DEVIANT INHERITANCES: ANXIETIES ABOUT MATERNAL TRANSMISSION IN NINETEENTH-CENTURY FICTION

A Dissertation in

English

by

Kristin Messuri

© 2014 Kristin Messuri

Submitted in Partial Fulfillment
of the Requirements
for the Degree of

Doctor of Philosophy

August 2014
The dissertation of Kristin Messuri was reviewed and approved* by the following:

Robert E. Lougy  
Professor of English  
Dissertation Advisor  
Chair of Committee

Nicholas A. Joukovsky  
Emeritus Professor of English

Emily Harrington  
Assistant Professor of English

Susan M. Squier  
Brill Professor of Women’s Studies and English

Garrett Sullivan  
Professor of English  
Director of Graduate Studies, English

*Signatures are on file in the Graduate School
ABSTRACT

This dissertation explores how the burgeoning nineteenth-century biomedical discourses surrounding mother-child transmission become sites of anxiety for Victorian fiction writers. Traditionally, the Victorians are viewed as celebrating the “cult of motherhood,” in which women’s highest callings are giving birth and exerting moral influences on their children. However, my examination of nineteenth-century medical and fictional texts reveals profound anxieties about the possibility that maternal inheritance and influence could be pathological and depraved instead of healthful and enlightening. For the Victorians, biological inheritance signified not only the passage of traits from one generation to the next, but also the transmission of physical, moral, and affective qualities through pregnancy and birth, breastfeeding, and interpersonal contact. This dissertation argues that the nineteenth-century novel is particularly concerned with deviant mothers, those who problematize assumptions about the sanctity of motherhood because of their associations with illicit sexuality, prostitution, violence, crime, or disease. Victorian novelists were deeply interested in the threatening possibility that transgression, in both its literal manifestations (disease, madness, deformity) and figurative manifestation (morality), could be transferred interpersonally—primarily between mother and child, but also potentially between the mother and the community and, moreover, the entire human species. This project examines how these anxieties are manifested and mobilized in fictional texts written by Elizabeth Gaskell, Charles Dickens, Mary Elizabeth Braddon, and Sarah Grand.
# TABLE OF CONTENTS

Acknowledgements ........................................................................................................................................... v

Introduction: Passing on Pathology ........................................................................................................................ 1

Chapter 1: Gaskell’s Prostitute-Mothers and the Fear of Contagion ............................................................. 31

Chapter 2: The Unwed Mother and the Threat of the Epidemic ........................................................................ 78

Chapter 3: The Diagnostic Paradigm of Lady Audley’s Secret .......................................................................... 127

Chapter 4: Reproductive Autonomy in Sarah Grand’s The Heavenly Twins ......................................................... 167

Conclusion ............................................................................................................................................................. 229

Bibliography .......................................................................................................................................................... 237
ACKNOWLEDGEMENTS

Not many people have the opportunity to spend six years reading, writing, and thinking. I am deeply grateful for my time in graduate school, and I am indebted to those who have helped me to execute this project. I must begin by expressing my gratitude to my committee chair, Robert Lougy, who read each page of this dissertation several times over. Your insights and your encouragement have been invaluable. I have been very lucky to have the support of a brilliant, dedicated committee. Nicholas Joukovsky, Emily Harrington, and Susan Squier, thank you for your comments, your advice, and your guidance.

I also wish to thank my fellow graduate students, who have acted as a constant source of inspiration and camaraderie since my first day at Penn State. In particular, I must thank my fellow Victorianist Thomas Joudrey, for tirelessly reading and commenting upon my work. I appreciate Stephanie Scott’s confidence that I would, one day, finish this dissertation. Finally, I am grateful to the women in my cohort, Patricia Gael, Sarah Summers, and Sarah Salter, for sharing insights, experiences, and bottles of wine throughout the years.

I am forever thankful for the love and support of my family. I am lucky enough to have a very large, very close, very Italian extended family full of aunts, uncles, and cousins who have cheered for me from afar. I am indebted to my grandparents for instilling in me an appreciation for education and a love of family. My brother, Joey, continues to provide much-needed comic relief. He was put on this Earth to keep me humble. I must express my deepest gratitude for my parents, Joe and Phyllis, for believing in me unequivocally. Thank you for encouraging my love of reading from the time I was a very small girl with a very large stack of library books. Finally, and most profoundly, I am grateful to my husband, Jacob Gordon, for his love and patience. He has been by my side this entire time, even when he was living hundreds of miles away.
Introduction: Passing on Pathology

Bertha Mason is mad; and she came of a mad family; idiots and maniacs through three generations! Her mother, the Creole, was both a madwoman and a drunkard!—as I found out after I had wed the daughter: for they were silent on family secrets before. Bertha, like a dutiful child, copied her parent in both points.

—Charlotte Brontë, *Jane Eyre* (1847)

The climactic scene in *Jane Eyre* in which Mr. Rochester admits to his previous marriage is rendered doubly sensational by the disclosure that his wife is insane. Rochester’s admission is simultaneously a recitation of Bertha’s genealogy: she is mad because her mother is mad. As though having a madwoman populating one’s attic were not trouble enough, Rochester must contend with an entire family of “idiots and maniacs” who pass their pathologies from one generation of Masons to the next. This portrayal of Bertha’s family history and particularly of her biological relationship with her mother as central to her identity evokes the potent fears that surround maternal inheritances, and particularly transgressive maternal inheritances.

This dissertation examines the anxieties surrounding maternal transmission in the Victorian novel and in contemporary medical discourse. Of course, critics have long recognized the centrality of male inheritance, particularly in the form of primogeniture, to the plot of the nineteenth-century novel. Many of these texts hinge on the transfer of property or titles and intergenerational conflicts. Though discourses associated with physiological intergenerational transfer came to the forefront in the nineteenth century, this type of inheritance—and particularly the biological transmission of moral and physical traits from mothers to the children they bear
and raise—has not been systematically analyzed by critics. As Brontë’s inclusion of Bertha Mason’s genealogy suggests, medical ideas about biological inheritance, particularly that which passes along the maternal line, commonly feature in Victorian fiction in ways that have not yet been fully explored.

In nineteenth-century Britain, discussions of heritable maladies, like other areas of scientific interest, were not just circulated among specialists; they also were published and debated in widely read periodicals and represented in fiction. Thus, Mary Elizabeth Braddon depicted mental illness in *Lady Audley’s Secret* (1862) and also included a piece debating Dr. John Conolly’s “‘non-restraint system’ in the treatment of the insane” in her journal, *Belgravia: A London Magazine* (1870). Similarly, Dickens described a visit to St. Luke’s, a London asylum, in an article for *Household Words* titled “A Curious Dance Round a Curious Tree” (1852). Practical medical knowledge was circulated widely in household books such as Isabella Beeton’s *The Book of Household Management* (1861), which contains recipes, legal guidance, and two chapters written by a physician offering advice on childrearing, recipes for prescriptions, and information about mental illness. Medical advice was widely disseminated and widely discussed, not least of all in literary circles.

The historicist methodology of this dissertation allows me to identify and investigate the relationships between Victorian fiction and the medical discourse surrounding maternal inheritance. Recent critics such as Nicholas Dames, Kirstie Blair, Pamela K. Gilbert, Jason Rudy, and Barri J. Gold have produced convincing studies of how Victorian theories of biological phenomena influence the content and genre formation of Victorian literature. Similarly, I claim that the discourses surrounding maternal inheritance had an indelible impact on the Victorian novel, a literary form deeply concerned with individual and national origins, as
well as family dramas. Victorian novelists’ depictions of maternal transmissions both reflect and contest contemporary social and medical debates—particularly those surrounding contagious diseases (and the attendant rise of the public health movement), mental illness, evolution, and degeneration.

This dissertation argues that the nineteenth-century novel is obsessed with the possibility of harmful maternal transmissions from deviant mothers, those who problematize assumptions about the sanctity of motherhood because of their associations with illicit sexuality, prostitution, violence, crime, or disease. My chosen term, “deviant mother,” suggests not that such women were inherently immoral—in fact, several of the texts I examine contradict this assumption—but that they deviate from cultural norms. My treatment of these figures as central to Victorian constructions of motherhood and femininity contributes to recent historicist scholarship that reevaluates the nature of female relationships in Victorian Britain, undertaken by such critics as Sharon Marcus, Claudia Nelson, Kathryn Gleadle, Talia Schaffer, Narin Hassan, and Jill Rappoport. Rather than analyzing social and political networks as these scholars do, I investigate the biological networks of maternal transmissions that connect generations of women, often in troubling or destructive ways. Considering deviant mothers in sociological and medical discourses alongside fiction allows me to interrogate the formation of ideologies of gender, class, and race, all of which were considered by both sociomedical commentators and literary authors to be encoded in the body and, thus, heritable.

This dissertation also contributes to the ever-growing body of scholarship on Victorian portrayals and ideologies of female sexuality and transgression. Scholars of Victorian literature and culture have acknowledged the centrality of transgressive women at least since the publication of Judith Walkowitz’s *Prostitution and Victorian Society: Women, Class, and the*
State (1980). Studies of female sexuality and especially the ideological construct of fallenness have proliferated in the last two decades, including important works by Lynda Nead, Sally Shuttleworth, Amanda Anderson, Elsie Mitchie, Jill L. Matus, Deborah Epstein Nord, Deborah Anna Logan, Alys Eve Weinbaum, Allan Conrad Christensen, Ellen Bayuk Rosenman and Claudia C. Klaver, and, most recently, Nina Attwood. Most of these studies define deviant or transgressive women narrowly to mean those who have sexually “fallen,” almost always by having a sexual relationship outside of the confines of marriage. With the exceptions of Matus, Nord, Logan, and Weinbaum, all of these scholars rely upon the very narrow definition of deviance as sexual transgression; they focus on sexual impropriety in the ubiquitous figure of the “fallen woman” as the primary, if not the only, type of deviant woman portrayed in Victorian texts. Positing a more expansive definition of deviancy allows me to examine a more comprehensive phenomenon: the possibility that many kinds of physiological and metaphorical pathology can be transmitted from generation to generation. As this dissertation demonstrates, the anxieties over deviant inheritances are nearly always rooted in transgressive female sexuality; however, fallen women are not the only figures with whom this sort of illicitness was associated. Specifically, female insanity often was associated with a dearth or overabundance of sexual energy, an imbalance that physicians and novelists alike pathologized and rendered sentimental or sensational. Toward the end of the century, social purity feminists like Sarah Grand, the subject of my final chapter, reversed the trope of the sexually promiscuous woman as deviant and proposed the traditional “angel in the house” as a dangerous figure, as she allowed herself to pass her husband’s venereal disease to future generations. Throughout the course of the century, understandings of deviance, as well as theories regarding biological transmission, were in flux.

Maternity held a particularly fraught position in the Victorian imagination. Traditionally,
the Victorians are understood as celebrating the “cult of motherhood,” in which women’s highest callings are giving birth and exerting moral influences on their children. However, as the aforementioned studies on transgressive women suggest, cultural anxieties about women who deviate from these norms abound. This dissertation contends that the stereotypical exaltation of Victorian motherhood is underwritten by anxieties about the potential for maternal influences to go horribly wrong. Claudia Nelson has identified social anxieties surrounding motherhood, observing that

mothers who worked outside the home were condemned as socially dangerous. And even in the case of middle-class maternity, which generally had a halo of sanctity, many Victorian texts condemn individual mothers, who are pilloried as weak and childlike, complacent and hypocritical, or even physically and emotionally abusive. These negative portrayals improve our grasp both of the ideal and the depth of Victorian fears that this ideal might prove elusive.9

Though Nelson addresses fictional mothers who are incapable of fulfilling their social obligations toward their children, as this dissertation demonstrates, the more pervasive fear surrounding mothers is based on biological models of transmission. The anxiety persists that mothers will pass on pathology to their children, either in literal forms such as disease or madness or in metaphorical forms such as immorality.

**Modes of Transmission**

Victorian novelists were deeply interested in the threatening possibility that transgression, in both its literal manifestations (disease, madness, deformity) and figurative manifestation (immorality), could be transferred interpersonally—primarily between mother and child, but also potentially between the mother and the community and, moreover, the entire
human species. As Shuttleworth has insisted, “motherhood was not solely a spiritual mission, as so many descriptions seemed to suggest. It was also an intensely physical process.” During the nineteenth century, mothers were thought to be more central to the reproductive process than fathers were, since women shared their bodies with their babies during pregnancy, gave birth, and breastfed. Valerie Sanders has argued that “With fathers, bodily separateness from the child meant there were no . . . acute health issues to discuss.” Maternity, then, was not only ideologically privileged, but also was biologically privileged.

Contemporary understandings of reproduction also influenced the perceived prominence of the maternal role. As Morgantaler has pointed out, by the nineteenth century, “the female contribution to the reproductive process was generally acknowledged and understood, but the importance of sperm and the manner in which it interacted with the egg—if, indeed, it did so at all—was still a matter for conjecture and controversy . . . Since the female role in reproduction was not in dispute, reproduction came to be seen as primarily a female activity.” However, beliefs about the mechanism of passing on traits from parent to child vary among authors in the period. Morgantaler further claims that “it was the man who was assumed to play the primary role in heredity,” a concept which “harks back to the theories of Aristotle and to the doctrine of maternal impressions which held that children most often resemble their fathers, because the mother transfers to the foetus the features of the man she sees at the moment of conception.” I agree that maternal imagination is important in the period, but I identify it as a form of congenital maternal transmission, as it imbues the child in utero with the mother’s thoughts or emotions. As this dissertation demonstrates, women were imagined to be crucial to biological inheritance. Even as the evolutionary models that gained prominence in the middle of the nineteenth century emphasized the biological legacy of both parents, mothers were imagined to
influence their children physiologically and morally through pregnancy and breastfeeding, as well as through their roles as their children’s primary parental caregivers.

My examination of maternal transmission in the nineteenth-century novel expands our understanding of Victorian ideas about motherhood, the mechanisms of biological inheritance, and transgression. I am broadening the concept of inheritance, which is casually defined as the intergenerational passage of physical traits, to better reflect the more dynamic biological and moral process that Victorians imagined in both fiction and sociomedical writings. Charles E. Rosenberg has described heredity as being portrayed in nineteenth-century as a “process beginning with conception and extending through weaning.”[^13] However, even this account of Victorian heredity falls short of capturing the full spectrum of physical and affective interchanges depicted in sociological, medical, and literary texts as heritable. The term “transmission,” rather than “inheritance,” more accurately captures the sense that the transfer of qualities from mother to child occurs through multiple pathways. As I will argue, the maternal transmission of moral qualities in particular was imagined to stretch well beyond conception, birth, and weaning. Furthermore, mothers were thought to influence, or transmit, qualities not only to their own children, but also to children and young women with whom they had contact.

Throughout the Victorian period, both physicians and laypeople imagine maternal transmission in three interrelated modes: congenital heredity, breastfeeding, and interpersonal contact. These interchanges do not end with birth, but stretch on into perpetuity, as women are imagined to exert their influence merely through contact. In Victorian medicine and literature, then, maternal transmission is not limited by the temporal or physical limits that define the passage of heritable traits through conception, pregnancy, and birth, which forms just one mode in this more complex model of transmission. Moreover, Victorian discussions of maternal

transmission reveal the deeply intertwined nature of body and mind, as physical processes are believed to have psychological implications and mental qualities and disorders are rooted in biology.

I. Congenital heredity

During the Victorian period, the term “inheritance” gained a new, scientific definition: “the natural derivation of qualities or characters from parents or ancestry.” Significantly, the OED identifies the first instance of this new definition in a revision of Darwin’s On the Origin of Species (1873): “These characters may be attributed to inheritance from a common progenitor.”

Though the transmission of heritable traits had been observed long before Darwin coined this new use of “inheritance,” this linguistic innovation suggests the significance of congenital heredity to medical thinking throughout the nineteenth century. The intergenerational passage of traits became increasingly important as the theory of evolution gained traction around mid-century, as individual instances of inheritance were thought to have ramifications for the entire human species.

Though Gregor Mendel was cross-breeding his pea plants in the mid-Victorian period (1856–1863), his work was virtually unknown in England and largely was rejected by the international scientific community until 1900. Usefully, Daniel J. Kevles notes, “In the mid-Victorian era, heredity in plants and animals was less a science than a body of lore based on empirical practice.” Contemporary agricultural breeding practices informed discussions of human heredity. Much medical and advice literature in the period relied upon proto-eugenic logic in its prescriptions for bearing healthy children. Shuttleworth points out that “long before” Darwin, “the idea of marital selection on the grounds of improving class and species health had been part of public discussion.” Although Francis Galton did not begin to publish his writings
on eugenics until 1865, ideas about human heredity—often based on the observation of animal and plant breeding—were already in place by the end of the eighteenth century. For example, in 1798, Thomas Malthus suggested that “by an attention to breed, a certain degree of improvement, similar to that among animals, might take place among men.” These considerations moved into the popular discourse of advice literature. In *A Treatise on the Physiological and Moral Management of Infancy* (1840), Andrew Combe similarly compared human reproduction to plants and animals, before cautioning his readers, “If either parent inherits the feeble delicacy or mental peculiarities of an unhealthy or eccentric race, the chances are, as we have already seen, very great, that the offspring will be characterized by precisely similar tendencies.” The flip side of this warning is a bid for what would later be recognized as eugenically sound marriages: “in compensation for this, the very same law by which the liability to gout, insanity, and consumption, is transmitted from generation to generation, enables us to reckon with equal certainty on the transmission of health and vigour, wherever these have been the hereditary features of the race.”

This sort of thinking crystallized after Galton began to circulate his ideas about eugenics. His study of “eminent men” led him to believe that intellectual ability, or “genius,” was heritable. In *Hereditary Genius* (1869), Galton proposed that humans could be perfected through breeding, as dogs and horses were: “it would be quite practicable to produce a highly gifted race of men by judicious marriages during several consecutive generations.” In the following decades, eugenics was praised as a possible preventive measure against degeneration, the theory that humanity could be regressing rather than progressing. The perceived necessity of regulating reproduction is discussed in Chapter 4 as a central tenet of Sarah Grand’s work. Grand and other late Victorian thinkers believed parental transmissions to determine the fate of
humanity. As Shuttleworth and Jenny Bourne Taylor note, in post-Darwinian and degenerationist discourses, anxieties surrounding childhood development intensified, “For here the child was perceived as facing both backwards and forwards, recalling an earlier stage of human development and representing the legacy of the present to be transmitted to future generations.”

By the turn of the century, then, congenital heredity was believed to have species-wide implications, a broadening in scope apparent in Grand’s fiction and non-fiction.

Throughout the Victorian period, though, medical theorists addressed individual instances of mother-child transmission. These maternal inheritances were believed to be both mental and physical. Though the theory that a pregnant mother’s imagination could influence her child had been disproven in the medical literature well before the nineteenth century, it still lingered in the public imagination. Thomas Bull attempted to dispel this myth in his early Victorian handbook, *Hints to Mothers, for the Management of Health During the Period of Pregnancy, and in the Lying-In-Room* (1837): “The supposed influence of the imagination of the mother upon the child in her womb is an error still popularly current; and though reason, experience, and anatomical knowledge, concur to refute this notion, it is received by many as an established truth.” Bull insisted that thinking about an object (‘fruit, wine, insects, or animals,’ for example) would not result in a mark on a child’s skin, nor would it cause a body part to be multiplied or destroyed. Yet, Bull still expressed concern over the affective exchanges that occur between mother and fetus. Dispelling erroneous beliefs is important because maternal stress endangers babies: “During the period of pregnancy the happiness of a nervous and anxious woman is often completely destroyed by the influence of many popular errors, which still prevail upon this subject [pregnancy]. And, what will be thought still worse, the effect of these prejudices on the constitution of the mother, will be found more or less to impair the health and
future vigour of her offspring.”

Other household manuals shared concerns over affective exchanges during pregnancy, including William Buchan’s hugely popular *Domestic Medicine* (1769) and Thomas John Graham’s *Modern Domestic Medicine* (1827), both of which were read well into the Victorian period. These texts warned that extreme emotion, among other things, could cause miscarriages; in Buchan’s words, “All violent passions endanger the life of the *fœtus*, and may cause an abortion.” Combe, a phrenologist who specialized in mental maladies, shared Buchan’s and Graham’s concerns over the dangers of “Vivid mental emotions.” Combe went on to claim that all women’s mental states influence their children’s emotional development in utero: “the habitual state of mind and body . . . exerts an equally positive and constant influence on the offspring, although necessarily less marked in degree. In this way the temper and turn of mind in the child are often a legible transcript of the mother’s condition and feelings during pregnancy.”

Even after the mechanism of imaginary inheritances fell out of favor, the medical community still identified maternal affect as a potent, potentially pathological, transmission.

Women’s mental states became especially important to medical thought, as the instability of the female mind and body was thought to precipitate madness that could be transmitted congenitally. As Shuttleworth has noted, “Symbolic associations of women with disease were strengthened by the received wisdom that not only were women more prone to insanity than men, they were also more responsible for hereditary transmission.” Mary Elizabeth Braddon scrutinizes this assumption in *Lady Audley’s Secret*, as I argue in Chapter 3. The pervasive belief that women were predisposed to insanity and physical illness was underwritten by an understanding of the female body as radically unstable, and thus particularly susceptible to both external stimuli and internal changes. Thus, Buchan describes women as subject to “peculiar
diseases; the chief of which are, their *monthly evacuations, pregnancy, and child-bearing*. These indeed cannot properly be called diseases themselves, but from the delicacy of the sex, and their being often improperly managed in such situations, they become the source of numerous calamities” (emphasis in original). Though Buchan hedges at the last moment, he explicitly pathologizes female bodies, and especially in their reproductive functions.

As the century progressed, physicians increasingly identified mental illness as rooted in heredity. Michel Foucault picks up on this development in *The History of Sexuality* in his description of “the heredity-pervert system,” in which “a heredity that was burdened with various maladies (it made little difference whether these were organic, functional, or psychical) ended by producing a sexual pervert . . . it went on to explain how a sexual perversion resulted in the depletion of one’s line of descent—rickets in the children, the sterility of future generations.”

The connection between heritable bodily infirmity and mental disorder resonated with practitioners in the burgeoning field of psychology, many of whom increasingly turned to biological inheritance as the root of mental illness. Chapter 3 demonstrates this development in the history of the diagnostic category of moral insanity, a disorder characterized by deviant thoughts or behaviors without the presence of delusions. James Cowles Prichard, the first theorist of moral insanity, identifies heredity as a possible cause for mental illness. In *A Treatise on Insanity and Other Disorders Affecting the Mind* (1835), Prichard writes, “That the predisposition to insanity, when it has once arisen, is frequently transmitted, is a fact too well established to admit of doubt; it constitutes a feature in the history of the disease” (my emphasis). Later in the century, Henry Maudsley unequivocally argues that moral insanity, like other forms of madness, is caused by heredity. He makes one of many claims about biologically determined mental illness in *Responsibility in Mental Disease* (1874), where he claims,
it would scarcely be an exaggeration to say that few persons go mad, save from palpable physical causes, who do not show more or less plainly by their gait, manner, gestures, habits of thought, feeling and action, that they have a sort of predestination to madness. The inherited liability may be strong or weak; it may be so weak as hardly to peril sanity amidst the most adverse circumstances of life, or so strong as to issue in an outbreak of madness amidst the most favourable external circumstances.\(^{33}\)

Maudsley became increasingly convinced about the hereditary foundations of insanity, admitting only few other alternatives. Though other psychologists maintained the possibility of other causes for mental disorders, Maudsley demonstrates the ever-growing significance placed on heredity, especially in a post-Darwinian world.\(^{34}\)

**II. Breastfeeding**

After birth, the transmission of maternal affective and physical qualities continued in the practice of breastfeeding, which was ubiquitous in the nineteenth century. In his recent study of Victorian attitudes toward fluids, Jules Law suggests that the Victorians viewed milk as

> a necessarily transindividuated fluid, a fluid whose telos . . . is to pass out of the body, and into the body of another. And yet it is a fluid whose circulation—it is imagined, once again—outlines relatively intimate circuits of sociality and a relatively strict conception of the natural units of sociality. These circulations turn out, of course, to be neither as strict nor as natural as imagined, but this only makes milk a particularly rich and loaded site for the contestations of and between the social and the individual. In every representation of the natural or unnatural, licit or illicit, exchange of human milk a particular social order is implied.\(^{35}\)

Law explores the nexus between the social and the individual as a difference of class, typified in
the period’s wet nurses, who were almost exclusively working-class women whose children either died or were sent to be bottle-fed, or “reared by hand.” The economic motive driving such practices aroused bourgeois suspicions. Concerns circulated that middle- and upper-class women were complicit in robbing babies of their rightful source of sustenance—and emotional fulfillment—as well as classist fears about cross-class contamination. However, I offer another layer of concern that affected women of all classes, whether they employed wet nurses or breastfed their own children. Beyond class concerns as such, the discourse surrounding breastfeeding was deeply distressed about the passage of transgression, both literal (in the forms of disease, alcohol, and drugs) and metaphorical (in the form of immorality).

The transmissible disease that drew the most anxiety in the period was syphilis. Though the dominant fear was the transmission of syphilis through sexual contact, the transmission of syphilis to babies through breast milk, particularly through the use of a wet nurse, was also an area of concern. William Tait addresses the disturbing possibility that syphilis could be introduced into an otherwise healthy family “through the medium of unhealthy nurses” in his treatise *Magdalenism: An Inquiry into the Extent, Causes, and Consequences of Prostitution in Edinburgh* (1840). Tait recounts a colleague’s case, in which he was asked to treat a gentleman’s child

who was covered with an eruption. From his great experience as well as intimate knowledge of his profession, he at once recognised the true character of the disease. After satisfying himself that it was morally impossible that the child could have received the affection from either of its parents, suspicion fixed upon the wet-nurse as the only remaining person who was likely to communicate the infection.

