly, they operate as metaphors for women's hunger for love, as well as a sanctioned and recognized status outside of marriage. Thus, illness, in *Shirley* and *Villette*, emerges as a

highly complex trope, as it is used by the author to probe and resist oppressive nineteenth-century socio-medical tenets for women. The author's ability to convey nuanced, yet poignant messages regarding the social conditions in which women lived compels us to treat Brontë's work as an important source of historical, cultural, and political insight.

Chapter I – "GAZING INSIDE THE CORPOREAL CRYSTAL BALL": TOWARD A NEW EPISTEMOLOGY OF THE SICK BODY

During the nineteenth century we witness the technological developments and conceptual overhauls that ushered in the era of modern 'scientific' medicine. Characterized by the proliferation of hospitals, of medical schools, and of regulating professional bodies, the 1800's saw the ascension of the physician to a long-sought position of authority and prestige (Neve, 1527). The medical profession's rise to legitimacy coincided with its endorsement and subscription to a scientific way of seeing, describing, and interpreting the sick body. In this first chapter of my thesis, I do not intend to provide an exhaustive account of nineteenth-century medical history; however, I shall endeavour to pull out particularly pivotal scientific advances and medical benchmarks that highlight the emergence of a new epistemology of the sick body.

From the eighteenth to the nineteenth century, medicine underwent paradigmatic transitions in theory and bedside practice. Eighteenth-century doctors remained faithful to traditional therapeutic approaches that were based on the Hippocratic theory of balancing the four humours of the body – blood, black bile, yellow bile, and phlegm. Thus, a healthy countenance suggested a balanced constitution (Mitchinson, 21). In addition to prescribing a 'regimen,'that is, a comprehensive course of action that called for careful attention to diet, exercise, sleep, good air, evacuations, and peace of mind, therapeutics became increasingly medication-oriented (Porter, 417). In order to remedy disease, doctors administered drugs (often in large, toxic quantities) to induce emetic effects, and subscribed fervently to blood-letting techniques. In conjunction with regimen, these rigorous and frequently fatal therapies were intended to restore humoural

balance. It has been suggested that the reasoning behind eighteenth-century medicine, sometimes dubbed as the *heroic* approach to therapeutics, was based on the need for physicians to maintain an appearance of doing, treating, and curing in order to reassure the patient that they were choosing a medicine that would behave proactively on their behalf. According to Roy Porter, the art of prescribing drugs can retrospectively be seen as "a fancy palaver to disguise the fact that few drugs actually cured" (423). As a result of *doing* so much, physicians ironically succeeded in driving the patient to seek out less invasive therapies. It is worth noting that the alienation of the patient resulted in a cycle that reinforced the physicians' sense that they needed to *do* more; they responded by developing even more aggressive therapies, which inevitably contributed to further patient alienation (Mitchinson, 22).

The turn of the century was characterized by the rise of the hospital, and saw doctors mobilize toward greater unity and standardization in an effort to bolster their social, professional, and financial status. Physicians sought to achieve regulation on all levels. They targeted the medical schools by determining more rigorous standards for medical education, admission, training, and licensing. Medical training in established medical schools became the only accepted route by which to obtain a degree, as well as a license to practice. In addition, physicians came together to form medical associations and regulative bodies, and called for laws that would ensure more universalized professional standards. Having previously led a fragmented existence, whereby each doctor, for the most part, practiced independently of established organizations and legislation, the turn of the century saw physicians unite in an attempt to confront 'quack' competition, wavering societal perceptions, and exploitation.

In conjunction with these intense efforts to establish social legitimacy via the implementation of regulations and educational protocols, certain bench-side and bedside innovations helped the medical profession to secure a new position of authority and prestige. I want to pay particular attention to distinct conceptual, clinical, and technological developments that were germane to the transformation of medicine into an explicitly scientific enterprise. I will simultaneously investigate the repercussions of the resulting new medical 'gaze,' which allowed for a substantively different way of understanding and interpreting illness.

The French Revolution forged for Paris the opportunity to engage in medical and social innovations of critical magnitude (Bynum, 26). Following 1794, Paris hospital medicine and hospital-based medical education set standards for the teaching and practice of medicine. The chemist, Antoine Foucroy (1755-1809) was a driving force behind the passing and promoting of the Law of 1794, a policy that had major implications for hospital finance, patient care, as well as medical institutions, education, and licensing during the Revolution. Turning his focus to the dilemmas of medical education, Foucroy became famous for stipulating that students were to "read little, see much, do much," a dictum that helped set the agenda for hospital-based medical education (cited in Bynum, 28). By proclaiming that "medicine and surgery are two branches of the same science," Foucroy was also responsible for establishing one of the integrating principles of the Law of 1794, which called for equality between physicians and surgeons within the hospitals (28).

The formal recognition of surgery as an equally valuable medical discipline had three significant implications. First, it helped to reduce the long-standing hierarchical

differential between physicians and surgeons. Second, it was crucial for doctors, who were most likely going to tend to Revolution victims, to acquire a knowledge of surgery. Surgical training rendered physicians adept in the treatment of wounds and injuries, as well as fevers (28). Finally, and most importantly, in learning surgical practices physicians were encouraged to conceptualize disease in new ways. A surgical understanding of physical ailments encouraged a new form of reasoning: physicians would be required to think in terms of anatomical structures and local lesions, and would begin to interpret illness in a more concrete manner by engaging in pathological and anatomical investigations during physical examinations of their patients and autopsies. The integration of surgery into physician training contributed to the rise of pathological anatomy, a scientific discipline driven by a desire to link up clinical observations of symptoms with underlying phenomena. The Law of 1794 dictated that the hospitals supply corpses for medical teaching and research, and thus encouraged clinicopathological research. Henceforth, the student began his practical study of disease at the bedside, and was able to further supplement it with a study of lesions and organs at the bench-side. The appeal to autopsy examinations as a means of discovering the mysterious inner habits and workings of the body both confirmed and justified the emerging ideology of *looking inside* for answers to previously unexplained phenomena.

The concept of pathological anatomy was not an entirely novel one. Giovanni Battista Morgagni (1682-1771) published a seminal series of texts on pathological anatomy called *De sedibus et causis morborum* (On the seats and causes of disease, 1761) (30). Morgagni's treatise consisted of hundreds of case histories as well as autopsy findings, and was a concerted effort to correlate physical symptoms with internal

structural lesions and changes. By virtue of his systematization of and elaboration on pathological anatomy, his work established itself as a standard for anatomically based studies of pathology. However, its immediate impact was not widespread. On a practical level, limited circulation was partly attributable to the bulky dimensions of his multi-volume work. Yet, more significant was the conceptual disparity between his organ-based etiology and contemporary nosology (the classification of disease), as his topographical approach did not lend itself to a straightforward integration into the more rigid schemes of disease causation (31). Aware of the difficulty and inconsistency of associating particular symptoms with underlying lesions, physicians were additionally reticent to adopt any fixed notions of causal analysis.

Following Morgagni, Matthew Baillie (1761-1823) pursued the promotion of pathological anatomy by publishing a treatise that dealt exclusively with structural changes caused by disease called *Morbid Anatomy* (1794) (31). However, it was Xavier Bichat (1771-1802) who refined the study of pathological anatomy by developing a theoretical stance that stressed the role played by tissues in disease in his *Treatise on the Membranes* (1800). He declared the need to shift the target of the medical gaze from a gross anatomical level, where the organs were seen as the seats of abnormal function, to the pathological and physiological intricacies of membranes and tissues. Although he came to be known as the "father of histology," Bichat was ironically suspicious of the microscope, and engaged in naked-eye anatomy. Nonetheless, he offered medicine a new concept of the "elemental unit," and was largely responsible for transforming the study of pathology into an even more authoritative diagnostic tool and precise scientific endeavour (32).

Nicholas Covisart (1755-1821), physician to Napoleon, was also a staunch proponent of pathological anatomy and lauded the value of autopsy as a learning method. He accused physicians of neglecting their responsibility to seek in corpses "'the mistakes which their ignorance of anatomy caused them to commit,'" and urged his colleagues to subscribe more rigorously to dissection in order to avoid misdiagnosis and the prescription of ineffective or harmful therapies (cited in Reiser, 828). For centuries, manual manipulation and the use of tools in medicine had been discouraged, corresponding to the devalued status of surgery within the professional hierarchy. Covisart's medical politics challenged these long-standing constraints, as he advocated the absolute need for physicians to evaluate lesions in corpses as a way of extending their clinical training and enhancing their understanding of their patients' illnesses.

We can see that the desire to integrate pathological and anatomical thought into a medical understanding of the living, breathing body (made possible by the availability of the dead for dissection) represented a conceptual move from a study of the external to an investigation of the internal. Nineteenth-century medicine begins to revolve around the accurate recognition of signs, by correlating symptoms with underlying anatomical alterations. Thus, *diagnosis* begins to displace the eighteenth-century drive to cure or treat at all costs.

This paradigm shift had significant implications for the doctor-patient relationship, as well as for the physician's theoretical comprehension of disease. The role played by the physician's five senses during the diagnostic encounter is substantially expanded and enhanced (Nicolson, 134). Prior to the nineteenth century, physicians employed their senses in ways that enabled them to retain a polite distance from their

patients. Ears were used primarily to listen to patient testimonies, eyes for looking at the tongue and sometimes a urine sample, and hands for feeling the pulse and the condition of the skin (Bynum, 33). Notions of class and modesty eliminated the possibility of having the patient undress for an exam. This particular form of socio-medical etiquette helped to reinforce both the doctor's and the patient's sense that medicine was an activity that should be practiced at an arm's length from the subject. However, with the gradual mainstreaming of pathological medicine, and as we shall see, with the advent of diagnostic technology, "visual and manual examination of the patient's body became both more routine and more comprehensive, thus increasing the clinical scope of vision and touch" (134).

It was one of Covisart's pupils and inventor of the stethoscope, René Laënnec (1781-1826), who truly secured the position of pathological anatomy in the realm of medicine and diagnostics. Between 1816 and 1819, Laënnec published his two-volume masterpiece, *De l'auscultation médiate, ou Traité du diagnostic des maladies des poumons et du coeur* (Mediate auscultation, or treatise on the diagnosis of disease of the lungs and the heart) (Bynum, 37-8). Confronted with an obese young female patient with symptoms of heart disease, Laënnec attempted to apply the method of percussion to her chest. Percussion involves the tapping of a body part with the fingers to produce sounds that evince the state of the organs within. Leopold Auenbrugger (1722-1809) introduced this technique in 1761, however, due to the social mores that discouraged direct manipulation of the patient by the doctor during clinical encounters, diffusion of his method was limited (Reiser, 828). In the case of Laënnec's patient, percussion was unsuccessful due to her obesity. He remembered another technique suggested in

Hippocratic writings, and since used by his contemporary, Gaspard Bayle (1774-1816), which involved evaluating the condition of the heart by placing an ear directly on the patient's chest and interpreting the sounds therein. Yet, he dismissed this option by virtue of the age and sex of his patient (828). Laënnec finally recalled, however, an acoustic principle that enabled him to develop one of the most important diagnostic tools of the early nineteenth century: that sound was augmented when it traveled through solid bodies. Laënnec writes of his discovery:

> Immediately, on this suggestion, I rolled a square of paper into a sort of cylinder and applied one end of it to the region of the heart and the other to my ear, and was not a little surprised and pleased, to find that I could thereby perceive the action of the heart in a manner much more clear and distinct than I had ever been able to do by the immediate application of the ear. (cited in Reiser, 828)

With his cylinder, or what later came to be called a stethoscope, Laënnec evolved a technique that provided the physician access to interior physiological functions. Mediate auscultation (that is, auscultation mediated by an instrument) ensured that chest sounds became signs available for medical interpretation (829). What distinguished Laënnec as a true exemplar of the emergent modern clinician was the fact that he associated the sounds he heard with post-mortem investigations of lesions in order to confirm diagnostic signs. His diagnostic philosophy and accompanying techniques were evidence that both anatomical and pathological queries were coming to dictate medical thought. Laënnec's English translator, John Forbes, best captured the extreme significance of his conceptual and technological developments when he wrote that "'[René Laënnec] may be said to have realized the wish of the ancient philosopher, and to have placed a window in the breast through which we can see the precise state of things within'" (cited in Bynum, 40).

Armed with a knowledge of pathological anatomy and equipped with new diagnostic tools, the nineteenth-century physician has been retrospectively characterized as one who bears a clinical gaze. The gradual acceptance of pathological anatomy as the ultimate means of understanding and evaluating disease not only represented a significant break with humoural concepts of physiology, but also suggested a diametrically opposite approach to conceiving of the sick body. It required medical theorists to attend to parts, not wholes; specific sites, not the attenuated system (Reiser, 827). Pathological anatomy assumed the position "of an objective, real, and at last unquestionable foundation for the description of disease," making it suddenly crucial for doctors to anatomize the living body and develop diagnostic methods that would enable them to penetrate to the corporeal core (Foucault, *Birth of the Clinic* 129). "Placing windows" not only over the breast, but over the entire body became the profession's mandate: make visible the invisible.

Visibility, however, did not solely suggest viewing with the eye (although the organ of sight reigned supreme at the top of the hierarchy of senses and sense-related metaphors). The extension of the physician's jurisdiction, or rather, the expansion of his investigation domain, was made possible by the implementation of a clinical gaze that called into play the eyes and its sensory assistants, mainly the ears and the hands. The mouth, however, was reserved for speaking what physicians were seeing, hearing, and touching – for converting their sensory perceptions into a new language and knowledge of medicine:

> At the beginning of the nineteenth century, doctors described what for centuries had remained below the threshold of the visible and the expressible, but this did not mean that, after over-indulging in speculation, they had begun to perceive once again, or that they listened to reason rather than to imagination; it meant that

> the relationship between the visible and the invisible – which is necessary to all concrete knowledge – changed its structure, revealing through gaze and language what had previously been below and beyond their domain. (xii)

Whereas previously, the symptom was generally considered to be the disease itself, it now came to be recognized as a signifier of disease, a manifestation of underlying physiological phenomena. Spawned out of a subscription to pathological anatomy, inspection, mediate auscultation, percussion, as well as palpation (the handling of the body to determine swelling or consolidation) all represented means of assessing the activity of the inside by applying one's senses to an investigation of the outside. Symptoms were no longer straightforward, one-dimensional, autonomous pathological clusters, but carried with them multiple meanings and associations as doctors came to realize that one particular symptom (a fever, for example) could be the manifestation of a variety of underlying causes.

With the rise of modern medical theories and practices, the sick body was opened up and viewed, in a sense, as largely uncharted territory. Physicians were inspired by an insatiable drive to quantify and locate the precise causes of disease. Medicine became a science of specificity, an empirical endeavour to unearth the roots of pathological and physiological dysfunction within the sick body. As we have seen, the impetus to probe and assess the inner workings of the body can be traced back to Morgagni, whose post-mortem examinations took us inside the body to the 'seats' of disease, which he determined to be located within the organs. From the gross anatomy of organs, Bichat took us one degree deeper, identifying the tissues as the source of pathological conflict. These men helped to set the pace for the nineteenth-century march toward empirical medical science.

Technological developments and conceptual advances subsequent to the innovations of Morgagni, Bichat, Covisart, and Laënnec represented concerted efforts to evaluate illness according to even smaller, more discreet indicators: cells and chemical compounds. By mid-century, science and technology had further pervaded clinical concepts and practice. Urine analysis is an excellent example of the role chemistry came to play in diagnosis. William Prout (1785-1850) declared that a systematic examination of a patient's urine – the colour, degree of cloudiness, specific gravity, as well as the presence or absence of sugar, crystals, various salts, and cells – could provide vital clues to most diseases of the digestive and urinary systems (Bynum, 120). Prout's conviction was again representative of the new trend in medical thinking: that an investigation and interpretation of external signs and phenomena enables you to know the status of the internal.

However, both chemical and pathological inquiries would not have flourished and risen to occupy positions of clinical authority without the advent of the microscope. Although the microscope had been in existence since the seventeenth century, technical refinements made during the late 1820's brought the instrument from the margins to the centre of medical research (99). Microscopy allowed for the most concrete quantification of human physiology by truly rendering the invisible visible. Equipped with an instrument of hyper-magnified vision, physicians could ostensibly trace disease back to a previously unidentifiable 'elemental unit': the cell. The microscope encouraged doctors to think about the dynamics of disease as well as the genesis of lesions, rather than the corresponding gross anatomical structures and end-stage manifestations (123).

Like the stethoscope, the microscope became a hallmark investigative tool of nineteenth-century medicine. It literally and metaphorically offered a new lens through which to investigate and make sense of the body's internal mechanisms, and forged the opportunity for physicians to link signs and symptoms to concrete visceral evidence. The notion of a clinical gaze was symbolically embodied in this instrument of inspection, as it allowed the physician's eye to penetrate more deeply and precisely, contributing to the ever-expanding jurisdiction of Victorian medical science. Analogies between the profession's implementation of new scientific tools of 'vision' and Foucault's treatment of panopticism draw our attention to the significance of the physician's acquired power of surveillance. According to Foucault, "[v]isibility is a trap" in institutions which adopted techniques for measuring, supervising and correcting the abnormal (Foucault, *Discipline and Punish* 199-200). Like the prisoner of Bentham's Panopticon, the patient "is seen, but he does not see; he is the object of information, never a subject in communication" (200). The doctor's claim to interpretive authority over the patient's symptoms was clearly reinforced by his use of tools such as the stethoscope and the microscope, which helped transform medicine into an investigative enterprise. The patient, on the other hand, became the object of analysis and was increasingly alienated from the process of gleaning knowledge of her own body and physiological experience; only the physician had the warrant for investigation and the license to use these new tools of power and surveillance.

In a century that later saw such pivotal technological developments as the kymograph, the x-ray, and the electrocardiograph, we witness a shift in the locus of power within the doctor-patient relationship. With advances in technique, technology,

and theory, we come to decipher an emerging ideological pattern: new conceptual developments and practices are driven by the impetus to understand the internal nuances and meanings of the body through a rigorous interpretation of the external (as well as the interior, if given the opportunity). No longer did the patient's testimony serve as the authoritative source of information about her condition; a patient's visit to the doctor had become more systematized, standardized, and organized around biomedical inquiry. To a certain degree, physicians had acquired the ability to see inside the corporeal crystal ball, and patients came to depend on them for definitive explanations, diagnoses, and prognoses. Thus, the medical community wielded a new institutional power – power derived from a scientific validation of their practices and ideologies.

Practitioners of the eighteenth-century heroic tradition believed in the need to cure disease via any means possible, engaging in invasive and lethal practices of bloodletting and purging, as well as the administration of toxic concoctions. Modern medical practitioners, on the other hand, had become less preoccupied with prescribing intense therapeutic regimes, and more focused on unveiling the mysteries of the inner recesses of the body and measuring them against scientific knowledge. By correlating external signs with internal deviations, a doctor's power resided in his ability to accurately *diagnose* disease. Victorian physicians gradually rose to a position that allowed them to claim interpretive authority over the patient's sick body. Their claim to power was bolstered by a paradigm shift that lauded science and technology as the harbingers of medical salvation. They had developed tools that granted them access to the interior, and in conjunction, a medical idiom that, while helping them to achieve social and professional legitimacy by virtue of its scientific nature, did so at the cost of

alienating patients from their own body and experience. With the expansion of the role of the senses (particularly the eye) in the diagnosis of disease, the physician brought the sick body under an intense scrutinizing gaze. In the next chapter, I will examine the implications of nineteenth-century medical thinking and practices on discourses surrounding women's menstrual and mental health. We will see that the insatiable medical desire to penetrate the mysteries of the female reproductive system was very much dictated by the need to confirm pre-existing social perceptions of women's nature, behaviour, and purpose, and was inextricably bound up with notions of women's precarious emotional and mental (in)stability.

Chapter II – "MENSTRUAL, MENTAL, AND EMOTIONAL": NINETEENTH-CENTURY MEDICAL DISCOURSES FOR VICTORIAN WOMEN

The medical institution's rise to a status of authority and influence was significantly bolstered by its claim to a scientific approach and language. As a result of the credence and strength vested in scientific medicine, the profession wielded a prescriptive power of critical magnitude. With the emergence of a specialized branch of medicine dealing specifically and solely with the diseases of women, the nineteenth century saw an unprecedented degree of medical interference in the regulation of the female uterine economy (*CBVP* 74). Drawing on discourses of female disease (which generally pertained to the functioning of woman's reproductive physiology), the burgeoning discipline of psychiatry evolved theories that helped to consolidate notions of female physiological and mental instability. According to Anne Digby, stereotypes construing "woman as a medically unique but inferior being, whose health was determined by her femininity, and in which the central feature was periodic menstruation" had been in existence since 1700 (Digby, 193). However, a new scientific understanding of the relationship between female physiology and mental capacity operated to further reify pre-existing perceptions of women as Other – as deficient, weak, and polluted – and to crystallize gender stereotypes in a scientifically validated medical idiom.

In the first section of this chapter, I explore how Victorian discourses on menstruation both stemmed from and reinforced cultural notions of femininity. The menstrual cycle, which was not properly understood until the end of the century, was nonetheless targeted by physicians as the ultimate source of physical and mental disease

in women. Woman, the "emotional species" (versus man, the "rational species"), was also subject to theories that associated emotional reactions with the unhealthy suppression of menstrual blood. By linking emotional expression with ill health, the medical institution reinforced a pathologized vision of the "emotional" woman. In the second part of the chapter, I discuss the rise of psychiatry and investigate the ways in which the socio-medical construction of insanity was directly continuous with theories of menstrual obstruction.

Menstrual Discourse

The intersection of cultural and medical ideas of woman during the nineteenth century helped to reinforce women's social roles as determined, to a large extent, by her reproductive capacities and organs. Charlotte Brontë disdainfully illustrates the allegedly definitive stages in a woman's life in "La vie d'une femme" which comprise the four tableaux M. Paul directs Lucy Snowe to gaze upon during her visit to the museum in *Villette*:

> They were painted rather in a remarkable style – flat, dead, pale and formal. The first represented a 'Jeune Fille,' coming out of a church-door, a missal in her hand, her dress very prim, her eyes cast down, her mouth pursed up – the image a most villainous little precocious she-hypocrite. The second, a 'Mariée' with a long white veil, kneeling at a prie-dieu in her chamber, holding her hands plastered together, finger to finger, and showing the whites of her eyes in a most exasperating manner. The third, a 'Jeune Mère,' hanging disconsolate over a clayey and puffy baby with a face like an unwholesome full moon. The fourth, a 'Veuve,' being a black woman, holding by the hand a black little girl, and the twain studiously surveying an elegant French monument, set up in a corner of some Père la Chaise. All these four 'Anges' were grim and gray as burglars, and cold and vapid as ghosts. What women to live with! insincere, ill-humoured, bloodless, brainless nonentities! (188)

Each painting corresponds to the 'pivotal' phases in a Victorian woman's life that determine her membership to the true cult of femininity and womanhood. The "Jeune Fille" stage is characterized by the beginning of puberty and sees the onset of menarche. Nineteenth-century menstrual discourses dictated both medical and societal views of woman and femininity, rendering menstruation the preeminent (and most vulnerable) feature of female physiology. Achieving menarche was a young girl's inauguration into the prescribed female path and anticipated the eventual second phase – marriage. As a "Mariée," the young woman found herself in a position to fulfill her ultimate duty, which was to have children and become a "Jeune Mère." The final stage of life, when one is a "Veuve," symbolizes barrenness (menopause), and Brontë's representation of the widowed mother reinforces our sense of mothering as a solitary, lonely, and taxing journey to be traveled by the woman without the support or involvement of a husband. Brontë's title for the fictional series of tableaux, "La vie d'une femme," is a branding and contemptuous one that reminds us to what extent the Victorian woman was confined by the social dictates of her reproductive cycle. Menstruation, (marriage), pregnancy, childbirth, and menopause emerged as the definitive features of a woman's role in society as determined by both cultural constructions and expectations, and were further buttressed by medical and scientific discourses on her nature and her diseases.

The medical profession, even prior to the rise of gynaecology in the nineteenth century, had a tendency to ascribe biological blame to the uterus, which was consistently identified as the seat of illness in women. In the 1807 edition of his treatise on *Domestic Medicine*, Dr. William Buchan writes:

> ...we shall proceed to point out those circumstances in the structure and design of females which subject them to peculiar disease; the chief of which are, their

> *monthly evacuations, pregnancy*, and *childbearing*. These, indeed, cannot properly be called diseases; but from the delicacy of the sex, and their being often improperly managed in such situations, they become the source of numerous calamities. (518)

Though Buchan claims to be reticent with regard to labeling woman's reproductive stages as diseases themselves, his disclaimer is equivocal and appears to be somewhat of a nominal statement. In his chapter on the 'Diseases of Women,' all of the ailments discussed fall under the general categories of menstruation, pregnancy, and menopause. In subscribing to the idea that a woman's reproductive cycle renders her inherently susceptible to frequent and myriad illnesses, medical theorists were promulgating an assumption equivalent to a medicalized understanding of the reproductive stages as diseased. Woman is intermittently vulnerable to disease as a result of her peculiar physiology, as well as her inability to monitor her own bodily economy (a notion shared, as we shall see, by the vast majority of physicians). Under the rule of an unstable and unpredictable uterus, "monthly evacuations, pregnancy, and childbearing" might not be explicitly labeled as diseases, but were considered to be the ultimate sources of inevitable and "numerous calamities." Given this instability and unpredictability, the implication remained that women stood a great, if not inevitable, chance of succumbing to disease by mere virtue of the physiological features that differentiated them from men. This conceptualization not only had repercussions for the ways in which women were treated by their physicians, but carried with it clear social and political implications as well. Perceiving of women as liable to their "structure and design" lent further false legitimacy to internalized assumptions that saw women as aberrant, incompetent, and requiring constant medical intervention and surveillance. Protected by its scientific immunity and endorsed because of it's emerging authority, the male-dominated medical profession's

rhetoric concerning the 'Diseases of Women' served to underline and mutually reinforce pre-existing cultural ideas on gender polarities and roles.

The rise of gynaecology in particular, according to Ornella Moscucci, was (and remains) responsible for reinforcing woman as deviant, as well as legitimating her social roles. "The belief that the female body is finalised for reproduction defines the study of 'natural woman' as a separate branch of medicine; it identifies women as a special group of patients and a distinct type within the human species; it defines social roles and invites their acceptance" (2). Shuttleworth echoes Moscucci's concerns: "With the development of the new specialty in women's diseases, the male medical profession arrogated to itself the exclusive right to diagnose the pathology of both the female mind and body, offering thus a forceful object lesson in the power of male science to read and control the mysteries of nature" (*BP* 52). A reification of woman's otherness as a violation of the male corporeal norm was explicit in the medical discourses that emerged to explain the phenomenon of menstruation. As stated by one Victorian physician, "the uterus is 'the sewer of all the excrements existing in the body'" (cited in *CBVP* 73). Woman, with her dark recesses and polluted fluids, confounded and fascinated male physicians who had taken an unprecedented interest in female physiology. Women were thus brought under the clinical gaze where they were rendered the objects of medical investigation. Interpreting the previously unexplained physiological mechanisms of female life-cycle processes posed new and titillating challenges to Victorian physicians, who were incredibly anxious to make sense of woman's inner, 'private' functions.

However, despite the rise of a branch of medicine that dealt exclusively with the diseases of women, physicians failed to resolve the mystery of menstruation; the precise

physiological underpinnings of the menstrual cycle continued to evade doctors and "haunt the male imagination" well into the course of the century (*CBVP* 77). Evidence of this fact is offered in C. Locock's article "Menstruation, Pathology of" in John Forbes's *Cyclopaedia of Practical Medicine* (1833), where he opens the essay with an avowal that it is not his intention to "discuss the various theories of this important function of the human uterus, which have at various times prevailed." Instead, he deems it "sufficient to state generally that we consider the menstrual discharge to be the consequence of a *peculiar periodical condition* of the blood-vessels of the uterus, fitting it for impregnation, which condition is *analogous to that of 'heat' in the inferior animals*" (110, emphasis mine). Locock's propensity for treating menstruation as an errant or inferior function is immediately evident in the title of his article, which casts menstruation as an inherently pathological condition. And doctors' misunderstanding of the menstrual cycle persists even in the revised 1854 edition of *The Cyclopaedia* in which there is still no reference to the ovaries and their role in inciting the "monthly evacuations" (*BP* 60). The description of the discharge is once again characterized as a "peculiar periodical condition," evincing the same slightly derisive, yet subdued tone of awe with which physicians continued to speak of menstruation.

More than pregnancy, childbirth, and lactation, menstruation had become an obsessive focus of intense medical inquiry. It can be said that the Victorian doctor was preoccupied with solving the riddle of menstruation, "whose dark flow still remained threateningly inexplicable" (*CBVP* 76-7). This haunting preoccupation was in fact heightened and reinforced by erroneous medical conjectures that derived from theories concerning the interconnectedness of the uterus and the brain. The medical and

psychological literature was highly concerned with the continuity between the vascular and nervous systems within the enclosed system of the female economy (77). The preoccupation stemmed from the fear that amenorrhoea, or the obstruction of the menstrual flow, would result in a build-up of excess blood in the circulation system, and that this superabundance of "sewer" fluid would invariably seep into the brain, pollute the mind, and lead to irreparable mental damage. Certain physicians, such as Bucknill and Tuke in their *Manual of Psychological Medicine*, admitted that it was difficult to determine the exact relationship of uterine disorders to insanity, but nonetheless unquestionably maintained that "there remain a large number of cases [of insanity] in which suppressed or irregular menstruation is the true cause of the attack" (286). It is of interest to note that their section on 'Uterine Disorders' is flanked by a previous section on the 'Head and Spine,' and a subsequent chapter on 'Vice and Immorality,' in which prostitution is discussed. One can't help but assume that this specific ordering of chapters suggests a strategic grouping of subjects, reflecting both the common belief that continuity existed between the vascular and nervous systems, as well as the idea that women's sexuality was a vice, and its manifestation, immoral.

Thus, it was commonly held that a woman's physiological profile, if not carefully monitored from the onset of puberty, rendered her prone to hysteria and mental disorders. In his 1848 work, *The Passions; or Mind and Matter*, Dr. J.G. Millingen states:

> If corporeal agency is thus powerful in man, its tyrannic influence will more frequently cause the misery of the gentler sex. Woman, with her exalted spiritualism, is more forcibly under the control of matter; her sensations are more vivid and acute, her sympathies more irresistible. She is less under the influence of the brain than the uterine system, the plexi of abdominal nerves, and irritation of the spinal cord; in her, a hysteric predisposition is incessantly predominating from the dawn of puberty. (157)

Millingen's claims indicate the degree to which medicalized constructions of women and their bodies operated to reinforce and perpetuate Victorian gender stereotypes. His statement points to one of the many double binds Victorian women faced regarding their conflicting social roles. As angels in the house, women were meant to fulfill the roles of moral redeemers and teachers, maintaining a domestic sanctum of physical and spiritual cleanliness wherein men could return and seek refuge from the dirty, contaminated public sphere of work and labour (*CBVP* 76). Millingen employs medical rhetoric to justify why females have been appropriately relegated to the private sphere. However, his medical characterization poses an irony: women represent a civilizing and moralizing force, yet are simultaneously characterized by unstable bodies and polluted insides. Thus, while propounding the enshrined Victorian public/private sphere dichotomy, Millingen's characterization at once creates a contradictory outside/inside dichotomy applicable to woman alone: her angelic external disposition is contradicted by her deviant and elusive internal mechanisms. We see that his use of medical terminology, such as "uterine system," "plexi of abdominal nerves, "and "irritation of the spinal cord" lends scientific authority to claims regarding woman's inherent pathology (76).

In keeping with the emerging propensity for nineteenth-century medical voyeurism, that is, the desire to visually probe the internal workings of the body, menstruation, as an external sign system, was read by doctors as "an indicator of internal health, both mental and physical, of their patients" (77). As we have seen, medical practitioners declared that there existed a direct association between the functioning of women's reproductive organs and the fragility of their minds, and consequently claimed that mental disorders were contingent on potential aberrations in the menstrual cycle.

One might intuitively expect that it was the notion of pollution associated with the monthly *exit* or *discharge* that preoccupied the physicians of Victorian England (*BP* 56). However, it was in fact the contrary phenomenon – *suppression* and *retention* – that puzzled them and caused them to wax alarmist and wag their moral fingers. Buchan decrees the menstrual cycle to be the most significant factor in determining and maintaining the integrity if the female constitution: "Females generally begin to menstruate about the age of fifteen, and leave it off about fifty, which renders these two periods the most critical of their lives... The greatest care is now necessary, as the future health and happiness of the female depends in a great measure upon her conduct at this period" (518). His tone is authoritative and ominous, and his threatening statement alludes to fatal repercussions if a girl mismanages her uterine economy.

The title of Buchan's text, *Domestic Medicine*, indicates that his treatise was intended for household use. The previous excerpt was followed by an asterisk that was meant to lead the eyes of the reader down to the bottom of the page where Buchan included a paragraph in which he took the liberty of sermonizing to his readership:

> *It is the duty of mothers, and those who are intrusted [sic] with the education of girls, to instruct them early in the conduct and management of themselves at this critical period of their lives. False modesty, inattention, and ignorance of what is beneficial or hurtful at this time, are the sources of many diseases and misfortunes in life, which a few sensible lessons from an experienced matron might have prevented. Nor is care less necessary in the subsequent return of this discharge. Taking improper food, violent affections of the mind, or catching cold at this period, is often sufficient to ruin the health, or to render the female ever after incapable of procreation. (518)

Buchan's discursive manner allows us to glean a sense of the social position and moral license doctors had come to assume during this time. Their job did not merely entail providing scientific accounts of physiological functions; they had managed partially to

usurp and to appropriate the "moral teacher" role previously ascribed to their waning clergymen counterparts, and took it upon themselves to extend cultural interpretations of the science of woman to justify socially prescribed gender roles, as well as to offer commentary on how young girls should behave. For example, Buchan suggests that "[a] lazy, indolent disposition proves likewise very hurtful to girls at this period. One seldom meets with complaints from obstructions amongst the more active and industrious part of the sex; whereas the indolent and lazy are seldom free from them" (519). Indolence, too much rich food or too little food at all, extreme fits of passion, as well as cold temperatures, were all deemed to be causes of obstruction. In other words, "all the old habits of self-indulgence are to be broken through" in order for women to regain their monthly flow ("Amenorrhoea," 68). However, in cases where their admonitions had failed and preventive measures had not been taken by their patients, medical marketing campaigns geared at promoting remedies for menstruation abounded and offered girls and women chemical alternatives to induce menstrual convalescence. As we have seen in the introductory chapter, advertisements for menstrual remedies reflected medical discourses surrounding the notion of suppressed flow: pills were advertised as designed to relieve women of any menstrual obstructions (*BP* 56).

Gynecological tyranny also reigned supreme. The preoccupation with ensuring the return of a normal menstrual flow was so intense that the medical literature consistently recommended that "the overloaded circulation" be treated with a "brisk purgative" and "the abstraction of blood": "...if the symptoms of plethora are strongly marked, bleeding from the arm in considerable quantity may be required; but, in general, the application of leeches to the labia, pubes, groins, or os uteri, or cupping on the loins,

will be sufficient" ("Amenorrhoea," 68). Physicians were also fond of recommending exercise, fresh air, and a proper diet as part of a regimen to re-instigate the menstrual flow. Some doctors, however, went as far as suggesting that horseback riding would "materially assist in promoting the desired effect" (68). Ultimately, the therapeutic recommendations for obstructed menstrual discharge varied from one absurd extreme of the spectrum to the other; everything from invasive and unnecessary phlebotomy to equestrian jaunts were offered as legitimate modes of treatment.

Although therapy for the retention of menstrual fluid revolved around de-obstruction at all costs, concurrent queries concerning male physiological dysfunctions reflected a contrary ideology. Victorian physicians were preoccupied with masturbation and spermatorrhoea as conditions which led to the loss of vital force via the uncontrolled emission of semen, and were insistent that men exert strategies of self-control. Thus, the fashionable diseases of the Victorian era were characterized by stark gender distinctions: "While male health was believed to be based on self-control, woman's health depended on her very *inability* to control her body" (*BP* 57). However, we will see that an interesting series of medically determined contradictions concerning woman and the notion of self-control emerges when we examine the relationship between a woman's uterine economy, her emotions, and her mental stability.

As we have seen, physicians believed there to exist continuity between the mind and the circulation of menstrual blood. Any suppression or obstruction to the exit of blood was thought to result in an accumulation of polluted fluid that would find its way to the brain, flood it, and cause irreversible psychological damage. In addition, woman's inherent emotionality was directly linked to the saturation of her body with excess

menstrual fluids. According to T J. Graham, the author of Reverend Brontë's most revered household medical treatise, *Domestic Medicine*, "great anxiety of mind" was among the chief and most frequent causes of menstrual suppression (504). Buchan writes that "[t]he greatest attention ought likewise be paid to the mind, which should be kept as easy and cheerful as possible. Every part of the animal economy is influenced by the passions, but none more so than this. Anger, fear, grief, and other affections of the mind, often occasion obstructions of the menstrual flux, which prove absolutely incurable" (521). Physician George Man Burrows, in his *Commentaries on Insanity* (1828), discusses the fatal relationship between strong emotions and menstrual obstructions, which he claims leads to insanity and, in some cases, death. In discussing two cases of women who literally died of shame, Burrows distinguishes between the mere blush of modesty and "the suffusion of shame": "The blood is here retained, in a peculiar manner, in the capillary vessels, as if the veins were constringed [sic]. This sensation will suppress the menses, or other secretions, has occasioned insanity, and in some instances has even produced death" (cited in *BP* 48). Doctors had therefore successfully mapped female emotionality onto the menstrual cycle: "[t]he intensity of emotion associated with womanhood is directly aligned with the flow of bodily fluids; only if such 'superabundance' is drained from the body can emotional tranquillity be preserved" (*BP* 57).

Later in the century, when women were mobilizing to gain increased access to university education, physicians were preoccupied with warning women against undertaking intellectual pursuits. They contended that engagements of the mind would usurp physiological energy from the reproductive organs, and lead to the breakdown of

female health.[i] By claiming that women should be disqualified from the public arena by virtue of their periodic functions, doctors appropriated the right to dictate social prescriptions for women according to medically justified dictates on female physiology. Although this debate reached pinnacle proportions during the 1870's, Brontë demonstrates an awareness of the social controversy surrounding menstruation and education in *Villette*, which was published in 1853: "Madame Beck herself deemed me a regular bas-bleu, and often and solemnly used to warn me not to study too much, lest 'the blood should all go to my head'" (219). This excerpt represents one of Brontë's most explicit references to discourses on menstruation in her novels. The tone and punctuation (the use of single quotation marks) denote a somewhat contemptuous attitude toward these theories, which were evidently constructed and propounded with the objective of preserving the strictly dichotomized gender roles upon which Victorian culture thrived. Nor does the narrator, Lucy Snowe, heed Madame Beck's dogmatic warnings; in fact, she studies quite voraciously throughout the entire novel. The fact that physiological rhetoric had pervaded the cultural imaginary to such a large extent signals the degree to which the medical institution played a role as a cultural institution, reinforcing and perpetuating oppressive Victorian social ideals.

Millingen's assessment that "a hysteric predisposition is incessantly predominating from the dawn of puberty" reveals the extent to which women were bombarded with mixed messages about mental and emotional integrity. While a healthy menstrual cycle (and mind) was contingent on consciously relinquishing control of the exit of blood from the uterus (strong emotions and intellectual endeavours were considered to be intentional disruptions to menstrual flow), women were nonetheless

responsible for maintaining rigorous control over their emotions. Thus, our image of the typically placid and idle middle-class Victorian woman was not merely the result of traditional social tenets that denied women access to the public realm of intellectual activity, but was also determined by the limitations placed on women's rights to emotional expression: "Woman's 'mission' is to try and suppress all mental life so that the self-regulating processes of her animal economy can proceed in peace. Female thought and passion... created blockages and interference, throwing the whole organism into a state of disease" (*CBVP* 91). The Victorian woman was subject to contradictory tenets with respect to the realm of feelings. While man has been historically associated with objectivity and reason, woman has been relegated to the sphere of subjectivity and emotion. Despite this gendered epistemological division, women were expected to exercise a tight vigil over the expression of personal feelings. They found themselves caught between their symbolic association with emotion, and social requirements which overtly stipulated that they tend to the emotional needs of their husbands and children, but denied them the opportunity for self-expression and dictated that they keep their own emotions under lock and key. However, inherent in the subscription to the reason = male/emotion = female dichotomy is yet another contradiction. By insisting upon a woman's need to subdue emotional expression, Victorian society was nonetheless requiring her to adhere to strategies of self-control; and, implicit in an adherence to modes of self-control, is the need to appeal to one's faculties of reason. Of course this internal contradiction remained submerged; however, Brontë's female characterizations bring it to the fore and challenge the privileging of reason and self-control over emotion and expression.

Both gynaecology and psychology conspired to bring menstruation under the clinical gaze as a result of medical reasoning which preached that "...the entire female nervous system was inextricably associated with the reproductive organs whose malfunctions gave rise to the vast majority of feminine maladies" (Oppenheim, 187). According to Oppenheim, the relationship between

> [n]erves, ovaries, and uterus bound women in a stranglehold of sickness, unlike anything that men experienced. While Victorian medical practitioners acknowledged the significance of the life cycle in the health or illness of their male patients, it never controlled their understanding of masculinity the way it overwhelmed their vision of femininity. For most doctors, the female reproductive functions, in their sequential phases, were the key to comprehending woman. They were, without a doubt, the principal cause of her nervous ailments (187).

As I have explained, however, physicians had yet to resolve the mystery of menstruation; its causes continued to evade them and the menstrual 'phenomenon' remained largely unexplained. Nonetheless, medical men were emphatically convinced of the necessary connection between the menstrual cycle (which they did not understand) and the nervous system. I would argue that the menstrual mystery became increasingly vexatious for Victorian men of science, who equipped with a myriad of revolutionary medical theories, techniques, and tools, could not solve the essential riddle of womanhood.

The integration of speculum use into routine clinical practice, for example, demonstrates the degree to which invasive medical intervention and inspection had become commonplace, and adds a whole new dimension to the connotations of the male medical gaze. The *speculum matricis* was an ancient instrument used in the Greco-Roman period, but had fallen out of medical favour during the Middle Ages and the Renaissance. However, it was repopularized at the beginning of the nineteenth century in France when the Parisian authorities decided to regulate prostitution in 1810. The

speculum became "an instrument of the police," since every prostitute had to be registered and examined for venereal disease (Moscucci, 112). The speculum came into mainstream use in Britain during the 1830's and 40's upon the return of certain medical men, such as William Acton, James Henry Bennet, and William Jones, from the continent where they had been studying medicine (112). Protheroe Smith praises the virtues of the new design of the speculum which "'accomplishes the object, never heretofore attained, of employing *simultaneously* both visual and tactile examination'" (cited in *CBVP* 96). "By sight and by touch" was the technical term used to describe gynaecological examination, but was also a slang term for sexual intercourse (Moscucci, 118). What we witness here are 'heightened' modes of surveillance and intervention, which become manifested in the language, instruments, and modes of investigation of gynaecologists. As the ultimate instrument of "in-sight," the speculum enabled the male medical gaze to reach its maximum penetration, yet ironically resulted in the procurement of minimal insights into the inner workings of the uterine economy. The speculum accomplished little more than confirm dominant cultural assumptions that pertained to women as harbourers of hidden pollution (*CBVP* 96). Nonetheless, medical practitioners were *confident* that a reciprocal relationship between the uterine and nervous systems existed.

Thus perplexed and fascinated by the workings of woman's inner physiological world, yet unable to obtain a full grasp on their subject matter, Victorian physicians responded by participating in the reification of woman's otherness, and accordingly relegated her physiology to the realm of emotions. As a result of not being able to glean a concrete understanding of menstrual processes, physicians embedded their erroneous physiological estimations in social stereotypes that reinforced woman's weakness and

cast her as ultimately vulnerable to her emotional disposition. Consequently, the link between menstrual activity, emotionality, and insanity did not appear to be a stretch of the reasonable. According to Buchan, "there is established a reciprocal influence between the mental and corporeal parts; and that whatever injures the one, disorders the other" (107). He also warns that, "[i]t is dangerous to tamper with the human passions" since "[t]he mind may easily be thrown into such disorder as never again to act with regularity" (109). Therefore, traditionally revered feminine traits – reproduction and emotion – also had the potential to emerge as the sources of debilitating female conditions that required medical management and continuous observation.

The Repercussions of Modern Psychiatry for Women's Minds and Bodies

Queen Victoria's reign saw the ascension of psychiatry to a respectable and legitimate medical discipline. By the middle of the nineteenth century, physicians had succeeded in campaigning for legislative reforms that would extend their professional jurisdiction to the public asylums. The Madhouse Act of 1828 decreed that an asylum housing more than one hundred residents required the full-time employment of a resident medical superintendent. The Lunatics Act of 1845 stipulated that asylums keep records of visits and treatments (*FM* 53-4). Thus, medical doctors eventually succeeded in gaining a monopoly of the asylums, and female nurses, attendants, and matrons were gradually weeded out of the asylum infrastructure, leaving the supervision of lunatic asylums, which were increasingly populated by women, to medical men (54). Victorian psychiatrists, or alienists as they were called, appealed to current medical theories which postulated that "women were more vulnerable to insanity than men because the instability

of their reproductive systems interfered with their sexual, emotional, and rational control" and confidently linked female insanity to "the biological crises of the female life-cycle – puberty, pregnancy, childbirth, menopause – during which the mind would be weakened and the symptoms of insanity might emerge" (55).

Alongside the implementation of new legislation to regulate the British asylum, new theories on madness and, subsequently, new ideas concerning treatment measures were evolved during the nineteenth century. In addition, the issue of asylum architecture and how to fashion an atmosphere conducive to the recovery of the insane was also under serious contemplation. With the introduction of James Cowles Prichard's concept of "moral insanity" in 1835, "moral" came to prevail as the psychiatric catch phrase throughout the remainder of the century. According to Showalter,

> The triple cornerstones of Victorian psychiatric theory and practice were moral insanity, moral management, and moral architecture. "Moral insanity" redefined madness, not as a loss of reason, but as a deviance from socially accepted behaviour. "Moral management" substituted close supervision and paternal concern for physical restraint and harsh treatment, in an effort to re-educate the insane in habits of industry, self-control, moderation, and perseverance. "Moral architecture" constructed asylums planned as therapeutic environments in which lunatics could be controlled without the use of force, and in which they could be exposed to benevolent influences. (29)

Prichard's definition of moral insanity deemed madness to be "a morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions, and natural impulses, without any remarkable disorder or defect of the intellect, or knowing and reasoning faculties, and particularly without any insane illusion or hallucination" (cited in *FM* 29). In other words, Prichard's conceptualization could include any number of behaviours that constituted deviations from social norms and cultural standards. It would be difficult to ascertain whether Prichard's notion of moral insanity was much more than

a psychiatric label for a definition that expanded to accommodate underlying cultural fears regarding violations of social codes and prescriptions. However, the ideology behind the corresponding treatment, or rather, the moral management of aberrant behaviours was in keeping with the maxim "surveillance to incite and teach self-control" preached by every other Victorian institution during the nineteenth century.

Foucault suggests that the psychiatric asylum, the penitentiary, the reformatory, the boarding-school, and the hospital all exercised authority according to modes of "binary division and branding (mad/sane; dangerous/harmless; normal/abnormal)" (*Discipline and Punish* 199). Women in particular were victims of "binary division and branding." During the 1860's, one practitioner, named Dr. Skae, drew up a list that summarized the various categories of female insanity: hysterical mania, amenorrhoeal mania, puerperal mania, mania of pregnancy, mania of lactation, climacteric mania, ovario-mania and 'post-connubial mania' (cited in *CBVP* 93-4).[ii] All versions of female manias evidently revolve around her reproductive functions and organs – those very functions and organs that distinguish her from her male counterpart, who remains the uncontested exemplar of physiological normality. What emerges as yet another extraordinary contradiction, however, is the juxtaposition of maternal glorification with Victorian theories on woman's innate sickness (Oppenheim, 191). Women were bombarded with the notion that their self- and social worth were determined by their fecundity, yet they were simultaneously inundated with medical rhetoric that claimed that their reproductive functions were nothing but liabilities to their health.

Returning to Millingen's above statement, we find evidence of medical reasoning that deemed menarche to be the most perilous stage in a girl's life, since it represented

the first opportunity for her to lapse into a state of mental instability. As I have discussed, suppressed or obstructed menstruation was viewed with much suspicion, as it was believed to put a woman in serious danger of developing life-long mental infirmities. The regular expulsion of menstrual blood was therefore interpreted as a sign of appropriate reproductive functioning and a healthy mind. However, there existed a simultaneous sexualized view of menstruation that associated menstrual blood with "the threatening sexual and reproductive excess of the female body, an excess which caused her to vibrate indiscriminately to all external stimuli" (*CBVP* 91). My earlier reference to Locock's description of menstruation as analogous to the time of "heat" in inferior animals is evidence that physicians held a sexualized view of menstruation. Locock extended his analogy by claiming that "every one must be struck with the resemblance" of the uterus of a woman "who was instantaneously killed by an accident during menstruation" to "the appearances observed...in rabbits killed during the state of genital excitement usually called the time of heat" (110). In the same way that emotional energy was mapped onto the periodic discharge of fluids, sexual energy became symbolized by the rhythms of the menstrual flow. The monthly outflow of blood was interpreted as a crucial mechanism for ridding the female body of pent-up or excessive sexual passions that would otherwise lead to a pollution and implosion of mental, emotional, and physical integrity. That "[b]ehind the careful regulation of Victorian girls' lives lay the ever-present fear of their promiscuous libidinal energy" indicates the degree to which the medical profession adopted a free license to bring the pubescent female under regulated clinical and moral surveillance (*CBVP* 92). The association of menstrual blood with

women's uncontrollable sexual impulses similarly reinforced Victorian ideologies, medical and sexual, of male self-control versus the inherent lack of control in females.

These socio-medical mores reconfirmed perceptions of women as helpless victims of their indiscriminate bodily functions: "Self-control was depicted as directly harmful in its effects: if the internal 'excess' of reproductive energy were suppressed or obstructed in its outward flow, then insanity would ensue. If, however, it were acted on, the resulting 'immodest' behaviour would immediately call for the certification of insanity" (92). It was commonly held that men naturally experienced a strong sexual drive "whose aggression had to be curbed by manly self-control" (Oppenheim, 201). However, no such unanimity of social opinion existed with respect to the sexuality of women. In fact, medical writers often implied that "ignorance on all matters concerning human sexuality was an essential trait for young ladies of impeccable social respectability. The animalism inherent in, and even synonymous with, sexual desire should find no encouragement in the pure-minded female around whom the Victorian home revolved" (Oppenheim, 201-2). Thus another dimension of contradictory Victorian medical discourses emerges: a woman's purpose in life centers on reproduction; however, it is entirely inappropriate and immoral for her to think about or desire sex. The psychiatric notions of "monomania" and "erotomania" contribute even further to the medical branding of women as ill should they express sexual yearnings. Monomania, according to Prichard, was a form of Intellectual Insanity "'in which the understanding is partially disordered or under the influence of some particular illusion, referring to one subject, and involving one train of ideas, while the intellectual powers appear, when exercised on other subjects, to be in a great measure unimpaired'" (cited in *CBVP* 51). Erotomania, as defined by E. Esquirol

in *Mental Maladies. A Treatise on Insanity* (1845), is a sub-category of monomania: "Erotomania comes within the province of medicine, is a chronic cerebral affection; and is characterized by an excessive sexual passion; now, for a known object; now, for one unknown" (335). These alleged conditions of mental infirmity help to give rise to the idea of partial insanity, which allows for the notion of "highly localized insanity" (*CBVP* 51). These moralizing psychiatric concepts once again contribute to the extension of the social jurisdiction of doctors, who acquire the power to wield labels and jargon that justify social dictates that oppress women with respect to their sexuality and their bodies.

These rhetorical oppositions demonstrate the extent to which psychiatric labels operated as veils for the promulgation of cultural norms. For example, women were diagnosed as having puerperal mania when they exhibited behaviour that was "indifferent to the usual conventions of politeness and decorum in speech, dress, and behaviour; their deviance covered a wide spectrum from eccentricity to infanticide" (*FM* 58). Women were, therefore, exposed to an array of medically determined contradictions that outlined the normative prescriptions for feminine behaviour. In many cases, certified insanity seemed to be defined by behaviour that merely strayed from Victorian culture's most revered tenets of female propriety.

In examining the nineteenth-century discourses on menstruation and mental illness we come to recognize that this scientific rhetoric not only had medical, but significant social implications for women as well. With its ascension to legitimacy, the medical profession assumed a powerful and authoritative position as a cultural institution during the reign of Queen Victoria. We see that the language of medical science was employed to confirm prescriptive gender roles and justify ideals of feminine conduct.

Medical discussions on the 'Diseases of Women' demonstrate the degree to which women were subject to various contradictions regarding reproduction, insanity, emotion, and sexuality. In the next two chapters, I will investigate the extent to which ideas about women born out of menstrual and mental discourses pervaded the Victorian social consciousness by looking closely at two novels by Charlotte Brontë.

---

[i] See Anne Digby's "Woman's Biological Straitjacket" in *Sexuality and Subordination*. Eds. Susan Mendus and Jane Rendall (London, 1989) and Shuttleworth's *CBVP* for the debate surrounding menstruation and women's accessibility to education in the late nineteenth century.

[ii] Shuttleworth points our that interestingly enough, no analogous list of hysterical conditions was identified for men. Although spermatorrhoea had become an increasing concern during the Victorian era, it was never medically validated as an independent cause of insanity. And although masturbation was considered to be a strong indicator of a predisposition to insanity, this applied equally to both sexes.

Chapter III – *SHIRLEY*: A STUDY IN THE ILLS OF SELF-ABNEGATION

Written in the wake of *Jane Eyre*'s towering success and widespread acclaim, Charlotte Brontë's third novel, *Shirley*, has suffered from intense critical scrutiny and rigid standards of comparison.[i] *Shirley* differs significantly from Brontë's two earlier novels, *The Professor* (the first novel she wrote though the last to be published) and *Jane Eyre*, as well as her fourth and final work, *Villette*, by virtue of its experimentation with third person narration. After having become intimately acquainted with the engaging and passionate voice of Jane, the critics were disappointed by *Shirley*'s narrative vacillations and were quick to pass judgment on what they considered to be a coarse story and a fragmented narrative viewpoint, marked by inconsistency and unreliability.[ii] These disparaging reviews have had sticking power: many literary critics continue to characterize *Shirley* as a disjointed and failed novel. However, I subscribe to the views expressed by a handful of critics who see *Shirley*'s alleged failure not only as the result of its being overshadowed by the soaring accomplishments of *Jane Eyre*, and the aesthetic maturity of *Villette*, but also as a misunderstood effort.[iii] I adhere to an interpretation of *Shirley* that recognizes Brontë's aesthetic and structural choices as intentional decisions, integral to the conveyance of her purposes and messages in the novel.

As if she had anticipated the critical castigation which *Shirley* was destined to suffer, Brontë warns the reader of her sober intentions at the immediate outset of the novel by providing the following disclaimer:

> If you think, from this prelude, that anything like a romance is preparing for you, reader, you never were more mistaken. Do you anticipate sentiment, and poetry, and reverie? Do you expect passion, and stimulus, and melodrama? Calm your expectations; reduce them to a lowly standard. Something real, cool, and solid, lies before you; something unromantic as Monday morning, when all who have

> work wake with the consciousness that they must rise and betake themselves thereto. (*Shirley*, 49)

With this statement Brontë preemptively seeks to dispel illusions and expectations held by the sentimental reader who is eagerly awaiting romance and resolution in the style of *Jane Eyre*. The author's forewarning indicates her acute awareness of the realist direction she wishes to pursue in *Shirley*. In both content and form, *Shirley* is a novel that self-consciously grapples with the portrayal of emotional struggles and ambivalence, rather than one that offers didactic renditions of neat and reconcilable 'coming of age' trials and tribulations.