Though the nurse denied knowledge of the disease, the physician insisted that she undergo a
physical examination, during which “unequivocal marks of syphilitic disease were discovered upon her body.” The anecdote perpetuates the anxiety that even respectable, upper-class families are not impervious to the physical disease of the deviant mother, a dynamic to which Tait calls attention. He ends his discussion by commenting, “These facts show how insidiously diseases, contracted by a life of licentiousness, may be introduced into private families, and extend their ravages to those who are perfectly innocent.”

At the end of the century, Sarah Grand fictionalized the reverse scenario in *The Beth Book* (1897). As discussed in Chapter 4, Grand was deeply concerned with women’s lack of medical information, which put them at risk of contracting venereal disease by marrying an infected man, as well as by nursing a syphilitic child. Beth McCall, the novel’s protagonist, criticizes the medical establishment’s failure to warn women, including wet nurses, about the transmission of syphilis. She scoffs at a report in *The Times* recounting a debate of the International Congress of Legal Medicine regarding the spread of “an infamous disease” through wet nurses: “‘When a doctor knows that the parents of a child are tainted, should he so far disregard the professional secrecy to which he is bound as to warn the nurse of her danger in suckling the child?’ Apparently not! The poor woman must take her chance, as the child’s unfortunate mother had to do when she married.”

The wet nurse, like the respectable middle-class bride, becomes a potential victim of syphilis.

Concerns over wet nurses were metaphorical as well as physical. Since the majority of wet nurses were young, unmarried, working-class women, they were believed to put healthy, normative, middle- and upper-class babies at risk. As Matus explains, “More likely to be a fallen mother than a respectably married woman . . . her maternity could be taken as evidence of her transgressive sexuality. . . The wet-nurse, therefore, as one of a swelling number of fallen women
could be seen as polluting the homes of middle-class mothers.”

These fears were articulated in an article in the *Lancet* titled “On the Selection of Wet-Nurses from among Fallen Women” (1859), in which C. H. F. Routh warns against using a fallen woman for a wet nurse, because he considers such a woman to be inherently “corrupt.” A fallen woman threatens to transmit her moral and physical disease to the child:

That some diseases of body are hereditary is certain; that some diseases of mind and temperament—as, for instance, mania and epilepsy—are carried on throughout generations, is also indisputable . . . Now, how is this tendency thus transmitted from parent to child? There can be no doubt as to the reply—through the community of blood. Now when a woman suckles a child she undoubtedly communicates to it the distillation, as it were, of the vital essences of her own blood; and thus it is that if a nurse of confirmed vicious and passionate habits suckles a child, that child is in danger of having its own morality tainted likewise.

The transmission of immorality is tantamount to the transmission of a contagious disease like syphilis. The fallen woman, the most likely candidate for wet-nursing, was associated with such physical and metaphorical pathology. Thus, the practice of wet-nursing declined throughout the nineteenth century.

Isabella Beeton’s hugely popular household manual, *The Book of Household Management*, addresses the transmission of physical harm other than syphilis through breastfeeding in her advice for managing servants, a category that includes wet nurses. This discussion emphasizes the wet nurse’s status as a biological laborer in the charge of her middle-class employer. Beeton assumes that wet-nurses are only employed when the mother is physically unable to breastfeed because of “illness, suppression of the milk, accident, or some
natural process”—otherwise, breastfeeding is described as the “pleasure of rearing her infant.” The topic of eating and nutrition receive particular attention, as Beeton warns against unscrupulous wet nurses who “rather than forego the enjoyment of a favourite dish, though morally certain of the effect it will have on the child, will, on the first opportunity, feed with avidity on fried meats, cabbage, cucumbers, pickles, or other crude and injurious aliments, in defiance of all orders given, or confidence reposed in their word, good sense, and humanity.” The nurse’s improper diet is feared to have a pathological effect on the baby, who “is afterwards racked with pain.” Since breast milk is, as Law says, a transindividual fluid, the boundaries between the bodies of the wet nurse and the infant are imagined as being porous; she was capable of transmitting illness to her charge.

Though Beeton apparently considers herself qualified to give advice about wet-nurses, who were, after all, numbered among the servants in the household, she leaves the advice for breastfeeding mothers to be described by an “experienced surgeon” in a section titled “The Rearing, Management, and Diseases of Infancy and Childhood.” Thus, the middle-class woman is imagined as having domain over the body of the working-class woman, and the professional man, over the body of the middle-class mother. The physician naturalizes the mother’s desire to breastfeed and her ability to do so, even as he insists upon her need for professional intervention: “As Nature has placed in the bosom of the mother the natural food of her offspring, it must be self-evident to every reflecting woman, that it becomes her duty to study, as far as lies in her power, to keep that reservoir of nourishment in as pure and invigorating a condition as possible.” The anxiety about the limits of maternal instinct is clear: “nature” must be supplemented by “study” in order for the mother to prevent herself from inadvertently harming her baby.

The physician expresses concern over both the physical and mental conditions of the
mother, identifying the transmission of intellect, affect, and physical substances such as alcohol as areas of potential concern. He places equal weight on maternal mental states and physical conditions: “The mother, while suckling, as a general rule, should avoid all sedentary occupations, take regular exercise, keep her mind as lively and pleasingly occupied as possible, especially by music and singing. Her diet should be light and nutritious . . . All purely stimulants should be avoided as much as possible, especially spirits, unless taken for some special object, and that medicinally.” As I argue in Chapter 2, this fear is articulated in Elizabeth Gaskell’s *Ruth* (1853), in which the eponymous Ruth, an unwed mother, is criticized for harming her baby through breastfeeding. In *The Book of Household Management*, the physician also imagines the breastfeeding mother as a direct conduit: whatever she imbibes will be transmitted directly to the child. He even recommends that medicine intended for the baby be administered via breast milk: “medicine should be administered through the mother for the first eight or ten weeks of its [the baby’s] existence. This practice, which few mothers will object to, is easily effected by the parent, when such a course is necessary for the child, taking either a dose of castor-oil, half an ounce of tasteless salts, [and so forth], or any mild and simple aperient, which, almost before it can have taken effect on herself, will exhibit its action on her child.” In this formulation, medicine moves through the mother’s body to the child’s via breast milk, barely affecting the mother herself.

The physician explicitly asks the mother to sacrifice her physical needs and comfort for the health of her baby, or to risk becoming deviant:

The nine or twelve months a woman usually suckles must be, to some extent, to most mothers, a period of privation and penance, and unless she is deaf to the cries of her baby, and insensible to its kicks and plunges, and will not see in such muscular evidences the
griping pains that rack her child, she will avoid every article that can remotely affect the little being who draws its sustenance from her. She will see that the babe is acutely affected by all that in any way influences her . . . (my emphasis)⁴⁶

The physician writing this section identifies the deviant mother as she who does not care enough for her baby to meet the standards of care he prescribed. As we will see in the chapters that follow, breastfeeding was most often used as a metaphor in the Victorian novel. Rather than being concerned with the actual transmission of disease, novelists often drew on breastfeeding imagery as a concrete symbol of affective or psychological transmissions between mothers and children.

III. Interpersonal Contact

This third and final mode of transmission is the most amorphous: it is not bound by a particular timeframe, nor is it limited to transference between two specific bodies. Congenital heredity has an approximate time period of nine months and occurs between mother and child; breastfeeding is practiced over nine to twelve months (the conventional nursing period, though recommendations varied)⁴⁷ and involves either mother and child or wet-nurse and child; but interpersonal contact occurs between a maternal figure and any number of child-figures over any period of time. In fiction, this final mode of transmission is primarily a metaphorical form of transmission imagined to take place as a physiological process, being either the exchange of emotions and temperaments or the contagious passage of morality or immorality between a maternal figure and a child-figure.

Because children were believed to be so receptive, they were thought to be particularly vulnerable to maternal influence. Therefore, an important component of normative motherhood was exerting a moral influence on children, a function deeply entrenched in separate-spheres
philosophy. Sarah Stickney Ellis unequivocally promotes this form of maternal care in her conduct book *The Mothers of England, Their Influence and Responsibility* (1843), the final installment in a series detailing the domestic duties of middle-class women. The very title of the book suggests that the power mothers were believed to hold over their children was central to Victorian conceptions of maternity. Ellis concerns herself with the moral and intellectual, rather than the physical, influence of the mother: “it is quite evident to a mother of the meanest capacity, that if the food of her infant was to be withheld, or rendered unwholesome for a single day, the body of the child would suffer; and it is a fact which cannot be too forcibly impressed upon all mothers, that the mind, even in its infant state, is deriving nourishment either of a healthy or an unhealthy nature from everything around it.” Ellis couches a metaphorical process in the physiological terms of metabolism. The example she uses to illustrate this project suggests the malleability of maternal influence as a mode of transmission, as she asks her reader to consider “the different effect upon the spirits of a child between a dull and a cheerful nurse.” Even in a text aimed at mothers, the possibility for this mode of maternal transmission is described in the case of a mother figure, rather than an actual mother, thereby demonstrating that giving birth is not necessary for this form of maternal transmission.

Maternal transmission via interpersonal contact is most commonly illustrated through the imagery of contagion. The body of the prostitute, in particular, encodes anxieties about female sexuality as physical and metaphorical contamination. Because I trace the discourse associating prostitution with disease in detail in Chapters 1 and 2, I will outline this mode of transmission only briefly. The social and medical concerns surrounding prostitution centered on the sex workers as disseminators of venereal disease, especially syphilis. As Mary Spongberg has explained “That a prostitute could engage in the sexual act without any outward display of
disease struck fear at the very heart of the medical profession.” These anxieties result in the conflation of the prostitute’s body with venereal disease: “The terms ‘social disease,’ referring to syphilis and gonorrhea, and ‘social evil,’ referring to prostitutes, came to be used interchangeably. Prostitutes were seen as both physically and morally responsible for the spread of venereal disease. They were seen not merely as agents of transmission but as inherently diseased, if not the disease itself.”

The imagery of the diseased prostitute is striking in Bracebridge Hemyng’s contributions to London Labour and the London Poor (1861): “A woman was pointed out to me in a Music Hall in Knightsbridge, who my informant told me he was positively assured had only yesterday had two buboes lanced; and yet she was present at that scene of apparent festivity, contaminating the very air, like a deadly upas tree, and poisoning the blood of the nation, with the most audacious recklessness.” The prostitute does not just contaminate individual bodies, but also British society itself. Considering this rhetoric of disease and decay, it is not difficult to see why there were pervasive anxieties over the association of prostitutes and other fallen women with young people, especially girls and young women.

As the sociomedical literature indicates, maternal transmission is both literal and metaphorical. The boundaries between physical disease and symbolic immorality are porous, and physiological conditions often have ideological weight. Congenital heredity, breastfeeding, and interpersonal contact are not only the modes of transmission for physical qualities; they also form the pathways that transmit metaphorical deviance. This dissertation focuses on medical history versus other facets of cultural history (such as economics, class constructions, or racial identities) in part because medical theory underwrites such concerns. These other ideological constructs are subsumed in the mechanisms of transmission.

**Maternal Transmission in Nineteenth-Century Fiction**
The chapters that follow investigate how Elizabeth Gaskell, Charles Dickens, Mary
Elizabeth Braddon, and Sarah Grand adopt and adapt the scientific discourses of maternal
transmission in their novels. These authors were chosen because ideas about transgression and
inheritance feature in prominent or interesting ways in their texts. Considering the ubiquity of
theories—and anxieties—surrounding maternal transmissions, it is not surprising that these
issues are portrayed in many more novels than this study could address. As the epigraph to this
introduction suggests, Charlotte Brontë proliferates contemporary fears about the maternal
inheritance of female madness in *Jane Eyre*. Similarly, part of the conflict surrounding Maggie
Tulliver in George Elliot’s *The Mill on the Floss* (1860) is her resemblance to her father’s, rather
than her mother’s, side of the family. Maggie’s improper paternal inheritance, in part,
demarcates her as transgressive. The list could continue. The texts I interrogate operate as case
studies, to borrow a term from medical discourse: they identify major issues that surround
maternal transmission and offer insights into how four authors interrogate these concepts and
interpolate them into their texts.

With the exception of Dickens, I address women writers, primarily because of the
prominence of these topics in their writing. In part, the reason for this gender disparity may be
that questions of maternity were considered a woman’s domain, and therefore they were taken up
more frequently and in more detail by women writers. Of course, as my inclusion of Dickens
demonstrates, literary interest in maternity and inheritance is not limited to women. In fact, male
authors such as Anthony Trollope, Thomas Hardy, and, to a lesser degree, William Makepeace
Thackeray explore similar themes in their work, albeit in less detail than the authors I have
included in the present study. Therefore, I do not see the relationship between literary authors
and medical writers as divided strictly along gender lines, as earlier critics like Elsie Mitchie and
Logan do: rather, I examine how both male and female writers accept and resist the growing scientific discourse surrounding maternal transmission.

This dissertation addresses texts spanning from 1848 to 1893, in order to demonstrate how ideas about maternal inheritance adapt and change throughout the Victorian period in accordance with the changing landscape of scientific theory and practice. Authors writing around mid-century—particularly Gaskell and Dickens—are concerned with maternal transmissions between individuals and society, an avenue of inquiry introduced by evangelical philanthropists and physicians striving to curb prostitution beginning in the 1840s. The concomitant rise of public health also is reflected in the medical and literary interest in how interpersonal transmissions affect the larger social order. As the century wears on, concerns about individual transmissions persist, but they are augmented by anxieties about the species and the race. In particular, after the publication of Darwin’s *On the Origin of Species*, both medical practitioners and fictional writers explore the implications of maternal transmissions on the level of the race and the species. Therefore, Braddon and Grand address the sensational possibility that madness affects all humans and the British race’s capacity for degeneration, respectively. Though Grand’s novels are separated from the earlier texts by two decades or more, her exploration of maternal transmissions addresses many of the same issues of contagion, fallenness, and morality central to midcentury texts. However, she produces a markedly different critique of maternal transmissions through the lens of *fin-de-siècle* scientific topics such as evolution, degeneration, and eugenics.

Chapter 1, “Gaskell’s Maternal Prostitutes and the Fear of Contagion,” interrogates the figure of the “prostitute-mother” in Gaskell’s *Mary Barton* (1848) and “Lizzie Leigh” (1850). Although Gaskell emphasizes the prostitute’s maternal nature in order to garner sympathy (and social action) from her readership, she simultaneously reinforces prevalent perceptions about
these women as morally and physically contagious. Paradoxically, the prostitute-mother can only evoke compassion—and can only achieve spiritual and moral salvation—by accepting the social stigma attached to her position. The sympathetic portrayals of these women are largely derived from their repeated admissions of guilt and shame, tendencies that show them internalizing and rearticulating their perceptions of their own physical and moral disease. Moreover, they demonstrate anxiety about transmitting those pathological characteristics to their innocent daughter-figures. The prostitute-mother ultimately fears herself as a contagious agent, a position Gaskell explicitly discourages in her readership.

My discussion of Gaskell continues in my second chapter, “The Unwed Mother and the Threat of the Epidemic.” Since Gaskell was committed to rehabilitating fallen women in both her personal philanthropy and in her fiction, she is a major figure in this context and thus merits additional attention. I identify Gaskell’s *Ruth* and Dickens’s *Bleak House* (1852–1853) as novels that address the potential for the mother-child transmission of physical and metaphorical illness, but ultimately reject that particular contagious model. Although these texts eschew the threat posed by mother-child transmissions at the individual level, they both literalize perceived moral contagion in portrayals of epidemic contagious diseases at the level of the community, with the typhus epidemic in *Ruth* and the unnamed contagious disease that circulates in *Bleak House*. These texts critique the stereotype of the morally contagious mother by placing her in the context of a morally toxic social structure.

If Chapter 1 addresses individual instances of contagion and Chapter 2 addresses community-wide epidemics, Chapter 3 broadens our discussion to address maternal transmissions to encompass all of humanity. “The Diagnostic Paradigm of *Lady Audley’s Secret*,” the third chapter of the dissertation, argues that Braddon’s novel adopts what I have
termed a “diagnostic paradigm.” That is, it follows the conventions of the medical practice of
diagnosis, as it reveals Lady Audley's symptoms, allows her to pronounce a self-diagnosis
(hereditary insanity), confirms that diagnosis with the second opinion of a medical professional,
and prescribes a treatment. Yet, the novel destabilizes Lady Audley's claims that insanity is
biologically determined, as it reveals the malleability of diagnostic language and the ambiguity
surrounding the practice of diagnosis. Ultimately, madness is represented as a widespread,
temporally shifting illness, the experience of which varies greatly from person to person.

In my final chapter, I turn to another exploration of the large-scale ramifications of
biological inheritance. “Reproductive Autonomy in Sarah Grand’s The Heavenly Twins”
contributes to the growing criticism surrounding Grand's interest in eugenics by examining her
belief that medical education will allow women to make rational choices about reproduction.
Though Grand’s feminism is ultimately limited because she privileges white, British, middle-
class, able-bodied women, she values female reproductive autonomy in ways overlooked by
previous critics. In Grand's fiction and nonfiction, the institution of marriage, rather than the
practice of prostitution, becomes a potential site of infection, as it facilitates the transmission of
syphilis from the promiscuous and diseased husband to the innocent, formerly healthy wife.
Therefore, Grand rewrites the narratives of contagion prevalent in mid-century texts and
identifies the man, rather than the woman, as the source of literal and metaphorical disease.
Grand fears this pathological dynamic because of its potential for racial degeneration. The
Heavenly Twins exposes these problems, but Grand only offers solutions that involve women's
self-abnegation. Ultimately, the novel's female characters practice reproductive autonomy
through abstinence, attempted suicide, and sterility. They sacrifice their desires and even their
bodies in order to protect the British race from degeneration. Together, these chapters
demonstrate how medical theories regarding maternal transmission are adopted and contested in fiction, and how both sociomedical and fictional representations of reproduction developed over the course of the nineteenth century.
Notes


2 Two important exceptions are Alys Eve Weinbaum, who takes up the “race/reproduction bind,” as discussed in Chapter 4, and Goldie Morgantaler, who takes up the issue of biological inheritance in Dickens, as discussed in Chapter 2. See Alys Eve Weinbaum, *Wayward Reproductions: Genealogies of Race and Nation in Transatlantic Modern Thought* (Durham: Duke University Press, 2004), and Goldie Morgantaler, *Dickens and Heredity: When Like Begets Like* (New York: St. Martin’s Press, 2000).


6 The term “maternal deviance” was used earlier by Jill L. Matus. See Chapter 4 of *Unstable Bodies: Victorian Representations of Sexuality and Maternity* (Manchester: Manchester University Press, 1995).


10 Shuttleworth, “Demonic Mothers,” 32.


12 Morgantaler, Dickens and Heredity, 21–22.


14 Oxford English Dictionary, s.v. “inheritance.”

15 For a discussion of Mendel’s dismissal and rediscovery, see Daniel J. Kevles, In the Name of Eugenics (Berkeley: University of California Press, 1985), 41–44.

16 Kevles, In the Name of Eugenics, 3.

17 Sally Shuttleworth, “Demonic Mothers,” 36.


19 Andrew Combe, A Treatise on the Physiological and Moral Management of Infancy, 2nd ed. (Edinburgh: Maclachlan, Stewart, 1840), 64.


21 See, for example, Edwin Ray Lankester, Degeneration: A Chapter in Darwinism (London: Macmillan, 1880).


23 Thomas Bull, Hints to Mothers, for the Management of Health During the Period of Pregnancy, and in the Lying-In-Room, with an Exposure of Popular Errors in Connexion with Those Subjects (London: Longman, Orme, Brown, Green, & Longmans, 1837), 3.

24 Bull, Hints to Mothers, 6. For a useful analysis of the eighteenth-century debate over the influence of maternal imagination, see Philip K. Wilson, “‘Out of Sight, Out of Mind?’: The Daniel Turner-James Blondel


26 William Buchan, *Domestic Medicine; or, A Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, 2nd ed. (London: 1772), 659. New editions of Buchan’s text were produced for over a century after its initial publication. The final version was published in Philadelphia in 1871; at least 142 total English-language editions were printed. See also Thomas John Graham, *Modern Domestic Medicine; or, A Popular Treatise, Illustrating the Character, Symptoms, Causes, Distinction, and Correct Treatment, of all Diseases Incident to the Human Frame* (London: Simpkin and Marshall, 1827), 464.


34 An example of a similar medical thinker to Maudsley is C. H. F. Routh, who believed overwork to cause mental decay. Though he identified the mental disorder as having a source beyond heredity, he believed that once acquired, the affliction became hereditary. See *On Overwork and Premature Mental Decay: Its Treatment* (London: Baillière, Tindall, and Cox, 1876).


38 Matus, *Unstable Bodies*, 160.


41 Ironically, Kathryn Hughes’s recent biography of Isabella Beeton suggests that the domestic paragon suffered from syphilis. According to Hughes, Beeton’s husband infected her with syphilis, and she passed the disease to her children, two of whom died in early childhood. See *The Short Life and Long Times of Mrs. Beeton* (New York: Alfred A. Knopf, 2006), 173–75 and 347–51.


47 For instance, Pye Henry Chavasse writes that the age of weaning “must depend upon the strength of the child, and upon the health of the mother: on average, nine months is the most proper time. If the mother be weak, it may be found necessary to wean the infant at six months; or if the child be weak, or be laboring under any disease, it may be well to continue suckling him for twelve months, but after that time the breast would do the child more harm than good, as well as, at the same time, injure the mother’s health.” *Advice to Mothers on the Management of their Offspring* (London: Longman, Orme, Brown, Green, & Longmans, 1839), 37. See also Fildes, *Wet Nursing*, 197.

48 Sarah Stickney Ellis’s earlier conduct books on women’s roles are *The Women of England, Their Social Duties and Domestic Habits* (1839); *The Daughters of England, Their Position in Society, Character, and Responsibilities* (1842); and *The Wives of England, Their Relative Duties, Domestic Influence, and Social Obligations* (1843).


Chapter 1: Gaskell’s Prostitute-Mothers and the Fear of Contagion

In 1850, Elizabeth Gaskell embarked on a personal mission to rescue a prostitute named Miss Pasley, whom she visited in Manchester’s New Bailey prison. Gaskell was deeply affected by the story of Pasley’s suffering, and her sympathetic feeling inspired her to take action. Gaskell wrote to Charles Dickens to request his help in contacting Angela Burdett-Coutts, his partner in establishing Urania Cottage, a home intended to rehabilitate fallen women and prepare them to emigrate. Gaskell hoped that Burdett-Coutts would help to arrange Pasley’s safe—and respectable—passage to Australia. In recounting Pasley’s hardships to Dickens, Gaskell emphasized the girl’s self-described misery and shame: “in the hopes, as she tells me, of killing herself, for ‘no one had ever cared for her in this world,’—she drank, ‘wishing it might be poison,’” pawned every article of clothing—and at last stole.”

Gaskell adopts this same technique of using the prostitute’s declarations of shame to mobilize middle-class sympathies in her first novel, Mary Barton (1848), and in her story “Lizzie Leigh,” which was published in the first two numbers of Household Words (1850). Both texts depict prostitute-mothers, characters whose sexual fallenness is mitigated by their displays of maternal love and their feelings of shame. If, as Jill Rappoport has argued, “the work that they [Victorian women] performed as authors was on a continuum with the nonliterary work that they performed as public activists,” Gaskell’s literary representations of prostitutes are aligned with her personal rescue work visiting, comforting, and aiding Pasley and other women like her.

Though Gaskell’s fiction explores the material difficulties prostitutes faced, she identifies demonstrating sympathy as her main goal in addressing social issues. Gaskell prefaces Mary Barton by explaining that she “had always felt a deep sympathy with the care-worn men” who
populated Manchester. She gains access to their thoughts through “A little manifestation of this sympathy,” which encourages a few such “work-people” to confide in her about their frustrations with the dominant classes. She goes on to describe her project in writing the novel: “to give some utterance to the agony which, from time to time, convulses this dumb people; the agony of suffering without the sympathy of the happy, or of erroneously believing that such is the case” (xxxv–xxxvi; my emphasis). In four short paragraphs, Gaskell mentions sympathy three times. Before Gaskell’s novel even begins, then, her middle-class readership is attuned to the importance of sympathy as a palliative for the urban poor—an attitude Gaskell hopes this “happy” audience will adopt. John Forster emphasizes this goal in his review for the Examiner: “The book is an ungilded and sorrowful picture of the life of the class of workpeople in such a town as Manchester . . . She [Gaskell] does not affect to offer any solution of a problem involving so much misery, but appears to think that good may be done by wholesome sympathy, and would seem to have written with this hope” (my emphasis).

Forster’s privileging of transformative sympathy over a specific social program aligns his review with recent critics who identify the creation of sympathy as a central objective of the Victorian novel. Recently, Carolyn Betensky has argued, “Victorian social-problem novels volunteer the experience of their own reading as a viable response to conflicts that seem daunting or irreconcilable. Encoded at multiple levels within the novels themselves, reading becomes something to do about the pain of the other.” Though I agree with Betensky about the centrality of affective sympathy to social problem novels, I find that her focus on class as the sole metric of difference in Mary Barton and other novels of this genre neglects other forms of structural inequality that these texts investigate. Similarly, Mary-Catherine Harrison’s examination of empathy in Gaskell’s fiction and especially in Mary Barton privileges the socioeconomic
disparity between Gaskell’s readership and her working-class characters to the exclusion of other forms of injustice.  

I agree with Betensky and Harrison that *Mary Barton* and “Lizzie Leigh” advocate sympathy for the prostitute-mother based on socioeconomic disadvantage. However, Gaskell primarily elicits this affective response through her portrayal of these women’s physical and moral degradation. Gaskell emphasizes the prostitute’s maternal nature in both texts in order to garner sympathy from her readers; yet, she also articulates and reinforces prevalent perceptions about such women as literal and metaphorical contaminants. These anxieties are based in contemporary sociomedical discourses that associate prostitutes with venereal disease and immorality. Though Gaskell portrays Esther in particular as physically diseased, she distances herself from the judgment of such women as morally depraved by having the prostitute-mothers, rather than the narrator, declare themselves to be irredeemable. Paradoxically, the prostitute-mother can only evoke the reader’s compassion—and, in the narrative, can only hope to achieve spiritual and moral salvation from God—by internalizing and rearticulating her perception of her own physical and moral disease, as well as her anxiety that she will transmit those pathological characteristics to the innocent. In depicting the prostitute-mothers themselves as the mouthpieces for these fears, Gaskell preempts possible reactions of judgment or disgust on behalf of her readers. The fictional prostitute-mother ultimately fears herself as a contagious agent, a position Gaskell explicitly discourages in the real people who encounter her in print.

My discussion relies upon a dynamic model of maternal transmission that goes beyond the passage of heritable traits from mother to child, as described in my introduction. Though Gaskell repeatedly invokes this more familiar model (for example, in the resemblance between Mary and her aunt Esther and in Nanny inheriting Lizzie’s eyes), I suggest that she does so to
signal the centrality of physical inheritances to mother-child (or aunt-niece) relationships. If heritable traits can run within families, immorality might also circulate through congenital transmission. Gaskell’s characters are concerned with the possibility that transgression and shame can be passed from mother to illegitimate child (or child-figure), a concept that Gaskell ultimately dismisses in favor of emphasizing the child’s sinless nature. Moreover, illicit sexuality threatens not only illegitimate children, but also the unfallen women with whom prostitute-mothers come into contact. Both Esther and Lizzie imagine contagious relationships in which they can symbolically infect other women with their transgression.

In the remainder of this chapter, I will contextualize Gaskell’s prostitute-mothers in the mid-century sociomedical discourse surrounding prostitutes and especially their status as contagious agents. I will present a discussion of Mary Barton that examines the novel’s treatment of Esther, the prostitute who is the biological mother of a dead child and the metaphorical mother figure to her unfallen but at-risk niece, Mary. Then, I will turn to “Lizzie Leigh” as a text that rejects the specter of moral contagion more explicitly, but still suggests that the prostitute-mother is in need of spiritual redemption that can only be achieved through the death of her child and a life of repentance. The story deemphasizes the prostitute-mother’s physical and moral disease and allows the mother to survive, but in doing so, it underscores the importance of seeking redemption in heaven—even if such salvation seems impossible.

Gaskell’s Prostitute-Mothers in Context

Discussions of gender ideology in mid-Victorian Britain almost invariably invoke—and critique—the Madonna/Magdalen binary, the cultural ideology that women are either transgressive and sexually deviant or moral and sexually pure. For example, Mary Poovey argues, “The contradiction between a sexless, moralized angel and an aggressive, carnal
magdalen was . . . written into the domestic ideal as one of its constitutive characteristics.” She goes on to examine issues that she names “border cases,” which “had the potential to expose the artificiality of the binary logic that governed the Victorian symbolic economy.”

Studies that address the literary portrayals of the fallen woman as a maternal figure also identify this ideological binary. Tess Cosslett writes that “it is the fallen woman, the ‘Magdalen,’ who is the mother—her fall being marked by the child she bears. The ‘pure’ woman is childless and single. Her status as ‘Madonna’ comes not from maternity, but from her roles as rescuer and as sufferer.” Deborah Anna Logan similarly examines the “madonna-harlot dichotomy,” but suggests that Victorian texts undermine this model in their portrayals of “in-between deviancies” which are “primarily” complicated by the fallen woman’s role as mother. Logan writes, “that maternity was the most highly valued of women’s abilities presents continual challenges to the political and economic agendas motivating the madonna-harlot polarity.” I argue that Gaskell emphatically collapses the Madonna-Magdalene binary, creating characters who are compassionate mothers, but who also suffer the physical and emotional tolls of being socially rejected and spiritually embattled.

This troubled juxtaposition of Madonna and Magdalen is apparent in contemporary descriptions of prostitution. The 1840s, the decade leading to the publication of Mary Barton and “Lizzie Leigh,” saw a boom of social and medical publications that sought to study, classify, and reform prostitutes and their living conditions. Nina Attwood has recently challenged the traditional view that these early texts represent the totality of Victorian response to prostitution, but she recognizes a certain uniformity in the years leading up to the publication of Gaskell’s fiction, identifying “the construction and presentation of a familiar ‘cultural narrative’ around the characterization and fate of the common Victorian prostitute.” The portrayals of the fallen
woman written by the early Evangelical and medical writers of the 1840s were similar to Gaskell’s literary productions in their ambivalence:

Although the authors often expressed sympathy for a woman’s fall into prostitution and acknowledged the variety of possible causes behind this fall, they presented the reader with a composite picture. While they acknowledged that working-class poverty and poor occupational options played a part in women’s recourse to prostitution, and that many women resorted to prostitution only temporality or opportunistically, these authors preferred to construct and stress more dramatic images.  

Gaskell, too, integrates social analysis with the spectacle of the prostitute’s diseased body. However, the dramatic self-abnegation of the prostitute mother is an element unique to her narratives that elicits sympathy.

Bracebridge Hemyng took up this project of classification and judgment in his contributions to the fourth volume of *London Labour and the London Poor* (1861), a late addendum to the series Henry Mayhew began writing for the *Morning Chronicle* in 1849. Hemyng’s section on “Prostitution in London” is expansive: it identifies more than twenty categories and sub-categories of prostitutes, the word “prostitute” being used as a blanket term used for women engaging in any sort of sexual activity outside of marriage. Though *London Labour* is conspicuously absent from Attwood’s account, it enacts the dynamic reevaluation of prostitution that she suggests characterizes other post-1840s sociomedical texts. Hemyng’s multiplicity of profiles subverts the monolithic image of the prostitute that circulated around the time Gaskell wrote *Mary Barton* and “Lizzie Leigh.” However, this temporal distance allows Hemyng some perspective into the clichés surrounding prostitution. He records the history of an unwed mother who turned to prostitution, an account that his “subsequent experience” revealed
be “slightly stereotyped”:

She was the victim of deliberate cold-blooded seduction; in course of time a child was born; up to this time her seducer had treated her with affection and kindness, but he now, after presenting her with fifty pounds, deserted her. Thrown on her own resources, as it were, she did not know what to do; she could not return to her friends, so she went into lodgings at a very small rental, and there lived until her money was expended. She then supported herself and her child by doing machine-work for a manufacturer, but at last bad times came, and she was thrown out of work; of course the usual amount of misery consequent on such a catastrophe ensued. She saw her child dying by inches before her face, and this girl, with tears in her eyes, assured me she thanked God for it. “I swear,” she added, “I starved myself to nourish it, until I was nothing but skin and bone, and little enough of that; I knew from the first, the child must die, if things didn’t improve, and I felt they wouldn’t. When I looked at my little darling I knew well enough he was doomed, but he was not destined to drag on a weary existence as I was, and I was glad of it. It may seem strange to you, but while my boy lived, I couldn’t go into the streets to save his life or my own—I couldn’t do it . . . Well, he died at last, and it was all over. I was half mad and three parts drunk after the parish burying, and I went into the streets at last . . .”

This unnamed woman’s narrative and Hemyng’s surrounding commentary suggest the conflict inherent in her roles of mother and prostitute, Madonna and Magdalen. Though the woman starves herself in a desperate attempt to save her doomed child, Hemyng condemns her for avoiding the workhouse: “Although this woman did not look upon the death of her child as a crime committed by herself, it was in reality none the less her doing; she shunned the workhouse,
which might have done something for her, and saved the life, at all events, of her child.”

The woman is simultaneously a self-sacrificing mother and a murderess. This dynamic is further complicated by the relationship between maternity and streetwalking: she feels that she cannot engage in prostitution during her son’s life, but is driven to the streets by grief and drunkenness after his death. The contradictions between mother and whore are dramatized in an account that is presented as being common to the point of being stereotypical.

Though Gaskell openly names Esther’s occupation as that of a prostitute and streetwalker, she largely obscures the specifics of the contemporary practice of prostitution, instead focusing on Esther’s physical location in the urban landscape. Similarly, Lizzie is repeatedly shown to be lurking in the Manchester streets, even though her livelihood is only implied to be prostitution. Undoubtedly, Gaskell’s readers would have been aware of many of the details of the lives of women like Esther and Lizzie that are silenced in her fiction. Esther’s and Lizzie’s streetwalking separates them from “clandestine prostitutes,” also known as “sly prostitutes” or “dollymops,” who engaged in prostitution as a means to supplement their income from their primary jobs as maids, milliners, and dress-makers, and so forth. Judith Walkowitz describes prostitution as “an activity structured and defined by the law. ‘Common prostitute’ was an exceptionally vague legal category generally meant to designate women who solicited men in public thoroughfares.”

As Walkowitz acknowledges, the “vague” nature of the category of prostitution suggests the diversity of experiences women engaging in that profession could have. This range is also suggested by the multiplicity of types of prostitutes Hemyng describes in London Labour. Of women who seek clients on the streets, he names seclusives living in private homes, convives living in brothels (including board lodgers and dress lodgers), and those living in low lodging-houses (as Esther does, when she can find shelter), among others—groups that
form only a fraction of his classification system. Though authors like Gaskell stick to what Walkowitz calls a “stereotyped sequence of girls seduced, pregnant, and abandoned to the streets,” that narrative is not truly representative of the multiple, varied experiences of real nineteenth-century prostitutes.\textsuperscript{15} To say that Gaskell’s portrayals of streetwalkers are stereotypical is, then, to identify these texts as iterations of a popular narrative that shared some but not all qualities with actual women who engaged in prostitution during the mid-Victorian period. Despite her attempts to use fictional accounts of prostitutes to raise social consciousness, her portrayal of prostitution is ambivalent, in that it both re-inscribes stereotypes about these women and their lives and calls for sympathy on their behalf.

The commonalities of Hemyng’s case study of the “stereotypical” prostitute and Gaskell’s portrayal of Esther are striking; several of the details of Esther’s personal history match almost exactly to those of Hemyng’s unnamed prostitute, down to the man’s dismissal gift of fifty pounds (an element that reappears in Ruth). These narratives share a downward trajectory that is, itself, formulaic.\textsuperscript{16} Like the unnamed woman, both of Gaskell’s prostitute-mothers are paradoxical in the sense that they are mothers to dead children. By the time of the narrative, Esther’s daughter, Annie, has been deceased for several years, a tragedy ostensibly caused by economic disadvantage. Though Esther uses the money her lover left her to open a small-wares shop and tries to shift for herself and for Annie, she must give up her store and eventually resort to prostitution when the child falls ill. Likewise, the death of Lizzie’s daughter, Nanny, forms the climactic scene in “Lizzie Leigh.” Lizzie never fully experiences motherhood: she gives up her child after birth, and then witnesses her untimely death. These doomed daughters of prostitute-mothers even share variations of the same name, Anne.

In Gaskell’s literary representations, the dead child motif functions symbolically. Beyond
Annie’s death being a tangible result of economic deprivation, the death of the child is also a punishment of sorts for Esther’s and Lizzie’s transgressions of giving birth outside of wedlock and participating in prostitution. The child remains eternally sinless, while the prostitute-mother is left to mourn her daughter as she sinks deeper and deeper into moral and physical ruin. When Esther tells Jem Wilson that she turned to prostitution when she “forgot how much better it would be for us to die together,” she evokes an alternative history in which she is able to share the child’s purity through death. Dying spares Annie from further suffering—and allows her to avoid inheriting her mother’s fate. The true burden of her death falls on Esther, as she believes that her sins will separate her from Annie “as far asunder as heaven and hell can be,” even in the afterlife (189). For Lizzie, too, sexual indiscretions only lead to suffering unrelieved by the joy and fulfillment both she and Esther imagine motherhood could bring. As we will see, Lizzie can only claim Nanny as her daughter and cradle her child in her arms after Nanny is dead. In both texts, the sinless dead child becomes the antithesis of her world-weary, exploited mother. Esther and Lizzie bemoan the spiritual distance they feel from their children, though, as I will argue, Nanny’s death offers Lizzie an opportunity for Christian redemption that is largely missing from Mary Barton. The dead child primarily enables the prostitute-mother’s displays of mourning and guilt, which both reinforce her claims about her own sinfulness and render her more pathetic—and, by extension, sympathetic. That is, Gaskell’s portrayal of a mother in mourning evokes pity, but that affective response is augmented by the mother’s sense of responsibility for her child’s death. Essentially, Lizzie believes herself to be complicit in Nanny’s demise, a stance Hemyng takes in his anecdote of the “stereotypical” prostitute-mother. Lizzie undercuts this dominant-class critique by adopting it as her own.

The most significant assumption about the Victorian prostitute, one that is a “defining
trait” of the works of the 1840s and 1850s (including Gaskell’s) but is notably absent from Hemyng’s later case study, is the association of the prostitute with illness, disease, and pollution on both literal and symbolic levels. The burgeoning mid-century discourse surrounding prostitution was underwritten by both moral concern (an impulse that dominates Gaskell’s writing) and anxiety over disease transmission. The latter issue came to the forefront of discussions of prostitution around the middle of the century, which culminated in the implementation of the Contagious Diseases Acts of the 1860s. In the nineteenth century, the term “contagious diseases” (a euphemism for venereal disease) usually referred to syphilis, an infection that reached epidemic proportions, though gonorrhea also received attention from medical practitioners. As Catherine Gallagher argues, during the nineteenth century, “Medical doctors became the most prestigious experts on social problems”; therefore, many of the texts that discuss prostitution are written by physicians who investigate both the medical and societal causes and consequences of The Great Social Evil. Virtually all of these writers were alarmed by what they believed to be the unstaunched spread of venereal disease, not always out of concern for the prostitute’s physical health, but out of fear over her diseased body passing infection to her respectable male clients and their families. For example, Scottish surgeon William Tait, an early writer on prostitution, describes with some alarm the “terrific and awful nature” of “the syphilitic poison,” which he illustrates with the case of one female patient whose “face is literally rotten.” He goes on to examine how “prostitution spreads contagious diseases amongst private families, which often extend their ravages to those who are innocent.” Medical concepts are given symbolic weight: contagious diseases imply guilt, and health implies innocence. As Tait suggests, this distinction is troublingly disrupted when syphilis is transmitted to the wives and children of “Incontinent and unfaithful husbands.” The body of the prostitute threatens to infect
the bodies of healthy, respectable women with a scourge she can pass to her children. Tait thus anticipates the concerns of late Victorian social purity feminists such as Sarah Grand, the subject of Chapter 4.

The significance of venereal disease as a physical ailment is inextricable from its status as a metaphorical ill. Mary Spongberg discusses the historical connection between the prostitute’s body and venereal disease: “During the 1850s, the language and ideology underpinning the discussion of syphilis and gonorrhoea treated prostitutes and disease synonymously.”23 Walkowitz acknowledges this conflation of physical disease and ideological construct in describing the pervasive perception of prostitutes as “Literally and figuratively . . . the conduit of infection to respectable society.”24 The prostitute, then, was feared as a moral, as well as a biological, hazard. Tellingly, Edinburgh-based surgeon James Miller’s treatise *Prostitution Considered in Relation to Its Cause and Cure* (1859) proposes that women suffering from syphilis should be treated at different facilities than male syphilitics, “in order, on the one hand, that the vicious may not communicate their moral contagion to the unfallen; and, on the other, that due appliances may be used, by moral treatment accompanying the medical, to cure the fallen of their spiritual disease.”25 Though Miller is somewhat atypical in his vehement insistence that men should be chaste outside of marriage, a point he makes elsewhere in his treatise, he does not seem to think that they are inflicted with the “moral contagion” or “spiritual disease” that is both endemic to the prostitute and threatening to the sexually pure woman. These assumptions about prostitutes as moral contaminants that especially threaten unfallen women are apparent in Esther’s and Lizzie’s beliefs in their own sinfulness.

The conflation of prostitute and disease is so entrenched that it is held as a presupposition even to those commentators who ostensibly opposed demonizing prostitutes for their supposed
moral and physical disease. Dr. William Acton’s influential study on prostitution addresses such stereotypes, as he argues against “an overshadowing article of almost religious belief, the notion that the career for the woman who once quits the pinnacle of virtue involves the very swift decline and ultimate total loss of health, modesty, and temporal prosperity.” Although Acton identifies stereotypes surrounding mid-Victorian prostitutes, he does so only to justify his solution to the problem of prostitution: state regulation of the sort that would be instituted in the Contagious Diseases Acts. Walkowitz’s critique of Acton and his contemporary reformers emphasizes the ingrained connection between prostitution and disease: “the next field of inquiry—into the prostitutes’ own relationship with their community—required a whole new set of postulates. To investigate seriously these questions, the researcher would have had to view these women outside the realm of pathology, as neither pollutants nor the polluted, but as persons who could and did exercise some rational control in their lives.” In the vast majority of Victorian social, medical, and literary texts, including Gaskell’s, this sort of reconfiguration never happens; prostitutes were believed to live in a milieu of illness and contagion.

**Esther’s “Leper-Sin”**

Though critics have increasingly recognized Esther’s importance to *Mary Barton’s* socioeconomic critique, little attention has been paid to Gaskell’s methods of evoking sympathy on the prostitute-mother’s behalf. Standard accounts of Gaskell’s compassionate portrayal emphasize the redeeming qualities of Esther’s fall, such as her attempt to work for her child, the love she demonstrates for her deserting lover, and the economic imperatives that drive her to prostitution. While these details do arouse pity for Esther, as we have seen, they are standard elements of the prostitute-mother narrative and do not fully capture the complexity of Gaskell’s project. More recently, Betensky has argued that Gaskell depicts “role swapping that casts
dominated-class characters as the dominant oppressors in other contexts.” For Betensky, then, John Barton’s disgusted rejection of Esther, in a scene I will analyze later in this chapter, is analogous to the masters facing the disempowered factory workers. She suggests, “if the worker’s behavior mirrors the master’s, the worker should be able to sympathize with the master.” Concerning Esther, I suggest a different system of domination and sympathy. I argue that Gaskell evokes compassion by portraying a prostitute-mother who acts as her own oppressor, internalizing the language of disease and contagion that is traditionally marshaled against prostitutes by members of the sociomedical establishment. Although the narrator ostensibly rejects the rhetoric condemning fallen women, Gaskell gives those reproaches another voice by placing them in the prostitute’s own mouth. Moreover, Esther excludes herself from the domestic realm both physically and ideologically, believing herself to be unworthy, diseased, and ultimately dangerous. Though several critics have briefly noted Esther’s removal from the domestic sphere as well as the rhetoric of disease that surrounds her, none have identified Esther as the mouthpiece for these assumptions or considered their significance for the novel’s treatment of “The Great Social Evil.” In relocating the criticism of prostitution to the prostitute-mother herself, Gaskell emphasizes Esther’s remorse and augments the sympathy elicited by her maternal emotions toward both her own (now dead) child and her niece, Mary.

Esther haunts the world of Mary Barton. She is omnipresent on the periphery of the novel’s action, and in fact the periphery of the novel’s physical spaces, observing and sometimes intervening. Caroline Lesjak has identified her as the character who is “disruptive to and yet simultaneously constitutive of the community” of characters, as she is “directly or indirectly linked to every major event in the novel.” Esther is an absent presence in the novel’s first scene, and her death is described almost at the novel’s end, the final event on English (i.e.,
domestic) soil before Mary, Jem, and Mrs. Wilson emigrate to Canada. In the middle pages of the novel, Esther dips in and out of the narrative, attempting to intervene in Mary’s life and to prevent her from following in Esther’s streetwalking footsteps. As a prostitute, Esther exiles herself from these ideological and physical domestic spaces, particularly that of the family home. When Esther explains her movements to Jem, her peripheral position becomes apparent:

When I came to Manchester . . . I used to watch about the court where John lived, for many and many a night, and gather all I could about them from the neighbor’s talk; for I never asked a question. I put this and that together, and followed one, and listened to another; many’s the time I’ve watched the policeman off his beat, and peeped through the chink of the window-shutter to see the old room, and sometimes Mary or her father sitting up late for some reason or another. (190)

Esther’s existence is based in the street, but is mentally focused on the physical domestic space of the Barton family home, from which she believes she symbolically and physically is excluded. Though Esther’s mobility allows her to observe and attempt to intervene, she is forced, not privileged, to do so because she banishes herself from the domestic life for which she longs.

Mary Barton’s subtitle, “A Tale of Manchester Life,” suggests the significance of geographical location and space in the novel, a quality that extends to both domestic spaces and the public streets. Esther is aligned with these anti-domestic streets from the novel’s first pages. Gaskell introduces the Barton and Wilson families as they speculate about and mourn over the missing Esther. This scene establishes several of the novel’s central themes: the ills of poverty, class conflict, and particularly the value of family and the domestic realm, all of which are introduced by John Barton’s news that his sister-in-law Esther first left the family home for
lodgings, then disappeared without explanation. This spatial double-removal from home signifies Esther’s symbolic movement from working girl to fallen woman. John recalls an earlier conversation in which he warned Esther of her impending fall by enumerating the factors that put her at risk of eventually becoming a prostitute: “Esther, I see what you’ll end at with your artificials, and your fly-away veils, and stopping out when honest women are in their beds; you’ll be a street-walker, Esther, and then, don’t you go to think I’ll have you darken my door, though my wife is your sister” (6). Like a reader of fallen woman fiction who is well-versed in its tropes, John identifies the hallmarks of vanity and independence that can and do precipitate Esther’s fall: she has an improper interest in fashion, an inclination she is able to indulge because of the financial independence factory work grants working women; she is “fond of thinking herself” a lady, and therefore has a dangerous ambition for social improvement; and, significantly, she stays out of doors (and separate from the domestic realm) late into the night.\(^{33}\) This final contributing factor ties space to morality. If Esther occupies the same physical space as prostitutes do when they are plying their trade, John (correctly) reasons, she will become a streetwalker herself. In becoming a streetwalker, an individual whose place is in the streets rather than the domestic hearth, Esther both literally and figuratively separates herself from the Barton family home. Although she eventually does “darken [the] door” twice in the course of the novel, once to speak with Mary and once to die, she never does so without trepidation, or even under her own power. In fact, in both instances, unfallen characters physically carry her over the threshold. Esther believes her only place to be the margins of the family and the family home, in the streets of Manchester.\(^{34}\)

By the time Esther is reintroduced to the narrative, her situation is one of homelessness. Two quasi-homes are proposed for her in the course of the novel: the prison to which she is
wrongly confined and the disreputable lodging-house Jem and Mary visit on their search for Esther just before her death.\textsuperscript{35} Even prison seems like home to Esther when it is “the only shelter she could meet with, houseless and penniless as she was, on that dreary day” (185). Esther’s ejection from the prison and removal from the squalid lodging home emphasize the impossibility of her situation. As Hilary M. Schor suggests, “to be shut out of home is the worst fate in this novel,” a form of despair Esther feels in her separation from the family home.\textsuperscript{36} However, another working-class home is opened to Esther, one that she deems unsuitable because she believes herself to be mired in her sinful lifestyle. Esther emphatically rejects Jem’s offer to take her to the Wilson home, where his mother and aunt Alice could care for her. Esther claims that her alcoholism would not allow her to live “a virtuous life if [she] would.” She goes on to lecture him on her personal experience of homelessness:

“All do you think one sunk so low as I am has a home? Decent, good people have homes. We have none. No; if you want me, come at night and look at the corners of the streets about here. The colder, the bleaker, the more stormy the night, the more certain you will be to find me. For then,” she added, with a plaintive fall in her voice, “it is so cold sleeping in entries, and on doorsteps, and I want a dram more than ever.” (193)

In moving from the first-person singular (I) to the first-person plural (We), Esther describes homelessness as one of the constitutive qualities of the prostitute. The warming effects of alcohol are, for Esther, a poor substitute for the emotional and physical warmth of home. Even though the novel ultimately suggests that Esther could possibly be reintroduced into the domestic realm when Mary and Jem attempt to bring her to Canada with them, Esther herself rejects that possibility (as does the plot, since Esther dies before such a plan could be put into action). Contemporary sociomedical discourses identified connections between prostitution,
contagion, and the urban streets. Walkowitz comments, “For mid-Victorians, prostitution constituted a distressing street disorder that threatened to infect ‘healthy’ neighborhoods.”37 The boundaries of health and disease are conceptually bound to physical spaces, a phenomenon that developed during the century with the rise of the public health movement, in which outbreaks of contagious illnesses began to be associated with specific streets and even houses.38

In *Mary Barton*, an atmosphere of infection permeates the lives of the urban poor and the spaces they inhabit. This atmosphere of filth and disease is particularly noxious in the scene in which John Barton and George Wilson come to the aid of Ben Davenport, a fellow factory worker who is out of work and living with his family in a cellar. The narrator provides a grim description of the unpaved street with a gutter down the middle into which “women from their doors tossed household slops of *every* description,” the pools of overflowing garbage that sit and stagnate, the cellar’s smell which as “so fetid as almost to knock the two men down,” and “three or four little children rolling on the damp, nay wet, brick floor, through which the stagnant, filthy moisture of the street oozed up” (66–67). This account of urban filth bears a striking resemblance to the passages in Friedrich Engels’s *The Condition of the Working Class in England* (1845) that describe the appalling conditions of Manchester’s slums: “Everywhere one sees heaps of refuse, garbage and filth. There are stagnant pools instead of gutters and the stench alone is so overpowering that no human being, even partially civilised, would find it bearable to live in such a district.”39 In *Mary Barton*, this disgusting, rotting space is tied to contagion and disease in the description of the illness that grips Davenport:

“The fever” was (as it usually is in Manchester) of a low, putrid, typhoid kind; brought on by miserable living, filthy neighbourhood, and great depression of mind and body. It is virulent, malignant, and highly infectious. But the poor are fatalists with regard to
infection; and well for them it is so, for in their crowded dwellings no invalid can be
isolated. Wilson asked Barton if he thought he should catch it, and was laughed at for his
idea. (68)

This passage demonstrates both an interest in and an understanding of the spread of infection
being hastened by unhealthful conditions and proximity to illness, as well as a sense that illness
is inevitable for the poor—especially in Manchester, which is mentioned by name in this
passage. The narrator identifies the working-class attitude of fatalism as something to be pitied
rather than accepted; the point seems to be that the middle class reader must fear the spread of
contagion that the working-class characters accept as fate. This dynamic replicates the reader’s
relationship with Esther: the working-class articulations are to be understood as erroneous and
rejected in favor of a sympathetic reading.