As Shirley Foster has noted, the striking originality of Brontë's novels is attributable to her distinctive negotiation of traditional subject matter (71). Though her plots pivot on conventional tropes of courtship, romance, and matrimony, her treatment is in fact subversive as her approach to romantic orthodoxies is one that challenges rather than conforms to both Victorian literary standards and cultural assumptions regarding women. Foster has succinctly summarized both Brontë's vision and approach:

> Brontë exploits these orthodoxies in order to express her reservations about her age's ideologies regarding women. More boldly than most of her fellow-novelists, she seeks to re-define feminine selfhood, freed from restricting images and assumptions. Her challenge is especially effective because she formulates it from within a conventional framework, arguing for new approaches to women's traditional needs. Inspired by her own awareness of the dichotomies of the female experience, she is openly ambivalent about such needs, refusing either to deny their existence or to allow false idealism to suppress her sense of their problematic complexity. Her novels not only demand that sexual ideologies be re-examined, they themselves enact that re-examination, thematically and structurally. (71)

Foster offers a characterization of Brontë that forces us to consider the extent and ways in which the dimensions of her work are influenced by personal views and experience, and encourages us contemplate the nature and very existence of a Brontëan feminism.

An understanding of Brontë's signature proclivity for ambiguous and ambivalent representation hinges, to a certain extent, on our understanding of the author's personal convictions, experiences, and dilemmas. On the one hand, Brontë was contemptuous of a society that she believed reared "girls to regard matrimony as their sole future," (cited in Foster, 72) and deemed there to be "no more respectable character on earth than an unmarried woman who makes her own way through life quietly perseveringly – without support of husband or brother" (cited in Foster, 75). She preached education for single women as an instrumental means of ensuring independence and insisted that mental and moral health could be secured only by employment (75). On the other hand, despite her resounding cries of feminist optimism regarding female autonomy, we simultaneously detect strains of ambivalence that reveal her conflicted position with respect to the prospect of singlehood in her real life, as well as in her novels. A sense of dread and despair is painfully clear in statements where she characterizes herself as "a *lonely* woman and likely to be lonely," and reflect the devastation of a woman who has been deeply disappointed by a love that has not been reciprocated (cited in Foster, 75).[iv] Brontë's advocacy for women's independence from marriage and husbands in *Shirley* is tempered by her yearning for the emotional gratification one hopes to find in the bosom of a life partner. We shall see that Brontë develops a discourse that privileges love as a salubrious force in *Shirley*; and I contend that while her desire to privilege simultaneously female autonomy and a discourse of love is what probably causes critics to perceive the novel as a failed and disjointed attempt, it is precisely this kind of tension – that is, the conflict between competing antagonistic forces in a woman's life – that Brontë aims to elucidate.

More importantly, these Brontëan narrative hallmarks of ambivalence and ambiguity can also be understood as integral features of her covert or dualistic narrative strategy. Feminist critics have argued that women writers, such as Brontë, who have been constrained by the social mores of their time, have been required to employ "oblique methods of articulation" to express their anger and disapprobation (78).[v] Foster suggests that there are two layers in Brontë's fiction: an explicitly "angelic" top layer, and a coded, deeper layer that works to subvert the orthodox dogma of the top layer: "...the archetypal patterns and structural dualities of her work formulate, while at the same time disguising, her protest. There are thus two 'levels' in her fiction, the one conscious capitulation to convention, the other dissent concealed by overt orthodoxy. This approach is innovative and illuminating, but because it stresses the unsaid in Brontë's fiction it marks the subterranean elements as the most significant" (78-9).

Thus, in order to engage in a reading of *Shirley* that is both gratifying and just, we need to heed the author's warning: we must "calm" (or shed) our expectations of tidy and definitive conclusions, and "reduce them to a lowly standard." In *Shirley*, Brontë is primarily concerned with depicting ambivalence, not resolution. Her aim is not to write typical stories of romance that turn upon conventional plot twists and stock character development, but rather to tell tales of love fraught with disappointment, struggle, and tension. In her attempt to bring us "something as unromantic as Monday morning," Brontë's seemingly ambiguous and fluctuating messages regarding marriage, as well as Victorian tenets of femininity, women's mental and emotional health, and love, actually represent an ambitious effort to encapsulate the conflicting real life complexities and numerous double binds facing women in the nineteenth century. And it is precisely this

alleged narrative inconsistency that I feel comprises the very essence of a Brontëan feminism, as it allows her to question and depict the multiple tensions and punitive consequences that characterize the lives of Victorian women

Consequently, the remainder of this chapter is devoted to an examination of the more coded and subversive narrative strands present in Charlotte Brontë's third novel, *Shirley*. Themes pertaining to illness, emotion, and starvation are symbolically intertwined in *Shirley*, as well as in *Villette*, the work I have chosen to explore in my final chapter. In both stories the author draws on tenets derived from current Victorian medical discourses concerning women's health and disease to probe the relationship between the repression of emotion and the physical and mental decline of her heroines. Though Brontë's characterizations of illness make use of contemporary discourse, her intention is not to reflect, but challenge the stereotypes that accompany these theories. Her appeal to medical theory allows her to couch her subversive challenges in legitimated modes of discourse. Brontë brings the emotion/reason debate to the fore, and calls into question the alleged virtues of repression and self-abnegation. By drawing on theories that outline the relationship between emotion, amenorrhoea and insanity (melancholia, in particular), Brontë subverts conventional medical representations of women to demonstrate that it is, in reality, the socio-medical dictates themselves that are responsible for propagating oppressive gender norms. Though I focus primarily on the story of Caroline Helstone in order to expose Brontë's coded treatment of menstrual and mental discourses, an investigation of Shirley Keeldar's character, as well as certain secondary female characters in the novel, similarly help to elucidate the ways in which Brontë is simultaneously appealing to and challenging nineteenth-century medical

rhetoric. We know that Brontë was acquainted with emerging medical theories and developments, and that she was unfortunately overly familiar with the implications of severe illness as a result of having witnessed the deaths of her three siblings, Branwell, Anne, and Emily. Issues of health and sickness consistently resurface throughout all of her novels, and she uses these instances of illness to comment on her cultural reality. She carefully constructs patterns of imagery and invokes symbols pertaining to food and starvation that enable her to challenge double binds regarding tenets of femininity, love, and marriage. *Shirley* also sees Brontë becoming preoccupied with the gaze of surveillance and institutional authority. An investigation of Brontë's appeal to medical rhetoric sheds insight into the "subterranean elements" in her work, and also illuminates the degree to which discourses on women's diseases – menstruation and hysteria, in particular – pervaded the Victorian social consciousness and dictated both cultural perceptions and literary representations of women.

Self-Abnegation and Repression in *Shirley*

Caroline's progressive decline into serious illness in *Shirley* is explicitly related to the language employed by Victorian doctors in their accounts of women's diseases. Though Brontë appeals to medical discourse to illustrate her protagonist's experience with sickness, she does not "write" illness with the intention of imbuing it with literal signification. Brontë elaborates instances of illness and decline to comment on the social circumstances of her heroines. That her characters do fall prey to serious sickness is indisputable. However, Brontë is primarily concerned with drawing our attention to the

oppressive conditions that give rise to illness, and emphasizing the need to attend to the emotional dimensions of sickness.

Caroline's waning health is a physical response to the emotions she strives so rigorously to repress. Her painful struggle to suppress her love for her cousin Robert Moore is a stringent exercise in self-control, one that contradicts her instincts and leads to a toxic accumulation of internal emotional energy that corrupts her constitution. Brontë consistently casts Caroline as an individual who gives priority to her feelings and who privileges emotional knowledge. In a sensually charged exchange with Robert during an evening spent with her cousins early on in the novel Caroline says,

> 'But you are what I think you.'
> 'I am not.'
> 'You are better, then?'
> 'Far worse.'
> 'No; far better. I know you are good.'
> 'How do you know it?'
> 'You look so; and I feel you *are* so.'
> 'Where do you feel it?'
> 'In my heart.'
> 'Ah! you judge me with your heart, Lina; you should judge me with your head.' (110-1)

Later that night, Caroline meditates on Robert's affectionate conduct toward her at Hollow's Cottage: "Now, I love Robert, and I feel sure that Robert loves me: I have thought so many a time before; to-day I *felt* it" (123). In these passages Brontë makes it evident that her eighteen year-old heroine's intuitions result in her tendency to privilege emotions as an authoritative way of knowing the world and understanding relationships. However, throughout the novel, Caroline is consistently reminded by other characters, such as Robert and later, Mrs. Yorke, that she must sublimate her feelings in favour of adopting a more reasonable, realistic approach to life:

> You *feel!* Yes! yes! I daresay, now: you are led a great deal by your *feelings*, and you think yourself a very sensitive, refined personage, no doubt. Are you aware that, with all these romantic ideas, you have managed to train your features into an habitually lackadaisical expression, better suited to a novel-heroine than to a woman who is to make her way in the real world, by dint of common sense? (387)

Mrs. Yorke's rant is evidence of the double layers in Brontë's writing. The matriarch is ascribed conservative opinions and is used by the author to articulate hard social truths that may appeal to a mainstream audience who chooses to engage with the more overt layer of Brontë's narrative. As critical and progressive readers, however, we are not meant to entirely sympathize with Tories such as Mrs. Yorke. Her derisive reference to "novel-heroines" is an example of a secondary level of subversive commentary that reveals the author's scorn for narrow-minded opinions on the arts and emotion. Thus, the dialogue can maintain the semblance of convention while simultaneously concealing the subtly crafted expression of disdainful opinions that challenge conservative social dictates.

In the first half of the novel, Caroline makes an effort to comply with these suggestions which stipulate that she appeal to Reason rather than Feeling. As a result, she is continually torn between her feeling self, which calls her to give way to her emotional needs and intuitions, and her reasonable self, which preaches self-containment and control. Upon contemplating how to mediate her behaviour toward Robert, Caroline grapples with whether to attend to emotion or reason: "Now what was she to do? – to give way to her feelings, or to vanquish them? To pursue him, or to turn upon herself? If she is weak, she will try the first expedient, – will lose his esteem and win his aversion: if she has sense, she will be her own governor, and resolve to subdue and bring under her guidance the disturbed realm of her emotions" (129-30). Brontë brings the

emotion/reason debate to the fore in both *Shirley* and *Villette* (the appeal to Feeling found in *Shirley* is substituted with an appeal Imagination in *Villette*). The perceived need to obey reason and self-restraint, and deny emotion and affect, permeates Caroline's narrative throughout the novel. Implicit in the fact that Brontë's heroines grapple with questions of emotionality and reasonability is a characterization of women as intellectually competent, and as aware of the double binds scenarios that serve to oppress them. Caroline is not questioning whether she in fact *has* a claim to reasoning faculties; she assumes that they *are* innate to her person. The question becomes, which route, a subscription to reason or emotion, entails the least punitive consequences for a young woman in her position? Caroline's psychomachia reflects an internalization of Victorian social and medical ideals; if she attunes to her feelings, she will demonstrate weakness and vulnerability to her emotional disposition, and will violate Victorian etiquette surrounding courtship and femininity; if she appeals to her 'sense' of what is socially and medically encouraged behaviour, she will be able to bring herself under emotional self-government, and will avoid the physical and mental damages thought to be incurred by emotional reactions. However, we shall see that Brontë clearly relates Caroline's choice to subscribe to a regime of self-control to her eventual physical, mental, and emotional decline.

Due to her engrained adherence to prescriptions of Victorian female propriety, Caroline takes refuge in the only permitted resort: self-repression (*CBVP* 190). An internalization of norms that condone suppression on all counts suggests that Victorian women were required to engage in a perpetual self-monitoring of their behaviour and utterances of opinion. In a violently disturbing passage spoken by Caroline, Brontë

underscores how in situations where she is confronted with a flippant male lover, the female lover has no socially permitted access to her own voice or natural instincts:

> A lover masculine so disappointed can speak and urge explanation: a lover feminine can say nothing: if she did, the result would be shame and anguish, inward remorse for self-treachery. Nature would brand such demonstration as a rebellion against her instincts, and would vindictively repay it afterwards by the thunderbolt of self-contempt smiting suddenly in secret. Take the matter as you find it: ask no questions; utter no remonstrances: it is your best wisdom. You expected bread, and you have got a stone; break your teeth on it, and don't shriek because the nerves are martyrized: do not doubt that your mental stomach – if you have such a thing – is strong as an ostrich's – the stone will digest. You held out your hand for an egg, and fate put into it a scorpion. Show no consternation: close your fingers firmly upon the gift; let it sting through your palm. Never mind: in time, after your hand and arm have swelled and quivered long with torture, the squeezed scorpion will die, and you will have learned the great lesson how to endure without a sob. (128)

Brontë invokes violently graphic images of breaking one's teeth on stone and the agonizing sting of the scorpion to subvert the assumption that women's emotional pain is best suffered in silence. Later in the novel, Shirley's reaction to her alleged mad dog bite demonstrates the extent to which even the boldest of women have internalized norms that dictate female silence: Shirley engages in self-cauterization and appeals to her "best wisdom," enduring her physical and psychological pain mutely. However, Shirley's recovery follows upon her being able to finally express her anxiety about her dog bite, and more importantly, her love for Louis Moore, revealing the author's implicit commentary on the link between repressed emotion and illness. In Caroline's monologue, we also have explicit evidence of the author's symbolic equation of food with love. Caroline soliloquizes about anticipating offerings of nurturance and affection with an outstretched arm – the bread and the egg – only to then overturn the images by invoking inedible stones and poisonous stings. Brontë's image of the muted female lover

illustrates her double bind: denied the reception (or consumption) of love, the woman is simultaneously refused the right to express feeling, frustration, or pain. I will return to the discussion of the symbolic relationship between food, starvation and love later in the chapter.

Having nearly convinced herself that she will "never have a husband to love, nor little children to take care of," Caroline attempts to resign herself to the idea that she is destined to lead the celibate life of an old maid (190). Reticent to submit to this future vision, however, she poses the question: "Does virtue lie in abnegation of the self?" and immediately answers "I do not believe it" (190). Although she claims to "not believe it," Caroline's outward behaviour nonetheless oscillates between self-assertion and self-abnegation. Although it has been noted that Caroline's character represents a more overt capitulation to Victorian conventions of femininity than her counterpart, Shirley, who often engages in an explicit defiance and questioning of patriarchal norms, Caroline's behaviour is marked by an ambivalence that demonstrates how difficult it is for women to arrive at coherent conclusions about feminine conduct and lifestyle. On the one hand, Caroline is prone to making more subversive statements that bear a tone of contempt for social conventions, as in her above soliloquy on the prescribed gender roles in courtship. However, on the other hand, being a true disciple of the school of romantic love, as well as being the inadvertent victim of penetrating social pressures and norms, Caroline is the portrait of a young woman struggling to reconcile her ideals with her reality. Consequently, she tries to engage strategies of self-control and repression in order to subdue her idealism and cultivate her pragmatic skills.

In his work *Repression in Victorian Fiction*, John Kucich argues for the debunking of popular conceptions of Victorian repression. He claims that our stigmatization of repression has blinded us to the powerful ways in which it operates in the Victorian novel as an instrument of sexuality, desire, power, and self-definition. Kucich calls for an understanding of repression that no longer victimizes it, or sees it as a capitulation to cultural pressures, but that recognizes self-negation as a means of negotiating desire within a libidinal subtext (17). He also suggests that by engaging in tactics of repression, Victorian protagonists are actually employing strategies for achieving self-definition and establishing self-identity. In Kucich's interpretation, repression ultimately represents a form of power: "Through repression, characters in nineteenth-century fiction restrict self-negation to an internal, emotional consummation that scrupulously preserves individual will and emotional inviolability from penetration by others" (27). Thus, in Kucich's framework, repression and passion should no longer be conceived of as opposites. Self-negation is a means of destabilizing passion or desire: instead of manifesting their emotional experience in public, the character draws their feelings into the private interior, where they are transformed into a source of power and self-assertion. According to Kucich, "[o]nce externalized, intense feeling is subjected to social controls and distortions" (49). This concern applies particularly to Victorian women for whom it was generally inappropriate to readily reveal their emotions and opinions. In order to protect themselves psychologically from the penetrating gaze and scrutiny of others, Kucich asserts that Brontë's heroines employ self-preservation mechanisms in the form of repression and self-negation to conceal passions whose expression would not be otherwise socially sanctioned.

Kucich brandishes interesting and insightful ideas regarding the phenomenon of repression in the Victorian novel. Though I do not disagree entirely with his evocative claims, I do take issue with certain aspects of his philosophy which I find problematic when examined from a perspective that takes into account a somewhat different interpretation of emotion, sexuality, and identity in Brontë's work. Kucich's identification of repression as an instrument of self-protection is plausible, yet circumscribed. I instead argue against Kucich's claim that repression becomes, in itself, a source of personal strength, a tool for instating one's identity in a healthy, positive way. Knowing that an avowal of her sentiments for Robert might render her even more vulnerable and transparent to the eyes of her peers and superiors than she already appears, Caroline does attempt to engage in rigorous strategies of self-control in order to overcome and displace her love for Robert. However, though an adherence to self-control strategies may allow Caroline to avert the penetrating gazes of others, and therefore enables her to preserve emotional inviolability in certain circumstances, repression is but a temporary (and inadequate) coping mechanism. Brontë's themes and messages do not support repression as a healthy solution: denying oneself the opportunity for expression is not an effective solution for a systemic social ill that promulgates emotional silence in women.

Caroline herself does not believe in repression as a healthy solution to her problems. In her above soliloquy on the socialized differences between lovers masculine and feminine, she recognizes and scorns a culture that expects women in love to exhibit silence and self-control. Most importantly, she refutes the notion that virtue lies in the abnegation of the self (a point which Kucich does not address in his discussion of

repression in Brontë's works). This refutation is central to the message that underlies *Shirley*: repression and self-abnegation are insalubrious. Despite her insight into and contempt for her restrictive circumstances, however, Caroline unfortunately chooses repression out of a limited set of available options for a young woman in her position. We watch her call upon her faculties of *Reason* to guide her in her efforts to withhold and divert her feelings. Yet, Brontë's story ultimately begs us to acknowledge that Caroline's steady physical and psychological demise is the result of her stern efforts to repress feelings and intuitions that contradict Victorian norms of feminine behaviour.

Kucich's theories also fail to include an assessment of the medically determined double bind characteristic of a woman in Caroline's situation; while seeking to fulfill Victorian ideals of femininity by abnegating her emotionality in favour of equanimity, her efforts simultaneously subject her to contradictory medical ideals. As we have seen in chapter two, doctors had mapped the expression of intense emotion onto the rhythms of the menstrual cycle. It was held that a strong emotional experience could lead to a suppression of the menses, thus rendering women more vulnerable to mental decline. This medical view also helped to reinforce social norms surrounding notions of female propriety by construing emotional expression in pathological terms. Thus, "women were expected, socially, to exhibit strong self-control, whilst, physiologically, they were deemed to have a lower capacity than men to achieve this end" (*CBVP* 199).

Certain medical writers, however, recognized the contradictions inherent in contemporary attitudes, and subscribed to a different view of repression. Dr. Robert Brudenell Carter, for example, in his text entitled *On the Pathology and*

Treatment of Hysteria (1853), believed that "[i]f emotions are denied their normal channels of 'discharge' 'the imprisoned power is driven to seek another opening'" (cited in *CBVP* 199). Carter's image of "the cumulative impact of repression is that of violent eruption: emotion, 'after being kept down...often breaks forth at last with increased violence, and through more dangerous channels'" (199). Consequently, certain medical "[t]]exts simultaneously defined madness as a 'deficiency in self-control', but argued that failure to give outward expression to disordered emotions or desires would only strengthen somatically the internal hold of disease (199).[vi] These conflicting conceptualizations of emotion and its role in physiological and mental health demonstrate the lack of consensus in medical discourse pertaining to female diseases, and reveal women to be caught in a medically determined double bind regarding the potentially detrimental effects of either an expression or repression of emotion.

Thus, whether the author is subverting the first theory, or appealing to the second, Brontë's characterization of Caroline's illness clearly links the repression of emotion with ill health. A medical diagnosis of Caroline's progressive mental, emotional, and physical decline allows us to surmise that Brontë was drawing on both medical and psychological theories to describe the ailing mental and emotional state of her heroine. Caroline's symptoms seem to suggest that she suffers from melancholia, a sub-category of insanity. According to Buchan,

> Melancholy is that state of alienation or weakness of mind which renders people incapable of enjoying the pleasures, or performing the duties of life. It is a degree of insanity, and often terminates in absolute madness. CAUSES – It may proceed from an hereditary disposition; intense thinking, especially where the mind is long occupied about one object; violent passions or affections of the mind, as love, fear, joy, grief, pride, and such like. (423-4)

Further causes and symptoms of melancholia include solitude, the suppression of customary evacuations, and acute fevers, conditions that Caroline systematically experiences throughout the novel (424). Bucknill and Tuke refer to the characteristic loss of sleep and appetite that accompany melancholia (159), and remind us that "the uterine functions are more or less disordered, and are suspended in the large majority of cases" (161). Buchan states that "[w]hen the disease is owing to any obstruction of customary evacuations... it is easier cured than when it proceeds from affections of the mind, or an hereditary taint. A discharge of blood from the nose, looseness, scabby eruptions, the bleeding piles, or the *menses*, sometimes carry off this disease" (424). These assertions once again indicate that medical men considered there to be an inextricable link between menstrual blood, sanity, and emotion.

One might want to stop here and ask whether Brontë is actually addressing the issue of menstruation in *Shirley* at all since her treatment of amennorhoea is never explicit. Yet, feminist critics such as Shuttleworth, Showalter, and Sandra Gilbert and Susan Gubar, have identified language, imagery, and themes that consistently reveal a menstrual subtext in Brontë's novels. In fact, this particular subtext was perhaps most salient in *Jane Eyre*. For example, Showalter has interpreted Jane's confinement to "the red room" as symbolic of her pubescent struggle with her inauguration into menarche (*LOTO* 114). She also suggests that Bertha Mason's most acute attacks of madness follow a certain 'periodicity' that is associated with the cyclicity of a "blood-red and half-overcast" moon (120).[vii]

Brontë's treatment of menstruation in her later novels, *Shirley* and *Villette*, is more nuanced and perhaps more sophisticated, as we find her employing an increasingly

coded language and set of symbols to allude to the obstructed menstrual cycles of her heroines. In *Shirley*, Caroline's attempts to repress her emotions are unequivocally related to her flight into debilitating physical and mental sickness. Once she sets herself the task of trying to ignore her feelings for Robert, Caroline is frequently described as pale and waning. Buchan identifies paleness of complexion as a symptom of melancholia (424). I offer an interpretation of Caroline's condition that links her symptoms to the literal and symbolic obstruction of her menstrual flow. Against Buchan's description of the causes and symptoms of melancholia, Brontë's repeated characterization of Caroline as pale could, on one level, be interpreted as a concrete medical symptom. However, I offer an interpretation of her paleness that operates on a physiologically symbolic level as well, in which her ashen appearance emblematizes the lack of free-flowing blood in her system as her vessels' natural ability to bring blood to her skin's surface is impaired. It is in chapter ten, entitled "Old Maids," where the author begins to describe Caroline as "looking paler and quieter than she used to look" (187). When commanded by her uncle to no longer hold any "intercourse whatever" with the Moore cousins, Brontë writes: "She acquiesced then: there was no vexed flushing of the face, no gathering tears: the shadowy thoughtfulness which had covered her features ere Mr Helstone spoke remained undisturbed: she was obedient" (187). Her acquiescence and obedience represent her determination to exercise stringent tactics of self-control. According to my argument that there exists a coded menstrual subtext, the absence of "vexed flushing" could be construed as an obstruction of blood flow, which is reinforced by Brontë's subsequent remark, "no gathering tears," which refers to Caroline's incapacity for fluid expulsion. Caroline is becoming a "shadowy" specter of her former self.

Chapter ten is a pivotal one, since it is during this chapter that Caroline questions the virtues of self-abnegation and seeks edification regarding the prospects of spinsterhood by appealing to the old maids, Miss Mann and Miss Ainley. Though she resolves to put herself under the direction of Miss Ainley, the virtuous spinster, in order to drive out her "fevered thoughts" of Robert by steeping herself in social projects to aid the poor, Brontë tells us that

> ...these efforts brought her neither health of body nor continued peace of mind: with them all, she wasted, grew more joyless and more wan; with them all, her memory kept harping on the name of Robert Moore: an elegy over the past still rung constantly in her ear; a funereal inward cry haunted and harassed her: the heaviness of a broken spirit, and of pining and palsifying faculties, settled slow on her buoyant youth. Winter seemed conquering her spring: the mind's soil and its treasures were freezing gradually to barren stagnation. (199)

In talking of "elegies" and "funereal inward cries", the author employs a language of death to foreshadow Caroline's fate lest she cease to engage in strategies of emotional suppression. I would also maintain that Brontë's characterization reinforces the paradox in popular medical discourses on menstruation. Though Victorian cultural ideals of femininity match those of some medical doctors who call for a careful regulation of the emotions so as to avoid further predisposing oneself to insanity, we have similarly seen that an obstruction of the menstrual flow (or similarly, the emotional flow) was thought to be debilitating. Brontë implies that by having no permissible outlet for her emotions, Caroline's overwhelming feelings of frustrated love for Robert are causing internal blockages of lethal magnitudes. The author seems to be playing with the contemporary medical rhetoric that essentially equates a woman's mind with her uterus in order to convey her message about the need to attend to the emotional dimension of illness. By invoking the image of the "mind's soil and its treasures were freezing gradually to barren

stagnation," Brontë is offering us a way of understanding Caroline's intellectual, emotional, and spiritual blight that takes into account a more covert medical analysis of her condition. The juxtaposition of "mind" with "soil" in the context of this passage suggests that Brontë is drawing on medical discourses which stipulate that a woman's mental functions are ultimately dictated by the uterus, the fecund soil which houses embryonic implantation. The image suggests that the once fertile soil, now "freezing gradually to barren stagnation," can be read as a metaphor for the gradual obstruction of Caroline's menstrual blood, which according to doctors, results in insanity and death. By appropriating discourses surrounding female physiology and mental health, Brontë herself is not necessarily subscribing to these views; however, her appeal to medical discourses enables her to couch her commentary on emotional repression in medically legitimated ideas.

Caroline's efforts to repress her deep affection for and sexual attraction to Robert prove that she has successfully internalized her cultural lessons on femininity. Yet, Brontë calls on the reader to recognize that her strict diet of self-denial is unhealthy and potentially fatal. Caroline's first engagements in ritualistic, self-sacrificial behaviours of self-abnegation last only as long as Robert remains out of her sight. Upon viewing him briefly from a distance, Caroline re-succumbs to a state of emotional flurry. However, by reconnecting with her feelings, Caroline realizes that her best alternative to recover from her romantic obsession would be to divert her attention and channel her energies into a worthwhile, self-affirming endeavour. She requests of her uncle to have permission to seek employment as a governess. Caroline proclaims: "I am not well, and need a change... a doctor could do me no good. I merely want change of air and scene" (203-4).

Her assertions are, on one level, entirely in keeping with Victorian medical recommendations that suggest treating the 'Passions' with diversions. In his discussion "On Grief," Buchan praises the virtues of diversion as a curative measure by claiming that "[w]hen the mind begins to recoil, shift the scene. By this means a constant succession of new ideas may be kept up, till the disagreeable ones disappear (113). However, by claiming that "a doctor could do me no good," Caroline is explicitly refusing medical treatment. Implicit in her resistance is her firm conviction that financial independence contributes to a woman's well-being – especially for women who anticipate having to forego the security and status that come with marriage. Brontë once again seeks the legitimacy of medical discourse as a veil for speaking a more subversive argument: the necessity for female autonomy.