This filth and illness that so plague the Manchester working-class, as well as clutter their
streets, is concentrated in the body of Esther, who is invariably described as suffering from
unnamed ailments. Moreover, the same social conditions that facilitate the spread of contagion
among the poor, as illustrated in the case of Davenport—that is, economic disadvantage leading
to unhealthy living conditions and the inability to afford medical treatment—cause Annie’s
illness and Esther’s subsequent turn to prostitution and infection with bodily disease. Esther is
certainly not the only ill and suffering character in Gaskell’s novel: Davenport dies from his
sickness, the Wilson twins tragically succumb to fever on the same day, Martha develops
blindness, Mary becomes overwrought and delirious after testifying at Jem’s trial, John sinks
into opium addiction, and the angelic Alice Wilson has a stroke that causes delusions that she is
in the “scenes of her childhood” (254), among others. Illness in Mary Barton works on both
literal and metaphorical levels. In part, the characters experience illness because it is an
inevitable part of life, especially for people living in poverty, a problem that speaks directly to the altruistic thrust of the social-problem novel’s project. To this end, the pathos of the Wilson family losing both twins within hours of one another creates a sympathetic appeal for action on the part of the novel’s readers, much like Esther’s narrative of her daughter’s death. However, illness also becomes a form of moral judgment on the sufferer. In Alice’s case, imagining herself a happy child in the company of her deceased mother and sister is a reward for a lifetime of virtue. The narrator explains that “God had sent her a veiled blessing . . . Surely many sins could not have darkened that innocent child-like spirit since [childhood]” (254). Esther’s illness works in the opposite way to Alice’s: Esther suffers from physical illnesses which are not named nor explicitly linked to venereal disease, but which are still associated with her identity as a prostitute. Though these illnesses are not literally identified as venereal disease, they hold the same ideological weight. Because Esther’s ill health is derived from the physical hardships of her life as a prostitute, it is the physical embodiment of what Esther herself identifies as diseased morality.

The narrator articulates Esther’s moral disease even as she critiques that perception: “To whom shall the outcast prostitute tell her tale? Who will give her help in the day of need? Hers is the leper-sin, and all stand aloof dreading to be counted unclean” (185). In this passage, Esther is desperate to save Mary from becoming a fallen woman like herself—an admirable goal—but she cannot think of anyone to whom she can turn for help. Her fear of being rejected by respectable people (namely, John Barton, Esther’s childhood female friends, and Mary herself) is both articulated and confirmed in the narrator’s assessment of Esther’s “leper-sin.” The narrator’s voice, with its overwrought biblical diction, is clearly critical of those who would, as Esther expects, “stand aloof” from a prostitute in need. Yet, this treatment of prostitutes as “unclean”
conflates disease with sinfulness in a way that is reflected in the paradoxical depiction of Esther. She is both physically ill and morally corrupted, an object of sympathy who believes herself to be so sinful that she cannot be redeemed and, moreover, actually poses a threat to her innocent niece. Though Gaskell critiques the common fear of moral contagion—and its result, that respectable people spurn helping prostitutes for fear that they, too, will be thought morally corrupted—Esther herself shares that concern, as she shies away from directly interacting with Mary. The narrator’s critique (which, presumably, is shared by Gaskell) suggests that the fear of contagion is unethical in the middle-class reader, as it prevents them from helping the prostitute “in her day of need.” However, Esther’s own consciousness of her “leper-sin” is shown to be admirable, as it signals her humility and repentance.

Esther’s illness is part of what defines or marks her as a prostitute. When Esther resurfaces in the characters’ lives after a five-year absence, the narrator-withholds her name, calling her only a “woman . . . of no doubtful profession.” John Barton assumes that she is an anonymous prostitute, only recognizing her as his long-lost sister-in-law after hearing her voice. Along with her “faded finery,” her very body displays the symptoms of illness that characterize her position as a prostitute, as she “shivered and shook” during their interview. When John refuses to acknowledge her, she pleads, “‘Don’t send me away. I’m so out of breath, I cannot say what I would all at once.’ She put her hand to her side, and caught her breath with evident pain” (143). When John angrily ends their conversation, Esther’s physical weakness is dramatized: “He flung her, trembling, sinking, fainting, from him, and strode away. She fell with a feeble scream against the lamp-post, and lay there in her weakness, unable to rise” (144–45). Esther does not have full control over her body, a condition that perhaps speaks to her as a prostitute who feels constrained to that position despite her desire to live a morally upstanding life. Esther’s
weakness is so intense that a passing police officer concludes that she is drunk and takes her into custody. The police officer, too, makes an assumption about Esther based on her profession, the very sort of treatment the novel critiques. Although she was not “tipsy,” as the officer believes, this assumption alludes to another of Esther’s ailments: her alcoholism, her only condition that is clearly explained and described. Though this scene clearly illustrates prejudice on the part of the police officer—he bases his judgment of Esther’s supposed intoxication on her status as a prostitute, a condition that is physically marked on her body and in her clothing—he also conflates her alcoholism and her other physical illnesses and collapses them into the condition of being a prostitute, an assumption visible in the novel’s plot.43

Esther’s illness also hinders her attempts to save Mary from becoming a fallen woman. Her position on the outskirts of society render her an observer, able to identify the danger in Mary’s flirtation with the mill owner’s son, but unable to effectively intervene. When Esther confronts Jem in the interest of saving her niece, she reveals that she could not intervene when she saw Mary with Carson, as she was “laid up for a long time with spitting of blood” (190–91), a symptom that suggests consumption. Disease works here in two related ways: it physically prevents Esther from intervening because of her weakness, and it represents the physical and moral risks that Esther poses to an as-yet unfallen woman like Mary. She fears approaching her niece, because doing so could endanger her. When she confronts Mary and shows her the evidence from Carson’s murder, she is almost too ill to speak: “The very action of speaking was so painful to her, and so much interrupted by the hard, raking little cough, which had been her constant annoyance for months, that she was too much engrossed by the physical difficulty of utterance, to be a very close observer” (282). Esther is unable to register Mary’s distress at realizing her father is culpable, but more important to our discussion is the pathos of Esther’s
experience of physical pain. She fights through her illness to relay a message she believes will help her niece and save Jem from a murder conviction. The dynamics here are complex: Esther simultaneously attempts to occupy a maternal role in her intervention, fears the moral implications of coming into contact with her innocent niece, and struggles to succeed in her mission despite battling unspecified physical illnesses.

Esther’s personal beliefs about the moral dimensions of prostitution and its accompanying disease are apparent in the form her delusions take when she is suffering withdrawal symptoms. She describes to Jem the haunting images she saw while in prison:

“It is so frightful to see them,” whispering in tones of wildness, although so low spoken.

“There they go round and round my bed the whole night through. My mother, carrying little Annie (I wonder how they got together) and Mary—and all looking at me with their sad, stony eyes; oh Jem! it is so terrible! They don’t turn back either, but pass behind the head of the bed, and I feel their eyes on my everywhere. If I creep under the clothes I still see them; and what is worse,” hissing out her words with fright, “they see me.” (192)

This trio of withdrawal apparitions—Esther’s mother, baby, and Mary—suggest the depth of shame she feels about her prostitution. The mention of Mary is ambiguous: does she see Mary, her elder sister who acted “more like a mother to her” (6), or Mary, her niece and pseudo-daughter? This ambiguous “Mary” also positions her as daughter (as she was to her deceased sister) and mother (as she is to her still-living niece). Illness and the states of motherhood and daughterhood are deeply connected in Esther’s mind and in the narrative itself. Esther’s delirium forces her to recognize herself as implicated in a genealogical line of mothers and daughters, even as her shame makes that association painful. Moreover, Esther’s fantasy of cruel judgment replicates the relationship between the prostitute-mother and an unsympathetic reader, one of
those who wrongly “stand aloof dreading to be counted unclean” (185). Illness (here, in the form of alcohol addiction) is both the cause and the means of Esther articulating her shame; the narration of these symptoms allow Gaskell to craft a tableau of Esther’s self-loathing, a spectacle that elicits sympathy from the reader.  

The Contagious Prostitute-Mother

Although Esther’s maternity renders her sympathetic, her position as a mother-figure simultaneously enlightens her and threatens her daughter-figures, her now-dead child Annie and her niece Mary. This possible transmission of immorality is revealed in John Barton’s anxiety over the similarities Mary shares with Esther and, more emphatically, through Esther’s fears over her own contagious potential. The maternal relationship between Esther and Mary is well established in the novel, a dynamic that has drawn frequent comment from critics. For example, Uglow calls Esther “the dark ‘mother’ of the heroine,” and Jill Matus describes the women’s “similarities” as “heavy-handedly drawn.” This mother-daughter dynamic is apparent from the novel’s beginning. John’s strongest memory of Esther’s final moments in the Barton family home is of her purposely exerting her influence on Mary: “she takes Mary in a coaxing sort of way, and ‘Mary,’ says she, ‘what should you think if I sent for you some day and made a lady of you!’” (7). Esther is attempting to inspire Mary with her class-crossing ambitions, which, John suggests, have already led to her moral fall. By the time of the novel’s primary plot, Mary is an ungoverned, motherless girl of sixteen. In the absence of a strong maternal figure, Esther’s ambitions take a central place in Mary’s psyche and influence her decision to turn to dressmaking rather than domestic servitude:

Three years of independence of action (since her mother’s death such a time had now elapsed) had little inclined her to submit to rules as to hours and associates, to regulate
her dress by a mistress’s ideas of propriety . . . Besides all this, the sayings of her absent, the mysterious aunt Esther, had an acknowledged influence over Mary. She knew she was very pretty . . . So with this consciousness she had early determined that her beauty should make her a lady; the rank she coveted the more for her father’s abuse; the rank to which she firmly believed her lost Aunt Esther had arrived. (26–27)

As John Barton has already predicted Esther’s fall, the reader can see the parallel between Mary’s ambitions and her aunt’s and can identify the danger that Mary, too, faces. This threat is most explicit in the advances of Harry Carson, the wealthy mill owner’s son whose attentions Mary enjoys at the beginning of the novel. The absence of a mother explicitly puts Mary at risk, as she confirms later in the courtroom scene: “For you see, sir, mother died before I was thirteen, before I could know right from wrong about some things; and I was giddy and vain, and ready to listen to any praise of my good looks . . . a mother is a pitiful loss to a girl, sir” (383). In the vacuum created by the dead mother, Mary adopts the qualities of her absent aunt Esther, specifically those that led to her fall. In this respect, Esther assumes the maternal role, as she proves to be the dominant influence on Mary’s upbringing—an influence that could have disastrous results.

The physical similarity between Esther and Mary also implies the possibility of their shared fate. The biological inheritance that lends Mary features that are similar to her aunt’s suggests that she, too, has the potential to become a fallen woman. Deborah Epstein Nord also notes that Gaskell raises the possibility of an inherited tendency to fallenness: “Here the idea of an inherited taint affecting the female line . . . is offered then decisively rejected.” Nord’s point is well taken, insofar as the novel’s plot goes; Mary does not follow Esther and become a fallen woman or a prostitute. Still, the threat of the niece’s harmful inheritance—the possibility that
Mary is somehow predisposed to fallenness—resonates throughout *Mary Barton* more strongly than Nord acknowledges. In the novel’s first mention of Mary, the elder Wilson comments that she is “growing into as fine a lass as one can see on a summer’s day; more of her mother’s stock than” her father’s (7). The good looks she inherits from her mother’s side of the family tie her to Esther, whose beauty is said to be “a sad snare” in the same scene (6). John Barton recognizes the possibility that Mary will follow Esther after seeing the latter in the streets, the very meeting Esther orchestrated to warn him about Mary’s flirtation with Carson. Afterward, “He often looked at Mary, and wished she were not so like her aunt, for the very bodily likeness seemed to suggest the possibility of a similar likeness in their fate.” Although this thought is devalued as a “terrible superstitious fear,” John Barton clings to it, and it emphasizes the physical and moral similarities between the two women (147). This familial likeness is a visible representation of the maternal relationship Esther has with Mary—one that Esther, in particular, fears is particularly dangerous for the daughter figure.

The scene in which Esther approaches the Barton home emphasizes both her adoption of a maternal role toward Mary and her anxiety about that same influence. The physical and moral distance Esther believes separates her from her dead child is replicated in her hesitation to contact her niece personally, fearing the moral contagion that she imagines such an encounter could transmit. Instead, Esther attempts to warn Mary about the danger that attends her current path through the intermediary of John Barton and, failing him, Jem. When Esther believes that she caused Jem to murder Harry Carson, she assumes that she must be at fault; after all, “How could she, the abandoned and polluted outcast, ever have dared to hope for a blessing, even on her efforts to do good?” (277). Esther’s anxiety about her “polluted” nature is especially present as she approaches the Barton home: “she was ashamed to enter in where once she had
been innocent, and hung about the neighbouring streets” (278). The streets, aligned with contagion and prostitution, seem safer to Esther than the prospect of entering the home of her youth. The boundary separating the domestic realm in which Mary resides from the streets in which Esther works becomes emotionally charged. From Esther’s perspective, crossing the boundary from the profane world of the prostitute to the healthful domestic realm occupied by Mary is fraught with shame and the fear of contamination. The narrator explains that Esther “had felt as if some holy spell would prevent her (even as the unholy Lady Geraldine was prevented, in the abode of Christabel) from crossing the threshold of that home of her early innocence” (279). In this configuration, Esther imagines herself as a Gothic horror, a vampire-like presence come to prey upon the innocent Mary. This allusion is particularly telling, for not only does Lady Geraldine seduce Christabel in Coleridge’s poem, but she is able to do so because Christabel is, like Mary, motherless; Geraldine must fend off the mother’s protective spirit before advancing upon Christabel. Moreover, Geraldine, like Esther, is imagined to inhabit a vacated maternal space in a threatening, overtly sexualized way. Geraldine is compared to a maternal figure when she lies in bed with the innocent Christabel:

    And lo! the Worker of these Harms,
    That holds the Maiden in her Arms,
    Seems to slumber still and mild,
    As a Mother with her Child.”

This intertextual moment suggests that Esther’s fear of contagion is simultaneously a fear of embodying the role of the destructive, pathological mother.

    Contradicting this anxiety is the scene’s emphasis on Esther’s positive associations with maternity. When she arrives at the Barton home, Mary has been dreaming of her mother, only to
awaken to “A strange feeling . . . as if something spiritual were near; as if the dead, so lately present in her dreams, were yet gliding and hovering round her, with their dim, dread forms” (273). As though summoned by Mary’s dream, Esther appears at the door, a form so like her mother that Mary flings herself into her aunt’s arms, dragging Esther across the very doorstep that she was afraid to cross. Though Mary is soon “puzzled with the likeness, which was not identity,” this scene illustrates the maternal relationship Esther has to Mary and emphasizes the family resemblance Esther, the elder Mary, and the younger Mary all share. The appearance of Esther as Mary’s mother is a visual representation of her occupying the maternal role left open by her sister’s early death. Esther, too, connects Mary to her own deceased daughter: “‘You are so like my girl, Mary!’ said Esther . . . recurring, with full heart, to the thought of the dead” (283). Although the physical likeness between the women suggests the possibility that Mary will inherit her aunt’s fate as she inherited her good looks, it simultaneously offers an alternative vision of hope for the prostitute-mother. That Mary-confuses Esther for her mother and falls into her arms suggests both that Esther can, in fact, cross into the domestic realm in spite of her reservations and that she can embody a maternal role in a healthful way.

Maternal fulfillment and reincorporation into the domestic sphere, possibilities that Esther desires, yet emphatically rejects, are again raised in the emigration plot with which the novel ends. The condition that makes the physical relocation of the protagonists necessary—the visceral repugnance the people of Manchester feel toward Jem because of his perceived criminality, even after his acquittal—align him with the social outcast and disease-ridden prostitute, Esther. Just as Esther believes herself to be an agent of physical and moral contagion, when Jem walks from the trial a free man, “The crowd made way, and kept their garments tight about them as Jem passed, for about him there still hung the taint of the murderer” (393). This
“taint,” this supposed ethical sullying, is so potent that observers fear physical contact, just as Esther is afraid to pollute the Barton household by crossing its threshold. Emigration to the new world is posited as a solution for two “tainted” characters, Jem and Esther.

Emigration, then, holds a rehabilitative potential. Jem becomes inspired by Mary’s plan to have Esther join them: “Yes! . . . she shall go to America with us; and we’ll help her to get rid of her sins” (390). Jem imagines not only changed circumstances, but also a new spiritual start. However, the novel does not bear out the possibility for redemption articulated by both Mary and Jem, as Esther dies before they can successfully reincorporate her into the domestic realm. The streets, associated heretofore with Esther’s sexual disgrace and attendant illness, become a space that can infect, but cannot provide the rest promised by death. The landlady of the lodging-house recalls the then-absent Esther searching for a space in which to die: “She came in, the night before last, and said she had not a penny to get a place for shelter; and that if she was far away in the country she could steal aside and die in a copse, or a clough, like the wild animals; but here the police would let no one alone in the streets, and she wanted a spot to die in, in peace” (461). Esther describes a quasi-police state in which the regulation of bodies extends to the policing of places in which they can die.

Esther resurfaces at the thinnest possible boundary separating the infectious streets from the domestic health and safety symbolized by the Barton home. Just as Mary and Jem sit in a scene of almost-married bliss, foreshadowing the familial happiness they will attain in Canada, Esther appears with her face pressed against the window and collapses: “a film came over the bright, feverish, glittering eyes outside, and the form sank down to the ground without a struggle of instinctive resistance.” Recalling the way in which Alice Wilson mentally returned to her childhood days in her delusional state that preceded her death, Esther “had come (as a wounded
deer drags its heavy limbs once more to the green coolness of the lair in which it was born, there
to die) to see the place familiar of her innocence, yet once again before her death” (462). Gaskell
shifts Esther metaphorically from the streets to a green, pastoral world and figures her as a
wounded wild animal rather than an ill, dying prostitute.

The final stage of Esther’s illness allows the narrative to invoke and then deny a symbolic
return to innocence. She is carried into the Barton household and placed in Mary’s room, a
radical escalation of entering the domestic home, as the prostitute actually occupies the innocent
girl’s bed. As she nears death, all fear of contaminating Mary leaves Esther. Instead of acting as
a mother figure to her niece, Esther’s last moments are concentrated on recalling (and mourning
for) her dead biological daughter. When she awakens, she wonders, “Has it been a dream, then?”
revealing her fervent wish that her life as a fallen woman, unwed mother, and prostitute were not
a harsh reality but a nightmare. This possibility is immediately pushed from her mind upon
discovering the physical evidence of her role as mother: “Then with a habit, which came like
instinct even in that awful dying hour, her hand sought for a locket which hung concealed in her
bosom, and, finding that, she knew all was true which had befallen her since last she lay an
innocent girl on that bed.” Again, Esther’s daughter is simultaneously the physical evidence of
Esther’s fallenness and the means of rendering her sympathetic, as she dies weeping. The
possibility of spiritual redemption, which Esther believed denied to her, is raised only after her
death. Esther is buried in a double grave with John Barton, reinforcing Esther’s symbolic
position as Mary’s mother and the representative of her possible fate. The biblical inscription on
the otherwise unmarked grave reads: “Psalm ciii. v. 9.—‘For he will not always chide, neither
will He keep His anger forever’” (462–63). Only after Esther and John Barton collectively and
namelessly have been buried in a grave might they attain spiritual redemption. Importantly, that
vision of redemption is a delayed one, suggesting that their sins have been so great God himself cannot immediately forgive them.

Lizzie Leigh’s “Little, Unconscious Sacrifice”

As she did in *Mary Barton*, Gaskell incorporates stereotypes about fallen women and prostitutes into the plot of “Lizzie Leigh.” Gaskell’s short story depicts a mother’s search for her fallen daughter, Lizzie, a country girl who is sent to Manchester to work as a servant, becomes pregnant, is ejected from her employer’s home, and turns to prostitution. Lizzie is disowned by her father, who later repents on his deathbed. After his death, Lizzie’s mother, Anne, moves to Manchester to search for her daughter and instead finds Lizzie’s child, Nanny, living in the home of the angelic Susan Palmer, a woman variously described as “pure and maidenly” and “saintly” (11–12). In the course of the narrative, Nanny tragically falls down a flight of stairs and dies, a succession of events that reunites Lizzie with her mother. The two women live the rest of their lives in isolation, as Lizzie performs kind acts for her neighbors. Several elements of this story are familiar. As Heather Glen notes, “Lizzie Leigh” develops the themes of the fallen woman and “urban poverty” that appealed to the “liberal middle classes who had been stirred by Mary Barton.” Moreover, Gaskell’s story “appealed to less practiced readers by the way in which it drew on and developed familiar tropes of the penny fictions—the girl from the country who is ‘ruined’ in the city, the father disowning his daughter, the redemption of the prodigal.” Though Gaskell is, again, complicit in perpetuating stereotypes surrounding prostitutes, she omits one central trope, the fallen woman’s death, in allowing Lizzie to survive the end of her story and actively pursue spiritual redemption. Yet, as we will see, that possible Christian redemption is contingent upon Lizzie verbally identifying her sinful nature, fearing her ability to contaminate her daughter, and finally mourning the possibility that she may be damned and thus permanently
separated from her child.

Critics of “Lizzie Leigh” tend to argue that the treatment of fallen women is divided along gendered lines, wherein the male characters are critiqued for their harsh treatment of the prostitute-mother and the female characters praised for their compassion. Jenny Uglow has even described this gendered response to the fallen woman using Gaskell’s Biblical diction, as the “Pharisaic, Old Testament sternness of the men” versus “the sympathetic mercy of the New Testament, shown by the women.” Though I agree that the male characters, particularly the family patriarch James Leigh and Lizzie’s brother Will, enforce the strict sexual code that labels Lizzie’s actions unacceptable, I argue that the story emphasizes an important exception to this rule. Lizzie herself condemns her own sins and treats herself as a contagious agent, perhaps even more enduringly than the male characters do. My reading differs from that of Christine Kreuger, who argues, “Will’s role is to preempt the reader’s objections to Lizzie.” While Will’s denigration of his sister aligns him with a discourse condemning fallen women as irredeemable, he is shown to be bigoted compared to the female characters. In contrast, Lizzie’s insistence on her own unworthiness and impurity allows her to name the possible “objections” to her character herself in a display of humility. This model, which demonstrates repentance, allows Lizzie to elicit sympathy.

Where Gaskell explicitly uses the words “street-walker” (6) and “prostitute” (185, 281) to describe Esther’s line of work, such terms are notably absent from “Lizzie Leigh.” The name of Lizzie’s profession is consistently excised from the characters’ speech, as when Will speculates that she is likely dead, only to be hushed by his mother: “‘Many a one dies in—’ ‘Oh my lad! Dunnot speak so to me, or my heart will break outright!’” (13). The word “prostitution” is an absent presence, visually replaced by a dash in the text. Will is the only character who broaches
the topic and, though critical, he speaks only in euphemisms, as he refers to “knowing what we do about Lizzie, and fearing worse” (14). What the family does know about Lizzie—that she was dismissed from her position as a servant in a Manchester home after becoming pregnant—appears, at least in Will’s mind, to lead inexorably to her position as a prostitute. This assumption seems to be the unspoken answer to Mrs. Leigh’s rhetorical question about Lizzie’s departure from the workhouse after giving birth: “they’d turned her out as soon as she were strong, and told her she were young enough to work,—but whatten kind o’work would be open to her, lad, and her baby to keep?” (13–14). The lack of verbal acknowledgement that Lizzie has entered a life of prostitution suggests several seemingly conflicting possibilities: that a fallen woman would become a prostitute is a foregone conclusion and therefore unnecessary to mention, that to mention such a thing is too painful (as Anne Leigh insists), and that Lizzie’s status as a prostitute is less important than her mother’s successful attempts to rehabilitate her.

The circumstances surrounding Lizzie’s pregnancy and near-certain descent into prostitution are very similar to Esther’s in Mary Barton, likewise rendering Lizzie a sympathetic prostitute-mother who is deserving of compassion. However, Lizzie is portrayed as being more normative because of her relative health, a departure from the standard fallen-woman narrative. She is not physically ill, though she is described as “old before her time; her beauty was gone; deep lines of care, and alas! of want (or thus the mother imagined) were printed on the cheek, so round, and fair, and smooth, when last she gladdened her mother’s eyes.” For Lizzie, prostitution has left its physical mark, but she is never described as being diseased. She is certainly not an iteration of “the dirty, intoxicated slattern, in tawdry finery and an inch thick in paint” that Acton sarcastically identified as the stereotyped prostitute in the mid-Victorian imagination, several qualities of which register in Gaskell’s portrayal of Esther. In fact, as a
sign of Anne Leigh’s infinite pity for her daughter, the narrator relates that “all these marks of
the sin and sorrow she had passed through only made her mother love her the more” (27).

Though the maternal response to Lizzie’s physically run-down body is compassionate,
each member of the Leigh family who knows about Lizzie’s fall demonstrates anxiety about the
metaphorical contagion that surrounds her. The narrative shows slippage between identifying
“shame” as Lizzie’s personal burden and as the state in which the entire Leigh family lives.
Though these fears are diminished (if not entirely subverted) through the narrative—James
repents on his death bed and Will is chastised for his callousness by his beloved Susan—the
transmission of shame from the fallen woman to her mother, father, and brothers suggests a
contagious or infectious dynamic, in which the state of sexual fallenness can be transmitted from
the individual to her entire family. We are told that Will “thought about her sometimes, till he
ground his teeth together, and could have struck her down in her shame” (8). ⁶⁰ Similarly, the
narrator describes how Will “had been old enough to be told the family shame” (7); he is
“depressed” by his mother’s fondness for the story of the Prodigal Son because “to him it
recalled the family’s disgrace” (4–5). James Leigh’s disowning and disinheriting of Lizzie when
he “declared henceforth they would have no daughter; that she should be as one dead, and her
name never more be named at market or at meal time, in blessing or in prayer” is, of course, a
symbolic distancing, but it is one that is meant to excise the diseased element from the family
unit. This sort of unrelenting focus on shame might be expected in James and Will, but even
Anne, whose love for her daughter and wish to redeem her informs the central action of the
narrative, feels shame in her relationship to Lizzie. We see this conflicting emotion when she
concludes that Lizzie is Nanny’s mother: she faints, as “The strange joy and shame, and gushing
love for the little child, had overpowered her” (18). Shame in “Lizzie Leigh” is a complex
concept: it clearly affects (and infects) the entire Leigh family, and they share the moral burden of Lizzie’s fallenness. However, in James’s and Will’s cases, the feelings of shame are shown to be uncharitable and misguided, while in Anne, they seem to be indicative of humbleness and Christian penitence. She, like Lizzie, internalizes the rhetoric of shame and metaphorical disease that surround the prostitute, and instinctively feels that degradation which has symbolically spread to encompass the entire Leigh family.

The contagious nature of Lizzie’s “shame” most seriously threatens the most vulnerable member of her biological family, as the story suggests that her infamy could be transmitted symbolically to her illegitimate daughter. Just as Nanny physically inherits her mother’s eyes (noted as proof that suggests Lizzie is the anonymous biological mother of the child), she is thought to inherit her mother’s shame.61 Though she is deeply sympathetic toward both Lizzie and Nanny, Mrs. Leigh draws upon this concept when she praises Susan’s decision in adopting Nanny: “She knows now [that Lizzie was Nanny’s mother]: she did not at first, but took the little helpless creature in, out of her own pitiful, loving heart, guessing only that it was the child of shame; and she’s worked for it, and kept it, and tended it ever sin’ it were a mere baby, and loves it fondly.” In Anne’s explanation, Nanny’s parent is not named as Lizzie, but “shame” itself. Rather than disregarding Nanny’s illegitimate birth, Anne suggests that her status makes Susan’s decision to act as foster mother even more admirable. Will, in contrast, is horrified: “To think of Susan having to do with such a child!” (22). The legacy of shame that Nanny inherited from her prostitute-mother is so powerful that, in Will’s eyes, it threatens the purity of the grown woman who has chosen to care for her. He misinterprets Susan’s adoption of Nanny, an act Gaskell lauds as selflessness and charitable, as the unnecessary exposure of an innocent woman to shame in the form of an illegitimate baby. By this logic, the baby has inherited her mother’s transgressions
and has become a morally contagious agent herself.

Lizzie is attuned to the possibility her own moral contagiousness, though she does not believe that her transgressions have been passed on to her child through birth. However, she still fears that her physical presence will taint the child and perhaps undo Susan’s wholesome influence. Just as Esther’s fear of infecting the innocent Mary through physical interaction is evidence of her own repentance and righteousness, Lizzie avoids contact with either Susan or her daughter while Nanny is alive for the same reasons. Lizzie’s sacrifice of her newborn also suggests her need to physically separate from her daughter out of a sense of moral (and maternal) obligation. Though Lizzie’s motives are not explicitly revealed, she clearly believes that the baby will have a better life with the “downright holy” Susan Palmer (14). The note she pins on the bundle containing both Nanny and handmade baby clothes articulates the moral distance between Nanny’s two maternal figures: “God bless you and forgive me” (18). This binary is echoed in another division between the women: Lizzie’s place is outside of the home and the domestic realm, in the streets she wanders, while Susan’s is inside of the home. Although Susan is a working mother, even her place of work is feminine and domestic: as a teacher, she takes on a maternal teaching role, and her workplace is her home. She does not even have to cross the boundary to the street where Lizzie plies her trade.

Lizzie’s banishment to the streets of Manchester is analogous to Esther’s sorrowful exclusion from the domestic realm. I use the term “banishment” to describe Lizzie’s dismissal from her employer’s home because Lizzie does not have the agency to resist turning to a life in the streets. Lizzie does actively insist that her mistress cannot contact Mr. and Mrs. Leigh, threatening to drown herself in the canal if her wishes are disobeyed, but she only does so because she has no other alternatives. She knows, as Mrs. Leigh says, “it would break my heart
... and her father would curse her” (13). She would not be allowed back into the Leigh home, Unlike Esther, who is offered a place in the Wilson household but believes herself to be unworthy. Mrs. Leigh explicitly faults Lizzie’s employer when she describes her daughter’s dismissal from service as a removal from the home to the urban streets: “the master had turned her into the street soon as he had heard of her condition” (16). As in *Mary Barton*, Lizzie is driven to prostitution out of economic need. In Lizzie’s case, though, those conditions are explicitly blamed on her uncompassionate employer, rather than the needs of an ill, helpless child. Gaskell places the onus on respectable members of the middle class rather than the unwed mother, her lover, or their illegitimate daughter.

It is through these same streets that Anne Leigh obsessively searches for her daughter night after night, though Anne never seems to be in any kind of physical or moral danger herself. The urban space of Manchester’s streets is not as polluted in “Lizzie Leigh” as it is in *Mary Barton*, insofar as the story lacks descriptions of widespread filth and physical contamination (an absence that perhaps can be ascribed to the story’s setting in lower-middle-class houses). However, the narrative still pursues the prostitute’s movements, following Anne Leigh as she retraces her daughter’s steps from her place of employment to the workhouse to the streets. The narrator describes how Anne

used to wander out, at first as if without a purpose, till she rallied her thoughts, and brought all her energies to bear on the one point; then she went with earnest patience along the least-known ways to some new part of the town, looking wistfully with dumb entreaty into people’s faces; sometimes catching a glimpse of a figure which had a kind of momentary likeness to her child’s, and following that figure with never-wearying perseverance, till some light from shop or lamp
showed the cold strange face which was not her daughter’s. (9–10)

By tracing Lizzie’s movements, Anne takes on the physical movements of a streetwalker, one who literally walks the streets, though she seeks her daughter rather than clients.62 For Anne, repeatedly searching the streets is an act of unselfish motherly love analogous to Lizzie’s own decision to confine herself to those same streets rather than interfere with Nanny’s life in a respectable home.

Lizzie passes her daughter on to Susan in the streets, and she remains outside of the Palmer home during Nanny’s lifetime. Just as the door to the Barton home served as a barrier Esther was loath to violate, Lizzie is known to often come up to the threshold of the Palmer home, but only to leave money for Nanny, to “thrust [it] in under [the] door,” and to disappear unseen (18). Her proximity on the night of Nanny’s death suggests that Lizzie, like Esther, is a constant observer from the borders of the unfallen characters’ lives; late in the story, Susan confirms that Lizzie, as usual, was dropping off “a little parcel, wrapped in a scrap of newspaper, and evidently containing money” (27). Unlike Esther, though, Lizzie does not intend to personally intervening on her daughter’s behalf; the only points of contact between the two are the parcels of money, which Linda K. Hughes and Michael Lund describe as a “sign of sin and never used for the care of her child.”63 Lizzie’s money is simultaneously a poignant symbol of maternal love and repentance and a contaminated object that must not come into contact with her innocent child. Lizzie physically breaches the boundary of the Palmer home only when she learns of the tragedy that has befallen her daughter. When Susan runs to the doctor, Lizzie follows as a “shadow” free of identity, only revealing her presence upon hearing Susan tell the doctor of Nanny’s injury: “Is it my child that lies a-dying?” said the shadow, springing forwards.” Susan’s reply maintains Lizzie’s anonymity: “I do not know whose it is; I love it as
my own. Come with me, whoever you are; come with me’’” (37–38). The mother only allows herself enter the Palmer home in an extreme circumstance, in fact, only at the end of her child’s life.

By this same token, Lizzie can only touch Nanny and claim the title of mother after her death. In an eerie scene, Susan attempts to move Nanny’s lifeless body, but Lizzie intervenes, stating both her unworthiness to touch her daughter and her strong desire to do so and thereby enact the maternal role, a position she can only occupy for a dead child: “I am not worthy to touch her, I am so wicked . . . may I have my own child to be in my arms for a little while?” (25). Since Nanny is dead, she is beyond the physical or moral harm her mother could cause, allowing Lizzie to cradle her and coo at her as a mother would. Lizzie simultaneously denies her ability to mother Nanny (she is “not worthy”) and finally attempts to embody that role, as she “kept smiling, stroking the little face, murmuring soft tender words, as if it were alive,” to the point that Susan fears for Lizzie’s sanity. This display of grief verging on madness makes Lizzie seem increasingly sympathetic, and the pathos brings the pure woman, Susan, to the point of crisis herself. Acting as a surrogate for the reader, Susan is overcome with pity for Lizzie, falling on her knees and begging, “Oh, my God, my God, have mercy on her, and forgive, and comfort her” (25).

The repentant prostitute is sympathetic specifically because she knows and maintains her place outside of the safe, wholesome domestic realm; the only thing that allows her entrance into that privileged space is her status as a mother. The maternal role supersedes Lizzie’s transgressive role of prostitute, both in this scene and in the logic of redemption the story promotes. Nanny’s death, Christ-like, is said to redeem her mother’s sins and facilitate her spiritual recovery. The narrator describes Nanny as “the little, unconscious sacrifice, whose early
calling-home had reclaimed her poor wandering mother.” The pathos of the Nanny’s death and especially her ability to “speak to God for thee [Lizzie],” as Mrs. Leigh promises, lends a Christianized angle to the punishment of the fallen woman, in which the child’s death is simultaneously punitive and redemptive (31).

Maternity acts as the driving force behind Lizzie’s reformed life, in which she lives with her mother in isolation, performs works of charity, and “prays always and ever for forgiveness—such forgiveness as may enable her to see her child once more.” The final lines of the story portray an odd triangle consisting of the prostitute-mother, her dead illegitimate child, and the legitimate child of Will and Susan, also named Nanny. Though Lizzie can never embody the maternal role again in life, the last line of the book describes her approximating that position with her niece, whom “Lizzie often takes to the sunny graveyard in the uplands, and while the little creature gathers the daisies, and makes chains, Lizzie sits by a little grave and weeps bitterly” (31). This image of the child innocently playing while her aunt mourns at the gravesite of her namesake is troubling. The second Nanny becomes an uncanny double of the first, a playful, legitimate version of the dead, illegitimate child. Her presence makes visible the distance between what Lizzie could have been (a legitimate mother to a happy child) and what she is (a repentant prostitute-mother to a dead child). Yet, this conclusion is a progressive departure from the stereotype that prostitution ended in death for both fictional and real women. By the end of “Lizzie Leigh,” the title character can interact with the second Nanny, her niece and surrogate daughter, but her focus is on mourning and attempting to recover the position of legitimate mother, which she can only aspire to attain in heaven. Although Lizzie’s death is not narrated (and, in fact, her survival is essential, as it allows her to perform the good works that, the story implies, may lead to Christian salvation), Lizzie both dwells on Nanny’s death and looks forward
to her own. Death is still the ultimate ending for the prostitute-mother, as it is through dying that she can reclaim the maternal relationship that was so redemptive on earth.65

The prostitute-mother is ultimately a figure who yearns to join her child in heaven, as we see in Lizzie sitting graveside in tears and Esther dying while clutching the locket that contains her child’s hair. Both Lizzie and Esther articulate their unworthiness. We see Lizzie’s hesitation to touch her child even in death, Esther’s reluctance to contact her niece directly, both women’s banishment to the anti-domestic streets, and ultimately their fear of being shut out of heaven and the presence of their deceased daughters. The disparity these prostitute-mothers identify between themselves and innocent, respectable replicates the distance between themselves and Gaskell’s bourgeois readership. These critiques of the women as sinful and morally diseased could be marshaled by the callous, unsympathetic observers whom Gaskell is ostensibly trying to transform, but they are instead articulated by the prostitute-mothers themselves as signs of their humility and acknowledgement that their lives on earth are beyond saving. In redeeming the prostitute-mother, then, Gaskell calls upon her readers’ sympathy, but suggests that forgiveness and salvation for the prostitute’s sins—and sins they are, both in the eyes of society and in the eyes of the God to whom the characters pray—are only attainable after death.
Notes

1 Elizabeth Gaskell, *The Letters of Mrs. Gaskell*, ed. J. A. V. Chapple and Arthur Pollard (Manchester: Mandolin, 1997), 99. Elsie B. Michie uses these letters to argue that Gaskell was not, in fact, in favor of emigration, but felt constrained to ask Dickens for help: “When she wrote this, Gaskell was caught in a system in which she disagreed with Dickens’s belief that emigration would solve the problem of prostitution, yet, at the same time, emigration turned out to be the only relief she could seek for her protégée.” *Outside the Pale: Cultural Exclusion, Gender Difference, and the Victorian Woman Writer* (Ithaca: Cornell University Press, 1993), 91–92. However, Mitchie’s argument ignores Gaskell’s proposal of emigration as a possible solution for Esther in *Mary Barton*.


7 Betensky, *Feeling for the Poor*, 1.


Elsewhere, Hemyng identifies this downward trajectory as a myth that does not hold for all prostitutes, noting that “Women who in youth have lost their virtue, often contrive to retain their reputation; and even when this is not the case, frequently amalgamate imperceptibly with the purer portion of the population and become excellent members of the community.” *London Labour*, 212. As we will see in Chapter 2, the rehabilitative possibility of the fallen woman rejoining the community is central to Gaskell’s *Ruth*.


For a useful discussion of venereal disease statistics and the social and gender assumptions that underlie medical responses in the period, see Walkowitz, *Prostitution and Victorian Society*, especially Chapter 3, “Venereal Disease.”


For a useful survey of the mid-century prostitution debates, see Logan, *Falleness*, 62–71.


Tait also blames “Dissipated and thoughtless wives” who are “often contaminated with venereal diseases, and communicate them to their husbands.” *Magdalenism*, 187–88.


William Acton, *Prostitution Considered in its Moral, Social, and Sanitary Aspects*, 2nd ed. (1870; repr., London: Frank Cass, 1972), 27. Similarly, Hemyng dismisses “the foolish idea that ought to have been exploded long ago, but which still lingers in the minds of both men and women, that the harlot’s progress is short and rapid, and that there is no possible advance, moral or physical; and that once abandoned she must always be profligate.” *London Labour*, 219.

Walkowitz, *Prostitution and Victorian Society*, 47.

Betensky, *Feeling for the Poor*, 101–02.
See, for example, Deborah Epstein Nord, *Walking the Victorian Streets: Women, Representation, and the City* (Ithaca: Cornell University Press, 1995), 151; Deirdre d’Albertis, *Dissembling Fictions: Elizabeth Gaskell and the Victorian Social Text* (New York: St. Martin’s, 1997), 51; and Caroline Lesjak, *Working Fictions: A Genealogy of the Victorian Novel* (Durham: Duke University Press, 2006), 37. An important exception is Sandro Jung, who notes that “Esther takes responsibility for her fall by accepting the socially constructed shame that giving birth to an illegitimate child entails,” but he does not consider the ways in which Esther articulates her shame or the significance of that articulation. “Liminal Femininity in Gaskell’s *Mary Barton* and *Wives and Daughters*,” in *Elizabeth Gaskell, Victorian Culture and the Art of Fiction: Essays for the Bicentenary*, ed. Sandro Jung (Lebanon, NH: Academia, 2010), 59. Joanne Wilkes also has identified ambivalence in the novel’s treatment of Esther: for Wilkes, the plot identifies Esther as a victim, while literary allusions to Lady Macbeth and Coleridge’s Ancient Mariner and Christabel identify her as a sinner. However, Wilkes’s argument does not consider the full array of rhetorical devices surrounding Esther, nor does she separate allusions made by the narrator from allusions made by Esther herself. See “‘Have At the Masters’?: Literary Allusions in Elizabeth Gaskell’s *Mary Barton*,” *Studies in the Novel* 39, no. 2 (2007): 147–60.

Lesjak goes on to name Esther “a distorted deus ex machina of sorts, who wreaks moral havoc whenever she appears and without whom the narrative would seemingly ‘do nothing.’” Lesjak, *Working Fictions*, 37. While I agree with Lesjak’s assessment of Esther’s centrality to the novel, I argue that the possibility of Esther’s destructive nature—usually figured as disease—is raised, but dismissed by all but Esther herself. Similar to Lesjak, Michie identifies Esther as “[t]he figure Gaskell positions between these two stories [John Barton’s industrial plot and Mary Barton’s romantic plot] and links to both.” *Outside the Pale*, 115.

Poovey also aligns Esther with the streets as opposed to the domestic realm, but instead sees the streets as a masculine space and Esther as the means of transmitting the masculine chaos of the streets to the ordered domestic realm. “Disreali, Gaskell, and the Condition of England,” in *The Columbia History of the British Novel*, ed. John Richetti (New York: Columbia University Press, 1994), 524–30.

Similarly, d’Albirtis observes that “Esther’s ‘fallen’ status allows her to go anywhere, to observe anything, as if she were invisible or immune to the restrictions ordinarily placed upon her sex.” *Dissembling Fictions*, 53.


d’Albirtis provocatively calls these spaces “carceral ‘homes.’” *Dissembling Fictions*, 51.

Rather than conceptualizing Esther’s homelessness as a self-induced banishment from the domestic realm, Schor sees it as another way in which “the mother’s absence is felt” and evidence that “the penniless and homeless need authority to give them identity, because there is no loving ‘watcher’ for them.” Hilary M. Schor, *Scheherezade in the Marketplace: Elizabeth Gaskell and the Victorian Novel* (New York: Oxford University Press, 1992), 31–32.


Anne Hardy discusses this phenomenon in her important book on the rise of the public health movement: “The epidemic streets haunted nineteenth-century Britain. From them, the Victorians feared, epidemic diseases
would escape to ravage the rest of society... First with fever in the 1830s, then with cholera after 1832, disease outbreaks began to be associated with particular streets, sometimes even with particular houses. By the 1890s specific place-associations were thought to have been established for several diseases: tuberculosis, typhus, typhoid, and diphtheria. It was on the basis of such observations that public-health reform and the science of epidemiology had developed in the intervening period. Both these movements emerged during the 1830s and 1840s, and provided the effective background for the development of a national public-health administration designed to reduce the incidence and mortality of infectious diseases in the years after 1850.” The Epidemic Streets: Infectious Disease and the Rise of Preventive Medicine, 1856–1900 (Oxford: Clarendon Press, 1993), 1.


40 For a thorough discussion of the theories regarding the spread infectious diseases in the Victorian period, see Michael Worboys, Spreading Germs: Disease Theories and Medical Practice in Britain, 1865–1900 (Cambridge: Cambridge University Press, 2000).


42 Esther’s health seems to have generally declined, though Gaskell does not specify what sort(s) of illness she experiences. Her portrayal is in line with Tait’s discussion of the general health of prostitutes: “Apart from the contagious diseases which they are liable every day to contract, the course of action which they pursue is so contrary to the laws of nature, and so injurious to the organic structure of their bodies, that disease is sure in a short time to manifest itself. Nor is the affect confined to one part of the frame, but every member is liable to suffer from it.” Magdalenism, 165. Again, we see the conflation of morality and physicality, as the prostitute’s (supposedly) immoral and unnatural lifestyle is thought to injure her body.

43 Interestingly, Sponburg uses Esther’s alcoholism as an example of medical literature reflecting fiction: “The Victorian belief that art reflected life meant that many of the most important pieces on prostitution in serious journals were based on observations from favourite novels. The alcoholic prostitute in Mrs. Gaskell’s Mary Barton for example was often cited as proof that all prostitutes were drunken.” Feminizing Venereal Disease, 13.

44 Jaffe performs an extensive analysis of the connections between visuality and sympathy in Scenes of Sympathy.

45 Jenny Uglow, Elizabeth Gaskell: A Habit of Stories (New York: Farrar, Straus, Giroux, 1993), 207. Also relevant is Christine Kreuger’s feminist reading of the maternal relationship in which “Esther is the mother restored to Mary, though Mary cannot see it; Mary is the daughter Esther cannot legitimately claim. Instead, they both continue to live the patriarchal lies that deny their social and narrative kinship.” The Reader’s Repentance: Women Preachers, Women Writers, and the Nineteenth-Century Social Discourse (Chicago: University of Chicago Press, 1992), 185.


47 Logan argues that in Victorian fiction, “The centrality of the maternal paradigm is further illustrated by the assumption that motherless girls are destined to fall.” Falleness, 7.

48 Nord, Walking the Victorian Streets, 152.

49 Matus points out that this opinion is Esther’s own, but argues that Esther’s attempts to rescue Mary are “misguided” and “bungling” and, therefore, “the text allows Esther’s estimation of herself to stand.” Unstable Bodies, 74.


Several elements of the narrative, particularly Lizzie’s initial removal from the family home, pregnancy, rejection from her family, and relationship with her mother are shared with a story Gaskell includes in *The Life of Charlotte Brontë* (1857). Here, a friend of the Brontë family, a young girl of fifteen or sixteen, visits her married, pregnant sister: “She came home, after some weeks spent in her brother-in-law’s house, ill and dispirited. Inquiries were made of her by her parents, and it was discovered that she had been seduced by her sister’s wealthy husband; and that the consequences of this wickedness would soon become apparent. Her angry and indignant father shut her up in her room, until he could decide how to act; her elder sisters flouted at and scorned her. Only her mother, and she was reported to be a stern woman, had some pity on her. The tale went, that passers along the high-road at night-time saw the mother and young daughter walking in the garden, weeping, long after the household were gone to bed. Nay, more; it was whispered that they walked and wept there still, when Miss Brontë told me the tale—though both had long moulder in their graves.” This anecdote is omitted from the biography’s third edition, *The Life of Charlotte Brontë*, ed. Angus Easson (Oxford: Oxford University Press, 1996), 472–73.

Heather Glen, introduction to *Cousin Phillis and Other Stories*, by Elizabeth Gaskell (Oxford: Oxford University Press, 2010), xv.

For a discussion of “Lizzie Leigh” that positions the story as a “link” connecting the more stereotypical portrayal of Esther in *Mary Barton* to the more progressive treatment of the fallen woman in Gaskell’s later novel *Ruth*, see Suzann Bick, “‘Take Her Up Tenderly’: Elizabeth Gaskell’s Treatment of the Fallen Woman,” *Essays in Arts and Sciences* 18 (1989): 17–27.


Uglow, *Habit of Stories*, 126.


Tait also describes premature aging as a consequence of prostitution: “[Women’s] bodies are so constituted, that every infringement of the natural or organic laws soon begins to manifest itself in them . . . The eyes, once so bright and sparkling, look dim and languid, and seem as if sunk in their sockets. Their skin every where exhibits a sallow, withered appearance; and their whole body becomes feeble and enervated.” *Magdalenism*, 168.

Acton, *Prostitution*, 27.

As Fitzwilliam notes, Will only pronounces Lizzie’s name once in the story, preferring to refer to her as “she.” “Politics behind the Angel,” 19.

Margaret Homans also identifies Nanny’s eyes, as well as her clothing made from her mother’s dress, as evidence of “matrilineal inheritance,” though she sees this concept as purely symbolic, as it “competes with the patrilineal word.” *Bearing the Word: Language and Female Experience in Nineteenth-Century Women’s Writing* (Chicago: University of Chicago Press, 1989), 230.
Similarly, Logan calls this moment “Anne’s convincing assumption of the fallen-woman role,” though she does so to argue that it “demonstrates the fluidity of sexual boundaries that cannot be contained by visual cues alone.” *Fallenness*, 77.

---


---

64 This view opposes that of Morris, who recently argued that “the death of the child does not reinforce the kind of judgemental thinking voiced by the male characters in the story, but rather suggests that it is wrong to judge and censure other people, that Lizzie does in fact have the potential to overcome her sin, and that the way in which she can do so is through precisely the kind of active, useful sympathy that is shown to her by the other women in the story.” “Ready to Hear and to Help,” 40.

---

65 My reading is consonant with Logan’s belief that Gaskell’s writing on fallen women “resonates with . . . the radical insistence that these women are redeemable through their maternalism.” However, I believe this project to be less “radical” than Logan acknowledges, as it emphasizes that redemption can only occur after death, if it can in fact happen at all. *Fallenness*, 89.
Chapter 2: The Unwed Mother and the Threat of the Epidemic

The publication of Elizabeth Gaskell’s *Ruth* (1853) provoked drastically divided reactions from her contemporaries. Though literary critics generally praised her sympathetic portrayal of an unwed mother, it infuriated several of her acquaintances: she wrote to her sister-in-law, Anne Robson, “‘An unfit subject for fiction’ is the thing to say about it . . . ‘Deep regret’ is what my friends . . . feel & express.”¹ Elsewhere, she laments stories of two men burning the book and a third man forbidding his wife from reading it.² Though Gaskell anticipated this backlash, she still suffered greatly from the criticism. She portrayed her emotions as physical ailments: “I am in a quiver of pain about it. I can’t tell you how much I need strength.” Later, she described a bout of influenza as an illness contracted from her novel: “I have been so ill; I do believe it has been a ‘Ruth’ fever. The beginning of last week my own private opinion was that I should never get better. I was so utterly weak after it . . . I was so poorly! . . . I think I must be an improper woman without knowing it, I do so manage to shock people.”³ The significance of Gaskell’s reaction is twofold: first, it places the novel in a context of contagion and disease similar to that featured in its narrative, and second, it figures transgression as an illness with the power to infect seemingly innocent women—even without their realizing.