In his commentary "On Love," Buchan warns that "[t]here is no passion with which people are so apt to tamper as love, although none more dangerous" (114). Buchan once again sermonizes to his readership:

> We would therefore advise every one, before he tampers with this passion, to consider well the possibility of his being able to obtain the object of his wishes. When that is not likely, he should avoid every occasion of increasing it. He ought immediately to flee the company of the beloved object; to apply his mind attentively to business or study; to take every kind of amusement; and above all, to endeavour, if possible, to find another object which may engage his affections, and which it may be in his power to obtain. (114)

Buchan's suggestions are evidently aimed at a male audience, and therefore neglect to take into account the power imbalances that Caroline so aptly and graphically points out as characteristic of the courtship dynamic between a man and a woman. These suggestions would be of very little help to a young woman in Caroline's social and

financial position; she is certainly not able to "immediately flee" and "take every kind of amusement."

In addition, she is not predisposed to simply finding "another object which may engage [her] affections." Her intuition tells her that so long as she can not share her life with her true love, she will not have the endurance to sit still and allow herself to be idly consumed by self-destructive internal passions. Her suggestion that she seek employment as a governess is pragmatic and healthy: she seeks sustenance of another kind in the form of work and remuneration, and longs to establish a sense of independent self. Caroline will not compromise her feelings of love, and therefore does not entertain the notion of looking for another man to "engage [her] affections" for the mere sake of eventually marrying. She insists on being true to her feelings; if she can not be with Robert, she would prefer to pursue a career and assert her identity outside of marriage. Since Brontë strategically set the novel during the Luddite riots of 1811-12,[viii] it has been suggested that *Shirley*'s historical and political dimensions were meant to underscore the plight of women "famished for a sense of purpose in their lives," by drawing covert parallels between them and the lower class workers who were literally starving for lack of work and food (Gilbert and Gubar, 374). According to Shuttleworth, "Brontë highlighted the relationship between the economic and matrimonial markets by tying Caroline's position as unwanted goods directly to that of the warehouse stockpiles" (*CBVP* 185). Painfully aware of her dismal prospects given her gender and dependent status, Caroline wants to play an active role in shaping her own destiny and future identity by becoming financially and emotionally autonomous.

However, her uncle vociferously denies Caroline's plea for a change of scene and financial independence: "Pooh! mere nonsense! I'll not hear of governessing. Don't mention it again. It is rather too feminine a fancy. I have finished breakfast, ring the bell" (205). Brontë intentionally sets two important conversations between Caroline and her uncle at the breakfast table. In their first breakfast table discussion, Caroline inquires after the Rector's scornful opinions of marriage, and presses him to reveal the particulars of his own marriage. He readily opines, expressing staunch views on the virtues of remaining single. According to the Rector, a "yokefellow is not a companion; he or she is a fellow-suffer," denying the possibility that love can prevail in a married relationship (124). Eventually he grows excessively aggravated with Caroline's "stupid and babyish" questions, and once again, calls for the bell to be rung, which signifies the termination of the meal (125). Their second discussion pertains to Caroline's wish to leave the rectory to find work as a governess. During both conversations, Caroline is seeking important answers to personal queries, as well as the validation of her position: she is appealing to her guardian for crucial guidance on matters that require an acknowledgment of her need for sustenance in the form of love or work, and is systematically denied support from her uncle on both counts. And during both scenes, it is implied that Caroline does not take or have the opportunity to eat her breakfast, since the bell is rung before she eats.

Anorexia, Amenorrhoea, and Brontë's Discourse of Love

This last point pertaining to Caroline's missed opportunity to eat is of literal and symbolic significance, and forges the opportunity for me to discuss the relationship between food, starvation, and love, a consistently important and prominent thematic link

found in Brontë's work, and a subject I had promised to address earlier in the chapter. We are told that Caroline comes from an emotionally starved background, and we know that she currently leads an emotionally starved existence at the rectory, finding no affective solace in her uncle's company and seeing no future opportunity to share her affections with Robert. Having been abandoned by her mother, Caroline remembers that her drunkard father had treated her poorly in early childhood, often forgetting "to return and give her dinner during the day," and reminisces that she grew very ill under his care (126). Caroline's memories of starvation and illness represent one of many instances in which Brontë has purposefully crafted an emblematic link between affective nurturance and food. The fact that her uncle calls for the breakfast table to be cleared before Caroline has the chance to touch her plate echoes the theme of emotional starvation that runs throughout the novel.

Imagery pertaining to food and starvation in Brontë's work comprises a multi-faceted symbol system. References to hunger can not be simply interpreted on a one-dimensional level since Brontë uses (self-)starvation to reiterate a variety of thematic messages and to undermine conservative Victorian views regarding women, love, and disease. Deirdre Lashgari claims that the individual eating disorders in *Shirley* have political implications as they are intended as a commentary on the "dysfunctional society [that] starves women, literally and metaphorically, ...[in which] women internalize that dis/order as self-starvation" (141). Lashgari has also identified Caroline's anorexia (and Shirley's) as forms of protest and control: "When each [heroine] in turn finds herself blocked from any effective overt protest and barred from speaking her pain, she asserts control over life in the only arena available, inscribing her hunger on her own body in a

desperate plea to be 'read aright'" (141). Gilbert and Gubar echo Lashgari's interpretation: "Caroline has good reason to believe that the only control she can exert is over her own body, since she is completely ineffectual at altering her intolerable lot in life" (390). They also interpret Caroline's anorexia as "a protest against growing up female" and a "rejection of what society has defined as nourishing" (391).

Returning once again to examine the interior monologue in which Caroline expresses contempt for her "lot" as a lover feminine, we glean a clear sense of her disturbing interpretation of what lovers masculine offer as nourishment: "You expected bread, and you have got a stone." Brontë consistently invokes the symbol of the stone to discuss the hard, frozen, and unfeeling nature of many of the male characters in the novel. We are told that Mr. Hel*stone*'s wife, Mary Cave, "died of a broken heart" – a heart broken by the stone of emotional and affective indifference (82). Mr. Yorke's "dark, cold, [and] careless side" (78) is reinforced by the author's description of his "granite head" (167). And then there is Robert Moore, whose temperamental vacillations are dictated by the productivity (or lack thereof) of his mill, and whose financial anxieties have motivated him to deny his love for Caroline, and opt for a union with Shirley in order to ensure his financial stability: Robert, who feels as though he "were sealed in a rock" (180); who, hypothetically, would "rather break stones on the road," than marry an older woman (181); who once questioned "whether there was not something stony" in the texture of his skin after he had been fixed by the eyes of Miss Mann, a spinster he compares to Medusa (194); and who is evidently the intended subject of Caroline's scornful contemplation, and is therefore the bearer of stones and not bread.

However, Caroline is similarly complicit in her own symbolic and literal starvation as she eats less and less throughout the novel. In her conscious effort to establish rigorous emotional boundaries, Caroline seeks a means of imposing control over her body and mind, and her progressive decline into a state of anorexia can be seen as an extension of her self-inflicted punitive measures. Her self-starvation becomes a metaphor for her lack of received affection, as well as the lack of opportunity for her to express her love. Thus, "[c]onsumed by sorrow, she cannot eat...Caroline has received stones instead of bread, and she has been deprived of maternal care and nourishment, so denies herself the traditional symbol of that love" (Gilbert and Gubar, 390).

In addition to the political and symbolic implications of Caroline's disorderly eating, her anorexia has medical repercussions as well. Although it is never made explicit, it is quite plausible that Caroline's hunger strike contributes to the cessation of her menses. In an effort to both reveal and conceal Caroline's amenorrhoea, Brontë personifies her heroine as a flower to describe her in symbolic terms as "the rose [who] had dwindled and faded to a mere snow drop: bloom had vanished, flesh wasted; she sat before him drooping, colourless, and thin" (203). A medical interpretation of Brontë's coded language suggests that the once red, fleshy, flourishing flower (characterizations replete with vaginal and menstrual overtones) has been deprived of its life force; in other words, the menstrual blood, the ultimate indicator of fertility, has ceased to flow and the young woman has consequently assumed the guise of lifelessness. The "snow drop" imagery is reminiscent of "[w]inter... conquering her spring" and the freezing over of Caroline's "mind's soil and its treasures." Although Caroline's efforts to control her

behaviour represent a subscription to the appropriate dictates of Victorian feminine conduct, they evidently operate to jeopardize her physical and emotional health.

The idea that Caroline's menstrual flow has ceased as a result of her diminished consumption of food is further bolstered by the fact that amenorrhoea was a recognized symptom of anorexia nervosa. Most nineteenth-century doctors did not consider anorexia nervosa to be a distinct disease, separate from hysteria:

> The fact that anorexia nervosa and hysteria struck the same population – primarily young women from the beginning of puberty through early adulthood – lent credence to their close identification. So, too, did amenorrhea... which was an almost invariable feature of anorexia, for menstrual disorders... were still widely associated with manifestations of hysteria. The prominence of depressive moods in anorectic patients supported the opinion of those who interpreted self-starvation as a symptom of neurasthenia. (Oppenheim, 212)

In light of Caroline's behaviour and symbolic symptoms, I feel that the existence of a menstrual subtext in *Shirley* is further substantiated. According to medical opinions of the time, Caroline's obstructed menstrual flow and insufficient nourishment would also strongly predispose her to mental infirmity. Bucknill and Tuke identified insomnia, disturbed dreams, and loss of appetite (160) as hallmark features of melancholic insanity: "The early stages of insanity are very frequently marked by emaciation, occasioned by loss of rest, wasting of the tissues from increased activity of the mental and bodily functions, and derangement of the alimentative processes" (314). It is unclear whether Caroline's anorexic condition is the source of her progressing illness or the symptom of her intense emotional distress. In truth, the distinction matters little since Brontë seems to imply that her diminished appetite is both the cause as well as the manifestation of Caroline's ailments.

In their *Manual of Psychological Medicine*, Bucknill and Tuke discuss a female patient they have encountered to illustrate the scope of the symptoms in cases of melancholia:

> A.B., a young lady, sustained a disappointment of the affections. Dyspepsia and obstinate costiveness followed. Symptoms of mental depression then appeared, succeeded by refusal to take food, and an attempt at self-destruction. The case then assumed the character of melancholie avec stupeur, profound melancholy accompanied with a state of semi-stupor. (159)

We see that Caroline's experience bears an acute resemblance to A.B.'s condition and symptoms. After the fated evening at Hollow's Cottage, where Caroline is led to surmise that Robert and Shirley are to marry, her precarious state of health takes a swift turn for the worse. "On waking the next morning she felt oppressed with unwonted languor: at breakfast, at each meal of the following day, she missed all sense of appetite: palatable food was as ashes and sawdust to her" (399). Having implied that her appetite has completely vanished, Brontë proceeds to describe Caroline's mental symptoms: "She felt a pulse beat fast in her temples: she felt, too, her brain in strange activity: her spirits were raised: hundreds of busy and broken, but brilliant thoughts engaged her mind" (399). In order to lend credence to the seriousness of Caroline's illness, Brontë draws on popular medical concepts and language and strategically substitutes "miasma" as the medical cause of her fever for devastated love. However, the author does not abandon her diagnosis of love-sickness: she claims that the miasma "had passed into her lungs and veins, and finding there a fever of mental excitement, and a languor of long conflict and habitual sadness, had fanned the spark to flame, and left a well-lit fire behind it" (399). The implication here is that any hard and fast medical speculations regarding the source

of Caroline's fever remain secondary to the fact that she is indeed suffering from emotional pillage and ruin.

As Caroline plummets further into sickness, Mrs. Pryor nominates herself to nurse Caroline; she spends day and night at her bedside. After having witnessed Caroline suffer through feverish nightmares and speak strange, incoherent words, Mrs. Pryor is forced to acknowledge her "harrowing" descent (405) and exclaims, "But your mind, Caroline: your mind is crushed; your heart is almost broken: you have been so neglected, so repulsed, left so desolate," to which Caroline replies, "I believe grief is, and always has been, my worst ailment. I sometimes think, if an abundant gush of happiness came on me, I could revive yet" (409). With this exchange Brontë makes it explicit that a lack of affective nurturance and emotional devastation have been preeminent among the causes of Caroline's demise. The symbolic language employed by the heroine when she contemplates her condition and prospects for recovery also links her illness to flow imagery, calling our attention to possible menstrual overtones. By conflating imagery pertaining to rushing, flowing fluid with positive emotion in her reference to "an *abundant gush* of happiness," Brontë suggests that a free-flow of both emotion and menstrual blood would lead to the de-obstruction of health-threatening forces. Expulsion and expression are therefore construed as possessing curative powers. An excavation of Brontë's narrative undercurrents can thus operate to reveal her subtle incorporation of medically derived ideas of women's disease that link Caroline's physical and mental infirmity to an obstructed menstrual cycle and anorexia.

However, though Caroline engages in modes of repression and suffers from anorexic behaviour, we must recognize that she is not merely a self-effacing Victorian

heroine; Caroline struggles through illness to assert her identity and claim her right to love and be loved. "Caroline's principal hunger is to be loved, but also to have meaningful scope for her energies outside of love... Lack of love and lack of work together constitute the void in her life, the emptiness she hungers to fill" (Lashgari, 144). I have argued against Kucich's idea that repression functions as a source of real strength and empowerment for Brontë's heroine, and in fact maintain the opposite: that Brontë wants us to acknowledge Caroline's self-abnegating efforts as the cause of her debilitating illness. My analysis of *Shirley* leads me to understand Brontë as privileging a discourse of love; that is, her message is one that challenges Victorian codes of femininity, and lauds the expression and reciprocation of love as integral to a woman's (or man's) physical, emotional, and mental well-being and developing sense of self. However, I find it crucial to temper this previous statement with a distinction between romantic or sexual feelings of love, and love proper. It has become too fashionable and easy to conjure up one-dimensional analyses of repression in literature, particularly Victorian literature, that simply equate it with the characters' willful restraint of sexual energy. In certain cases, critics are apt in applying assessments of repressed sexuality; however, my interpretation of Brontë's work seeks to uncover a larger emotional picture, a discourse that preeminently extols the primacy of love, in which repressed sexual energy may be construed as comprising a part of the larger whole, but not the end itself.

Certain critics have overlooked the larger implications of repressed emotion in Brontë's novels, perhaps, as in Kucich's case, for the sake of contributing a more esoteric, post-modern interpretation of the works, or because arguing for repressed sexuality in Victorian fiction is a neat and well-groomed option. We have seen that

Kucich is primarily concerned with "the way Victorian acts of repression become libidinal acts, forms of luxuriously self-disruptive and autoerotic experience" (3). He claims that refusals of expression work to intensify desire. Furthermore, he understands repression as a model of desire that preserves the individual will and guarantees emotional inviolability. In addition to disagreeing with the notion that emotional impenetrability is a source of empowerment for Brontë's heroines, I contend that Kucich's theory commodifies sexuality, as it rests on the assumption that the repression of sexuality represents both a means of wielding power over others, and a way of strengthening one's own identity.

I would argue that, although Caroline may experience some distress at not being able to give release to her sexual feelings for Robert, casting her as victim of mere sexual repression is an unnecessarily circumscribed interpretation of her condition. Brontë's characterization of Caroline's circumstances reveals her as an abandoned child in desperate want of love – both familial and romantic. Though her quest to bestow her affections on her cousin represent a longing to establish a companionship that will supply her with romantic love and a sense of purpose and belonging, Caroline's desire to become more closely united with her own family network, the Moores, is not derived from purely sexual motives. In addition, Brontë's symbolic association between love and food not only evokes sexual connotations, but also draws our attention to Caroline's craving for sustenance and nurturance in the form of love. Upon witnessing interactions between Shirley and Robert, Caroline suffers miserably: "...her famished heart had tasted a drop and crumb of nourishment that, if freely given, would have brought back abundance of life where life was failing; but the generous feast was snatched from her,

spread before another, and she remained but a bystander at the banquet" (254). Caroline's reaction is not born out of distress caused by an over-distended libidinal reservoir; her survival depends on the receipt of the *nourishing* qualities of true love.

Her plea for a "crumb of nourishment" to bring back "abundance of life where life was failing" is, in fact, met by Mrs. Pryor's revitalizing revelation that she is Caroline's mother. During the throes of her climactic bout of severe illness and temporary insanity, the discovery of her new identity as Mrs. Pryor's daughter is enough to immediately send Caroline on the path of convalescence. The introduction of Mrs. Pryor as Caroline's mother may be construed as a romantic tangent, a delightful escape from the somber realism of *Shirley*. I would claim, however, that Mrs. Pryor's character lends increasing legitimacy to the existence of a discourse of love that both encompasses and supersedes a sexual interpretation of the story. As the parental figure, she symbolizes the crucial role played by love and nurturance in the healthy development of individual integrity and identity. Brontë's plots consistently reveal the singular importance she places on the unity of the family as she consistently strives to (re-)unite fragmented families in order to achieve more salubrious, cohesive configurations of community and affection.[ix]

Old Maids and Young Girls

Though I maintain that Brontë extols love as vital to the healthy development of her heroines, she does not do so at the expense of abdicating her views on women's autonomy and the pernicious pitfalls of marriage. Having made this somewhat paradoxical claim, I find myself confronted with the crux of Brontë's ambivalence in *Shirley*, and necessarily return to examine some of the issues I outlined at the beginning

of the chapter pertaining to love, matrimony, independence, and identity. Although she argues for the primacy of love, Brontë's stance emerges as somewhat tenuous when we examine her treatment of the old maids, Miss Mann and Miss Ainley. Brontë disguises a politically charged dialogue between Caroline and her maid, Fanny, in naïve and virtuous overtones so as to be able to reveal her disdain for the social treatment of spinsters in a subdued, acceptable manner. Caroline is convinced that "old maids are a very unhappy race," while Fanny claims that they can not be unhappy since "[t]hey are all selfish" (102). The passionate and sympathetic Caroline comes to their defense:

> 'Miss Ainley is not selfish, Fanny: she is always doing good... she is quite alone in the world, without brother or sister, or anyone to care for her, how charitable she is to the poor, as far as her means permit! Still nobody thinks much of her, or has pleasure in going to see her: and how gentlemen always sneer at her!'
> 'They shouldn't, Miss; I believe she is a good woman: but gentlemen think only of ladies' looks.' (102)

Caroline sets off to have tea with each of these ladies in an effort to learn more about the destiny and lifestyle that may await her. After her visits, Caroline contemplates the nature of the existence she has witnessed and concludes, "pure and active as it was, in her heart she deemed it deeply dreary because it was so loveless" (198). Caroline's overriding tendency to privilege love is once again evident, and seems to represent the same tone of concern and ambivalence characteristic of Brontë's personal letters.

Though her portrayal of spinsterhood is dismal, the author is quick to extol the virtues of both celibate women. Miss Mann is the ultimate caricature of the repressed, emotionless, hardened old maid: "she began to talk in an indescribably dry monotonous tone – a tone without vibration or inflection – you felt a graven image of some bad spirit were addressing you. But it was all a figment of fancy, a matter of surface. Miss Mann's goblin-grimness scarcely went deeper than the angel-sweetness of hundreds of beauties"

(194). Once Caroline shows her compassion and pierces beneath her stony exterior, she discovers a woman who

> felt that she was understood partly, and wished to be understood further; for however old, plain, humble, desolate, afflicted we may be, so long as our hearts preserve the feeblest spark of life, they preserve also, shivering near that pale ember, a starved, ghostly longing for appreciation and affection. To this extenuated spectre, perhaps, a crumb is not thrown once a-year; but when ahungered and athirst to famine... (195-6)

This passage represents yet another instance of Brontë's appeal to the metaphoric language of thirst and hunger to reinforce our sense of Miss Mann's extreme deprivation of affection. Miss Mann's double-featured name is an excellent example of the dualism characteristic of Brontë's work. Upon cursory perusal, the juxtaposition of "Miss" with the surname "Mann" could be construed as bearing a comic appearance, suggesting that her lifestyle of abstinence has resulted in her hermaphroditic metamorphosis. However, Brontë overturns this semantic decoy by making it clear that the name "Mann" is an allusion to the Biblical manna, the miraculous bread that sustained Moses and the Jews in the desert. The association between "Mann" and "manna" is not evoked in a manner that is so literal as to be glaringly obvious; however, by discussing "a shower of manna" (196) in the context of Miss Mann's "starved, ghostly longing for appreciation and affection," (195), Brontë is urging the reader to make the symbolic connection. This reference to nutritive sustenance reiterates the emblematic association between food and love in the novel. Unfortunately, Miss Mann is lacking the "a" at the end of her name; the "a" that stands for affection, the letter that would otherwise sustain her and make her complete.

The honest, meek, and saintly Miss Ainley is a stereotypical representation of the self-abnegating spinster commonly invoked by writers of Brontë's period (Foster, 94). Caroline tells us that it was "[n]ot from Miss Ainley's lips did [she] hear of her good

works," but that she was unanimously known "to watch by any sickbed: she seemed to fear no disease; she would nurse the poorest whom none else would nurse: she was serene, kind, and equable in everything. For this goodness she got but little reward in this life" (197-8). Miss Ainley's magnanimous endeavours cause Mr. Hall, the vicar of Nunnely, to claim "that her life came nearer the life of Christ, than that of any other human being he had ever met with" (198). Caroline is so much impressed by her saintly goodness "that she bent her own mind before Miss Ainley's in reverence" and resolves to put herself under her guidance in order to purge herself of her preoccupation with Robert (198).

Brontë's characterizations demonstrate her extreme respect for single, autonomous women, as well as her contempt for a society that thrives on their services, but makes no room or allowances for their status in the social hierarchy. She is eager to emphasize the spinsters' virtues and make explicit the unfairness and ingratitude with which they are treated. Nonetheless, her ambivalence toward singlehood persists; her somber vindication reflects her resistance to surrendering to a dismal, loveless fate.

She argues more positively and most unequivocally for the autonomy of women through the two youngest female characters in the novel: Jessy and Rose. The outspoken, unceremonious daughters of Mr. and Mrs. Yorke represent Brontë's most overt experimentation with feminist ideas regarding the multiple binds of matrimony. We are introduced to the girls early on in the story and are immediately acquainted with their rebellious natures. Jessy and Rose embody the spirit of autonomy and righteousness Brontë wishes society to foster in young women; they are certainly not representative of the class of girls Brontë condemned as having been reared by society "to regard

matrimony as their sole future." When they are told by their mother "don't be too forward to talk," since "it becomes all children, especially girls, to be silent in the presence of their elders," Jessy challenges her mother's remonstrance with two particularly cutting questions: "Why have we tongues, then? And why especially girls, mother?" (172). Later in the novel, Rose expresses scorn for Caroline's repressed existence: "I am resolved that my life shall be a life: not a black trance like the toad's, buried in marble; nor a long, slow death like yours in Briarfield Rectory" (384). We are soon thereafter privy to a passionate outburst in which Rose staunchly refuses to be stifled by domestic duties when she grows up:

> And if my Master has given me ten talents, my duty is to trade with them, and make them ten talents more. Not in the dust of household drawers shall the coin be interred. I will *not* deposit it in a broken-spouted tea-pot, and shut it up in a china-closet among tea-things. I will *not* commit it to your work-table to be smothered in piles of woollen hose. I will not prison it in the linen-press to find shrouds among the sheets...least of all will I hide it in a tureen of cold potatoes, to be ranged with bread, butter, pastry, and ham on the shelves of the larder." (385)

Rose's meritocratic speech is replete with imagery and stylistic devices that suggest a view of wives' domestic obligations as asphyxiating. Objects such as "household drawers," "china-closets," and "piles of woollen hose," in conjunction with references to "interment" and "prison" work to represent a language of suffocation. Brontë's indulgent use of hyphens to merge words such as "tea-pot," "china-closet," and "linen-press," reiterates the sense of stifling enclosure and confinement she is attempting to convey. The excerpt, laden with the language of domesticity, repeatedly refers to kitchen objects and food. Brontë uses this symbolic imagery to tell us that, least of all will Rose give precedence to the feeding of others at the expense of not nurturing her own needs, talents, and desires.

However, during the course of our first encounter with these contumacious girls, Brontë invites us to gaze into the crystal ball of their futures. It is revealed to us that Jessy is fated to die young in a foreign country with Rose at her side, and that Rose is to be in exile from England indefinitely. The author's purpose in apprising us of the particulars of their destinies is to evoke a symbolic message: Yorkshire girls with non-conformist views and articulate, controversial opinions will not survive or be tolerated on their native island's shores.

Brontë's vision of the present circumstances and future destinies of young English women is generally dismal. In a poignant rant that rings particularly clear of the author's own voice and opinions, the narrator appeals to the "Men of England" (378) with cautious desperation to help remedy the "stagnant state" of affairs (377). Brontë opens her tirade with firm conviction: "I believe single women should have more to do – better chances of interesting and profitable occupation than they possess now" (377). The passionate monologue that ensues elucidates the reasons for the ambivalence that underlies Brontë's stance with respect to marriage and autonomy by bringing into focus the multiple binds that face women during a time when "the matrimonial market is overstocked" (377). Brontë is not necessarily arguing against the notion of marriage itself: we know that she believes in the health-giving powers of being able to express and receive love. She does, however, despair at the utter lack of autonomy that characterizes a woman's status within the married relationship:

> The brothers of these girls are every one in business or in professions; they have something to do: their sisters have no earthly employment, but household work and sewing; no earthly pleasure, but an unprofitable visiting; and no hope, in all their life to come, of anything better. This stagnant state of things makes them decline in health: they are never well; and their minds and views shrink to wondrous narrowness. Their great wish – the sole aim of every one of them is to

> be married, but the majority will never marry: they will die as they now live. They scheme, they plot, they dress to ensnare husbands. (377)

She calls for alterations that allow women to engage in loving relationships that do not confine them to the home, where their talents will be smothered, and their sense of identity and independence necessarily relinquished. Brontë argues that it is unhealthy for women to be unable to channel their energies into self-affirming endeavours beyond the scope of marital duties. Without purpose, education, and sense of self, these young women are ordained to suffer physically and mentally, as Caroline's experience proves. In a society that would no longer condone abnegating and restricting roles for women, Brontë anticipates a significant improvement in the health of English women. She implores the Men of England:

> look at your poor girls, many of them fading around you, dropping off in consumption or decline; or, what is worse, degenerating to sour old maids, - envious, backbiting, wretched, because life is a desert to them; or what is worst of all, reduced to strive, by scarce modest coquetry and debasing artifice, to gain that position and consideration by marriage, which to celibacy is denied. (378)

The two preceding passages both indicate Brontë's resentment that marriage is coveted for the status and purpose it confers upon women who would otherwise be left with no viable or socially condoned alternatives if they were to remain single.

Brontë's contempt anticipates some of the more recent arguments feminists have made to explain and support a theory of compulsory heterosexuality. Feminists such as Christine Overall, have drawn our attention to the ways in which heterosexuality operates as an institution of contemporary western culture (471). Heterosexuality, as a social structure, remains fairly invisible and, therefore, intact and unchallenged; its ideological underpinnings are seldom exposed as oppressive. Heterosexuality is instead represented as the *natural* or *real* way of engaging in romantic relationships, and is thus taken to

constitute the sexual norm. Overall quotes Mariana Valverde, who claims that, due to the overwhelming social weight ascribed to heterosexism, it would be inaccurate to classify heterosexuality as a free choice, unhampered by social forces and normative judgments. We do not choose heterosexuality from a variety of lifestyle options that are equal, legitimated, and accepted. To opt for the current alternatives is to invite punishment and denigration. As long as one lifestyle is offered as the norm and all others as punitive, it would be irresponsible for us to view heterosexuality as purely a matter of personal preference (475).

If we share in Overall's understanding of heterosexuality as an institution that maintains gender hierarchy and male privilege, we can recognize the double bind implications for both non-heterosexuals and women. By conforming to the heterosexual dynamic, Overall claims that women validate themselves through a traditional and encouraged association with men. Choices that represent deviations from this norm, whether they entail choosing to be non-heterosexual, or simply choosing celibacy or independence as a heterosexual, imply a conscious choice to not be with men. This choice is often construed as sacrilegious because it threatens the normative way of perceiving women as necessarily requiring male companionship to be complete. In *Shirley*, Brontë seems to be questioning the very underpinnings of a society or social structure that devalues the position of single women, and encourage women to "scheme" and resort to "debasing artifice" to seduce men into choosing them for wives. Brontë implores the Men of England to "seek for [their daughters] an interest and an occupation which shall raise them above the flirt, the manoeuvrer, the mischief-making tale-bearer" (378-9). She has outlined the stereotypical roles into which women are forced in order to

avoid the repercussions of singlehood. We should not mistake Brontë's characterization of old maids, however, as contradictory: she is not suggesting that being single is in itself a negative lot, but that the circumstances which give rise to this destiny are what render the lot intolerable and unjust. Brontë's ideal society includes a vision of women as entitled to the opportunity to use their talents so that they may affirm themselves and gain recognition as individuals, and not need to assume one of the few punitive identities available to them: suffocated wife, redundant old maid, or exiled rebel.