If Gaskell herself was “infected” by *Ruth*, she imagined that she might, in turn, take up the mantle of the transgressive mother and expose her own daughter Marianne to immorality, replicating a dynamic that is depicted powerfully in her novel as the threat Ruth is (erroneously) said to pose to her illegitimate son. Thus, Gaskell censored her work from her daughter for her protection: “Of course it is a prohibited book in this, as in many other households; not a book for young people, unless read with someone older (I mean to read it with MA [Marianne] some quiet
These maternal cautions underscore the imagined danger posed by reading or writing “improper” fiction. In a period in which the woman writer, like the unwed mother, was seen as an analogue of the prostitute, a point made by numerous critics with regard to Gaskell in particular, Gaskell herself worries that a novel that directly addresses issues of fallenness, illegitimacy, and moral contamination could threaten her child.

These anxieties over the transmission of metaphorical disease from the transgressive woman (or woman writer) to individuals and to the British public are reflected in contemporary sociomedical texts addressing the “epidemic” of prostitution. As the Victorian euphemism for prostitution, “The Great Social Evil,” suggests, the prostitute is inextricable from her social context. In these texts, the venereal disease that afflicts individual bodies is replicated in the social disease that symbolically plagues Britain. This relationship between the biological and the social is apparent in the mid-century treatise on prostitution written by James Miller, a professor of surgery at the University of Edinburgh. He asks the reader about the “cure” for prostitution:

What shall it be? palliative or radical? Is the sore to be as neatly and comfortably dressed as may be, from day to day, with mollifying and deodorizing appliances, and suffered to run on? or are means to be taken to heal and dry it up? Is this foul fungus on our social surface to be kept as sweet and savoury as unguents will allow, with scarce an attempt at pruning, or repression of its growth? or is it to be made to wither and decay, down to the very core?

The prostitute is reimagined not as an individual ill woman, but as a cancerous growth on the social body, a terminal disease that threatens to poison all of Britain unless it receives drastic treatment. Considering the grotesque physicality of Miller’s description, it is, perhaps, unsurprising that he advocates a “radical” solution, most significantly the criminalization and
subsequent eradication of prostitution.\textsuperscript{7}

W. R. Greg similarly employs the image of the prostitute as a biological hazard to society in his famous essay on prostitution published in the \textit{Westminster Review} (1850). He describes venereal disease as an epidemic and places it under the purview of the rising public health movement:

If public health is an affair which at all merits the attention of the government, or lies within its proper functions,—if the late movement of popular feeling in favour of sanitary measures be not wholly a mistake, and a step in the wrong direction,—if compulsory vaccination of paupers,—if quarantine regulations against imported pestilence,—if enforced cleanliness in times of cholera visitation,—be justifiable and right, then the natural \textit{à priori, à fortiori} conclusion unquestionably is, that it is an imperative duty on the administrative authorities to take all needful and feasible measures to check the spread of a malady more general, more constantly present, and more terrible than all other epidemics.\textsuperscript{8}

Here, Greg yokes the regulation of prostitution to new theories about sanitation, preventive medicine, and public health.\textsuperscript{9} He locates syphilis among the other communicable diseases that circulate among members of a population and that could be (and perhaps should be) subject to social and juridical regulation. In doing so, he also imagines the prostitute as an embedded, diseased element of her social milieu. Epidemics, particularly those bred through illicit sexual contact, involve an ailing individual in need of care and, more importantly, a social body in need of cure.

As with the prostitute, the mid-Victorian unwed mother’s physical and metaphorical contagious disease was imagined to threaten both her biological child and her entire community.
Although fictional unwed mothers do not necessarily engage in prostitution, their experiences with extramarital sex associate them with the prostitute’s figurative and literal contagion. This chapter investigates maternal transmission and epidemic disease transmission in Gaskell’s third and most developed meditation on deviant mothers, *Ruth*, and in Charles Dickens’s *Bleak House* (1852–1853). As I will demonstrate, both Gaskell and Dickens identify unwed motherhood, as well as the problem of illegitimacy, as social ills in need of attention. Therefore, these texts, like Gaskell’s *Mary Barton* and “Lizzie Leigh,” work to evoke readers’ sympathy for the unwed mother—here, by revealing the falsity of her association with contamination and disease.\(^\text{10}\) The eponymous character in *Ruth* and Lady Dedlock in *Bleak House* bear children out of wedlock, and both thus provoke anxieties about symbolic and physical pathology being passed on congenitally. Importantly, as Hilary Schor notes, “The period that ‘wrote’ *Ruth* in turn wrote the Contagious Diseases Acts of the 1860s”—an observation that applies equally to *Bleak House*, whose serial publication overlaps with that of Gaskell’s triple-decker novel. \(^\text{11}\)

Several critics have connected *Ruth* and Lady Dedlock with the stereotype of the contagious prostitute that proliferated around midcentury. For instance, Rachel Webster has recently identified similarities between *Ruth*’s rhetoric and that which Greg and others used to describe the prostitute’s status as a disease carrier, a project Elsie B. Michie earlier undertook for both *Ruth* and *Bleak House*.\(^\text{12}\) However, neither Michie nor Webster considers how these novels position the unwed mother in a larger social structure, a major omission considering the anxieties surrounding the prostitute’s supposedly deleterious effect on society. Several critics have usefully connected the contaminated woman with the morally and physically diseased city.\(^\text{13}\) However, these accounts do not fully consider Ruth’s and Lady Dedlock’s participation in both familial and social structures. These women are not only emblems of how “urban pollution of all
kinds has invaded the preserves of middle-class life,” as Nord suggests of Lady Dedlock: they are also potentially pathological mothers.14 If contemporary sociomedical portrayals of prostitutes imagined them infecting both individuals and society, Gaskell’s and Dickens’s fictional portrayals also identify Ruth and Lady Dedlock both as mothers who transmit characteristics to their children and as members of communities afflicted with literal epidemics. These texts interrogate the troubled relationships between biological bodies and the symbolic social body.

In this chapter, I argue that both *Ruth* and *Bleak House* address the widespread anxiety over congenital physical and moral pathology, but both ultimately reject that hereditary model of maternal transmission. The threat posed by mother-child transmissions at the individual level is eclipsed by the widespread destruction caused by epidemic contagious diseases at the societal level, with the typhus epidemic in *Ruth* and the unnamed contagious disease that circulates among rich and poor alike in *Bleak House*. These texts, then, dismiss the perceived moral contagion of the deviant mother as an unfounded fear. Instead, the true threat to individual and communal health is revealed to be a physically communicable disease that is passed among members of the community. Moreover, both novels implicate the unwed father’s body as the source of contagion that ultimately kills the unwed mother. These portrayals problematize Valerie Sanders’s argument that nineteenth-century texts lack discourse surrounding hazardous paternal inheritance because “bodily separateness from the child meant there were no such acute health issues to discuss.”15 Thus, *Ruth* and *Bleak House* subvert the traditional paradigm of female sexual transgression and moral contagion by positioning the father as the source of a socially transmitted disease: he, rather than the unwed mother, is the cause of sexual misconduct and the possible transmitter of physical and symbolic disease. The community that identifies the
unwed mother as the source of immorality and decay is, itself, shown to be the diseased entity that perpetuates cycles of immorality, disease, poverty, and violence. Gaskell and Dickens reverse contemporary critiques of the pathological prostitute: they look not to the unwed mother (and figurative prostitute) as a danger to public health, but to the ailing social order as a threat to the individual. However, Gaskell’s critique vindicates the unwed mother while Dickens’s positions her as one important figure in a network of social victims.

**Maternal Contagion in Gaskell’s *Ruth***

Gaskell believed that the heated contemporary responses to *Ruth* attested to its ability to promote discourse about fallen women. In a letter addressed to Lady Kay-Shuttleworth, Gaskell writes, “from the very warmth with which people have discussed the tale I take heart of grace; it has made them talk and think a little on a subject which is so painful that it requires all one’s bravery not to hide one’s head like an ostrich and try by doing so to forget that the evil exists.” Here, as in *Mary Barton* and “Lizzie Leigh,” Gaskell explicitly attempts to evoke sympathy for the fallen woman, the success of which she measures not by the critical reception of its aesthetics, but by her readers’ responses to its ethics.

As I have noted, *Ruth* addresses contagion and disease, especially in the typhus epidemic depicted in its final chapters. I suggest that the novel also foregrounds concepts of physical and symbolic infection and illness in its descriptions of dogmatic condemnations of unwed motherhood. In this novel, Gaskell demonstrates an interest in how traits and conditions are passed on from a mother to her child and to other children. Therefore, she depicts all three modes of maternal transmission, as she explores the widespread belief that moral contamination could pass through congenital heredity, breastfeeding, and interpersonal contact. The redemptive power of maternity in *Ruth* has become a critical commonplace, but scholars have largely
overlooked the novel’s competing narratives about biological and symbolic transmissions between mother and child and, moreover, between the individual and her community. In the novel, biological maternal inheritance becomes a metaphor for the harmful transmission of immorality from the unwed motherhood to the illegitimate child. The sanctimonious and unsympathetic Mr. Bradshaw articulates the strongest critique of unwed motherhood: he represents transgression as a congenital disease that passes from mother to child. Furthermore, he claims that Ruth has the capability of “infecting” others, particularly the Bradshaw children, since her post as their governess positions her as a maternal figure. Ultimately, as I will argue, this model of maternal transmission is subverted in Gaskell’s portrayal of the community-wide typhus epidemic, as the source of deadly disease is shown to be the seducing father rather than the unwed mother.

The language of illness and contagion that surrounds the prostitutes Esther and Lizzie Leigh resurfaces in *Ruth*, in which the unwed mother’s shame is figured as a form of heritable disease. Ruth’s past sexual indiscretions are often described as leaving a “stain,” a metaphor she adopts herself. When Ruth meets her seducer, Bellingham, later in life, she refuses his marriage proposal, citing “all the days of my years since I have gone about with a stain on my hidden soul—a stain which made me loathe myself, and envy those who stood spotless and undefiled; which made me shrink from my child—from Mr. Benson, from his sister, from the innocent girls whom I teach—nay, even I have cowered away from God himself” (299). As with Esther’s insistence on her own sinfulness and Lizzie Leigh’s deep remorse, Ruth’s repeated statements of guilt both render her sympathetic and lend support to the allegation that she is, indeed, tainted in some way.

Yet, Gaskell seems to equivocate between Ruth’s sinfulness and her purity. Though
Ruth’s sexual indiscretion is described as a sin (especially by Ruth herself, as her conversation with Bellingham indicates), Gaskell also dismisses the seriousness of her infraction by repeatedly drawing attention to her youth, her innocence, and maternal absence, as Ruth “was too young when her mother died to have received any cautions or words of advice respecting the subject of a woman’s life” (44; emphasis in original). Maternal absence endangers children, as Gaskell earlier suggested with Mary Barton, who testifies in court that motherlessness led to her dangerous flirtation with Carson. The lack of a maternal figure poses a stronger threat than the presence of a potentially deviant mother. This privileging of motherly care subverts fears of harmful maternal inheritances, an anxiety raised from the moment Ruth’s pregnancy is revealed. Initially, Faith Benson sees Ruth’s joy as evidence of her being “very depraved,” while her brother Thurstan insists that motherhood will act as “purification,” a term rife with physical and symbolic resonances (118–19). Thurstan’s statement that “The sin appears . . . to be quite distinct from its consequences” serves as a précis of the novel’s stance on maternal inheritance: the sin of the mother persists, but it will not be visited on the son. In *Ruth*, the mother-child relationship is described as mutually beneficial for both Ruth and Leonard, a dynamic that dismisses the imagined danger posed by illegitimacy.

Characters repeatedly figure the transmission of immorality from mother to son in physiological terms, even as Gaskell provides the corrective reading that pathological maternal inheritances are social constructs rather than biological inevitabilities. Faith’s personal journey from disgust and judgment to sympathy and love serves as a model for the reader, who is similarly asked to adopt a progressive stance toward unwed mothers and illegitimate children. Faith refuses even to look at Leonard immediately after his birth, since “over the baby there hung a cloud of shame and disgrace.” She overcomes her initial aversion and comes to love Leonard.
the moment he grabs her finger. This shift signals a disjunction between the socially constructed transmission of “shame and disgrace” and the more primal relationship evoked by a baby’s touch: “That baby-touch called out her love; the doors of her heart were thrown open wide for the little infant to go in and take possession” (161–62). The enlightening effect maternity has on Ruth is echoed in Faith’s awakening to the sanctity of Leonard’s life. The unwed mother dynamic ultimately “purifies” not only Ruth, but also those who see the power of her maternal love: the Bensons, their brusque but loving servant Sally, members of Eccleston society, and even the reader, who is asked to rethink the pathological rhetoric that pervades much of the contemporary discourse surrounding fallen women.

When Ruth is forced to acknowledge her unwed status publicly—when the “stain” of her fallenness becomes visible to her community—the constructed nature of Leonard’s “inherited taint” is maintained, even as he encounters the unenlightened social judgments that Gaskell treats as inevitable. Gaskell undercuts medical concerns about the heritable nature of transgression articulated by commentators such as William Acton, who describes illicit qualities as being transmitted congenitally from the prostitute-mother to her child:

That idleness and vanity are almost inevitable bequests from parent to child, is proved by the fact that the children of numerous diseased prostitutes, consigned by the police to the St. Lazare Hospital in Paris, notwithstanding all the religious teachings of the Sisters of Charity, and the excellent secular education given them within the walls of that institution, where they are received as old as seven or eight years, almost invariably become prostitutes.21

In speaking of prostitutes, the symbolic analogues of unwed mothers like Ruth, Acton insists that the predisposition to immorality is biologically determined.
This attitude is reflected in Bradshaw’s condemnation of Leonard’s bastardy, which he believes makes Leonard unfit for respectable society. Bradshaw berates Ruth about her son, asking her, “Do you suppose your child is to be exempt from the penalties of his birth? Do you suppose that he alone is to be saved from the upbraiding scoff? Do you suppose that he is ever to rank with other boys, who are not stained and marked with sin from their birth?” (340; my emphasis). Leonard’s label as bastard is an indelible one: his illegitimacy can be hidden temporarily, but it will inevitably manifest itself. Bradshaw implements what Deborah Epstein Nord has described as “the language of stigmatization,” a discourse common to Victorian writings on prostitution in the vein of Greg and Tait. I suggest that in aligning Bradshaw with unsympathetic, unreflective responses to unwed motherhood and illegitimacy, Gaskell demonstrates the destructive potency of such responses. He becomes the mouthpiece of an uncompassionate and thus immoral society that ostracizes Ruth and Leonard, despite years of observing and extolling their virtues.

Bradshaw figures the transmission of the unwed mother’s moral disease not only in terms of biological heredity, but also in terms of infectious contact between individuals. Jill Matus has argued, “A moral contaminant, Ruth suddenly conjures up fears by her mere presence of an invisible but deadly miasma of corruption.” However, Bradshaw does not fear that Ruth has spread metaphorical contagion indiscriminately; rather, he believes she threatens the children for whom she acts as a maternal figure, specifically Leonard and the Bradshaw girls. Gaskell adopts a similar model of interpersonal transmission in portraying her other fallen women characters, as both Esther and Lizzie fear that they can metaphorically “infect” the innocent women they encounter. This anxiety lies at the nexus of the biological and the social: infection, a biological process, is used as a figure for the transferral of immorality. In *Ruth*, Gaskell dramatizes several
instances of this anxiety, as dogmatic characters such as Bradshaw and the Bensons’ strict-but-lovable servant Sally fear the interpersonal transmission of moral disease in two ways: through breast milk, a substance that was thought to have the ability to transmit immorality to the nursing child, and through contact between the transgressive mother and vulnerable children. In the course of the narrative, Gaskell reveals these fears to be unfounded by contrasting supposedly harmful maternal transmission with the transformative power of Ruth’s motherly love.

The anxiety over the possible harm caused by breastfeeding is underwritten by a popular medical discourse concerned not only with the transmission of harmful substances (such as alcohol and drugs) and disease, but also of moral qualities, as Jules Law has recently demonstrated.24 This concept—that a woman, especially a promiscuous one, could contaminate a baby through breastfeeding—was at the center of midcentury debates about wet-nursing, a practice that usually involved bringing a working-class woman (often an unwed mother) into the middle- or upper-class home. In a treatise published in the same year as *Ruth*, T. J. Graham warns against hiring an “immoral” wet-nurse, as her “very blood, and therefore her milk, is commonly tainted by her bad disposition and evil tempers.”25 C. H. F. Routh warns against this same possibility in his *Lancet* article, “On the Selection of Wet Nurses from among Fallen Women” (1859), in which he disputes Acton’s suggestion that wet nursing could help to rehabilitate fallen women. On the contrary, Routh warns, “the probability is that there is a natural tendency in her corrupt imagination to a fornicating course of life, and that therefore to encourage such a person by giving her the place of a wet nurse would only be to encourage herself and others in a course of sin.”26 For Routh, the immorality of the fallen woman is a hereditary disease circulating in her blood—the very fluid her body converts to the breast milk with which she nourishes a child.
This imbrication of physical disease and immorality, as well as the fear of transmission to an innocent child, is reflected in the portrayal of breastfeeding in *Ruth*. When Ruth breastfeeds Leonard after his birth, she weeps, causing the child to weep in return, a scene Audrey Jaffe rightly interprets as a contagious dynamic. The fear persists that, rather than nourishing children, unwed mothers would poison them. When Sally chastises Ruth for allowing tears to fall on Leonard’s face while nursing, these medical concerns find voice in a folk belief: “My bonny boy! are they letting the salt tears drop on thy sweet face before thou’rt weaned! Little somebody knows how to be a mother . . . Any one but a child like thee [Ruth] . . . would have known better than to bring ill-luck on thy babby by letting tears fall on its face before it was weaned.” Although Sally’s complaint is couched in the language of superstition, her fear is that of harmful maternal transmissions, a concern rooted in her disapproval of Ruth’s unwed status. Only because Ruth defends herself with “the dignity which the mother’s soul put into” her does Sally acknowledge Ruth’s maternal abilities (173–74). The natural instincts maternity bestows on Ruth ultimately defeat the social concern over contamination put forth by Sally. Ruth’s growth as a mother and her determination to nurture her son both physically and spiritually are measured by her ability to breastfeed him healthfully: “henceforward Ruth nursed her boy with a vigour and cheerfulness that were reflected back from him” (177). The dangerous maternal transmission of sorrow is replaced by a two-way transferral of joy and love.

The possible sphere of the contagious mother’s influence extends from her own child to all innocent children, a threat first raised when Ruth is travelling with Bellingham in Wales, even before she gives birth to her son. At the inn, a young boy hears his mother complain that her respectable family must come into close contact with “such people”: “To think of such wickedness under the same roof!” Young Harry absorbs his mother’s critique and becomes the
would-be protector of his family: he prevents Ruth from kissing his baby sister by giving her “a
great blow on the face” and calling her a “bad naughty girl” who “shan’t kiss our baby” (71).
The child is, apparently, afraid that Ruth’s “naughtiness” is contagious, and that it will harm his
baby sister. After all, if mere proximity to Ruth is dangerous for a family, how much more
hazardous must physical, intimate contact be for an infant? And yet, the anxiety the child
articulates is undercut by his ignorance of the nature of Ruth’s transgression. Harry parrots an
insensitive comment uttered by his mother in an attempt to distract her husband from his fixation
on the “very lovely creature,” Ruth (70). Gaskell suggests, then, that such sweeping anxieties
about the contagious fallen woman, though common, are unsympathetic and unsubstantiated.
Moreover, Gaskell’s descriptions of Ruth’s time in Wales, during which she takes pleasure in her
new experiences with love and sexuality, complicate easy equations of Ruth’s sexual experience
with corruption. Though Gaskell is unwilling or unable to proclaim Ruth sinless—as I will argue,
Ruth must atone for her sexual transgressions—she does insist on Ruth’s unflagging morality,
her “modest ways, and gentle, downcast countenance” (71), even as such attributes are ignored
or overlooked by people like Young Harry and his mother.29 Ruth’s response to the boy’s
censure, then, registers the ambivalence in Gaskell’s portrayal of female sexuality. Ruth
understands herself as loving and sympathetic, but must reconcile that self-knowledge with the
realization that she occupies a new position: that of a woman whom mainstream society deems
unfit to bear—or even to interact with—children.

This model of maternal contagion is particularly threatening to the younger Bradshaw
children for whom Ruth acts as governess. Stories of unscrupulous governesses proliferated
around the time of Ruth’s publication, figuring the immoral woman as the poisoner of an
otherwise healthy home. For example, in an advice manual aimed at governesses, Mary Atkinson
Maurice acknowledges that “Frightful instances have been discovered in which she, to whom the care of the young has been entrusted, instead of guarding their minds in innocence and purity, has become their corrupter—she has been the first to lead and to initiate into sin, to suggest and carry on intrigues, and finally to be the instrument of destroying the peace of families.” The rhetoric of “corruption” has both moral and physical connotations; though Maurice is not considering the physical spread of disease, her language still evokes a contagious dynamic in which the governess ruins the children in her care. The governess takes on a maternal role, as we see in Ruth’s transition from teaching and caring for Leonard to performing the same tasks for Mary and Elizabeth Bradshaw. Beyond transmitting immorality congenitally, then, Ruth is imagined to do so through interpersonal contact in her position as a maternal figure to respectable children.

The danger inherent in allowing a fallen woman to influence innocent girls is first raised by Ruth herself, along with Thurstan, both of whom have more enlightened views of unwed motherhood than Bradshaw does. Before Ruth takes the job in the Bradshaw home, she questions whether she “should be good enough to teach little girls,” thereby recognizing her own capacity to perpetuate immorality (200). Thurstan similarly worries about Ruth being placed “in a situation of trust about his [Bradshaw’s] children” (198). The potential harm a fallen woman poses to small children is powerful enough to worry even the novel’s progressive characters.

Though the narrative depicts Ruth’s healthful influence on her charges, Bradshaw wrongly insists that she has spread her immorality to his daughters through her teaching or merely through proximity. He employs the language of “corruption” used earlier by Maurice to describe pernicious governesses. Bradshaw calls Ruth “depraved” and “disgusting” and asks, “Why were my innocent children to be exposed to corruption?” This question suggests an
infectious dynamic, in which Ruth’s presence endangers the morality of the Bradshaw children. Beyond the threat that Bradshaw imagines Ruth to pose to his younger daughters, he believes she is already responsible for the impudence of his unmarried teenage daughter, Jemima, a quality that he assumes could only be spread from a morally debased woman to a young girl from an honorable family. He scolds Jemima, “You have grown more and more insolent—more and more disobedient everyday. I now know who to thank for it. When such a woman came into my family there is no wonder at any corruption—any evil—any defilement—” (337–38). Although Jemima is only a few years younger than Ruth, her father worries that her moral purity has been damaged by contact with an unwed mother. In Bradshaw’s mind, Jemima does not inherit her rebellious streak from her respectable parents, and so it must be a symptom of the immorality she caught from Ruth, a morally infectious agent. Bradshaw fails to realize that Jemima’s disobedience is, in fact, a reaction to his stringent parenting style. He, not Ruth, is the parental figure who endangers her virtue.

Bradshaw’s condemnation of Ruth extends to Leonard; if she is a contaminant, so is her son, who is “stained and marked with sin.” Bradshaw articulates this concern in the same pathological language he uses to condemn Ruth: “That very child and heir of shame to associate with my own innocent children! I trust they are not contaminated.” In a reconfiguration of the inn patrons’ earlier protests against sharing space with a fallen woman, Bradshaw declares, “If ever you, or your bastard, darken this door again, I will have you both turned out by the police,” thereby anticipating the police control of suspected prostitutes that later would be legalized by the Contagious Diseases Acts (340–41). The congenitally “diseased” Leonard is established as a carrier of moral contagion by birth, and, like his mother, he is imagined to have the ability to infect the innocent with immorality. In his accusations of Ruth and Leonard, Bradshaw’s voice
becomes a frenzied iteration of the uncompassionate anxiety earlier demonstrated by Young Harry’s mother. Gaskell raises the powerful specter of maternal and filial contagion as a means of exorcising it; Bradshaw’s overwrought anxieties over Ruth and Leonard reveal the falsity of the contamination myth and the real potential for maternal love and redemption.

Gaskell rewrites the standard narrative of maternal moral contagion: instead of blaming Ruth for contaminating Leonard with immorality, *Ruth* demonstrates that unwed mothers have the ability to instill positive morals in their children, a task that formed a central duty of the married, normative mother. Ruth takes on the maternal role of educator to her young son, a project that elevates both Ruth and Leonard morally and intellectually.32 Mr. Benson claims, “I doubt if the wisest and most thoughtful schoolmaster could teach half as much directly, as his mother does unconsciously and indirectly every hour that he is with her.” (419). Ruth is revealed to have a marked influence on her son’s morality; however, the narrative repeatedly insists that this influence is healthy and honorable rather than pathological. Mr. Davis, the doctor who works with Ruth during her stint nursing typhus patients, confirms this positive evaluation of Ruth’s influence on her son. In proposing a plan to train Leonard as a doctor, he refers to “all I have observed bout her this last three weeks, that has made me sure of the good qualities I shall find in this boy of hers” (439). This expectation is the reversal of Bradshaw’s condemnation: Ruth has not contaminated Leonard, but has imbued him with moral integrity. Mr. Davis’s status as a member of the medical profession allows him to declare authoritatively that Ruth’s relationship with Leonard is a healthy one. He symbolically presents both with clean bills of moral health. An illegitimate child himself, Mr. Davis compares Ruth with his own unmarried mother, who was also shunned as a corrupt, contagious agent. Mr. Davis’s testimony extends Ruth’s narrative to other fallen women, claiming them, too, as victims of socially constructed definitions of
morality—and as good mothers. For Mr. Davis, Leonard is not “stained and marked by sin” but, instead, is endowed with potential. As a bastard himself, Mr. Davis can imagine a future in which Leonard will not be defined by the conditions of his birth.