Shirley and the Gaze

Brontë also argues for female autonomy through the characterization of her other heroine, Shirley. During the course of our first visit to Fieldhead in chapter eleven, we are introduced to Shirley, the owner of this manor and its surrounding property, which "had descended, for lack of male heirs, on a female" (208). However, we quickly learn that Shirley does not consider herself to resemble a conventional female; in fact, Shirley Keeldar, Esquire, has "a man's name" and "hold[s] a man's position...[which] is enough to inspire [her] with a touch of manhood" (213). Shirley is a bold and articulate character, who often acts with temerity and confidence. She thus appears to represent Brontë's image of the ideal, independent woman. She is a landowner, oversees her own finances, conducts business with the other gentlemen, and is ultimately her "own mistress" (223). Accordingly, "Captain Keeldar" holds staunch views on matrimony (215). In a passionate exchange with Caroline, Shirley exclaims:

> 'I should not like to find out that what I loved did not love me, that it was weary of me...That discovery once made, what should I long for? To go away...'
> 'But you could not, if you were married.'

> 'No, I could not, - there it is. I could never be my own mistress more. A terrible thought! – it suffocates me! Nothing irks me like the idea of being a burden and a bore...Now, when I feel my company superfluous, I can comfortably fold my independence round me like a mantle, and drop my pride like a veil, and withdraw to solitude. If married, that could not be.'
> 'I wonder we don't all make up our minds to remain single,' said Caroline. (223-4)

Shirley's anxieties regarding the suffocation awaiting her in matrimony echo the concerns expressed by Rose in her outburst on the stifling nature of domestic duties.

As a result, many critics have been dissatisfied by the marrying off of both Brontë's heroines, particularly of Shirley, at the close of the novel. They have interpreted the double marriage ending as Brontë's capitulation to cultural expectations, and are disappointed by its apparent contradiction to the fervent challenges to marriage that permeate much of the story's dialogue.[x] However, we eventually see that Shirley is not entirely convinced of her own hard-line stance against marital union when we realize that she has been withholding a deep affection for Robert Moore's brother, Louis. Shirley resists her uncle's persistent paternalistic pressure to marry any of her numerous suitors. Yet, she continues to suffer his presence because as long as the Sympson family remains at Fieldhead, so does Louis Moore, young Harry Sympson's tutor. Shirley's behaviour, construed as enigmatic by her uncle, actually represents a course of action consistent with Brontë's message regarding affection and matrimony: she is holding out to marry the man she truly loves. Her resistance to proposals of convenience signifies her refusal to relinquish her autonomy for the mere sake of becoming someone's (or anyone's) wife, and her fear of being consumed by domestic drudgery. More importantly, however, Shirley finally emerges as unwilling to preserve her coveted independence at the cost of denying her love and being dishonest about her wants and desires. The critics who find

themselves disappointed by what they deem to be an incoherent ending are those who are expecting a straightforward, uniform resolution, and who do not recognize the ways in which Brontë's characteristic ambivalence works to probe the norms and elucidate the complexities of social injustice. Brontë is raising questions in *Shirley*, not attempting to provide firm solutions to one of society's most pernicious and convoluted ills: gender inequity.

Even Shirley's robust character falls prey to the medical ailments that her friend Caroline similarly suffers. Like Caroline, Shirley's physical, emotional, and mental health is jeopardized by her repression of her feelings for the man she loves. As the novel progresses, the boisterous, outspoken Shirley gradually shows herself to be secretive and reserved. She is particularly cool with her old tutor, Louis, the man she silently pines after. However, her self-containment reaches its pinnacle when she is bitten by a dog she believes to be mad. Caroline tells us that women are meant to utter no remonstrances and "show no consternation over the figurative bite of the scorpion, but it is Shirley who epitomizes the horror of self-repression when she actually remains silent about her fears of hydrophobia" (Gilbert and Gubar, 393). The mad dog bite and Shirley's subsequent reaction to it, is symbolic on many levels. First, it is a metaphor for her inauguration into mental deterioration: Shirley is figuratively bitten by the fangs of madness as she continues to struggle to repress her feelings for Louis. However, a diagnosis of straightforward madness for Shirley is overturned by (among other things) the discovery that the dog that bit her was, in fact, never mad to begin with. This discovery parallels or anticipates a discovery of similar consequence in *Villette*: Lucy Snowe's unveiling of the nun, in conjunction with Ginevra Fanshawe's explanatory

letter, provide the final concrete evidence required to prove that Lucy was never guilty of experiencing the alleged "spectral illusions" that Dr. John used to diagnosis her slippage into madness.

Second, in keeping with a medical reading of the novel that attends to a possible menstrual subtext, I consider the act of self-cauterization (the closing up of the wound) as symbolic of the willful obstruction of her menstrual blood. Gilbert and Gubar have similarly interpreted the various bleeding wounds of the heroines in *Jane Eyre*, *Shirley*, and Emily Brontë's *Wuthering Heights*, as representative of menstrual references: "[t]he bleeding wound is...a standard Freudian symbol of femininity, representing both the woman's fertility and the apparent imperfection of her body" (330). Brontë's invocation of the bleeding wound and the subsequent act of self-cauterization could then be read as a covert reference to medical discourses that associate menstrual obstructions with insanity. Shirley's mental deterioration is supported by the lack of appetite that follows the dog bite and the cauterization: "A summons to luncheon called her in: she excused herself from the meal, and went upstairs...'she said she was not hungry'" (465). The linearity of events – that is, the fact that Shirley's anorexic tendencies proceed the emblematic cessation of the menstrual flow – is unimportant, as it is the symbolism of the events and the similarity they bear to Caroline's symptoms that is important to understand. An account of the cauterization as representing a forced obstruction of the menstrual blood could also find support in Shirley's choice of diversion: horseback riding. In chapter two, I mentioned that Locock went so far as to suggest that horseback riding would "materially assist" in the de-obstruction of menstrual flow. Shirley's sudden proclivity for "long rides of half a day" can be potentially interpreted as derived from medical

recommendations for the treatment of amenorrhoea (467). Once again, however, I argue that the ambiguous allusions to madness, in conjunction with the potential existence of a supporting menstrual subtext, provide a veiled forum in which Brontë can speak her more subversive messages regarding the oppression of women in love who have no opportunities for self-expression and actualization.

The cauterization, the closing up of the wound, is also emblematic of Shirley's desire to keep rigorously closed about her condition. She subjects herself to self-censure and disapprobation: "'how dare you show your weakness and betray your imbecile anxieties? Shake them off: rise above them: if you cannot do this, hide them'" (467). Nonetheless, her family can detect the change: "this new and peculiar shadow lingered on her countenance...'Something must be the matter – she was so altered'" (466). Shirley's range of symptoms – the anorexic behaviour, the repressed and altered disposition, and her cauterized wound/suppressed menses – suggest that Brontë is drawing on nineteenth-century medical discourses in order to use her heroine's illness as a means of commenting upon her social and emotional oppression.

Shirley's anxieties finally overwhelm her, and in a private exchange with Harry, she divulges that she has drawn up her will. Out of fear and concern for Shirley's state of desperate decline, Harry reveals Shirley's secret to Louis. Louis, however, is convinced that they are both wrong about Shirley's condition and is determined to "seek a proof" (474). He takes it upon himself play the doctor and sets up an interview with Shirley to diagnose her state of health:

> 'I ask, in the first place, do you sleep as you used to?'
> 'I do not: but it is not because I am ill.'
> 'Have you the appetite you once had?'
> 'No: but it is not because I am ill.' (474)

He dismisses her testimony of "not ill," but nonetheless comes to a medical verdict: "'Not only have you lost sleep, appetite, flesh...but your spirits are always at ebb: besides, there is a nervous alarm in your eye – a nervous disquiet in your manner'" (475). Although I would argue that Shirley has, in fact, experienced some form of dis-ease, I do not want to engage in a similar devaluation of her testimony. Her assertions indicate that she does not believe she has suffered from the typical kind of illness described in medical texts: yet, on some unspoken level, Shirley is conscious that her sickness has been brought on by emotional repression.

Louis adopts the manner and language of a physician and ultimately brings Shirley under his probing gaze to ascertain the truth about her illness. "'Let me reach it. Let me look nearer'" he says, alluding to her ailment. Louis uses his penetrating eye to read the look of "nervous alarm in [her] eye" (475). His efforts to understand the mysteries of her illness, which he surmises to be of a mental nature, reflect an intense need to access her interior. "The male need to render woman transparent is revealed in Louis' insistent externalizing of Shirley's psyche" (*CBVP* 212). Louis, like the pathological anatomists of his day, is searching fervently to link up Shirley's external symptoms with internal deviations, and turn her inside out to expose the source of her altered state.

Both of Brontë's heroines are repeatedly depicted as negotiating their emotional countenance under the gazes of their potential lovers and peers. Early on in the novel, Caroline revels under the gaze of Robert's eye: "Bent over the dress, her face was hidden; there was an attempt to settle her features and veil their expression, which failed: when she at last met Mr. Moore, her countenance beamed" (109). However, as her health

begins to wane, Caroline longs to avoid the discriminating gazes of her peers: "Their eyes said they knew she had been 'disappointed,' as custom phrases it: by whom, they were not certain" (206). However, as we have seen, it is Shirley who is subjected to the most explicitly piercing gaze in the last section of the novel. "Women, it seems, must police not only the expressivity of their face and body, but even the disposal of their possessions" (*CBVP* 212). Louis' voyeurism, his need to make Shirley transparent, reaches critical proportions when he rummages through her desk and handbag, and steals the desk key. Brontë uses the desk, in its structural composition, as a symbolic analogue to the human body: a self-contained entity, requiring a key to access the visceral compartments whose contents reveal the desk's inner most secrets and thoughts. By stealing the key, Louis appropriates the sole right to possess Shirley's thoughts and emotions.

The novel is replete with themes of voyeurism and surveillance. Mr. Helstone is continually characterized as an army general: we hear of him leading his regiment to the tune of 'Rule, Britania' during the day of the school-feast, and we see him taking "his usual sentinel round" at night outside the Rectory (259). Part way through the story, he is also dubbed the Doctor, and can be seen "flourish[ing] his cane, and inclin[ing] his shovel-hat with a dogmatical wag" (293). Brontë seems to be moving toward the conflation of these two personae, army general with doctor, in an effort to evoke the similarities between them. This merging is most evident when Mr. Helstone assigns Shirley the post of Rectory guardian and she asks, "But, doctor, if you assign me the post of honour, you must give me arms. What weapons are there in your stronghold?" (326). Brontë's elision of medicine and military suggests that doctors and generals engage in

similar activities of surveillance and both have access to an array of weaponry (be they medical tools or rifles). Mr. Helstone's holds females to be suspicious creatures: "he always suspected them: he thought they needed constant watching" (187). His opinion reinforces Brontë's elision and offers itself up nicely for a Foucauldian interpretation (187). Foucault's theory of the gaze applies equally to all evolving social institutions during the nineteenth century. By associating the reader's idea of a physician with our concept of an army general, Brontë is subtly reinforcing our perception of the Victorian doctor as wielding a searching and commanding gaze. The scrutinizing and possessive male gazes which reign powerful and supreme throughout the novel reflect the Victorian medical preoccupation with bringing new subject matter under the microscope, as well as the invasive persistence with which physicians strive to unveil the internal mysteries of the female reproductive cycle and their relationship to mental disease. As we shall soon see, Brontë's treatment of the male (medical) gaze is even more explicitly contemptuous in *Villette*, where her male protagonist, Dr. John, consistently wields his piercing gaze to arrive at oppressive verdicts concerning women and their health.

Conclusion

An exploration of the subterranean elements present in *Shirley* reveal Brontë's incorporation of Victorian medical rhetoric to elucidate the ways in which women found themselves caught in an array of multiple bind scenarios that were equally determined by social and medical forces. In keeping with Foster's theory that there exist two levels in Brontë's fiction, "the one conscious capitulation to convention, the other dissent concealed by overt orthodoxy," we accept the author's appeal to medical ideas of women

and disease as means of offering an implicit critique of the oppressive repercussions of these conceptualizations. Both medical theories and cultural etiquette forced women to exhibit self-control and minimal expression. However, engaging in repressive behaviour was thought to also result in the obstruction of menstruation and emotion, increasing a woman's predisposition to insanity. An examination of Brontë's female characters, Caroline, Shirley, the old maids, and the Yorke daughters, reflects the diminished options available to women as determined by constricting and contradictory nineteenth-century socio-medical dictates. In my fourth chapter, which deals with Brontë's last novel, *Villette*, I resume an investigation of the subterranean narrative to further elaborate my interpretation and demonstrate the consistency with which Brontë appeals to mental and menstrual discourses to challenge oppressive images of women and emotion.

Unlike the stock characterization of madness we find with Bertha Mason in *Jane Eyre*, both Shirley's and Caroline's illnesses should be conceived of as a more nuanced version of emotional and mental illness. Although their range of symptoms resembles those mentioned in treatises on hysteria, Brontë herself is careful not to ascribe any one particular mental label to her heroines. I maintain that in *Shirley*, Brontë is increasingly preoccupied with developing the relational circumstances of her protagonists in order to illustrate and argue for an understanding of illness that takes into account the emotional and social dimensions of health. Much of the same symbolic imagery associated with themes of illness in *Shirley* re-emerge in *Villette*, and is used to evoke an even more poignant tone of resistance to the medicalizing forces that work to conflate notions of femininity with disease. Brontë's experimentation with the character of Caroline Helstone anticipates her characterization of Lucy Snowe, who, like Caroline, oscillates

between self-assertion and acquiescence, but ultimately emerges as strong, subversive female figure.

---

[i] For a summation of the critical reception of the Brontës' novels, see Tom Winnifrith's chapter on "Reviews and Reviewers" in his book *The Brontës and their Background* (London: MacMillan Press, 1973).

[ii] See John Maynard's chapter on "Women, society, and sexuality: *Shirley*" in *Charlotte Brontë and Sexuality*, (Cambridge: Cambridge University Press, 1984). In *Charlotte Brontë The Self Conceived*, Helene Moglen discusses the critics' "blind[ness] to the subtlety of the novel's design" and their underestimation of her social and political vision in *Shirley*.

[iii] See the Introduction to the Penguin Classics edition of *Shirley* (1849; London: Penguin, 1974, reprint 1985) by Andrew and Judith Hook.

[iv] Brontë's love for M. Héger, her professor in Brussels, was finally not reciprocated, leaving her devastated and deeply pained.

[v] Foster refers us to Helene Moglen, *Charlotte Brontë: the Self Conceived* (New York: W. W. Norton & Co., 1976); Elaine Showalter, *A Literature of Their Own* (Princeton: Princeton University Press, 1977); and Sandra Gilbert and Susan Gubar, *The Madwoman in the Attic* (New Haven: Yale University Press, 1979) for further discussions along these lines.

[vi] Shuttleworth is referring to ideas expressed in J. Reid, *Essays on Hypochondriasis and other Nervous Afflictions*, 2nd ed. (London: Longman et al, 1821) 10.

[vii] *Jane Eyre*, 310.

[viii] The Luddite rebellion represented a protest against machinery and was motivated by the scarcity of work and the high prices of provisions (Moglen, 161). Many feminist critics, such as Moglen, Gilbert and Gubar, and especially Shuttleworth, in her chapter on "*Shirley*: bodies and markets," have claimed that the Luddite subplot in *Shirley* functions to reiterate the dismal prospects and devalued condition of women at that time. Shuttleworth contends that, "economic circulation is central to [Brontë's] text. Goods stock-pile in the warehouses, and workers are laid off in consequence, reduced themselves to the worthless status of unwanted goods. Circulation in the marriage market is in an analogous state" (*CBVP* 185).

[ix] Brontë's emphasis on the importance of family, as offering a unique source of affection and support, is also to be found in *Villette*. In chapter IV, I discuss how the orphaned heroine, Lucy Snowe, is able to heal under the supervision of her godmother, Mrs. Bretton. Although Caroline, Shirley, and Lucy are all essentially orphaned, their ailments are often resolved in the presence of those whom they consider to be surrogate family members, or whom they love and want to marry for the sake of developing a family: Caroline is healed by Mrs. Pryor, Shirley by Louis, and Lucy by Mrs. Bretton. In Shirley, Louis and Robert alike both take a turn for the better after being visited by the women they love and want to marry.

[x] Moglen responds to this criticism with the following: "In the almost parodic comic ending, Brontë seems to suggest the sad inevitability of female oppression...The novel – so wise in its comprehension and definition of problems – seems to exhaust itself in resignation" (186). Although my reading is generally consistent with her analysis, I claim that, despite the obstacles of oppression that continually obstruct their path to happiness and self-actualization, Shirley and Caroline are nonetheless finally true to their needs and wants. Their stories are in keeping with my contention that Brontë privileges a discourse of love – a discourse that she can not readily reconcile with her argument for female independence.

Chapter IV – BRANDING JUDGMENTS IN *VILLETTE*: THE CLINICAL GAZE AND BRONTË'S DISCOURSE OF DEFIANCE

Emilie Babcox has noted that illness, as a recurrent theme throughout all of Brontë's works, functions as an "unstable trope," signifying a range of concerns regarding the prescribed status of women in Victorian society (iii). In many ways, each novel anticipates the next insofar as Brontë appears to be continually refining her portrayals of emotional hardship and psychological illness in the orphaned/redundant woman, and reworking her treatment of issues such as self-sufficiency, repression, and the repercussions of isolation. We shall see that many of the themes, symbols, and social critiques presented to us by Brontë in *Shirley*, are similarly characteristic of *Villette*. Brontë's final work, however, represents the author's most direct experimentation with bringing Victorian medical and psychological theories to bear on the condition of a female protagonist. According to Babcox, "Brontë somatizes anxieties concerning autonomy, domination, and submission in the ailing bodies of her characters," which I will argue represents a way of writing illness that challenges the increasing authority of the medical institution to determine and reinforce Victorian gender codes (iii).

An examination of the subterranean elements reveals *Villette* to be a rebellious or "heretic narrative," a novel that is both strategic and bold in its commentary on the power of institutions, particularly the medical institution, to preside over the lives of women (149). We have seen in chapter one that the gradual incorporation of pathological anatomy into medical thinking and practice resulted in a paradigm shift that placed significant value on the physician's ability to arrive at a diagnosis – to correlate external signs and subjective symptoms with underlying anatomical lesions. The capacity to diagnose was further enhanced by the development of technological instruments and

diagnostic methods that granted doctors previously unparalleled access to the interior workings of the body. The profession's mandate, "make visible the invisible", expanded the role of the senses, particularly that of vision, placing ultimate emphasis on the physician's power to penetrate, discern, and interpret the sick body. The patient was thus brought under the clinical gaze of medical men who had negotiated the unique right to interpretive authority by virtue of their claim to scientific credibility.

In *Villette*, Brontë probes the implications of diagnosis, as well as the notion of surveillance and the medical gaze, to comment upon a society over-wrought with institutionally determined tendencies to cast "branding judgment[s]" (*Villette*, 242). Shuttleworth has pointed out that the "medical claim to knowledge is shown in *Villette* to be not so much a discourse of truth as one of power" (1996, 243). As I mentioned in chapter two, Foucault locates the source of institutional power in binary division and labeling, and offers the following examples: mad/sane, dangerous/harmless, normal/abnormal. As many feminists have noted, Foucault's analyses lack an account of the gendered dimension of power and language, and therefore, one might aptly add male/female and masculine/ feminine to his list of dichotomous categories.[i] Tony Tanner, in his introduction to the Penguin edition of *Villette*, maintains that "What a society designates as 'illness' at any one moment is a reflection of its own model of normality and deviancy, and as such carries its own capacity for tyranny by classification" (37). Brontë's novel is a challenge to the tyranny of classification: she questions the male physician's role as arbiter of normalcy and deviance, and attempts to resist the damaging categories and labels imposed by the nineteenth-century medical profession particularly on women, their bodies, and their health.

Many critics have assumed that implicit in Brontë's characterization of Lucy Snowe, the protagonist and narrator who has been termed unreliable, elusive, and slippery, is a diagnosis of insanity of sorts.[ii] Athena Vrettos, for example, labels Lucy as "the hysteric first-person narrator" and claims that the novel traces how "hysteria informs her acts of narration and, alternately, how narration expresses and embodies her hysteria" (552). Admittedly, Lucy's characterization and narrative style consistently bring into question the stability of her mind. Brontë's familiarity with medical concepts and her accurate integration of medical terminology into her text also invite the reader to arrive at a diagnosis of Lucy's apparent madness. However, I will argue that in striving to assert her identity and win the right to love and be loved, Lucy does not experience a straightforward case of hysteria or insanity. I will maintain rather, that our wrongful perception of Lucy as mentally ill is the result of our internalization of medical norms that dictate negative perceptions of women's bodies and social roles, as well as medical practices that implicitly devalue patient testimony; and I will argue that it is precisely these norms and practices that Brontë wishes to challenge.

One might question why Brontë goes to such great lengths to appropriate and reproduce medical discourses, if not to provide substantial evidence for the alleged madness of her heroine. Brontë's subscription to medical language and imagery operates on two levels, as part-assimilation, part-rejection of medical discourse. On the one hand, the author's appeal to medical rhetoric represents a call for credibility. By the time *Villette* was published, there was no longer any doubt that Currer Bell (the alias used by Brontë to conceal her female identity) was in fact a woman. It was therefore important for Brontë to sustain legitimacy as a writer; her integration of medical terminology and

ideas into her texts needed to be highly accurate. However, an appeal to medical theories also enabled her to evince a more complete (yet always somewhat covert) picture of women's oppression.

As in *Shirley*, I argue that there exists a coded menstrual subtext in *Villette* to support Brontë's allusions to insanity. We have seen that Victorian medical theorists postulated that a woman's uterus was inextricably connected to the functioning of her brain, and asserted that menstrual disorders inevitably precipitated mental dysfunction. These ideas show women to be victims of their reproductive physiology, and demonstrate the extent to which their anatomy dictated and reinforced the roles thrust upon them by a culture that subsists on dichotomous gender distinctions. Consequently, hysterical illness, though considered to be a woman's disease, simultaneously calls into question her femininity since it assumes a disordered reproductive system.

In *Villette*, Brontë explores the repercussions of institutional authority, and is preeminently concerned with elucidating the power wielded by the medical institution. In order to probe the ways in which the control exerted by the medical profession impacts the lives of Victorian women, Brontë brings the doctor-patient (male-female) relationship to the fore. The novel's physician, Dr. John, is consistently characterized in terms of his penetrating, clinical gaze, which he often uses to permit himself a sexual gaze as well. This conflation of gazes allows Brontë to show how the medical is often elided with the sexual, further enabling her to comment on the institution's oppressive treatment of women. I contend that Dr. John's negotiation of Lucy's condition in fact works to exacerbate her symptoms rather than to relieve them, as he devalues her testimony, pathologizes her emotional responses, and casts branding judgments. By virtue of her

palpability and her comedic characterization, the nun (who might be considered a mere bit of Gothic machinery by some) emerges as a key figure, as the confrontations between she and Lucy permit Brontë to further challenge and subvert stereotypes of female madness. Lucy's nun sightings bring into question her mental stability. However, because the unveiling of the nun helps to overturn our diagnoses of Lucy's madness, the sightings serve a rhetorical purpose: they force the reader to contemplate how Lucy's social and emotional circumstances have been unjustly medicalized by Dr. John.

In *Villette*, as in *Shirley*, Brontë engages with issues surrounding female anorexia. Lucy's eating disorder contributes to the legitimacy of her portrayal of the protagonist's illness, and similarly operates as a metaphor for her protagonist's hunger for love, as well as for her yearning for a sanctioned and recognized status outside of marriage. I will demonstrate that Brontë's self-conscious characterization of the confounding and evasive Lucy Snowe represents a deliberate attempt to resist and subvert detrimental medical dictates. Lucy's mysterious self-representation invites all those who know her, including the reader, to analyze her external countenance for indications of the real Lucy Snowe, while similarly allowing Brontë to comment on and refute the oppressive norms propagated by the medical institution.

La Rue Fossette

Villette is a text replete with themes of (self) surveillance and concealment, and as Shuttleworth has noted, can be construed as a journey into the realm of neurosis: "All characters spy on others, attempting, covertly, to read and interpret the external signs of faces, minds and actions" (*CBVP* 219-20). Lucy struggles even more extensively with

scrutinizing and diagnostic gazes than her predecessors, Caroline Helstone and Shirley Keeldar, by virtue of the overt institutionality of the novel. Set against the backdrop of Madame Beck's 'Pensionnat de Demoiselles,' *Villette* grapples with the overlapping and competing elements characteristic of institutions such as the boarding school, the reformatory, the Church, the asylum, the clinic, and the penitentiary. Enclosed by the "pile of stone, the trees, the high wall," (100) and the boarding-houses of the neighboring boys' college, the pensionnat represents a microcosm of society. Presiding over this self-contained mini-society is Madame Beck, one of the ultimate figures of surveillance in the novel. Gliding through the house on her "souliers de silence" (65), watching her professors teach through her "spy-hole" (72), and having oiled all the latches in the house, Madame Beck engages in "'Surveillance,' 'espionage,' – these were her watch-words" (64).

Brontë's descriptions of her surreptitious activities and obsessive vigilance of the pensionnat and its inhabitants cast Madame Beck's school as uncannily representative of the nineteenth-century institutional modes of social control outlined by Foucault in his discussion of Bentham's Panopticon in *Discipline and Punish*. Though she is officially written into the story as the head mistress of a pensionnat, Brontë has collapsed a variety of institutional figures into the character of Madame Beck: she embodies at times the investigative skill of a detective; the assiduousness and insensitivity of a jail guard; the commanding authority of an executive director or chief of police; or the knowledge and dexterity of a physician-surgeon-apothecary. Brontë describes her as "a very great and capable woman" for whom the "school offered for her powers too limited a sphere; she ought to have swayed a nation: she should have been the leader of a turbulent legislative

assembly...In her own single person, she could have comprised the duties of a first minister and a superintendent of police" (66). Like the prisoner of the panopticon, who is "the object of information, never a subject in communication" (*Discipline and Punish* 200), Lucy finds herself to be under the steady, unyielding gaze of her employer, who we are told casts an inquisitive eye upon her as she sleeps, teaches, and walks in the allée défendue: "I found myself an object of study: she held me under her eye; she seemed turning me round in her thoughts – measuring my fitness for a purpose, weighing my value in a plan" (67). The denizens of the garden are even endowed with human senses which allow them to spy on those who trespass: "the eyes of the flowers had gained vision, and the knots in the tree-boles listened like secret ears" (105). And although Lucy offers us some careful praise for Madame Beck's methodology, we are soon introduced to her eldest daughter, Désirée, who stands as evidence of a strict system of surveillance gone awry. This "vicious child" is, in fact, a rebellious and violent parody of her own mother: she rummages through, steals, and destroys other people's belongings, overturning the delicate and calculated stealth with which Madame Beck operates (83). According to madame, "'Désirée a besoin d'une surveillance toute particulière'" (84). Consequently, the mother would send her child out for a walk, and "profit by her absence to rob the robber" and retrieve any stolen property being hoarded by her daughter (84).

Having situated the school on a street named 'Fossette,' Brontë is once again playing with the meaning and connotations of proper names in order to reiterate the subtextual elements of resistance in her novel. A 'fosse' is French for the words "hole, pit," and "common grave" (*The Concise Edition of the Canadian Dictionary*, University of Montreal, McClelland and Stewart, 1962). By adding the 'ette' ending, which

signifies the feminine in French, Brontë is implying that the 'Pensionnat de Demoiselles' doubles as a large-scale gravesite for women. The school also lays claim to a legend concerning a young nun, whose transgressions against her vows resulted in her being buried alive underneath the moss and roots of Lucy's favorite pear tree, which she calls Methuselah. The theme of buried lives and the symbolic figure of the nun are literary tropes that I will return to examine later in the chapter. However, 'Fossette' also retains one other aural connotation: 'fosse' sounds very much like 'fausse,' the French feminine word for 'false.' Madame, being versed in the art of surveillance, fosters an environment that thrives precisely on *false* pretenses. In spite of the dark and clandestine activity that lurks around every corner, Madame Beck's school is the picture of success and community, teeming with handsome, healthy, well-clad and nourished girls, who take pleasure in a leisurely approach to learning. Surveillance forces concealment, however, as it implies that those who live and work under the gaze must strive to achieve certain norms or standards of social acceptability in order to survive. Therefore, the inhabitants of la Rue Fossette are continually monitoring and moulding their personae so as to present a public countenance that is consistent with the rigorous demands of social conformity, and that denies or masks any unconventional behaviour or emotions that would otherwise jeopardize their status. Désirée, for example, upon realizing that she was the victim of her mother's retribution, "proved herself the true daughter of her astute parent, by never suffering either her countenance or manner to betray the least sign of mortification on discovering the loss" (84).

Thus, *Villette* emerges as a world of falsity and pretense, where ulterior motives and tactics of concealment (despite their frequent transparency) reign supreme. Madame

Beck's engagement of a new physician, Dr. John, arises out of circumstances that seem to suit her professional needs as well as personal interests. She originally requires his services when her second daughter, Fifine, breaks an arm and she can not contact her usual family-surgeon, Dr. Pillule. However, Lucy's description of Dr. John's exceptionally good looks establishes him, first and foremost, as a sexualized being and potential love interest, whose professional identity as a doctor seems somewhat subordinate to, or rather conflated with, his identity as a young, single, handsome man possessing charm and affability: "his profile was clear, fine, and expressive: perhaps his eye glanced from face to face rather too vividly, too quickly, and too often, but it had a most pleasant character, and so had his mouth; his chin was full, cleft, Grecian, and perfect" (85-6). Immediately upon the recovery of Fifine, Désirée feigns illness for the sake of receiving attention from the celebrity doctor. Lucy tells us that,

> for while the whole case was transparent to Madame Beck as the day, she treated it with an astonishingly well-assured air of gravity and good faith...What surprised me was that Dr. John...consented tacitly to adopt madame's tactics, and to fall in with her manoeuvres...Every day, on this mere pretext of a motive, he gave punctual attendance; madame always received him with the same empressment, the same sunshine for himself, the same admirably counterfeited air of concern for her child. (87)

Pretexts, personal motives, and games of counterfeited concern comprise the very essence of the so-called professional dynamic established between directress and doctor.

For Madame Beck's part, we are led to believe that her impetus for enlisting the daily services of Dr. John lies in her sexual attraction to the young physician and her desire to secure him as a husband. And though her surveillance skills may be sharp, her emotional concealment strategies seem to fail her in this instance as "the whole house – pupils, teachers, servants included – affirmed that she was going to marry him" (91).

Conveniently enough, a summer fever falls upon la Rue Fossette, which *requires* madame to commit the once healthy, now ailing 'Pensionnat de Demoiselles' to the care and authority of Dr. John. "[Madame Beck] actually introduced Dr. John to the school-division of the premises, and established him in attendance on the proud and handsome Blanche de Melcy, and the vain, flirting Angélique, her friend" (90). Lucy's synopsis of the events that secure Dr. John's claim to a position of professional respectability and familiarity includes a sexualized dimension: by referring to what can be visually apprehended by the discerning onlooker, namely the attractive appearances and coy behaviour of the two student/patients, Lucy's description infuses the medical gaze with sexual overtones. Dr. John, however, is temporarily more effective at masking his personal stakes in bending to accommodate madame's medical needs. Our understanding of his intentions only becomes evident a few chapters later when it becomes clear that the object if his sexual interest is not Madame Beck herself, but one of her pensionnaires – Miss Ginevra Fanshawe.

"I, Lucy Snowe..." the Narrator

In focusing on Lucy's attraction to Dr. John, most critics have overlooked Brontë's intentional contextualization of their relationship, which is primarily defined by their professional rapport as doctor and patient. Dr. John represents the new breed of Victorian practitioner; he is both knowledgeable and charming, but wields professional authority, paternalism, and the power to decree in a way "which ultimately overpowers and silences women" (McLean, 61-2). Brontë's decision to explore the doctor-patient dynamic is a bold strategy that enables her to assume a subversive stance with respect to

the power differential that characterizes a medical relationship such as theirs. Barbara McLean has identified narrative vacillations within *Villette* that indicate Lucy's patterns of resistance and acquiescence to Dr. John and his diagnoses. I contend that an analysis of the novel that takes into account its myriad power imbalances will prove Lucy's narrative unreliability to be vital to Brontë's strategic challenge to institutional authority. The many voices of Lucy Snowe work in concert to lay bare the elements of women's oppression and contest the power of social institutions to dictate the lives of nineteenth-century women, particularly the "Victorian medical model which threatens, through the auspices of Dr John, to describe [Lucy] as ill, to define her as hysterical, and to relegate her to medical dependency" (McLean, 67).

Lucy's oblique self-presentation makes it somewhat difficult for the reader to locate consistencies within her personality, and challenges us to get to know the real Lucy Snowe. Her familial background is even more obscure than that of Caroline Helstone's, and our understanding of her circumstances leads us to believe that she has been required to cultivate skills of self-sufficiency and resilience from a very young age. Thus, in spite of her propensity for self-deprecation and her allusions to her timidity and passivity, Lucy's actions generally tend to indicate the contrary: she emerges as strong-willed, defiant and proud young woman who fervently values her independence. Early on in chapter three, Lucy shows contempt for Polly whom she disdains for her consuming dependency on the male figures in her life: "One would have thought the child had no mind or life of her own, but must necessarily live, move, and have her being in another: now that her father was taken from her, she nestled to Graham, and seemed to feel by his feelings: to exist in his existence" (20). Lucy will later on decline M. Home de

Bassompierre's financially generous offer to live with his daughter, the now young Countess Paulina, and be her companion: "I think I should have declined had I been poorer than I was, and with scantier fund of resource, more stinted narrowness of future prospect. I had not that vocation...I was no bright lady's shadow" (278).

Lucy's relish for independence and institutional defiance is evident in acts of smaller consequence, such as her appropriation of the 'allée défendue' as her safe-haven of solitude. However, her participation in the school play demonstrates the degree to which a rebellious and assertive spirit comprises the very core of her nature. After having been forcefully coaxed into accepting one of the lead male roles in the vaudeville by M. Paul on the very day of the performance, Lucy boldly rejects the gendered costume he and Zélie Ste. Pierre are determined to make her wear, only minutes before the show is to commence:

> 'You do not like these clothes?' he asked, pointing to the masculine vestments.
> 'I don't object to some of them, but I won't have them all.'
> 'How must it be, then? How, accept a man's part, and go on the stage dressed as a woman? ...certain modifications I might sanction, yet something you must have to announce you as of the nobler sex.'
> 'And I will, monsieur; but it must be arranged in my own way: nobody must meddle; the things must not be forced upon me. Just let me dress myself.' (127)

This final assertion represents a pocket in the text that speaks to the reader of the larger meta-narrative at work in Brontë's novel – one of resistance. "Things must not be forced upon me" is a statement that evidences Lucy's strength and recalcitrance, as well as a declaration of the author's intentions to use her story as means of challenging social norms and circumscribed gender roles. As we shall see in our upcoming examination of the professional and social relationship between Lucy and Dr. John, Brontë does not always introduce explicitly brazen and willful statements such as this previous one

directly into a dialogue between characters in *Villette*; instead, we will find that Lucy's resistance is often made voluble by way of her internal dialogue with herself, and her ongoing dialogue with the reader. We shall also discover that Lucy's resistance is very much tempered by what McLean has termed her acquiescence. As in *Shirley*, Brontë extols the virtues of female autonomy and love in *Villette*. She values them differently, but equally, and implies that they constitute the necessary conditions for a woman to be happy and satisfied in the world. Nonetheless, Brontë remains unable to neatly reconcile the two, and they inevitably emerge as antagonistic forces, each vying for a position of precedence or foremost authority within the breast of her heroine.

Lucy introduces herself to the reader in the second chapter of the novel. We should note that the chapter does not bear the title "Lucy Snowe," but rather "Paulina," a bit of textual machinery that indicates Lucy's tendency to give priority to the life events of the other people in her world, which she does by burying her voice and subordinating her identity in the narration of their stories. In conjunction with the awaited and anticipated self-nomenclature, Lucy immediately offers the reader the following vow: "I, Lucy Snowe, plead guiltless of that curse, an overheated and discursive imagination" (8). This expostulation is spoken in a manner that conjures up an image of the protagonist placing her right hand over her heart and her left hand on the Bible, thus lending an air of courtroom gravity to her claim. However, she is in fact offering us a challenge: we are meant to measure her character against this plea of 'not guilty' throughout the remainder of the novel. By having stated her name alongside what she is *not* with such melodramatic and exaggerated certainty, Lucy is warning us to be prepared to have our expectations overturned and realize that her disclaimer will prove to be nothing short of a

paradox. Although we are led to believe that she resembles the very picture of complacency and Reason on the outside, we grow increasingly familiar with the turbulent emotions and the invigorated Imagination that characterizes her inner life.

We must also remember that the narrator of the story slips in and out of two voices: the voice of the older and wiser Lucy Snowe; and the Lucy Snowe without the powers of retrospect, the voice of the young woman who is present in each and every moment as the story unfolds. Brontë avows this narrative slippage when she has Lucy address the reader directly with yet another disclaimer: "Reader, if in the course of this work, you find that my opinion of Dr. John undergoes modification, excuse the seeming inconsistency. I give the feeling as at the time I felt it; I describe the view of character as it appeared when discovered" (178). This double narrative frame might also help to account for certain inconsistencies and apparent paradoxes, especially since the voice of the experienced Lucy Snowe occasionally satirizes her former, more naïve self.

Thus, when Lucy asserts at a younger age that she is "guiltless of that curse, an overheated and discursive imagination," she may be speaking from either a melodramatic, inexperienced or self-satirical perspective. Narrative analyses aside, her disclaimer is nonetheless eventually contradicted by the fact that she is unequivocally attracted to Dr. John and is a victim of a defunct romantic scenario that forces her to grapple blindly with her sexual impulses. *Villette* is a story very much about a young woman's struggle with her emergent sexuality, as well as her desire for love in a world that has thus far stripped her of her privilege to love and be loved. If we are left confused about how to interpret the narrator's string of seemingly contradictory self-disclosures and actions, we should find ourselves even more mystified by Dr. John's treatment of or

relationship to Lucy, which casually and even flippantly crosses boundaries between the professional and the personal. Shuttleworth has remarked that "the golden-haired Dr John is...a disturbing presence, threatening mental, rather than physical integrity" (*CBVP* 10). The dashing and virtuous young physician turns out to be a beguiling and manipulative figure, whose behaviour is often inappropriate and verging on unethical. I will argue that instead of really helping Lucy remedy her supposed illness, Dr. John in fact serves to exacerbate her condition with his branding judgments and his confused, yet all-powerful gaze.

Doctor-Patient, Man-Woman

Brontë's characterization of Dr. John as bearing a tyrannous and dissecting gaze is a deliberate one, reflecting an interesting autobiographical dimension in the creation of her male protagonist. His full name, John Graham Bretton, is drawn from a text, which Shuttleworth tells us, "held the place of secular Bible in the Brontë household: Thomas John Graham's *Domestic Medicine*" (*CBVP* 10-11). According to Shuttleworth,

> Virtually every page of this work has been annotated by the Reverend Brontë, offering a moving testimonial to the rigid regimen which governed the life of the household. Patrick records not only his family's physical ailments and the remedies employed, but also his preoccupation with the threat of nervous disease and insanity. Mind and body were subject to minute scrutiny and medical intervention. (11)

Her naming of *Villette*'s doctor after the medical theorist, whose text was treated like gospel by her father demonstrates Brontë's perception of the authoritative role nineteenth-century medicine played in her life. Like Lucy, who was possibly her most autobiographical character, Brontë was also caught between a desire to resist certain

damaging medical ideas concerning women and their diseases, and the need to appeal to medical knowledge, especially during the fatal illnesses of her siblings.[iii]

Thus it is no wonder that Lucy's perception of Dr. John oscillates between one of awe and one of contempt. She is overcome with sexual and emotional passion for the doctor, yet at the same time, has the ability to recognize his shortcomings. Her critiques of his personality are sometimes more overt, as in statements where she claims "the sympathetic faculty was not prominent in him" (177). In other instances, they are implicit in more oblique allusions. Such is the case during Lucy's contemplation of the symbolic position of Graham's portrait in the Bretton household, "Ah! that portrait used to hang in the breakfast-room, over the mantel-place: somewhat too high, as I thought," which can be construed as a reference to Dr. John's inflated ego and his tendency to see himself as superior (158). Caught between veneration and disdain, the desire to attract and the impulse to resist, Lucy finds herself negotiating a tricky relationship that is both confined by its professional framework and threatened by its occasional lapse into confusing courtship games.

Dr. John's paternalistic temperament is excessively apparent on the night of madame's fête, when his personal motives and his professional condescension are conflated in a patronizing exchange with Ginevra and Lucy. He sneaks up on them from behind and barks forth a medical command:

> 'You are both standing in a draught; you must leave this corridor.'
> 'There is no draught, Dr. John,' said I turning.
> 'She takes cold so easily,' her pursued, looking at Ginevra with extreme kindness.
> 'She is delicate; she must be cared for: fetch her a shawl.'
> 'Permit me to judge for myself,' said Miss Fanshawe, with hauteur. 'I want no shawl.'
> 'Your dress is thin, you have been dancing, you are heated.'
> 'Always preaching,' retorted she; 'always coddling and admonishing.' (135)

An analysis of the tone and content of this exchange reveals the variety and extent of issues at play in this unrequited love triangle. As McLean points out, Victorian physicians of Dr. John's era were encouraged to be firm in their diagnoses, and treat their patients with tenacity (70-1). She quotes Dr. Robert Brudenell Carter's 1853 text, *The Pathology and Treatment of Hysteria*, which promotes the virtues of physicians who give orders to female patients "in such a manner as to convey the speaker's full conviction, that the command will be immediately obeyed" (cited in McLean, 71). Dr. John draws on these techniques, using his professional self-assurance to apprehend Ginevra, his love interest, and enter upon a medically oriented conversation in which his overt interest in her well-being is a dialogic mask for his attempt to evince his affection and sexual attraction to her. The physician permits himself the use of his medical gaze as a vehicle for his sexual gaze. He commodifies Ginevra by talking about her in her presence, in the third person, as if he was contemplating a delicate object of beauty from afar, or condescending to address a mute child or statue. Lucy's quick response to his first order, "you must leave this corridor" demonstrates her instinct to resist his overly solicitous manner, an unpleasant quality that derives from his training in medical paternalism. However, her attempts to remain staunch and challenge the medical rhetoric that informs his condescending behaviour is squelched by his ensuing comments; after having allowed himself a moment of dreamy reflection on his object of desire, he quickly re-assumes an air of professional authority and barks out a second command at Lucy: "fetch her a shawl." The kind, though clearly sexually motivated discourse to Ginevra is sharply contrasted by the imperative tone with which he orders Lucy to essentially act as her servant or her "bright lady's shadow." Though his command serves to silence Lucy and

thwart her efforts at rebuttal, it incites Ginevra to finally revolt and carry out the dialogue of resistance that Lucy herself began, but is now no longer able to sustain. Ginevra refuses his unsolicited medical attention, as well as his sexual advances and penetrating gaze, and calls him on his paternalistic proclivity for "preaching," "coddling," and "admonishing."

"Your dress is thin" is both a moral judgment on Ginevra's apparel and a statement of Dr. John's sexualized medical power. It exposes Dr. John as having been guilty of noticing the details of her dress and the body it perhaps barely covers, under the auspices of a medical assessment of her signs of constitutional vulnerability. The acknowledgment also bears a hint of sexual aggression, as it suggests that he can will his gaze to see right through the material of her dress. In addition to his remark on her clothing, the subsequent comments on her dancing and body heat would, as McLean has aptly noticed, "surely be impertinent from a suitor at that time, but because he is also a doctor, he assumes the liberty and the right to make pronouncements...The medical gaze permits the sexual gaze. Since both sexual politics and medical politics posit the male as authority, the woman is compelled to comply" (72). And comply Lucy does, as she decides to trade her tactics of resistance in exchange for the possibility that Dr. John might lavish some of his attention on her, the more tractable and reasonable female. She perceives that "his heart was hurt" and betrays Ginevra by suddenly becoming his ally, and folding Ginevra up in a shawl: "She shall wear this if I have the strength to make her" (135). Because she is not confined by her attraction for Dr. John, Ginevra demonstrates the capacity to follow through with a discourse of resistance. Lucy, on the other hand, does not have the luxury to forgo her acquiescence in favour of brashness,

and as we shall see, she has learned from this experience that in future exchanges with Dr. John, she must occasionally reserve her dialogue of resistance for the reader.

The Long Vacation from Human Contact

With the expansion of the roles played by the five senses in nineteenth-century medicine, particularly that of vision, what we retrospectively call the clinical or medical gaze was characteristic of a new medical reality which associated sight with knowledge, authority, and power. Accordingly, Brontë's descriptions of Dr. John often evoke his ability to wield an incisive and impregnable gaze. On page one of the novel, the narrator gives a reminiscent account of John Graham Bretton, "whose eyes were blue – though, even in boyhood, very piercing." This characterization places emphasis on the quality of his gaze rather than the colour of his eyes, suggesting that throughout her life, Lucy has been significantly impacted by Dr. John's judgmental stares. This initial description also foreshadows the consistency with which she will continue to characterize Dr. John according to the power he exercises through his vision. At the Hôtel de Crécy, Lucy observes that "his hearing as well as his vision was very fine, quick, discriminating" (293), and that "[h]is wish was rather to look than converse. Ginevra and Paulina were now opposite him: he could gaze his fill: he surveyed both forms – studied both faces" (294). Like Madame Beck, Dr. John's institutional authority is established in terms of his omniscient and trenchant surveillance skills.

Ironically enough, Lucy lapses into periods of physical, emotional, and mental instability during moments when she is in fact free from the paternalistic and diagnostic gazes of institutional authorities, represented by the likes of Dr. John and Madame Beck.

Left alone at the school during the summer break to care for the nameless crétin, Lucy becomes desperately lonely, ceases to eat or care for herself, and experiences an agonizing depression. No longer under constant and rigorous surveillance, Lucy relinquishes her modes of self-restraint. She allows her emotions to surface and melt away the veil of "Snowe" that she tries so diligently to uphold; the crust of "hoar-frost" that she at once lauds as "a priceless privilege of nature," but can not seem to live up to, despite the connotations of her name (351). Caught off-guard by her emotional upheaval and lacking any kind of support network, Lucy is vulnerable and falls ill. Shuttleworth contends that the "precarious division between the rigidly-defined social self, and the inner impulses which can never be articulated or even acknowledged, is to precipitate her breakdown" (*CBVP* 228). In an effort to appeal to contemporary social norms of femininity that encouraged emotional and sexual restraint and the development of a hoar-frost countenance, women such as Lucy who exhibited controlled behaviour, were also subject to contradictory medical maxims that called for the free flow of menstrual secretions and emotional energy in order to avoid lapses into insanity.

During the course of her depression at the pensionnat, Lucy sometimes yearns for death: "I almost wished to be covered in with earth and turf" (145). Brontë's allusions to live burial in *Villette* represent a thematic consistency that stretches across both of her novels; as we have seen, the author touches upon the notion of being buried alive in *Shirley*, when Rose Yorke expresses contempt for Caroline's way of life: "I am resolved that my life shall be a life: not a black trance like the toad's, buried in marble; nor a long, slow death like yours in Briarfield Rectory." In *Villette*, however, Brontë develops this theme even further by fashioning the legend of the nun on the story of a live burial, using

the sub-plot to comment upon repression as an ultimately destructive ritual of self-abnegation. Drawing once again upon the image of the stone, Brontë evolves a portrayal of Lucy's flight into depression that locates lack of affection and self-denial as the sources of dis-ease: "That evening...fastened into my soul the conviction that Fate was of stone, and Hope a false idol – blind, bloodless, and of granite core...that insufferable thought of being no more loved, no more owned, half-yielded to hope of the contrary – I was sure this hope would shine clearer if I got out from under this house-roof, which was crushing as the slab of a tomb" (147). As in Rose's tirade on domestic asphyxiation, the hyphenation of the word, "house-roof," is similarly emblematic of the suffocation Lucy experiences trapped under the oppressive regime of Madame Beck as a prisoner in an environment that forces a destructive concealment of emotion.

Shuttleworth maintains that Lucy's integrity is pre-eminently threatened by her repression of her sexual desire for Dr. John: "In her excessive commitment to concealment, from her self, her readers and the external world, Lucy has fallen victim to the Victorian social code which stressed that women retained their necessary 'innocence' only if they remained ignorant of sexual desire" (*CBVP* 228). Although I would agree that one dimension of Lucy's repression is certainly characterized by her denial of her sexual passion, interpreting this as comprising the entire foundation for her dis-ease represents a limited analysis of Lucy Snowe's emotional condition. *Villette* sees Brontë re-engaging similar symbolic patterns of love, illness, and anorexia to emphasize the heroine's need for affectionate nurturing in order to secure health and happiness. Like Caroline, Lucy's symbolic anorexia represents the lack of meaningful contact and affection in her life, an interpretation that encompasses, but is not restricted to, an

understanding of her anorexia as self-punishment for her unexpressed sexual attraction to Dr. John. Lucy is correct in thinking that "no doctor could cure [her]" because both her mind and body are craving sustenance in the form of real affection, not medication, rest, or, as implied by Shuttleworth, merely sexual intercourse (146). Thus, I maintain that Brontë resumes a discourse of love in *Villette*, emphasizing the vital importance of affection, communication, and support as integral to the maintenance and development of psychological health.

Lucy's bout of anorexic behaviour during the long vacation comes as no surprise, since we have already witnessed her propensity for subsuming her nutritional needs to the needs of others during her post as Miss Marchmont's caretaker. Lucy admits that she arrived at Miss Marchmont's already looking like "a faded, hollow-eyed vision," which we assume is the result of what she alludes to as "the nightmare" that has stripped her of her family and resources (29). She immediately tells us, however, that she "thought little of the wan spectacle. The blight, I believed, was chiefly external: I still felt life at life's sources" (30). In light of the Victorian socio-medical context, as well as my previous reading of *Shirley*, this disclosure can be interpreted as an example of Brontë's covert descriptions of the link between anorexia and disordered menstruation. Her reference to "life at life's sources" can be interpreted as a menstrual metaphor, where "life's sources" can be construed as representing the uterus, the organ that fosters the growth of life. The metaphor then, taken in its entirety, can be understood as an avowal from Lucy that she is still menstruating; her menstrual blood is a testimony that "life" continues to flow at its source, the uterus, and that her waning condition is superficial, or "chiefly external," as her internal mechanisms remain functional.

However, according to medical texts, Lucy's lifestyle during this time contradicts nineteenth-century physicians' recommendations regarding the maintenance or de-obstruction of menstrual flow: "Tame and still by habit, disciplined by destiny, I demanded no walks in the fresh air; my appetite needed no more than the tiny messes served for the invalid" (31). Buchan preached that indolence and inactivity were women's greatest enemies (519), and that "...sufficient exercise, in a dry, open, and rather cool air; wholesome diet, and, if the body be weak and languid, generous liquors; also cheerful company and all manner of amusements" would help ensure or restore proper menstrual discharge (521). Miss Marchmont's death liberates Lucy from the oppressive "[t]wo hot, close rooms" that had become her world, enables the turning of a new leaf (as the title of the following chapter indicates), and saves her from the total physical and mental demise she would be destined to suffer as the old woman's bedside nurse (31).

The nameless crétin is a symbolic figure who embodies Lucy's fears of emotional, mental, and physical deterioration as a result "of being no more loved, no more owned" (147). The crétin, whose stepmother "would not allow [her] to return home" (143), is left at the school unclaimed, precisely "no more loved, no more owned." As in the case of her experience as Miss Marchmont's nurse, Lucy's deterioration is catalyzed by her intense caretaking responsibilities; however, it is the prospect of living a life devoid of love as well as purpose – reinforced by the in-valid state of the crétin, her projected double – that haunts Lucy's imagination to the point of making her significantly ill.

In tracing Lucy's decline, we notice that her initial complaints are characterized by her sense of having lost her purpose: "My spirits had long been gradually sinking; now that the prop of employment was withdrawn, they went down fast. Even to look forward was not to hope: the dumb future spoke no comfort, offered no promise, gave no inducement to bear present evil in reliance on future good. A sorrowful indifference to existence often pressed on me" (143). Lucy's fear regarding a dismal destiny, empty of opportunities for future self-substantiation, echo Caroline's desperate anxiety about not having the chance to establish a sense of autonomy and identity through paid work. Brontë forces us to pay attention to the prominence with which her heroine treats work as crucial to sustaining existence. Sally Minogue has remarked upon the author's use of triplicate phrasing to draw out Lucy's pain and engage our empathy: "the hallmark triplicate phrasing [is] found where Brontë is particularly concerned to be exact to the full complexity and depth of an experience; while the reader can find her adjectival accretions relentless, here they are in perfect keeping with the remorseless nature of the agony she describes" (Introduction to *Villette*, xii). Brontë's feminist subtext surfaces as she once again associates a woman's need for work with salubrity in *Villette*.

In addition to the link she draws between a woman's sense of purpose and health, Brontë exalts the healing power of love and expression. As in *Shirley*, the author negotiates the symbolic relationship between love and health in *Villette* by invoking imagery pertaining to food, consumption, and starvation to emblematize the perpetual flux in her heroine's physical and psychological health. In spite of being relieved from her burdensome charge, Lucy continues her downward spiral into infirmity even after the crétin's departure: "my mental pain was far more wasting and wearing. Attendance on

the crétin deprived me often of the power and inclination to swallow a meal...A goad thrust me on, a fever forbade me to rest; a want of companionship maintained in my soul the cravings of a most deadly famine" (144-5). These excerpts demonstrate Brontë's explicit interweaving of literal anorexia with symbolic anorexia. Lucy's decreased consumption is both self-induced and emblematic of the lack of affection, freedom, meaningful contact, and expression that characterizes her current state of existence. Her anorexic condition is similarly symbolic of the extreme measures of control Lucy has imposed upon herself and that have been thrust upon her by a society and environment that devalues and penalizes the expression of emotion. Her dedication to self-denial has amounted to a repression of debilitating magnitude; and her commitment to emotional repression has surpassed the stage that John Kucich would argue operates as a positive source of power, and has begun to reach lethal proportions.

In choosing to have Lucy seek confession as a means of soothing her mind and body, Brontë is reiterating the symbolic association between the expression of emotion and psychological health: "...the mere relief of communication in an ear which was human and sentient, yet consecrated – the mere pouring out of some portion of long accumulating, long pent-up pain...had done me good. I was already solaced" (148). The mere act of breaking her outward silence and acknowledging her need for contact and communication enables Lucy to regain a sense of emotional and mental well-being. While the flow imagery is used by Brontë to emblematize Lucy's emotional release, according to my argument for a menstrual subtext, this imagery can similarly be read as suggestive of the expulsion of menstrual blood. Gilbert and Gubar demonstrate that water imagery is "especially difficult" to interpret in *Villette* because the author does not

attribute to it one, fixed symbolic meaning, but rather uses it to invoke a range of symbolic connotations (417). By taking the flow imagery in this passage to represent both emotional expression, as well as menstrual expulsion, we engage in a dualistic reading of Lucy's condition. In light of the ways in which medical writers collapse theories of emotion into discourses of menstruation, I contend that the variability of the water imagery permits a medical interpretation of Lucy's outpouring. I therefore take Brontë to have symbolically mapped repressed emotion onto obstructed menstruation; this strategic mapping subtly bolsters her arguments for the healthful benefits of emotional expression, and allows her to articulate her resistance to branding judgments of insanity.