**The Community and the Epidemic**

In revealing maternal contagion and the transmission of immorality to be socially constructed, Gaskell critiques the community dynamics that promote the abuse of the unwed mother and her illegitimate child. In her earlier fiction, Gaskell describes fallen women as social outcasts. Esther and Lizzie both haunt the Manchester streets, fundamentally disconnected from their communities. This theme of seclusion and separation does not hold for Ruth. By passing as a widow, Ruth is afforded social legitimacy, which enables her involvement in Eccleston society. She yearns to participate as a productive citizen despite her fallen status. The relationship between society and the individual is emphasized from the novel’s opening line, which describes the “assize-town” where Ruth works as a seamstress (1). Before Gaskell even introduces her protagonist, she meditates upon the history of such a community:

> The traditions of those bygone times, even to the smallest social particular, enable one to understand more clearly the circumstances which contributed to the formation of character. The daily life into which people are born, and into which they are absorbed before they are well aware, forms chains which only one in a hundred has moral strength enough to despise, and to break when the right times comes [sic]—when an inward necessity for independent individual action arises, which is superior to all outward conventionalities. (2)

From the beginning of her narrative, then, Gaskell interrogates individual development and the entrenched nature of social norms. This ideal of breaking from “outward conventionalities”
evokes Gaskell’s compulsion to write *Ruth*, despite anticipating the backlash that later would sicken her. For the bulk of the novel, only a few figures (the Bensons, Sally, Mr. Davis) have the moral fortitude to support Ruth in this way. Ruth’s unsympathetic community is an ever-present entity that rejects her, then acts as the medium through which she must work her spiritual and social redemption.

*Ruth* suggests that the widespread social condemnation of unwed motherhood disrupts naturally healthful and nurturing mother-child relationships. The fear of community reactions and their possible effects for Ruth’s unborn baby motivate the Bensons to disguise her as a widow (and, by extension, a legitimate mother). In endowing Ruth with the veneer of decency, they hope that she will actually adopt the moral values associated with middle-class respectability. Elsie B. Michie correctly identifies this admission of Ruth to the domestic sphere as a radical undercutting of the “logic” of the Contagious Diseases Acts, which “associated the deviant or wayward woman with disease and therefore defined her as needing to be kept absolutely separate from the rest of Victorian society.”

The opportunity to live in a domestic space is the crucial difference that separates Ruth from Gaskell’s earlier fallen woman figures. If Ruth were sent to the penitentiary, as Mrs. Bellingham wished, or ostracized, as Mr. Bradshaw would have preferred, she likely would have ended up in a life of prostitution. Popular assumptions about the inevitability of the transition from unwed mother to prostitute are suggested by Bellingham’s failure to recognize the Bradshaws’ governess as Ruth: “for the first time for several years, he wondered what had become of her; though, of course, there was but one thing that could have happened, and perhaps it was as well he did not know her end, for most likely it would have made him very uncomfortable” (278). This expectation is later echoed by Mrs. Pearson, the dressmaker who unwittingly reveals Ruth’s past to Jemima: “what could
become of her? Not that I know exactly—only one knows they can but go from bad to worse, poor creatures!” (321).

In *Mary Barton* and “Lizzie Leigh,” Gaskell suggests that unwed mothers engage in prostitution for economic reasons. In *Ruth*, she shows that Christian charity can divert women from such a path. For Gaskell, preventing fallen women from turning to prostitution was essential to their rehabilitation. Soon after *Ruth*’s publication, she recalls a conversation regarding the novel in which she discussed “the difficulty of reclaiming this class, after they had once taken to the street life” (emphasis in original). In disguising Ruth’s unwed status and thereby legitimizing her maternal bond with her child in the eyes of their fellow townspeople, the Bensons enable her to adopt the public role of a nurturing, chaste mother, instead of that of a “mother, worse than widowed” (161). Ruth immediately understands motherhood to be redemptive, but needs a space for recovery that allows her to raise Leonard. Thurstan Benson frames the social intrusions on maternal love as perpetuating mental illness: “The world has, indeed, made such children miserable, innocent as they are; but I doubt if this be according to the will of God . . . Shame, and the terror of friends’ displeasure, turn her mad—defile her holiest instincts” (120). Society, not God, unnaturally condemns the unwed mother and her child.

In *Ruth*, socially constructed shame is shown to cause physical harm. Benson’s concerns are realized in Leonard’s intense fear of public scrutiny and rejection, which profoundly affects his health. He must psychologically struggle to reconceptualize himself as a bastard and his mother as one who owns “all the hardest names that ever can be thrown at women” (343). Ruth follows Benson in separating social mores from the love of the Christian God: “‘It is a bitter shame and a sorrow that I have drawn down upon you. A shame, Leonard, because of me, your mother; but, Leonard, it is no disgrace or lowering of you in the eyes of God’” (345). *Ruth* insists
that, like moral illness, religious sin is not a heritable trait. Leonard’s story diverges from that of the standard fallen-woman narrative in which the child dies as part of the mother’s punishment, a trope Gaskell adopted in both *Mary Barton* and “Lizzie Leigh.” Gaskell does invoke this possibility when Bellingham reappears in the text (under the adopted name of Donne) and proposes to Ruth, an event that is nearly simultaneous with Leonard contracting a grave case of measles. Ruth worries that Leonard’s death “would only be the fitting punishment for the state of indifference towards him—towards all things earthly and divine, into which she had suffered herself to fall since her last interview with Mr Donne” (309–10). This threat is a red herring, a nod to standard fallen woman fiction that Gaskell invokes and then rejects. Yet, the socially enforced shame associated with bastardy leads to Leonard’s bodily deterioration. The child suffers physical consequences from his psychological pain: “His health seemed shaken, he spoke half sentences in his sleep, which showed that in his dreams he was battling on his mother’s behalf against an unkind and angry world. And then he would wail to himself, and utter sad words of shame, which they never thought had reached his ears” (365). Witnessing Leonard’s pain is part of Ruth’s penance; his disrupted development, rather than his death, punishes her.

Just as Leonard acutely feels his social rejection, so does Ruth mourn her inability to work in the community. Similar to the scene in *Mary Barton* in which the people of Manchester physically recoil from Jem because of his association with criminality, Ruth is treated as contagious by the members of her community: “all ignored her, and passed her by on the other side” (383). Ruth finds this attitude to be particularly frustrating, as it prevents her from contributing to society and to the Benson household. This desire to participate is simultaneously a compulsion to do penance. Though Ruth is morally elevated, she is not sinless. The perpetual repentance Gaskell advocated in “Lizzie Leigh” is reworked as Ruth’s desire to labor in her
community. Like Lizzie, who spent her later life praying for forgiveness and helping the poor and distressed, Ruth takes on a job as a sick nurse, a means of employment that allows her repeatedly to perform acts of kindness. Gaskell emphasizes that Ruth is, in one sense, overqualified for the job; as Jemima argues, Ruth is “fitted for something better,” with her education, knowledge of Latin, and “taste and refinement” (388). As Christensen has suggested, Ruth’s decision to nurse the ill is “a way of cleansing the moral stain.” This mode of employment is an emblem of Ruth’s humility, a means of atonement, and, finally, her path to social reintegration. She moves from nursing “exclusively . . . the paupers” to caring for the “happy and prosperous,” and her continual privileging of the needy marks her as compassionate rather than economically motivated (391).

Ruth enacts a more extreme form of penance during the typhus epidemic that sweeps Eccleston. Gaskell’s description of the fever emphasizes the community-wide scope of the disease, a quality that aligns this epidemic with the contagious illness portrayed in Bleak House:

there came creeping, creeping in hidden, slimy courses, the terrible fever—that fever which is never utterly banished from the sad haunts of vice and misery, but lives in such darkness, like a wild beast in the recesses of his den. It had begun in the low Irish lodging-houses; but there it was so common it excited little attention . . . Before the medical men of Eccleston had had time to meet together and consult, and compare the knowledge of the fever which they had severally gained, it had, like the blaze of a fire which had long smouldered, burst forth in many places at once—not merely among the loose-living and vicious, but among the decently poor—nay, even among the well-to-do and respectable. (424)

The typhus epidemic, I argue, literalizes the threat of maternal contagion that persists throughout
the novel. As Robert E. Lougy has claimed, the disease “has an etiology both economic and moral”: it sweeps from the poor and transgressive Irish immigrants throughout the community, affecting the respectable and wealthy as Bradshaw fears Ruth’s sexual sin will do. However, rather than condemning the unwed mother, the epidemic allows Ruth to act selflessly—a modus operandi she has favored since Leonard’s birth, when she vowed to be good for the sake of her child. Rather than being the source of metaphorical contamination, Ruth fights against the actual, physical disease that threatens the members of her community. Nursing is figured as a form of conscious sacrifice, an offering of the self, as is apparent in the language she uses to announce her decision: “I have been this morning and offered myself as a matron to the fever-ward” (425).

Even more than Ruth’s turn as sick nurse, her position as fever-ward matron demonstrates her reintegration into society and her successful penance. Her contribution allows the community members, especially the poor, to revise the public account of Ruth’s sin, as Leonard observes in the debate that occurs outside the hospital:

“They say she has been a great sinner, and that this is her penance,” quoth one.

And as Leonard gasped, before rushing forward to give the speaker straight the lie, an old man spoke:

“Such a one as her has never been a great sinner; nor does she do her work as a penance, but for the love of God, and of the blessed Jesus . . . I could fell you,” the old man went on, lifting his shaking arm, “for calling that woman a great sinner. The blessing of them who were ready to perish is upon her.”

Immediately there arose a clamour of tongues, each with some tale of his
mother’s gentle doings, till Leonard grew dizzy with the beatings of his glad, proud heart.

(429)
The poor man’s denial that Ruth is performing a penance—a distinction that, admittedly, seems tenuous considering that Benson has consistently referred to Ruth’s actions as such—suggests that her reconciliation with the community is complete.\(^{40}\) Leonard responds to this exchange by announcing that he is Ruth’s son, for which the entire crowd blesses him. His inclination to identify himself through his mother confirms the positive maternal influence she has over him and, even more significantly, the community’s blessings allow him to own that influence in the public sphere. Leonard, too, is reintegrated into Eccleston’s social structure. Both Ruth’s and Leonard’s social recoveries are formalized in writing when the Board of the Infirmary composes a letter thanking Ruth for her contributions during the typhus epidemic, a piece of documentation that Leonard treasures as a family heirloom (433–34).

Ruth not only avoids succumbing to infection during the epidemic, but she actually thrives, both socially and physically. She emerges from nursing typhus victims publicly celebrated and “feeling full of health” (436); and yet, she volunteers to nurse the man who brought about her moral and social demise, catches the deadly fever, and dies. Many readers of \textit{Ruth}, both Victorian and modern, are troubled by Gaskell’s ending: Ruth’s death is often interpreted as a form of martyrdom.\(^{41}\) In one sense, Ruth does act as a martyr: she insists on attending Bellingham in his illness, positing it as an act of Christian charity similar to that which she performed for the poor in the fever ward, telling Mr. Davis, “‘you said he was ill—and alone—how can I help caring for him?—how can I help caring for him?’” (441). This iteration of the death of the fallen woman suggests that Ruth is making a Christian sacrifice in order to save one who might be considered her enemy.
Whereas Bradshaw and the townspeople of Eccleston long imagined Ruth as a contagious agent who must be isolated (or quarantined) from respectable society, the novel suggests that Ruth is morally upstanding, but society itself is ill. Thus, the contagion that has been circulating throughout the community finally becomes concentrated in the body of the seducer Bellingham, contaminates Ruth, and causes her death.42 The typhus epidemic, in which a publicly circulating illness infects individual bodies, is analogous to the morally diseased social system that invests Bellingham (and men like him) with the immoral, destructive power to ruin young women and leave them to their social and/or physical deaths. Thus, the communal nature of the epidemic reflects the social implications of enabling powerful men to destroy women’s lives. Bellingham absorbs the sort of corruption that allows him to commit “youthful follies” (454) which become matters of life and death to the young women involved. In Gaskell’s portrayal of a literal contagious disease, she renders the vector of transmission from immoral man to moral woman visible. Although Ruth is haunted by her past, her contagion repeatedly is proven to be socially constructed, where Bellingham’s is literal—and deadly.

Instead of denigrating the fallen woman, then, *Ruth* establishes the destructive, abandoning father as the potential contaminator of the unwed mother and, by extension, the illegitimate son. The genetic relationship between Bellingham and Leonard is acknowledged in repeated observations about the physical resemblance between father and son. Ruth recognizes the potential for the paternal transferral of immorality on the very first night of Leonard’s life, when she dreams “that the innocent babe that lay by her side in a soft ruddy slumber, had started up into man’s growth, and, instead of the pure and noble being whom she had prayed to present as her child to ‘Our Father in heaven,’ he was a repetition of his father; and, like him, lured some maiden . . . into sin” (163). *Ruth* problematizes the assumed distance between father and son,
raising the possibility of the congenital transmission of paternal immorality. In naming Leonard after her maternal grandfather rather than his father, as Jemima and Mrs. Bradshaw assumed she would, Ruth tries to undercut this potential harmful paternal inheritance with a healthful maternal one, explaining, “It was my mother’s father’s name; and she used to tell me about him and his goodness, and I thought if Leonard could be like him—”’ (185). Of course, Leonard does not inherit Bellingham’s corrupt habits. Just as Leonard survives his mother’s sin morally unscathed, he does not repeat his father’s unscrupulous behavior.

Thurstan recognizes Bellingham’s potential for moral contamination when he sees the man (then known as Donne) standing beside Ruth’s corpse in her bedchamber: “He bowed in recognition of Mr. Donne . . . whose presence impressed him painfully, as his illness had been the proximate cause of Ruth’s death” (452). Benson tries unsuccessfully to “check this feeling, as it [Ruth’s death] was no fault of Mr. Donne’s,” but his exercise of self-control seems disingenuous and, moreover, is predicated on his ignorance of Bellingham’s true connection to Ruth. His attitude alters entirely when Bellingham reveals the illicit relationship that facilitated his symbolic and literal contamination of Ruth. His statement, “I cannot tell how I regret that she should have died in consequence of her love of me,” suggests the danger he posed to Ruth since he first seduced her (453). Such a sentiment would fit the early scenes of Ruth’s rejection and suicide attempt just as well as it does here. His admission causes Benson to identify the threatening model of paternal contagion that Ruth had recognized and feared from the moment of Leonard’s birth. His rejection of Bellingham’s offer of money is tantamount to a physical and moral distancing of Leonard from the corrupting agent: “I thank God, you have no right, legal or otherwise, over the child. And for her sake, I will spare him the shame of ever hearing your name as his father” (454). Thus, in Gaskell’s final estimation, shame, along with disease, are not the
legacies of the unwed mother, but of the seducing father.

Ruth’s death at the end of the novel is simultaneously a literal enactment of the danger the seducer poses to women and a realization of the spiritual salvation she has earned throughout the novel. Ruth’s illness and death fulfill the promise of Christian salvation Gaskell withheld from her earlier fallen women characters. Her decline into delirium and “childlike insanity” (448) recalls the end of Alice Wilson’s life in *Mary Barton*, in which her return to the “scenes of her childhood” is a reward for her virtuous life. Gaskell dramatically narrates Ruth’s entrance into heaven: “‘I see the Light coming,’ said she. ‘The Light is coming,’ she said. And raising herself slowly, she stretched out her arms, and then fell back, very still for evermore” (448). This ending suggests Ruth has completed her penance and has received her reward for a life spent in the service of her son and others. Benson’s funeral sermon, in which he rejects his own written words for the Biblical language of Revelation, underscores Ruth’s successful repentance: “And he said to me, These are they which came out of great tribulation, and have washed their robes, and made them white in the blood of the Lamb. Therefore are they before the throne of God, and serve him day and night in his temple; and he that sitteth on the throne shall dwell among them . . . ” (457). The novel’s insistence on Ruth’s reconciliation with God are proclaimed in the very words of the Bible and in a public setting, in a church in which “Mr Benson saw one and all—the well-filled Bradshaw pew—all in deep mourning, Mr Bradshaw conspicuously so . . . the Farquhars—the many strangers—the still more numerous poor—one or two wild-looking outcasts, who stood afar off, but wept silently and continuously” (456–57). Ruth’s death is evidence of a Christian fulfillment that is simultaneously full acceptance by her community.

**The Maternal “Inheritance of Shame” in Dickens’s *Bleak House***

Like Gaskell, Dickens was concerned with the rehabilitation of prostitutes around mid-
century, both in his fiction and in his philanthropic endeavors. Famously, at the request of heiress and philanthropist Angela Burdett-Coutts, Dickens became involved in Urania Cottage, a home for fallen women intended to prepare them to emigrate and begin new lives, much as Em’ly does in *David Copperfield* (1849–50). Gaskell appealed to Dickens and Burdett-Coutts to help plan the emigration of Pasley, an ex-prostitute, based on their participation in this rehabilitative home. Dickens’s essay describing Urania Cottage, “A Home for Homeless Women,” appeared in *Household Words* in April of 1853—the same month installment XIV of *Bleak House* was published. This installment begins, “It matters little now, how much I thought of my living mother who had told me evermore to consider her dead” (669) and includes Esther Summerson’s ruminations on her “inheritance of shame” (692). Clearly, Dickens was both personally dedicated to and intellectually engaged in issues of prostitution, fallenness, maternity, and inheritance as he was writing a novel that explores these very topics, figured most fully in its treatment of the unwed mother, Lady Dedlock, and her illegitimate daughter, Esther.

Lady Dedlock’s personal history is aligned with the stereotypical downward path of the prostitute, though she, like Ruth, crucially avoids engaging in prostitution and passes as a respectable woman for the majority of the novel. She is not, in Judith Walkowitz’s terms, “seduced, pregnant, and abandoned to the streets,” but she is an unmarried young woman who becomes pregnant and does not marry the father of her child. Though Lady Dedlock spends most of her life as a wealthy, fashionable aristocrat, she eventually leaves Chesney Wold, declaring herself to be “a stain and blot upon this place” (655), thereby displaying grief and shame that evoke sympathy, as Gaskell’s Esther, Lizzie, and Ruth do. Though Lady Dedlock does not live as a stereotypical fallen woman, she dies as one: late in the novel, she fulfills Dickens’s prediction from his “Appeal to Fallen Women” (1849), the pamphlet he wrote to encourage
incarcerated women to seek help at Urania Cottage. He warns his reader, a woman already in police custody, “to escape an early death from terrible disease, or your own maddened hand, and arrive at old age in such a course—will be an aggravation of every misery that you know now . . . Imagine for yourself the bed on which you, then an object terrible to look at, will lie down to die. Imagine all the long, long years of shame, want, crime, and ruin that will arise before you” (my emphasis). The telos of the fallen woman is described as regret, illness, and death—an end dramatized in Bleak House when Lady Dedlock is finally felled by the disease she contracts at her old lover’s grave.

The most striking analogue between Lady Dedlock and the stereotypical Victorian prostitute is her status as a metaphorical contagious agent who risks polluting her illegitimate daughter, Esther, and the illustrious Dedlock family with immorality and infamy. Unlike earlier critics who have identified Lady Dedlock with sexual contamination, I argue that Dickens raises the potential for immoral maternal inheritance specifically to critique that paradigm by depicting a literal infectious disease that enacts the destruction Esther’s aunt originally imagined to accompany her illegitimate birth. In Bleak House, the symbolic disease of the unwed mother has its parallel in the contagious disease originating in fever-nest Tom-all-Alone’s and the miasmatic pauper’s burial ground, the sources of literal and metaphorical contagion that threaten to contaminate people of all lifestyles and classes. Though the degraded and degrading figure of the prostitute is imagined to endanger individuals with community-wide implications, these spaces actually imperil the healthy bodies they contaminate.

Inheritance is, I argue, the central issue of Bleak House. Though the most obvious manifestation of this paradigm is the “fatal inheritance” (929) of the Jarndyce and Jarndyce lawsuit, perhaps the most important—and the most threatening—instance of inheritance is
figured in the relationship between Esther and Lady Dedlock.⁵⁰ The physical evidence of Esthers biological inheritance is abundant. The women’s similar facial features drive Guppy’s turn at detective work and motivate Jo’s delirious insistence that Esther is the same as “t’other one” (that is, Lady Dedlock), appearing like a specter of death to take him back to the graveyard (490). Lady Dedlock, unaware that her daughter lived past the moment of her birth, saw Esther in church and “had been startled; and had thought of what would have been like me [Esther], if it had ever lived, and had lived on” (583). Even Lady Dedlock’s voice is indistinguishable from Esther’s, a likeness we discover the first time Lady Dedlock speaks to her daughter and asks a question to which Ada replies, “Oh, no, Esther dear!” In mistaking the mother for the daughter, Ada underscores the intimate connection between the two.

These similarities have an uncanny effect on Esther herself, who, on some level, identifies Lady Dedlock as her mother, even before she consciously understands their relationship: “I had never heard the voice, as I had never seen the face, but it affected me in the same strange way. Again, in a moment, there arose before my mind innumerable pictures of myself” (296). Esther does not recognize her mother as such, so much as she recognizes herself in her mother. She elides her identity with Lady Dedlock’s. This effect is intensified when Esther meets her mother’s eyes for the first time, long before consciously realizing the true nature of their relationship. She describes Lady Dedlock’s face as “a broken glass to me, in which I saw scraps of old remembrances . . . I—I, little Esther Summerson, the child who lived a life apart, and on whose birthday there was no rejoicing—seemed to arise before my own eyes, evoked out of the past by some power in this fashionable lady” (292; emphasis in original). When Esther identifies herself with Lady Dedlock, then, she understands their biological relationship as one of shared shame.
Esther’s physical resemblance to her mother is central to the novel not only because it shapes the plot, but also because it privileges a model of congenital maternal inheritance. This physiological connection, like that which Gaskell describes as existing between Ruth and Leonard, is imagined to have both biological and moral implications. The threat engendered by Esther’s illegitimate birth is articulated by Esther’s aunt, Miss Barbary, an analogue of Ruth’s Mr. Bradshaw who, similarly, demonstrates an exaggerated horror of sexual sin. In adopting the discourse that posits immorality as transferable through heredity and birth, Miss Barbary instills the shame of illegitimacy in her niece. Esther describes the possibility of a dangerous maternal legacy as a congenital disorder that she variously imagines as “the fault I had been born with” (31) and her “inheritance of shame” (692). This rhetoric of “fault” and “shame” suggests Esther has internalized critiques about the ignominy of her illegitimacy, a psychological process that aligns her, like her mother, with Gaskell’s fallen women.\(^{51}\)

From Esther’s childhood, her sense of shame shapes her character. Long before the nature of her illegitimate birth is verbalized, she feels the sting of blame: “Why am I so different from other children, and why is it my fault, dear godmother?” (30). When Miss Barbary does provide an explanation of Esther’s circumstances, the revelation shapes Esther’s subjectivity. The moment is so vivid that the adult Esther relives it through her narration:

She raised me, sat in her chair, and standing me before her, said, slowly, in a cold, low voice—I see her knitted brow, and pointed finger:

“Your mother, Esther, is your disgrace, and you were hers. The time will come—and soon enough—when you will understand this better, and will feel it too, as no one save a woman can . . . For yourself, unfortunate girl, orphaned and degraded from the first of these evil anniversaries, pray daily that the sins of others be not visited upon your
head, according to what is written. Forget your mother, and leave all people to forget her who will do her unhappy child that greatest kindness.” (30)

These words apparently are etched in Esther’s mind as the clearest formulation of her illegitimacy: she internalizes and rearticulates them, and even quotes her godmother verbatim when she reveals her parentage to Jarndyce many years later.

In this later iteration of Miss Barbary’s speech, however, Esther is selective in her quotation. Among the words she omits are those of her aunt’s exhortation to compensate (to the extent that such compensation is possible) for her birth through her actions: “Submission, self-denial, and diligent work, are the preparations for a life begun with such a shadow on it. You are different from other children, Esther, because you were not born, like them, in common sinfulness and wrath. You are set apart” (30–31). This second warning—imparted to Esther as a final command, even as she turns to flee from her aunt—forms the basis for Esther’s excessively humble, submissive behavior. Just as her aunt’s voice oppresses her with the sense of her illegitimacy, it provides her with a way to mitigate its supposedly harmful effects. Esther is always cognizant of her status as an embodiment of her mother’s “shame”—a role she can never escape, even as she narrates her desire to “repair the fault I had been born with (of which I confusedly felt guilty and yet innocent), and would strive as I grew up to be industrious, contented, and kind-hearted, and to do some good to some one, and win some love to myself if I could” (31). Esther’s promise to herself—which is, like her aunt’s initial shaming, repeated in various forms throughout her narrative—demonstrates that the threat of immoral “contagion,” thought to be passed from mother to daughter, shapes Esther’s subjectivity.

Beyond attempting to make herself industrious, kind-hearted, useful, and lovable, Esther is deeply invested in maintaining a cool, steady exterior that often belies vivid emotion
Esther’s self-steadying, in all of its various forms—jingling her keys; repeating her mantra, “duty, my dear!”; quietly arranging her hair in front of a mirror, despite the shock of seeing her newly scarred face—is itself a coping mechanism that originates in her mother. Tulkinghorn is awed to the point of admiration with “What power this woman has, to keep these raging passions down!” (653); yet, the same might be said of Esther, saying “duty, my dear!” in the face of a shame which she can hardly understand. Her maternal inheritance, then, is not only the “shadow” of immorality, but also the necessity to hide her shame from the public eye, lest she be labeled as fallen (and, by extension, morally diseased) herself.