Devalued Testimonies and Branding Diagnoses

Throughout the course of her illness at the pensionnat, Lucy's dialogue is entirely internal. Though this is by virtue of the fact that there are very few people with whom she can interact, her outward silence is simultaneously symbolic of her repression and her difficulty in articulating the source of her dis-ease. However, she continuously engages with the reader, to whom she offers the "outline of her experience," or rather, her patient testimony (148). Given her symptoms of anorexia, insomnia, suicidal wishes, and her obsession with Ginevra's happiness, the reader or critic might assume that Lucy's is a straightforward case of imminent madness. Yet, she consistently attempts to dispel these assumptions with adamant testimonies of her sanity. She avows that, "'my nerves are getting overstretched: my mind has suffered somewhat too much; a malady is growing upon it'" and asks, "'what shall I do? How shall I keep well?'" (145). These lucid

interpretations, concerns, and attempts at self-diagnosis demonstrate a full awareness of her condition. Lucy persists in her attempts to reassure the reader of her mental integrity:

> One evening – and I was not delirious: I was in my sane mind, I got up – I dressed myself, weak and shaking. The solitude and the stillness of the dormitory could not be borne any longer...I rose and went. I knew what I was about; my mind had run over the intent with lightning-speed. To take this step could not make me more wretched than I was; it might soothe me. (146-7)

Traditional readings of Lucy's illness during the long vacation have tended to devalue or override her assertions of sanity. Gilbert and Gubar, for example, describe Lucy's condition as a form of schizophrenia.[iv] Brontë's development of an evasive and complex character has certainly not made it easy for the reader to locate a stable vantage point from which to analyze Lucy and determine the precise nature of her ailments. However, I contend that the author's objective is precisely that: to elude the reader who is tempted to diagnose Lucy's condition, and to demonstrate that a claim to diagnostic authority can be pernicious to the status of Victorian women. Brontë wields a sophisticated understanding of nineteenth-century medical interpretations of women's diseases. She uses her knowledge to evolve accurate portrayals of women's illness in an effort to establish her credibility as a woman author, as well as to be able to highlight and challenge specific elements of medical discourse that she deems detrimental to social conceptualizations of women. Her extensive subscription and appropriation of medical discourse is meant to reveal the extent to which medicalized perceptions of women permeate the public imaginary; we, as readers, identify with these familiar characterizations of "hysterical" women and are tempted to diagnose Lucy according to internalized notions of woman's alleged predisposition to irrational behaviour. Brontë invites the reader to draw conclusions regarding Lucy's health, only to overturn our

diagnoses with narrative assertions to the contrary; she in fact catches us when we fall into the same paternalistic patterns of diagnosis as Dr. John.

As readers, however, we are not the only ones who are prone to devaluing Lucy's testimony and misconstruing her condition according to our personal, social, or professional biases. Père Silas, Lucy's confessor, is extremely perplexed and disturbed by her outpouring of emotional distress, and is unequipped to deal with her story because he can not find any familiar means of categorizing or interpreting her condition: "You take me unawares...I have not had a case such as yours before: ordinarily we know our routine and are prepared, but this makes a great break in the common course of confession. I am hardly furnished with counsel fitting the circumstances" (148). Brontë is critiquing the Roman Catholic institution's incapacity to adequately accommodate the emotional distress of utterly despondent people such as Lucy, and is satirizing the priest's paralysis when he finds himself confronted with a case that transcends the boundaries of his prepared routine. He resorts to recommending the typical activities of Catholic repentance as a means of solving her problems: "Holy men have bidden penitents like you to hasten their path upward by penance, self-denial, and difficult good works" (148). Père Silas's suggestions not only dismiss, but also contradict the very things Lucy should do to escape the bondage of repression: "self-denial" would only perpetuate a withholding of insalubrious levels of emotion, and "difficult good works" would cause her to further subordinate her needs and interests to the needs and interests of others, resulting in her complete self-effacement. Although she appreciates the role he plays as a soundboard for her sufferings, and in enabling her to regain a feeling of comfort and stability, Lucy retains enough sense (and sense of humour) to resist the priest's

recommendations: "Did I, do you suppose, reader, contemplate venturing again within that worthy priest's reach? As soon should I have though of walking into a Babylonish furnace" (149).

Her solace is brief, however, because shortly thereafter, Lucy faints; and with her heroine's downward spiral into the realm of the unconscious, Brontë closes the symbolic curtain on volume one of the novel. The author's strategic juxtaposition of the final scene of volume one with the opening scene of volume two allows her to subtly draw our attention to a poignant social reality. She is pointing to the shift in social power that occurs in the nineteenth century: the authority of the Catholic Church is being displaced and appropriated by the medical institution. Though Lucy finds temporary comfort in the ear of a Catholic priest, her encounter with Père Silas is not enough to sustain her health. She is subsequently rescued from the streets of Villette by her doctor-friend, John Graham Bretton, and is brought to his home to recover from her illness. Under the supervision of a physician, Lucy appears to flourish and is able to regain her physical, mental, and emotional strength. This contrast of scenes suggests that the medical institution is gaining a new stronghold in society, threatening the tenured position of religion by setting new moralizing precedents rooted in claims to scientific evidence.

Earlier on in the novel, Brontë evinces a contrast between the two professions that associates the priest with death and the role he plays in embracing death, and the doctor with life and his ability to ensure the continuance of life in the face of illness. In discussing the medical needs of Madame Beck's child, Georgette, Lucy comments that "it was scarcely less needful to send for a priest to administer extreme unction, than for a doctor to prescribe a dose" (109). This juxtaposition can be construed as an oblique

comment on religion as a dying institution, and medicine as a thriving one. Dr. John also makes subtly derisive remarks throughout the novel regarding the Church's declining position in society. In recounting to Lucy the events of the night outside of the church, Dr. John alludes to the superiority of medicine: "The priest came to your succour, and the physician, as we have seen, supervened" (172). And later, when he entreats Lucy to divulge the source of her distress after her first encounter with the nun in the attic, he slyly convinces her of the superiority of doctors, whom he paints out to be the equivalent of the modern-day disciple: "You may trust me as implicitly as you did Père Silas. Indeed, the doctor is perhaps the safer confessor of the two, though he has not gray hair" (232). Dr. John's post-script regarding the priest's "gray hair" indicates his perception of the Church as an aging (or dying) institution.

Upon waking at La Terrasse, Lucy is swift in re-staking her claim to sanity. Confused and emotionally overwhelmed by her surroundings, which suggest that she has been transported back in time and is resting amongst the familiar furniture and ornaments of her youth, Lucy is confounded by her circumstances but certain of her mental stability: "I tried to settle it by saying it was a mistake, a dream, a fever-fit; and yet I knew there could be no mistake, and that I was not sleeping, and I believed I was sane" (155). She also re-engages the earlier symbolism of "life at life's sources" (which I construed as a metaphor for the uterus) when she says, "[her] life-machine presently resumed its wonted and regular working" (153). Although one may argue that the "life machine" could represent other essential organs such as the heart, or even the lungs, by mechanizing the body's functions Brontë seems to be covertly criticizing a medicalized vision of the female body. In chapter two, I discussed Lucy Snowe's reaction to the four tableaux she

is directed to study at the museum, which comprise the four stages of "La vie d'une femme": young girl, married woman, young mother, and widow. Brontë's dismal and satiric reduction of womanhood into these four categories reveals her contempt for the socio-medical branding of Victorian women according to the 'definitive' stages of their reproductive cycle. Nineteenth-century medical discourses clearly identified the uterus as the organ of preeminence in women – as their "life-machine." I therefore read this allusion as evidence of a menstrual subtext in *Villette*, and take it to refer to the fact that Lucy's menstrual flow is no longer disordered or obstructed. This interpretation would allow us to read Brontë's use of imagery (which draws strategically on medical discourses of menstruation and madness) as further proof of her sanity.

In spite of her assurances, however, McLean has noted that Lucy voluntarily submits to the sick-role and swallows the medication administered to her by the bonne unquestioningly (77-8). Instead of drawing on her near-exhausted resources of strength to further resist her ailing condition, Lucy welcomes the opportunity for rest and much-deserved attention. Although she has not admitted to the reader just yet that she recognizes the objects of her environment as belonging to the Bretton family, a second reading of the novel reveals ample evidence to suggest that Lucy knows Dr. John to be John Graham Bretton. It is precisely for this reason that Lucy surrenders; she delights in the idea of being under his care in particular, and finally feels secure enough amidst the comforts of what was once like home to let go of her impulse to resist.

Brontë's choice of the Bretton household for Lucy's convalescence is significant on two levels. First, it allows her to reinforce one of the novel's implicit arguments: that physical health is contingent on emotional health. Mrs. Bretton and Graham are

introduced to us early on in the novel as Lucy's extended family, and essentially comprise her only form of family since we never encounter her parents or any siblings, and are led to believe that all members of her immediate family have perished. Brontë is suggesting that only in the presence of those who care about her, or whom she cares about, can Lucy heal. Upon her first exchange with Mrs. Bretton, Lucy testifies to the reader that her health has already improved somewhat:

> it seemed that I was better: the fever, the real malady which had oppressed my frame, was abating; for, whereas during the last nine days I had taken no solid food, and suffered from continual thirst, this morning, on breakfast being offered, I experienced a craving for nourishment: an inward faintness which caused me eagerly to taste the tea this lady offered, and to eat the morsel of dry toast she allowed in accompaniment. It was only a morsel, but it sufficed. (159)

In this passage, Lucy asserts that "the real malady" from which she suffered is a fever, and not mental sickness. Her acknowledgment of concrete physical illness is nonetheless juxtaposed with a symbolic discussion of her self-imposed anorexia. Her "continual thirst" for attention, human contact, and affection is what has truly precipitated her illness, and the mere morsel of nourishment given from the hands of a woman, who unlike Mrs. Pryor, is not her real birth mother, but remains the only mother figure in Lucy's life, will satisfy the cravings of the love-starved heroine. "Food or drink never pleased me so well as when it came through her hands" (167).

Second, by sentencing Lucy to convalesce at La Terrasse, Brontë is creating the opportunity to both examine the relationship between doctor and patient from up close, and allow Lucy and the reader to gain a more comprehensive sense of Dr. John's destructive tendencies. Dr. John's paternalism thrives at La Terrasse; his chivalric rescue of Lucy allows him to exercise extensive control over her convalescence and decree her every action: "Miss Snowe must retire now...she is beginning to look very pale" (165).

Lucy, who stipulated during her sickness that "no doctor could cure [her]," has already boldly rejected medical assistance. She has not invited Dr. John to be her physician, but invariably finds herself in a situation where, as a guest of the Bretton household and an admirer of her host, she must accept his medical impositions. With a flickering hope that Graham, not Dr. John, will take a personal interest in her that extends past his medical preoccupation with her condition, Lucy is required to negotiate her behaviour towards him in a way that shows him respect and deference.

However, Lucy's internal dialogue reflects her increasing recognition of Dr. John's disposition as one that does not suit her personally or professionally. Her contemplation of his demeanour reflects a growing distaste with his vanity and distrust of his double personality:

> Well, full well, do I know that Dr. John was not perfect, any more than I am perfect. Human fallibility leavened him throughout: there was no hour, and scarcely a moment of the times I spent with him, that in act, or speech, or look, he did not betray something that was not a god. A god could not have the cruel vanity of Dr. John, nor his sometime levity. No immortal could have resembled him in his occasional temporary oblivion of all but the present – in his passing passion for that present; shown not coarsely, by devoting it to material indulgence, but selfishly, by extracting from it whatever it could yield of nutriment to his masculine self-love: his delight was to feed that ravenous sentiment, without thought of the price of provender, or care for the cost of keeping it sleek and high-pampered...The reader is requested to note a seeming contradiction in the two views which have been given of Graham Bretton – the public and the private...In the first, the public, he is shown oblivious of self; as modest in display of his energies, as earnest in their exercise. In the second, the fireside picture, there is expressed consciousness of what he has and what he is; pleasure in homage, some recklessness in exciting, some vanity in receiving the same. Both portraits are correct." (184)

Brontë's negative characterization of the young doctor evokes an implicit comparison of the physician to a god, which she uses to overturn social perceptions of medical men as possessing godly powers. Instead she portrays the doctor as someone who selfishly basks

in his own glory, who feeds gratuitously off scraps of homage, and whose inflated self-image encourages his own obliviousness. In addition to this synopsis of his character, Dr. John's actions prove him to be lacking in a certain degree of professionalism, rigour, and propriety, as his treatment of Lucy's case verges on being casual and flippant. McLean draws our attention to the fact that Dr. John continually defers hearing her patient testimony, and gives her no chance to provide the particulars of her story (84). After he has commanded her to bed, he assures her that "[t]o-morrow I will venture to put some questions respecting the cause of her loss of health...I am sure thereby hangs a tale, but we will inquire no further this evening" (165). Dr. John's use of the third person pronoun indicates his objectification of Lucy as a patient, not "a subject in communication," and works to close her out of the dialogue.

It is in fact Mrs. Bretton, acting as her son's proxy, who is the first to put any medical questions to Lucy regarding her illness: "'He says, Lucy, he thinks you have had a nervous fever, judging from your look, - is that so?'" (167). Armed with the assumption that Lucy's condition is attributable to a nervous condition, Dr. John "performs no physical examination whatsoever, asks no questions of her general medical history, nor of her present illness" (McLean, 85). When they finally do enter upon a discussion of her experience, Dr. John asks her a leading question: "'Your nervous system bore a good share of the suffering?'" to which Lucy responds, "'I am not quite sure what my nervous system is, but I was dreadfully low-spirited'" (170). Her reply demonstrates her insistence on the experiential components of illness, rather than on the abstract physiological processes which underlie her infirmity. McLean argues that "[m]edical knowledge is privileged; [Lucy] is excluded from the language" (81).

Although I agree with McLean that medical language serves in many cases to produce a power imbalance between doctor and patient, Lucy's testimonies to the reader demonstrate her familiarity with medical terminology. She alludes to nerves in particular when she discusses her ailing condition at the pensionnat: "I lay in a strange fever of the nerves and blood" (154). And in the very same conversation with Dr. John where she claims ignorance of her nervous system, we will see that she employs the language of circulation to invoke a metaphor for her illness. These examples, chosen from many others in the novel, prove that Lucy is quite aware of medical concepts and terminology.

Thus, I offer two possible reasons for Lucy's concealment of her scientific knowledge. On the one hand, she is perhaps purposefully excluding herself from the discourse in order to show herself to be deferent and tractable in the face of a man whom she wants to attract and whom she knows to luxuriate in homage. On the other hand, however, implicit in Lucy's reply is her subtle resistance to his diagnosis; her response suggests that she does not care for fancy physiological labels, but is instead struggling to find the words to express the emotional deprivation from which she suffered and continues to suffer. This air of tentative resistance continues to permeate her dialogue with the reader when she explains her reaction to his flippant diagnosis of hypochondria – another name for the sub-category of insanity called melancholia – and his subsequently banal prescriptions, which ultimately serve to absolve him from any responsibility to provide her treatment: "'My arts halt at the threshold of Hypochondria...Cheerful society would be of use; you should be as little alone as possible; you should take plenty of exercise.' Acquiescence and a pause followed these remarks. They sounded all right, I thought, and bore the safe sanction of custom, and the well-worn stamp of use" (170).

Lucy's reaction is not entirely dismissive, yet sarcastically hints at her distrust of his trite recommendations.

During this exchange, Dr. John is in fact more intrigued by the details of her confession than with the particulars of her sickness. In an effort to draw him away from his inappropriate probing and force him to consider her actual condition, Lucy finally asserts herself, takes control of the conversation and turns it to focus on the testimony he has still not requested:

> ...as to my confession, Dr. John, I suppose you will think me mad for taking such a step, but I could not help it: I suppose it was the fault of what you call my "nervous system." I cannot put the case into words, but, my days and nights were grown intolerable; a cruel sense of desolation pained my mind: a feeling that would make its way, rush out, or kill me – like (and this you will understand, Dr. John) the current which passes through the heart, and which, if aneurism or any other morbid cause obstructs its natural channels, seeks abnormal outlet. I wanted companionship, I wanted friendship, I wanted counsel. I could find none of these in closet, or chamber, so I went and sought them in church and confessional...I have done nothing wrong...all I poured out was a dreary, desperate complaint. (171-2)

Lucy satirizes Dr. John's diagnosis of hypochondria by pointing out that his medical evaluation of her 'madness' stems merely from his judgment of her decision, as a Protestant, to seek out confession, and not from a sound assessment of her symptoms. She initially claims to be unable to put her pain into words – into medical words that he will relate to, that is – yet attempts to describe her emotional pain in a more abstract, de-medicalized way. Having probably sensed that Dr. John is not comprehending her metaphoric language however, her bracketed statement "'(and this you will understand, Dr. John)'" indicates her contempt for his narrow-mindedness and signifies a change in the direction of her narrative and her discourse. In order to make him understand her suffering, Lucy condescends to Dr. John in his own dialect, and paints her experience in

terms of circulatory system imagery and language. In talking of "the current which passes through the heart," Lucy is either referring explicitly to blood, or the movement of blood by electrical impulses through the body's vessels. Here we find yet another possible coded reference to the link between menstruation, madness, and the repression of emotion. Lucy's discussion of obstructed flow can be symbolically mapped on to her immediately previous description of "a feeling that would make its way, rush out, or kill me." Whether Brontë is subverting discourses that pathologize strong emotional reactions, or legitimizing nineteenth-century theories such as Robert Brudenell Carter's, that link pent-up emotion with menstrual blockages of morbid magnitudes, this mapping reinforces the author's message that repressed emotion is lethal. Brontë appropriates contemporary medical rhetoric and uses it in its correct context. However, she artfully manipulates it (by satirizing the literalizing of emotion into a technical, somatic discourse) to deride the pernicious ways in which it is employed to cast women as mad and demonstrate how it works to devalue the emotional dimension of women's lives and experiences of sickness.

However, Lucy's scorn for his manner and diagnosis is mostly lost on the self-absorbed physician, who is less troubled by the despairing details of her story than the passionate or "unruly" way in which she relates it: "'Lucy...why, your calm nature is growing quite excitable!'" (172). Unfortunately, Lucy's resistance is being misconstrued as a feminized lack of emotional control, which will work against her assertions of sanity since her excitability exposes her as bearing a "hysterical" disposition. Dr. John's branding of Lucy as suffering from hypochondria serves to effectively silence her testimony, since overt or angry protestation, according to William Buchan, would prove

to predispose her to insanity: "Violent anger will change melancholy into madness" (424). Fortunately, however, Dr. John's general obliviousness to her contemptuous behaviour works to some extent in Lucy's favour, as he does not immediately decree her mad, only hypochondriacal (one step away from insanity), which saves her from direct deportation to the mad-house.

Neglecting to take into account Lucy's socio-economic position, Dr. John automatically draws on nineteenth-century medical recommendations that encourage a "change of ideas," "sprightly amusements ," and "travelling" as the most effective forms of treatment for diseases of the passions (Buchan, 112-3). "'Cheerful society would be of use; you should be as little alone as possible; you should take plenty of exercise,'" he tells her (170). He also stipulates that "'[she] ought to travel for about six months...Change of air – change of scene; those are my prescriptions'" (172). Dr. John's generalized suggestions demonstrate his lack of sensitivity to her medical and personal circumstances. For Lucy, who is alone in the world, without family or very many friends, and without financial resources, his recommendations emerge as hollow and unfeeling.

Lucy on Trial

The events that both lead up to and transpire immediately after Lucy's first sighting of the nun in the attic indicate the extent to which Dr. John's behaviour both constitutes and dictates Lucy's illness. Although he seems to have offered her some sort of friendship since her stay at La Terrasse, an analysis of his actions reveals him to be as insensitive to her personal needs as he was to her medical ones during his treatment of

her case. Dr. John has made Lucy into his confidante; he opens up to her about his anxieties concerning his affection for Ginevra, and forces her into the painful position of having to listen to him lament his unrequited love for someone other than herself. The title of chapter eighteen, "We Quarrel," suggests that an intimacy has developed between them, a closeness that implies a lover-like status – as in a 'lover's quarrel.' This courtship status is highly ironic, however, since they quarrel over whether Dr. John is "a slave" to his romantic obsession for Ginevra (176). Nonetheless, they make-up in the same manner as lovers do, with Lucy supplicating for his forgiveness:

> '...but just say, "Lucy, I forgive you!" Say that, to ease me of my heart-ache.'
> 'Put away your heart-ache, as I will put away mine: for you wounded me a little, Lucy. Now, when the pain is gone, I more than forgive...' (178)

Lucy's fiery reaction to Dr. John's commiseration over Ginevra and the subsequent passionate haste with which she desires to reconcile their disagreement suggest that Lucy has feelings for the physician that extend beyond mere professional admiration and friendly concern. Although he does not immediately acknowledge this fact, we become disturbingly aware of his secret knowledge of her affection for him when he later takes advantage of her emotional vulnerability after her encounter with the nun.

Although it is clear that he pines after Ginevra, it is not clear whether Dr. John has completely rejected the possibility of pursuing Lucy. He often takes her out, accompanying her to galleries, concerts, and plays. Save their outing to the concert, Dr. John and Lucy appear in public without Mrs. Bretton as their chaperone, a bold step for a young man and woman of their era, and one that was generally taken by a Victorian couple in the advanced or married stage of their relationship. Moreover, Dr. John vows to write to Lucy upon her return to the pensionnat, a promise that encourages further false

hope of his possible affection for her. Overall, his behaviour confounds both Lucy and the reader, who together feed on the morsels of Hope he occasionally tosses our way. His behaviour consistently crosses the boundaries of propriety, as he alternately treats her as a patient, confidante, and lover.

In order to reinforce the symbolic link between starvation and emotional deprivation, Brontë resumes her depiction of Lucy's anorexia when she returns to Madame Beck's and has left behind her surrogate family and love interest: "hunger I had none, and with thirst I was parched" (218). Lucy's loss of appetite is both a literal and symbolic symptom of her depressive state, indicating her lack of spirit and faith in her future; her loss of hunger, however, is contrasted by her thirst, which is a metaphor for her persisting yearning for love and attention. The arrival of Dr. John's first letter is thus symbolically cast as the first substantial portion of food upon which Lucy chooses to feast after a bout of starvation: "it was the wild savoury mess of the hunter, nourishing and salubrious meat, forest-fed or desert-reared, fresh, healthful, and life-sustaining" (223). However, Lucy defers gratification of her "famished thought," and waits until the very end of the day before retreating to the garret to devour the contents of her letter. While reveling in Dr. John's sweet reminiscences of "places [they] had visited together – on conversations [they] had held," Lucy becomes aware of a haunting presence in the garret, and turns to see the figure of a nun (228). She is convinced of the reliability of her senses, however; so much so, that she pleads her case directly to the reader in a manner that recalls her earlier court-room sobriety: "tell me I was nervous, or mad; affirm that I was unsettled by the excitement of that letter; declare that I dreamed; this I vow – I saw there – in that room – on that night – an image like – a NUN" (229). Lucy then drops the

letter, runs for help, and in her frenzied state, unwittingly recruits the assistance of the visiting physician, whose seeming omniscience allows him to be curiously available to perform heroic acts of rescue at several crucial instances in the novel.

Upon returning to the attic, Lucy's attention is no longer focused on discovering the identity of the nun, but on retrieving her letter, which has now mysteriously gone missing: "'My letter! My letter!' I panted and plained, almost beside myself. I groped on the floor, wringing my hands wildly... 'Oh! they have taken my letter!' cried the grovelling, groping, monomaniac" (229-30). Brontë's portrayal of Lucy's animalistic behaviour recalls her depiction of the beastly activities of Bertha Mason in *Jane Eyre*, the character whom critics have taken as the archetypal representation of the Victorian 'mad woman in the attic.'[v] As Helen Small points out, Brontë's familiarity with Prichard's definition of moral insanity[vi] underlies her development of Bertha's character, a fact which is known from a letter she wrote to W. S. Williams (her reader at Smith, Elder) a few months after the publication of *Jane Eyre*:

> There is a phase of insanity which may be called moral madness, in which all that is good or even human seems to disappear from the mind and a fiend-like nature replaces it. The sole aim and desire of the being thus possessed is to exasperate, to molest, to destroy, and preternatural ingenuity and energy are often exercised to that dreadful end. The aspect in such cases, assimilates with the disposition; all seem demonised. It is true that profound pity ought to be the only sentiment elicited by the view of such degradation, and equally true is it that I have not sufficiently dwelt on that feeling; I have erred in making *horror* too predominant (cited in Small, 164-5).

While the characterization of the "monomaniac" Lucy Snowe in *Villette* is similarly drawn from nineteenth-century medical concepts of insanity, it can thus be interpreted as the author's attempt to refine her illustration of categorically 'mad' behaviour. In *Jane Eyre*, Bertha Mason was not given the opportunity to voice her testimony; the story of her

pain and suffering was siphoned through Rochester's narrative, and the pity we might have felt for her circumstances was blighted by our sympathies with Jane. In *Villette*, however, Brontë brings the alleged mad woman out from the recesses of the sub-plot to the foreground, forcing the reader to contemplate the ways in which the conditions of Lucy's life predispose her to desperation and emotional unrest.

Brontë therefore appropriates the medical discourse in order to raise questions about the mental and emotional stability of her protagonist. The narrator's reference to her own monomaniac tendencies demonstrates the degree to which Victorian conceptualizations of madness and the language of insanity has permeated the female consciousness. Recalling Esquirol's definition of erotic monomania (erotomania) in chapter two as "a chronic cerebral affection...characterized by an excessive sexual passion," Lucy's obsession with Dr. John's letter can be construed as symptomatic of a monomaniac disposition. Esquirol further defines erotomania as

> a mental affection, in which the amorous sentiments are fixed and dominant...The nymphomaniac, as well as the victim of satyriasis, is the subject of a physical disorder. The erotomaniac is, on the contrary, the sport of his imagination. Erotomania is to nymphomania and satyriasis, what the ardent affections of the heart, when chaste and honorable are, in comparison with frightful libertinism...the subjects of [erotomania] never pass the limits of propriety." (335-6)

In Esquirol's description of erotomania, "chaste, hopeless passion is transformed into a cerebral disease, and must henceforth be treated as a possible symptom of insanity" (*CBVP* 231). Shuttleworth has noted that "Esquirol's formulation of erotomania, like his other categories of insanity, dresses recognized social stereotypes in the authority of science...The social repression, so evident in Lucy's narrative, which forbad [sic] women the articulation, or even conscious acknowledgment, of their desires, is encoded in his

very definition of the disease" (231). Esquirol's idea of erotomania, like Prichard's notions of moral madness and partial insanity, enables the medicalization of emotions and behaviour that transgress the normative boundaries of Victorian social conduct.

Is Lucy Snowe really mad, or does she exhibit the symptoms of emotional and sexual distress as the result of her loneliness and aloneness in the world? Does her ambiguity and unreliability contribute to our perception of her as truly unstable, or do they represent an effort to resist the branding diagnoses of nineteenth-century medicine? I continue to contend that *Villette* is a story of a young woman on trial – a trial in which the author does not encourage conventional, one-dimensional readings of her heroine's behaviour. According to Bucknill and Tuke, "Erotomania...is not uncommon in the old, and, it may be, in persons who have been patterns of chastity their whole life... It is more frequent among women than men; and, as Guislain observes, among the unmarried and widows than the married. It may often, in females, be traced to disordered menstruation" (231). Shuttleworth claims that "[t]he fear of mental illness signalled [sic] by Lucy's references to monomania underpins all her narrative: insanity is no longer limited to the recognizably disruptive forces of sexual desire, which may be locked away in the attic, but lurks as an incipient threat even in the 'chaste' repressed imaginings of the 'respectable' woman (*CBVP* 231). I argue that Brontë intentionally appropriates and integrates medical terminology into her novel to show how emerging medical discourse facilitated the branding of women as sick, deviant, Other. She purposely collapses the archetype of the single, redundant, love-sick woman with the mad woman in her characterization of Lucy Snowe in order to subvert medical rhetoric that attempts to

conflate all the socially undesirable qualities attributable to women under the scientifically legitimated medical categories of insanity.

Dr. John's behaviour toward Lucy during this scene serves to highlight the specific ways in which Brontë perceives the medical institution as a threat to the lives of women. Although he takes pains to comfort and calm her, Dr. John clearly disbelieves Lucy's testimony: "You are in a highly nervous state. I feel sure from what is apparent in your look and manner...that you saw, or *thought* you saw, some appearance peculiarly calculated to impress the imagination" (232). Having previously diagnosed her as hypochondriacal, Dr. John's faith in Lucy's credibility is already low. In addition to preemptively discrediting, and therefore silencing, Lucy's testimony, Dr. John uses his professional power and his knowledge of his status as her love interest to manipulate the situation. His initial display of kindness is quickly overturned when he reveals that he is in fact the one who has stolen the letter: "His quick eye had seen the letter on the floor where I sought it: his hand, as quick, had snatched it up" (231). Using his all-discerning gaze to apprehend the letter, Dr. John's cruel sense of humour ultimately serves to incite and encourage Lucy's "hysterical" behaviour. Lucy's gratitude and perception of him as "heroic" are stilted by his treachery, and she refuses to divulge the source of her original distress.

However, Dr. John refuses to submit to Lucy's reticence, and uses his power as her physician to pressure her into revealing her secret: "'I will hear it in my professional character: I look on you now from a professional point of view, and I read, perhaps, all you would conceal – in your eye, which is curiously vivid and restless; in your cheek, which the blood has foresaken; in your hand, which you cannot steady. Come, Lucy,

speak and tell me'" (231). Dr. John's assertions of power, his claim to be able to see and know all, are characteristic of the ideological shifts occurring in medicine during the nineteenth century. The profession's mandate to know the internal through a rigorous interpretation of the external is evident in Dr. John's desire to "read" the signs betrayed by her eye, cheek, and hand. However, instead of exhibiting the virtuous spirit of benevolence traditionally associated with the role of a physician, Dr. John's manner is menacing; he is more concerned with satisfying his personal curiosity and playing teasing games than with actually tending to Lucy's real problems. When Lucy, who is hesitant to trust him any further, continues to withhold her secret, Dr. John relinquishes his professional pressure tactics, and resorts to a disturbing and nasty game of personal threats: "'If you don't tell me you shall have no more letters...I will again take away that single epistle: being mine, I think I have a right to reclaim it...You may hide it, but I can possess it any moment I choose'" (231-2). Dr. John wields both his professional status and personal knowledge in a way that is not only insensitive and unjust, but professionally unsound and irresponsible; in light of his diagnosis of Lucy as a hypochondriac, his teasing emerges as highly insalubrious as it would potentially work to exacerbate the symptoms of her alleged condition.

Having finally perceived that he might have offended her, however, he resumes a sober and attentive air, and Lucy is "[w]on to confidence" (233). Of course Lucy's revelation that she has seen a nun in the attic only works against her since it feeds conveniently into Dr. John's presumptions regarding her mental stability:

> 'I think it is a case of spectral illusion: I fear, following on and resulting from long-continued mental conflict.'
> 'Oh, Doctor John – I shudder at the thought of being liable to such an illusion! It seemed so real. Is there no cure? – no preventive?'

'Happiness is the cure – a cheerful mind the preventive: cultivate both.' (233) Lucy's utter disappointment with his trite recommendation is made acutely voluble to the reader: "No mockery in this world ever sounds to me so hollow as that of being told to cultivate happiness. What does such advice mean? Happiness is not a potato, to be planted in mould, and tilled with manure" (233). Both Lucy's tone of ridicule and choice of metaphor indicate her contempt for the doctor's suggestions. Dr. John's prescription, although "hollow," is consistent with nineteenth-century medical texts, such as Buchan's *Domestic Medicine*, which encourage "sprightly amusements" and "change of ideas" as remedies for melancholia. The narrator's harsh commentary can be taken as evidence of Brontë's challenge to the emerging authority of medical alienism. She is at once resisting the ease with which the discipline exercises its power to define mental disease according to cultural norms that devalue women, singlehood, loneliness, and emotion, and critiquing its propensity for vacant treatment recommendations that do not take into account the relational circumstances of patients like Lucy Snowe, who have no resources or personal support networks.

Dr. John's claim to medical terminology is what essentially allows him to label and thus dictate our perceptions of Lucy's illness. His authority and conviction has caused Lucy to question her sense of certainty regarding her own sanity: "I was left secretly and sadly to wonder, in my own mind, whether that strange thing was of this world, or of a realm beyond the grave; or whether indeed it was only the child of malady, and I of that malady the prey" (235). Dr. John has successfully instilled self-doubt and preyed upon her emotional vulnerability; and we are all left wondering, the narrator included, whether Lucy is guilty or innocent.

Vashti and the Pathologizing of Emotion

The Vashti performance represents a significant turning point in the novel for Lucy. During what is destined to be Lucy and Dr. John's last public outing together, the heroine experiences a series of dramatic reactions to the actress's performance that elucidate the complexity of her emotional reality and the depth of her character. It is also during the play that Lucy finally allows herself to realize the extent to which Dr. John is an unhealthy influence in her life, a realization that enables her to break away from his professional and personal tyranny.

Lucy's dubbing of the famous unnamed actress as 'Vashti' is a biblical allusion of utmost relevance to the heroine's own plight of resistance in *Villette*. Vashti, the biblical queen who defied her husband and refused to dance for him and his court on his command, stands as the ultimate figure of female resistance. According to Gilbert and Gubar, "Lucy's description of Vashti is so fervently rhapsodic as to be almost incoherent" (422). Brontë uses her characterization of Vashti to project the unspeakable anguish suffered by Lucy, and she therefore represents the only female character in the novel with whom Lucy truly identifies. Consequently, the incoherence with which Lucy narrates the performance signifies her extreme difficulty in articulating her own experience with unrelenting pain and all-consuming desire. The incoherent, or rather fragmented way in which Lucy describes her impression of Vashti attests to the presence of internal antagonistic forces gnawing at Lucy's integrity:

> They wrote Hell on her straight, haughty brow. They tuned her voice to the note of torment...Hate and Murder and Madness incarnate she stood.
>
> It was a marvellous sight: a mighty revelation.
>
> It was a spectacle low, horrible, immoral. (240)

The form adopted by Brontë to describe Lucy's experience at this moment – that is, the sequencing of two contradictory sentences, the first one a positive reaction, the second one, negative – illustrates a deeply divided response. In keeping with Foster's notion of there being two levels in Brontë's fiction, I would argue that Lucy's first reaction signifies her intuitive response to Vashti, whereas the second works to mask her dissent by way of capitulating to conventional attitudes, such as those later expressed by Dr. John. It is nonetheless plausible that Lucy is shocked and horrified by what she sees; however, the experience remains "a mighty revelation" to both the reader and the protagonist herself.

Like Vashti, Lucy is a woman "locked in struggle, rigid in resistance" (240). Lucy's identification with the actress comes as a surprise to both the reader and the protagonist, who are not expecting Lucy to be won over by the dramatic performance of a heretical female character. Having neither identified with the stock images of femininity represented in the "Cleopatra" (embodied by Ginevra) or "La vie d'une femme" (embodied by Polly), Lucy connects with the rebelliousness and strength embodied by Vashti, qualities that Lucy, in her own life, wavers between asserting and subordinating. The passionate manner in which Lucy recounts Vashti's assault on her senses simulates the intense well of emotion persistently bubbling beneath Lucy's surface, threatening to melt the layer of 'Snowe' that, in some instances, protects the heroine from devouring gazes, but overall, forces her to repress an unhealthy level of emotion. Lucy lacks the words, the language to explain her emotional reality, which results in our perceiving a lack of coherence in her narration of the performance. However, she compensates for this lack by exercising a narrative tone that conveys the intensity of her emotional

experience, a heightened energy that represents the passionate spirit underlying the real Lucy Snowe.

Longing to know his opinion of the performance, Lucy finally asks Dr. John, "'How did he like Vashti?'" and receives a telling response: "...a strange smile went wandering round his lips, a smile so critical, so almost callous!...he judged her as a woman, not an artist: it was a branding judgment" (242). His evaluation is highly disturbing on every level; however, as the novel's representative voice for the medical institution, Dr. John finally emerges, in all his professional glory, as an overt threat to women. Throughout the performance, Lucy's characterization of Vashti frequently conjures up images of "Madness incarnate"; like the figure of Bertha Mason, Vashti moans, shrieks, grasps, pants, and all in the spirit of defiance. Vashti's resistance and emotional turmoil has been interpreted by a society comprised of Dr. Johns as illness rather than angry sanity. Her powerful expression of emotion and resistance has been pathologized, and therefore, like Lucy, her testimony has been denied and silenced. The social requirement that she conceal and repress at all costs, forces her into the category of 'ill.'

Sue Campbell has outlined two political dimensions we need to consider when assessing the social conditions under which a person expresses emotion: "(1) people have considerable power over our feeling through their acts of interpretation. (2) Those who already occupy positions of social power will interpret our feelings through emotion categories that serve *their* needs and interests" (147). Campbell's considerations elucidate the role Dr. John has played in the false medicalization of Lucy's (and Vashti's) condition. His position of social power grants him the authority to interpret Lucy's

emotions according to institutional categories that measure her sanity against her status as a woman. Dr. John analyzes her behaviour using medical categories such as "hypochondria," "monomania," and "spectral allusion," which encourage a medicalized understanding of women's relationship to emotion and facilitate their institutional dismissal.

Two of Lucy's narrative allusions during her description of the Vashti performance are also particularly suggestive of the existence of a menstrual subtext to support Brontë's discussion of and challenge to insanity in *Villette*. First, Lucy exhibits a profound reaction to Dr. John's "branding judgment": "That night was already marked in my book of life, not with white, but with a deep-red cross" (243). The image of "a deep-red cross" connotes the "tint indelible" of menstrual blood (243). Lucy invokes this imagery in order to reiterate her total dismay with Dr. John's reductionist interpretation of Vashti's theatrics, which ultimately attributes her "mad" behaviour to her femaleness. The "deep-red cross" completes the web of associations that serves to pathologize a woman's right to express emotion by reducing her status to reproductive (dys)functions. Second, Lucy tells us that Vashti "sold dear every drop of blood," a comment that further draws our attention to the links between sanity, menstruation, and femininity (243). As we have seen, a diagnosis of insanity for women is often synonymous with the malfunctioning of their reproductive cycle; if the menstrual cycle is alternately taken as an absolute signifier of both femininity and madness, Vashti's selling of her blood emerges as a powerful metaphor for her foregoing of her femininity. Thus, Brontë develops a menstrual subtext to remind the reader that a woman's behaviour is perpetually judged against her body's innate capacity for deviance, as well as to subtly

reinforce her disdain for an institution that reduces women to their physical and emotional physiology.

In an appeal to the reader conveying her feelings of aloneness and marginalization, Lucy summarizes one of the most important messages in the novel:

> The world can understand well enough the process of perishing for want of food: perhaps few persons can enter into or follow out that of going mad from solitary confinement. They see the long-buried prisoner disinterred, a maniac or an idiot! – how his senses left him – how his nerves first inflamed, underwent nameless agony, and then sunk into palsy – is a subject too intricate for examination, too abstract for popular comprehension. Speak of it! you might almost as well stand up in an European market-place, and propound dark sayings in that language and mood wherein Nebuchadnezzar, the imperial hypochondriac, communed with his baffled Chaldeans...*Long may it be generally thought that physical privations alone merit compassion, and that the rest is a figment.* (255, emphasis mine)

This last sentence of the passage highlights my contention that *Villette* is a story of resistance, a narrative that challenges medicine's dismissal of the role of repressed emotion in illness. Brontë claims that we can understand the repercussions of starvation because they clearly evoke a concrete cause and effect relationship between sustenance and survival. This is probably also why Brontë chooses to use anorexia to symbolize the relationship between repression, lack of love, and illness; it allows her to invoke a metaphor that all readers can grasp and extrapolate from in order to understand the more abstract, nuanced dimensions of illness that are not captured by our (medical) language. Brontë's allusion to the "dark sayings" of Nebuchadnezzar reinforces her sense of language as an inadequate vehicle for expression, which is why Lucy resorts to a manipulation of her emotional tone during the Vashti performance to convey her feelings and perceptions. The medical institution has successfully dismissed the complexities of the realm of emotion by enshrouding it in scientific language such as "nerves," "inflamed," and "palsy," and medical labels such as "mad," "maniac," and "idiot." Since

the expression of emotion is not socially condoned, the least socially (but most emotionally and physiologically) punitive option is repression. Thus Vashti emerges as a monitory figure for Lucy[vii] and the reader: her "emotional heat virtually sets the theatre alight," a fate which symbolizes the self-destructive forces of repressed emotion (Minogue, xv).

Conclusion

Dr. John's authorization of Lucy's mental illness is eventually overturned by the nun herself, the spectral allusion that has Dr. John convinced of his diagnosis. Not only does she turn out to be palpable and real, as the Count de Hamal, Ginevra's suitor, has been using the nun's habit to disguise his illicit presence at the pensionnat; she also emerges as an unthreatening, almost comical figure. The author's use of dashes to defer the revelation of her identity, "this I vow – I saw there – in that room – on that night – an image like – a NUN," in addition to her capitalization of the word NUN, both serve to highlight a narrative dramatization that borders on the comic. The capitalization also forces us to contemplate the striking aural similarity between "NUN" and "none," a punning device that hints at the fact that there really is no nun, and no spectral illusion of a nun, to contend with.

Although her initial appearance throws Lucy into a state of panic, the nun never menaces Lucy. In fact, her behaviour indicates the exact opposite: she is scared of Lucy. The nun's fear works to subvert the trope of the ghost, traditionally a haunting and menacing figure, and equally reinforces her comedic aspect. From the first time she sees her, Lucy consistently describes the nun as receding, as moving away from her. During their second meeting, Lucy exhibits extreme courage and self-possession; in a silent

stalemate that lasts five minutes, Lucy "neither fled nor shrieked," and is composed enough to finally confront her with questions pertaining to her identity and purpose (277).

I would argue that despite Dr. John's efforts to convince her otherwise, Lucy is certain of her sanity. As her self-knowledge and self-certainty flourish during the course of the story, Lucy draws on her growing sense of assured self to confront the nun. Lucy's final unveiling of the nun coincides with her ability to finally set herself free from the branding gaze of Dr. John on the night of her drugged journey into Villette to find M. Paul. Lucy identifies the Brettons and de Basompierres amidst the masses of people attending the town's independence day celebrations, but tries carefully to avoid being recognized by them. However, the ubiquitous eyes of Dr. John search her out. According to Lucy, Dr. John oppresses her with "the whole force of that full, blue, steadfast orb" (427). When Dr. John rises and approaches her, Lucy stands firm in her conviction: "I *would* not be known...in two minutes he would have had my secret; my identity would have been grasped between his...always powerful hands. There was but one way to evade or check him. I implied, by a sort of supplicatory gesture, that is was my prayer to be let alone...He looked, but he desisted" (427). Lucy has finally resisted the prying and diagnostic gaze of Dr. John, and in doing so, has relinquished herself from the labels he has imposed upon her. Upon returning to her room at the pensionnat, Lucy finds the nun curled up on her bed: "A cry at this moment might have ruined me. Be the spectacle what it might, I could afford neither consternation, scream, nor swoon. Besides, I was not overcome. Tempered by late incidents, my nerves disdained hysteria...I defied spectra" (439). By this time, Lucy has adopted an overt discourse of resistance. She lunges for her bed and rends the nun apart, only to find that the cloak is

inhabited by a bolster and wears a note: "'The nun of the attic bequeaths to Lucy Snowe her wardrobe. She will be seen in the Rue Fossette no more'" (440). The note, written by de Hamal and Ginevra, gives Lucy the symbolic confirmation of her sanity and freedom that she has worked so hard to reappropriate from the "always powerful hands" of Dr. John.

---

[i] For a feminist discussion of Foucault see *Feminism and Foucault: reflections on resistance* by Irene Diamond and Lee Quinby (Boston: Northeastern University Press, 1988).

[ii] For some examples of critics who have assumed that Lucy suffers from some form of madness, see Nicholas Dames, "The Clinical Novel: Phrenology and Villette;" Gilbert and Gubar's chapter, "The Buried Life of Lucy Snowe" in *The Madwoman in the Attic*; and Elaine Showalter's chapter, "The Rise of the Victorian Madwoman" in *The Female Malady*.

[iii] Among the many critics who read autobiographical elements into Brontë's heroines, see Shirley Foster's *Victorian Women's Fiction: Marriage, Freedom and the Individual*, and Gilbert and Gubar's *The Madwoman in the Attic*.

[iv] Gilbert and Gubar refer to her "schizophrenia" throughout their chapter "The Buried Life of Lucy Snowe: *Villette*" in *The Madwoman in the Attic*.

[v] Title of Gilbert and Gubar's groundbreaking work, *The Madwoman in the Attic* (New Haven: Yale University Press, 1979).

[vi] As discussed on p. 33 of chapter two.

[vii] Gilbert and Gubar refer us to Andrew D. Hook, "Charlotte Brontë, the Imagination, and Villette" for a discussion of Lucy's incoherence in describing the Vashti performance.

CONCLUSION

With the rise of modern medicine, and more specifically, the birth of gynaecology and psychiatry, the female condition was subject to increased scientific scrutiny. Having laid claim to scientific language and methodology, the medical profession played a crucial role in the reification of social conceptualizations of Victorian women as subordinate and deviant; physicians and medical writers alike wielded the power to substantiate and reinforce gender norms by granting them scientific credibility. An adherence to the profession's maxim to "make visible the invisible" meant that physicians became increasingly preoccupied with the inner workings of the female body. The mysterious functioning of the menstrual cycle continued to evade doctors however, as they could not arrive at a consensus regarding its physiological underpinnings. Nonetheless, they were convinced that menstrual disorders were often the root cause of insanity in women, and responded by developing theories that linked menstrual obstructions and strong emotional reactions (and in some cases, repression) with mental deterioration.

I have argued that Brontë employs illness as a trope in her novels to signify and comment on a range of social ills – ills most often pertaining to the oppression of women. She strategically draws on nineteenth-century mental and menstrual discourses in order to speak her oblique challenges to the medicalization of femininity and the pathologizing of emotional expression. By appropriating contemporary medical discourse on women's diseases, Brontë develops a narrative that, on the surface, seems to conform to conventional socio-medical representations of woman. However, this seeming conformity works to simultaneously divulge and conceal her subversive commentary, as Brontë couches her arguments for female autonomy and the sanctioning emotional expression in the very stereotypes she is challenging.

In *Shirley*, Brontë takes up the overwhelming task of trying to outline complex social and political issues, as well as elucidate the various dimensions of women's oppression. Although critics have deemed her third novel to be inherently flawed, I have maintained that in *Shirley*, Brontë is less concerned with depicting resolution than with fleshing out the ambiguities and contradictions characteristic of Victorian women's social circumstances. Thus, we should recognize the ambivalent representation of love, marriage, singlehood, and female independence as intentional and integral to Brontë's objectives. The descriptions of both Caroline's and Shirley's illnesses are replete with allusions to discourses of insanity and disordered menstruation. Brontë is starting to become concerned with refuting these medicalized discourses, and wants to draw our attention instead to the social and emotional conditions that operate to constrain women in ways that are ultimately unhealthy.

Her discourse of medical resistance, however, is most sophisticated in her characterization of Lucy Snowe. The strands of ambivalence we find in *Shirley* have been mostly exchanged for an empowered, explicitly defiant discourse in *Villette*. In *Villette*, Brontë explores the dimensions and repercussions of institutional authority on the lives of women. She is primarily concerned however, with the ways in which the medical institution uses its claim to scientific legitimacy to justify and reinforce gender distinctions and hierarchies. By bringing the doctor-patient relationship to the fore, Brontë forges the opportunity to probe and challenge the medical treatment and branding of women.

Both novels reveal that female illness, for Brontë, is intrinsically related to oppressive socio-medical circumstances that consistently dictate the unhealthy repression of emotion for women. Nineteenth-century ideological shifts in medicine saw the doctor placing less emphasis on the patient's testimony and an appraisal of her relational circumstances in order to arrive at

diagnostic conclusions. Brontë uses her novels to challenge this devaluation of relational circumstances. The author's remarks on her own personal experience with a doctor indicate her lack of faith in physicians' capacity to assess the emotional dimension of illness: "Sir James has been a physician, and looks at me with a physician's eye...I believe he would partly understand how soon my stock of animal spirits was brought to a low ebb: but none – not the most skilful physician – can get at more than the outside of these things: the heart knows its own bitterness, and the frame its own poverty, and the mind its own struggles" (Gaskell, 395). Brontë continually points out the ways in which the clinical gaze is far from being a beneficent and salubrious one; instead, the author calls our attention to the ways in which the gaze is a vehicle of power for reconfiguring and reconfirming gender inequity.

Victorian women have left us very little in the way of legacy that talks of their firsthand experiences with scientific physicians and the rise of modern medicine. An examination of Brontë's novels helps to fill in historical gaps: her heroines are immortalized testimonies to the impact of Victorian medical discourses on the lives of women. Brontë charts the move from the bedside to the bench-side; placing their faith in science as a way of reasoning about the body and the mind, physicians contributed to the increased devaluation of the role played by emotion in experience and illness, relegating affect further to the margins. The characters of Caroline and Lucy embody protestations to a medical tradition that denies their right to thrive as emotional, self-identified individuals. Brontë's integration of medical discourse into her novels raises our awareness of the extent to which the medical institution has historically operated to reinforce and perpetuate norms that oppress women. Literature emerges as a valuable tool, allowing us to cross disciplines in order to glean a greater sense of the historical and political effects of social institutions on the lives and health of women.

BIBLIOGRAPHY

Primary Texts:

Brontë, Charlotte. *Jane Eyre*. London: Penguin Books, 1996.

Brontë, Charlotte. *Shirley*. London: Penguin Books, 1985.

Brontë, Charlotte. *Villette*. Hertfordshire: Wordsworth Editions, 1999.

Secondary Sources:

"Amenorrhoea" (unnamed author) in *The Cyclopaedia of Practical Medicine*. Eds. J. Forbes, A. Tweedie and J. Conolly. London: Sherwood et al, 1833.

Babcox, Emilie. "Health, Illness, and Medical Theory in the Novels of Jane Austen, Charles Dickens, and Charlotte Brontë." Diss. Rutgers University, New Brunswick, 1998.

Buchan, William. *Domestic Medicine: or, a treatise on the prevention and cure of diseases, by regimen and simple medicines*. 20th ed. London: T. Cadell and W. Davies, 1807.

Bucknill, J. C., and D. H. Tuke. *A Manual of Psychological Medicine*. 2nd ed. London: J. Churchill, 1862.

Bynum, W. F. *Science and the Practice of Medicine in the Nineteenth Century*. Cambridge: Cambridge University Press, 1994.

Campbell, Sue. *Interpreting the Personal: expression and the formation of feelings*. Ithaca: Cornell University Press, 1997.

Dames, Nicholas. "The Clinical Novel: Phrenology and *Villette*." *Novel*. 1996 Spring, 29:3, 367-90.

Digby, Anne. "Women's Biological Straitjacket" in *Sexuality and Subordination*. Eds. Susan Mendus and Jane Rendall. London: Routledge, 1989, 192-220.

Esquirol, E. *Mental Maladies. A Treatise on Insanity*. Philadelphia: Lea and Blanchard, 1845.

Foster, Shirley. *Victorian Women's Fiction: Marriage, Freedom and the Individual*. New Jersey: Barnes & Noble Books, 1985.

Foucault, Michel. *Discipline and Punish: The Birth of the Prison*. New York: Vintage Books, 1979.

Foucault, Michel. *The Birth of the Clinic: An Archaeology of Medical Perception*. New York: Vintage Books, 1975.

Foucault, Michel. *The History of Sexuality Volume 1: An Introduction*. New York: Vintage Books, 1990.

Gaskell, Elizabeth Cleghorn. *The Life of Charlotte Brontë*. New York: AMS Press, 1973, rpt. of 1900 edition.

Gilbert, Sandra and Susan Gubar. *The Madwoman in the Attic: The Woman Writer and the Nineteenth-Century Literary Imagination*. New Haven: Yale University Press, 1979.

Kucich, John. *Repression in Victorian Fiction: Charlotte Brontë, George Eliot, and Charles Dickens*. Berkeley: University of California Press, 1987.

Lashgari, Deirdre. "What Some Women Can't Swallow: Hunger as Protest in Charlotte Brontë's *Shirley*" in *Disorderly Eaters*. Eds. Lilian R. Furst and Peter W. Graham. Pennsylvania: Pennsylvania State University Press, 1992, 141-152.

Locock, C. "Menstruation, Pathology of" in *The Cyclopaedia of Practical Medicine*. Eds. J. Forbes, A. Tweedie and J. Conolly. London: Sherwood et al, 1833.

Maynard, John. *Charlotte Brontë and Sexuality*. Cambridge: Cambridge University Press, 1984.

McLean, Barbara Jeanette. "Silence and Patience: Resisting Medical Discourse in Brontë, Woolf and Drabble." Diss. McMaster U, 1994.

Millingen, J. G. *Curiosities of Medical Experience*. 2nd ed. London: Richard Bentley, 1839.

Mitchinson, Wendy. *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada*. Toronto: University of Toronto Press, 1991.

Moglen, Helene. *Charlotte Brontë: The Self Conceived*. New York: W. W. Norton & Co., 1976.

Moscucci, Ornella. *The science of woman: Gynaecology and gender in England, 1800-1929*. Cambridge: Cambridge University Press, 1990.

Neve, Michael. "Medicine and Literature." *Companion encyclopedia of the history of medicine*. Eds. Roy Porter and W. F. Bynum. 2 vols. New York: Routledge, 1993.

Nicolson, Malcolm. "The introduction of percussion and stethoscopy to early nineteenth-century Edinburgh." *Medicine and the five senses*. Eds. W. F. Bynum and Roy Porter. Cambridge: Cambridge University Press, 1993.

Oppenheim, Janet. *Shattered Nerves*. Oxford: Oxford University Press, 1991.

Overall, Chrsitine. "Heterosexuality and Feminist Theory" in *A Reader in Feminist Ethics*. Ed. Debra A. Shogan. Toronto: Canadian Scholars' Press, 1993.

Porter, Roy. "The Eighteenth-Century" in *The Western Medical Tradition 800 BC to AD 1800.* Cambridge: Cambridge University Press, 1995.

Reiser, Stanley Joel. "The Science of Diagnosis: Diagnostic Technology" in *Companion encyclopedia of the history medicine.* Eds. Roy Porter and W. F. Bynum. 2 vols. New York: Routledge, 1993.

Scull, Andrew. *Madhouses, Mad-Doctors, and Madmen.* Philadelphia: University of Pennsylvania Press, 1981.

Shorter, Clement. *The Brontës Life and Letters.* 2 vols. New York: Haskell House Publishers, 1908, rpt. 1969.

Showalter, Elaine. *A Literature of Their Own.* Princeton: Princeton University Press, 1977.

Showalter, Elaine. *The Female Malady.* New York: Penguin Group, 1985.

Shuttleworth, Sally. "Female Circulation: Medical Discourse and Popular Advertising in the Mid-Victorian Era" in *Body/Politics – Women and the Discourses of Science.* Eds. Mary Jacobus, Evelyn Fox Keller, and Sally Shuttleworth. New York: Routledge, 1990, 47-68.

Shuttleworth, Sally. *Charlotte Brontë and Victorian Psychology.* Cambridge: Cambridge University Press, 1996.

Small, Helen. *Love's Madness: Medicine, the Novel and Female Insanity.* Oxford: Clarendon Press, 1996.

Stoppard, Janet. "A Suitable Case for Treatment? Premenstrual Syndrome and the Medicalization of Women's Bodies" in *Anatomy of Gender: Women's Struggle for the Body.* Eds. D. H. Currie and V. Raoul. Ottawa: Carleton University Press, 1992, 119-129.

Tanner, Tony. Introduction. *Villette.* London: Penguin Books, 1979.

Vrettos, Athena. "From Neurosis to narrative: The Private Life of the Nerves in *Villette* and *Daniel Deronda.*" *Victorian Studies.* 1990 Summer, 33:4, 551-579.

Winnifrith, Tom. *The Brontës and Their Background: Romance and Reality.* London: MacMillan Press, 1973.