Esther’s self-control is, however, unable to efface entirely the shame that she experiences “as no one save a woman can.” Esther feels guilt, as though she had, indeed, committed some sort of transgression, in contrast to the novel’s insistence that she is not at fault for her own birth. These feelings intensify when Esther receives Lady Dedlock’s letter, a document she finds so disturbing that she burns it and takes the extra step of destroying its ashes. Esther’s distress has a self-annihilating bent:

I hope it may not appear very unnatural or bad in me, that I then became heavily sorrowful to think I had ever been reared. That I felt as if I knew it would have been better and happier for many people, if indeed I had never breathed. That I had a terror of myself, as the danger and the possible disgrace of my own mother, and of a proud family name. That I was so confused and shaken, as to be possessed by a belief that it was right, and had been intended, that I should die in my birth; and that it was wrong, and not intended, that I should be then alive. (583)

Here, Esther articulates a perspective that is strikingly similar to that of Liz, the brickmaker’s wife who insists that her friend Jenny’s baby is better dead than alive, for it is spared from
inevitable cruelty. Inspector Bucket’s reprimand that Liz is an “unnatural woman” (360) is nearly identical to Esther’s misgivings. This death wish, this acknowledgement that life, with its attendant shame and suffering, can be worse than death, is one of the many connections that bind Bleak House’s characters. The possibility of severe moral judgment for being an “unnatural woman” is undercut by the novel’s portrayal of vivid emotional and physical suffering. Contrary to Bucket’s admonitions, it seems natural that Esther’s sense of (socially enforced) shame momentarily induces her to prefer death as a reprieve for both herself and her mother.

Soon after reading her mother’s letter, Esther’s shame leads her again to imagine herself dead, as an embodiment of the ghost who haunts the Ghost’s Walk of Chesney Wold. She walks to the estate, perversely drawn to the place that serves as both Lady Dedlock’s home and the symbolic seat of the family that Esther’s illegitimate birth threatens. Esther recalls, “my echoing footsteps brought it suddenly into my mind that there was a dreadful truth in the legend of the Ghost’s Walk; that it was I, who was to bring calamity upon the stately house; and that my warning feet were haunting it even then” (586). Esther, like her mother, becomes a double for the Ur-transgressive woman who infiltrated and disgraced the Dedlock family: the unnamed Parliamentarian Lady Dedlock from the time of the English Civil War, who, like the current Lady Dedlock, had a penchant for sneaking around in the night.53 The illegitimate daughter, like the unwed mother, fears her power to destroy the venerable Dedlock name.

Esther’s “inheritance of shame” is raised as a real and threatening possibility, but it is ultimately rejected. Although Miss Barbary voices ubiquitous anxieties about the transmission of immorality from mother to daughter, her insistence on Esther’s shame is subverted at every turn. Esther is, in her own estimation as well as that of others, kind and lovable. Dickens, then, explicitly argues against the model of transgressive maternal inheritance in which the mother’s
sins are visited upon her child. In the aftermath of her walk to Chesney Wold, Esther imagines herself on trial before God, in a sort of divine court presumably more just than Chancery: “I knew I was as innocent of my birth, as a queen of hers; and that before my Heavenly Father I should not be punished for birth, nor a queen rewarded for it” (587). Esther chooses the figure of a queen, a woman who is, like the daughter of the unwed mother, defined by the legitimacy of her birth and her biological inheritance. This radical democratization, itself so contradictory to the harsh class disparities the novel reveals, overturns the juridical Biblical threat of the “sins of the father” with the image of a benevolent, fatherly judge. Importantly, though, the kind of vindication Esther imagines is not possible on this earth.\textsuperscript{54} Just as Gaskell’s Ruth tells her bastard son that her sins will not lower him “in the eyes of God” (\textit{Ruth} 345), Esther provides her own Christian consolation.

However, Esther’s insistence on her own guiltlessness is tenuous; as Schor comments, Esther’s assertion of her own innocence “seems as much a spirit-booster as a deeply held tenet.”\textsuperscript{55} Esther cannot fully accept God’s lack of judgment since she has long internalized another belief: the shame attached to her birth. Instead, Esther must have an earthly father figure authoritatively denounce the stigma of her illegitimacy. After Esther finally tells Jarndyce about the circumstances of her birth, she recalls that he “put so plainly before me all I had myself imperfectly thought and hoped in my better state of mind.” Jarndyce’s marriage proposal is, similarly, framed as proof of his reassurances; he asks her to marry him “if it only served to show me [Esther], through one poor instance, that the whole world would readily unite to falsify the stern prediction of my childhood” (691). In offering Esther a legitimate, morally healthy position, Jarndyce changes the rhetoric of illegitimacy from that of biological determinism to that of a “stern prediction,” a troubling but false imprecation which is voiced by one bitter woman,
and which can be drowned by the collective voice of the “whole world.”

_Bleak House_ denounces Esther’s supposed pathological inheritance, but it simultaneously posits her morality as both the result of her aunt’s regime of shaming and proof against biologically inherited transgression. This contradiction is visible in Esther’s relationship with Mrs. Woodcourt, who initially opposes her son’s attachment to a woman of dishonorable origins. As Mrs. Woodcourt is fond of recalling, her family is of the “lineage of Morgan ap Kerrig,” a genealogy she describes as a “fortune inherited” by Woodcourt (476). Jarndyce prevails upon Mrs. Woodcourt to observe Esther, to “set what you see, against her pedigree, which is this, and this,” and to discern what he calls “true legitimacy,” an encounter which, naturally, results in Mrs. Woodcourt loving Esther (965). Esther proves her worth by following her aunt’s prescription for proper, contrite behavior. Her “true legitimacy” is, then, a psychological response to the shame of her illegitimacy. Paradoxically, the novel both condemns the mistreatment of the illegitimate child and praises its result: the development of Esther’s impeccable virtue.

**Circulating Contagion**

Though _Bleak House_ forecloses the possibility that Lady Dedlock’s symbolic moral disease is passed to Esther congenitally, both women suffer from brutal physical diseases that leave Esther scarred and Lady Dedlock dead. The relationship between Esther and the fallen woman is visually realized in the pockmarks that disfigure her face, an image that resonates with that of the pockmarked syphilitic prostitute.\(^56\) However, I argue that the contagious disease in _Bleak House_ overturns conventional assumptions about and narratives of fallen women. Esther contracts her disease from someone of the lower classes, simultaneously invoking and subverting the narrative of the middle-class man infected by the syphilitic prostitute. Jo carries contagion
into the middle-class home, into the heart of Bleak House itself, where he infects Charley who, in turn, infects Esther. Yet, Jo is piteous rather than devious. Although he is denigrated repeatedly for his poverty, the novel explicitly decries this treatment of the “ordinary home-made” vagabond (724). Importantly, Esther contracts the disease not from forbidden sexual contact, but from nurturing and performing charity. Esther’s selfless caring is especially set off against the ruthless cheer with which Skimpole dismisses Jo: “I have a constitutional objection to this sort of thing. I always had, when I was a medical man. He’s not safe, you know. There’s a very bad sort of fever about him” (493). This oblique mention of Skimpole’s medical background sets him in stark contrast to the medical doctor Woodcourt, who later takes up Jo’s case. Here, in lieu of a physician, Esther attempts to step in as a nurse, a role she would soon take up for Charley and for which she would suffer. Esther may be pockmarked, but the disfigurement of her face marks her compassion rather than her transgression.57

As Esther realizes, the marks on her face also effectively sever the visual link that serves as the strongest signifier of her relationship to her mother. Esther claims that she feels “through all my tumult of emotion, a burst of gratitude to the providence of God that I was so changed as that I never could disgrace her by any trace of likeness; as that nobody could ever now look at me, and look at her, and remotely think of any near tie between us” (579). Despite Esther’s insistence that the source of her gratitude is her new inability to shame her mother—a reaction very much in keeping with her persistent selflessness—Esther’s altered face also further removes her from the “disgrace” that would result from the discovery of her illegitimate birth. In her “tumult of emotion,” her own shame also surfaces.58 Esther tacitly acknowledges this implication when she entreats Guppy to end his investigation into her origins, insisting, “You could make no discovery in reference to me that would do me the least service, or give me the least pleasure. I
am acquainted with my personal history; and I have it in my power to assure you that you never can advance my welfare by such means” (617). Even though she no longer resembles her mother, the image of maternally endowed immorality, figured by the pockmarks on her face, continues to haunt Esther.

Esther cannot and does not extricate herself from her mother’s life entirely. Her chase through the countryside with Bucket and later Woodcourt hinges upon the recognition of this mother-daughter relationship, even as Esther’s very involvement in the project of surveillance undercuts the threat her birth poses. After Sir Leicester forgives Lady Dedlock’s past, Bucket’s mission becomes one of reincorporation: he is “empowered to convey her with the fullest assurances of affectionate protection and forgiveness” (866). Elsie B. Michie has usefully invoked the context of the Contagious Diseases Acts in her discussion of surveillance in the novel. As she points out, Woodcourt and Bucket signify “the medical man working together with the police” in pursuit of the prostitute-figure. However, Michie ignores a central figure in this search: Esther, who participates, however passively, in this regulatory project. She, too, becomes an extension of the juridical system that monitors and controls women, as Bucket asks her to accompany him “in the hope that [her] entreaties might prevail upon her [Lady Dedlock], if his failed” (866).

Esther’s role marks both the reinforcement of her relationship to Lady Dedlock and its concealment. She is asked to manipulate her mother’s love, even as Bucket effaces the mother-daughter relationship by referring to Esther’s mother “only . . . as Lady Dedlock” (866). When the search party finally reaches the corpse of Lady Dedlock, who has disguised herself by exchanging clothing with the brickmaker’s wife, Bucket is cryptic, refusing to explain to Esther her mother’s demise. His repeated comment that “They changed clothes at the cottage” means
nothing to Esther, who still cannot fathom her true connection to the dead woman until she walks up to the corpse, “lifted the heavy head, put the long dank hair aside, and turned the face” to reveal her mother, “cold and dead” (915). In Esther’s final moments of involvement in her mother’s storyline, she attends to her body—a daughterly duty she performs because Woodcourt and Bucket subtly acknowledge, “Her hands should be the first to touch her. They have a higher right than ours” (915).

Esther’s participation in finding her mother precedes another illness, perhaps contracted from the burial ground surrounded by houses “on whose walls a thick humidity broke out like a disease”—perhaps even from her mother’s corpse, “drenched in the fearful wet of such a place, which oozed and splashed down everywhere” (913). Again, Esther’s compassion results in her physical illness. She is sickened by contact with a prostitute-figure, but again the resulting disease signifies righteousness rather than depravity. Afterward, a gap in the narrative distances Esther from the trauma of her mother’s death and from her mother herself. The marriage that ends the novel is one of normalization, reincorporating Esther into the very social institutions from which her illegitimate birth threatened to exclude her: those of marriage and of medicine, both figured in Woodcourt.

In *Bleak House*, as in *Ruth*, the model of mother-to-child transmission of moral disease is proven false and is superseded by the depiction of a literal contagious illness that ravages entire communities. Though the epidemic in *Bleak House* is not identified—it’s name is left unspoken and it is designated only as “contagion” or “fever”—its propagation dramatizes the interconnectedness of individuals, particularly those of different classes. The classed nature of *Ruth*’s typhus epidemic, which moved from working-class Irish lodging houses to middle- and upper-class homes, is augmented in *Bleak House*’s insidious infectious disease. Here, the
contagion originates in the poorest and most corrupt spaces in London, the pauper’s burial ground and the fever nest Tom-all-Alone’s, and spreads to the aristocratic Dedlock family in their venerable country estate. Dickens emphasizes the spread of contagion from low to high as a model of the danger inherent in ignoring such desperate, toxic places:

There is not a drop of Tom’s corrupted blood but propagates infection and contagion somewhere. It shall pollute, this very night, the choice stream of a Norman house, and his Grace shall not be able to say Nay to the infamous alliance. There is not an atom of Tom’s slime, not a cubic inch of any pestilential gas in which he lives, not one obscenity or degradation about him, not an ignorance, not a wickedness, not a brutality of his committing, but shall work his retribution, through every order of society, up to the proudest of the proud, and to the highest of the high. (710)

Dickens describes the contagion propagated by the fever nest as enacting the metaphorical destruction Lady Dedlock’s moral disease was imagined to do. Just as proponents of the Contagious Diseases Acts feared, this ambiguous contagious disease infects the respectable middle- and upper-classes. As Nord has argued, the image is also “a point of intersection for society’s crimes against the poor and the inheritance of sexual taint,” in the moral and physical pollution that contaminates the Dedlock family line. Yet, rather than eliding these two elements as Nord does, I argue that the novel ultimately deemphasizes the problem of sexual misconduct and instead identifies urban contamination as the social and biological hazard most in need of reformation. The transgression of the fallen woman does not infect the venerable Dedlocks; the pollution of the slum does.

The disease that infects the characters of Bleak House originates in the contaminating pauper’s burial ground where Nemo is interred, “with every villainy of life in action close on
death, and every poisonous element of death in action close on life—here, they lower our dear brother down a foot or two: here, sow him in corruption, to be raised in corruption: an avenging ghost at many a sick-bedside” (180). As in _Ruth_, the body of the unwed father, rather than that of the unwed mother, pollutes and kills; in fact, the unwed mother is again the victim, this time of the miasmal, diseased graveyard, a “scene of horror” that infects Lady Dedlock with its “deadly stains contaminating her dress” (262). The novel suggests that the source of this contagion could reside in Captain Hawdon’s remains. As Lougy has argued, “the infection from Nemo’s corpse, insufficiently or shallowly buried, spills easily over into life.” The body of the man who precipitated Lady Dedlock’s fall, symbolically “infecting” her with immorality twenty years earlier, becomes the corpse that literally contaminates her with the illness that eventually will kill her. Unlike in _Ruth_, however, contagious disease spreads far beyond the unwed mother to infect several major characters. Jo visits the site of Nemo’s grave and grips the “iron gate, on which the poisoned air deposits its witch-ointment slimy to the touch,” thereby becoming another disease carrier who both contaminates others and dies himself (180). Esther brings Jo out of the miasma of the brickmaker’s cottage, enabling him to communicate his illness to Charley, who, in turn, infects Esther. Her second infection from tending to Lady Dedlock’s corpse is ambiguous: Esther’s presence in the burial ground suggests that the infection could have traveled the path from contagious father to unwed mother to child or directly from contagious father to child. Thus, the ability for the father to contaminate his illegitimate child, which was imagined but unfulfilled in _Ruth_, is fully realized in _Bleak House_: the disease that originates in Nemo’s body ultimately infects and disfigures Esther.

However, if Gaskell exposes how society enables men to victimize women, Dickens exposes how both men and women are implicated in an expansive, diseased social structure.
Though Nemo is posited as a source of contagion, his life was not marked by his ability to harm the innocent, as Bellingham’s was; rather, he is implicated in the cycle of poverty that causes individuals to suffer and urban decay to fester and infect. Though the novel reveals little of his backstory, by the time of his death, Nemo is dispossessed and marginalized. He has transitioned from Captain Hawdon, a named man with a military title, to Nemo, an anonymous man whose moniker is Latin for “no one.” If Lady Dedlock is a fallen woman, Nemo is a fallen man: after Woodcourt attends Nemo’s body, he comments, “I recollect thinking there was something in his manner, uncouth as it was, that denoted a fall in life” (168). Like the stereotypical fallen woman figure, Nemo is an economically and emotionally impoverished outcast. He certainly lacks the social power of Bellingham, a wealthy man whose wealth and dismissive attitude directs Gaskell’s critique. Nemo is dangerous because he is destitute; his death rather than his continued survival facilitates the propagation of illness, and only then because of the unsanitary and unethical conditions of his burial. Ultimately, Nemo is a victim of social indifference, and thus, the blame is shifted from the seducing father to the society that allows unsanitary atrocities to fester in its slums, believing that the suffering it wreaks will remain confined.

The epidemic in* Bleak House *is not just one isolated outbreak, but is instead an ongoing, unmitigated web of contagion caused by the neglect of urban spaces and the degraded human beings who inhabit them. If the novel reveals transgressive maternal inheritances to be socially constructed in the sense that they are only a myth, it also reveals the epidemic contagious disease to be constructed by society, in the sense that society’s neglect causes disadvantaged people and places to become literal sites of infection. Perhaps the spread of venereal disease was under the purview of the public health movement, as Greg suggests it should be; however, it was far from the only health hazard menacing the Victorian streets. The century saw massive outbreaks of
contagious illnesses such as cholera, typhus, typhoid, influenza, smallpox, measles, whooping cough, and scarlet fever. The danger inherent in contagious bodies inhabiting unclean spaces informed the public health movement, which grew around Edwin Chadwick’s important *Report on the Sanitary Condition of the Labouring Population of Great Britain* (1842). Chadwick insists that the etiology of illness is rooted in physical conditions:

> the various forms of epidemic, endemic, and other disease caused, or aggravated, or propagated chiefly amongst the labouring classes by atmospheric impurities produced by decomposing animal and vegetable substances, by damp and filth, and close and overcrowded dwellings prevail amongst the population in every part of the kingdom, whether dwelling in separate houses in rural villages, in small towns, in the larger towns—as they have been found to prevail in the lowest districts of the metropolis.66

Chadwick envisions the mitigation of such horrific conditions as the domain of all Britons, not just those residing in urban slums. The social and environmental causes of disease implicate everyone. For both Dickens and Chadwick, the members of the population who believe themselves to be safe from contagion are, in fact, very much at risk; no one is exempt from the evils of illness bred by neglect. *Bleak House* argues that members of the dominant classes are not just threatened by contagious disease, but complicit in its proliferation, as they allow the horrific conditions in burial grounds and other diseased urban spaces to fester.

Thus, in *Bleak House*, the paradigm of harmful maternal inheritance is a smoke screen: it is imagined as a socially destructive force, but the anxiety it provokes is proven to be misplaced. When Lady Dedlock is interred among the aristocratic dead in the Chesney Wold Mausoleum, the “ashes of the Dedlocks . . . never rose against the profanation of her company,” as the misguided living suggest they might (981). The problem of maternal contagion is only a
temporary, earthly concern. The systemic abuse of the downtrodden, however, is imagined as the hallmark of Dickens’s England, “a shameful testimony to future ages, how civilization and barbarism walked this boastful island together” (180).
Notes


2 Gaskell, *Letters*, 223


6 James Miller, *Prostitution Considered in Relation to Its Cause and Cure* (Edinburgh: Sutherland and Knox, 1859), 11. Miller’s text was first published in the *Edinburgh Medical Journal* and reprinted in order to “be of service in helping to leaven the community at large with sounder views than are by many entertained on the painful and pressing subject of which they treat” (3).

7 The language of disease and cure is central to Miller’s proposal as well. He ultimately argues that “this social disease . . . [is] curable—chronic and obstinate, and all the more obstinate because chronic—but curable nevertheless, in due time and under right treatment; and the indications of that treatment we hold to be, not mere palliation of the symptoms, but, along with this, such radical and constitutional appliances as shall even now weaken the evil’s constitutional hold, and ultimately shake it off altogether.” *Cause and Cure*, 37–38.


9 Among other recommendations for mitigating prostitution, Greg advocates “the appointment of a special department connected with the Board of Health,” the centralized authority established through the newly passed 1848 Public Health Act.” “Prostitution,” 266. Although Greg refers to the general Board of Health here, most authority was vested in the local Boards of Health that were also authorized by the Public Health Act. For a thorough contemporary explanation of the act, see “The New Act for Promoting Public Health,” *Daily News*, September 5, 1848. The next day’s edition provides more details about the actions sanctioned by the act: “The Public Health Act, 1848,” *Daily News*, September 6, 1848. For a comprehensive study of the rising public health movement in Britain, see Anne Hardy, *The Epidemic Streets: Infectious Disease and the Rise of Preventive Medicine, 1856–1900* (Oxford: Clarendon Press, 1993).


18 Nord identifies the epidemic plot as subverting the expectation of Ruth’s moral contamination, but does not discuss the community-wide scope that defines the epidemic. *Walking the Victorian Streets,* 164.


23 Matus, *Unstable Bodies,* 126.

wet nursing, see Law’s chapter, “Disavowing Milk: Psychic Disintegration and Domestic Reintegration in Dickens’s *Dombey and Son*.”


26 C. H. F. Routh, “On the Selection of Wet Nurses from among Fallen Women,” *Lancet* 73, no. 1867 (1859), 580. Notably, Routh is more concerned with women who have “made several false steps”; he admits that “that class of women who once have gone astray”—women like Ruth—do not pose a significant threat. However, this article is still useful in its explanation of the mechanism of transmitting deviance, which is important to understanding Gaskell’s novel.

27 For Jaffe, Ruth’s sorrow “threatens to ‘infect’ others.” *Scenes of Sympathy*, 82.

28 This concern over contamination through shared space is repeatedly echoed by Mrs. Bellingham, who is insulted to have her son’s lover, “a person of such improper character,” abiding “under the same roof” (89–90). Similarly, when Bradshaw confronts Benson about his lies in service of Ruth, he scornfully asks, “if you [Benson] are as much in the dark as I was yesterday, as to the character of that woman who lives *under your roof*?” (348; my emphasis).

29 Gaskell’s simultaneous insistence on Ruth’s purity and her sinfulness has been criticized since the novel’s publication. This contradiction prompted Greg’s critique, “If she [Gaskell] designed to awaken the world’s compassion for the ordinary class of betrayed and deserted Magdalenes, the circumstances of Ruth’s error should not have been made so innocent, nor should Ruth herself have been painted so perfect. If she intended to describe a saint (as she has done), she should not have held conventional and mysterious language about her as a grievous sinner.” Angus Easson, *Elizabeth Gaskell: The Critical Heritage* (London: Routledge, 1991), 328–29.


31 Unmarried women were considered especially vulnerable to sexual corruption, as is evident in the industrialist Richard Cobden’s belief that the character of Ruth posed a threat to young, unmarried women: “I blessed her [Gaskell] as I closed the book, for her courage & humanity.—It cannot be a successful novel; for works of fiction are never so unless they be read by the young; & “Ruth” will be considered dangerous company for unmarried females even in a book” (emphasis in original). Easson, *Critical Heritage*, 253.

32 For a detailed analysis of Ruth’s relationship with Leonard, including her role as teacher, see Wilson, “Elizabeth Gaskell’s Subversive Icon,” 85–111.

33 Michie, *Outside the Pale*, 98. I would add that Gaskell’s insistence on the necessity of rehabilitating the fallen woman inside the respectable home was suggested in *Mary Barton* through Jem and Mary’s attempt to take Esther with them to Canada, a possibility Gaskell ultimately rejects through Esther’s death, as I discussed in Chapter 1.

34 Gaskell, *Letters*, 236. Margaret Ganz suggests that Gaskell’s “desire to show that rehabilitation was possible only if such a circumstance were avoided may well underlie the conception of a heroine capable from the start of inspiring charity and understanding needed to keep her from the disastrous fate of prostitutes like Lizzie Leigh (in her first short story) and Esther in *Mary Barton*, who dies in utter destitution beyond rehabilitation by Jem and Mary.” *Elizabeth Gaskell: The Artist in Conflict* (New York: Twayne, 1969), 111.

35 For other readings of Ruth’s experiences as a nurse, see Meegan Kennedy, *Revising the Clinic: Vision and Representation in Victorian Medical Narrative and the Novel* (Columbus: Ohio State University Press, 2010),


37 For a different reading of the typhus epidemic as a literalization of the metaphor of contagion, see Jaffe, *Scenes of Sympathy*, 83.


39 My assessment is similar to what Anderson calls “Ruth’s portrayal of purity as unthinking sympathy.” *Tainted Souls and Painted Faces*, 111.

40 My emphasis on the public vindication of Ruth contradicts Deborah Anna Logan’s claim that “although her [Ruth’s] social impact is considerable it is valued only after—and perhaps, only because of—her death, reiterating the ideology’s disturbing links between purity and death.” *Fallenness in Victorian Women’s Writing: Marry, Stitch, Die, or Do Worse* (Columbia: University of Missouri Press, 1998), 46.


42 Here, I extend arguments stated briefly by Nord and Matus regarding Bellingham’s role as contaminator. I agree with their assessments that Gaskell shifts blame from the fallen woman to the seducing man, but I identify the role the community plays in both the typhus epidemic and the empowerment of Bellingham and other men like him. See Nord, *Walking the Victorian Streets*, 164; and Matus, *Unstable Bodies*, 130.


44 Kennedy makes a similar argument about Ruth’s death acting as evidence of her redemption: “Gaskell deftly deploys the medical ‘plot’ of fever epidemic and emotional strain, calling upon a clinical observation of the realistic body, but she does so not to register Ruth’s foolishness but to complete Ruth’s rehabilitation, to index her utter moral transcendence from the body and from its cares and history, into a realm of pure insight.” *Revising the Clinic*, 116.


Morgantaler and Nord also identify a connection between illicit heredity and contagious disease, but both the epidemic plot as a restatement of that which deals with illegitimacy, whereas I see the epidemic plot as overturning the narrative about harmful maternal inheritance. Morgantaler, *Dickens and Heredity*, 94; and Nord, *Walking the Victorian Streets*, 98.

Anny Sadrin argues that inheritance is the central theme for all of Dickens’s works. *Parentage and Inheritance in the Novels of Charles Dickens* (Cambridge: Cambridge University Press, 1994). See especially her chapter on *Bleak House* (63–73). See also Barry McCrea’s discussion of *Bleak House*’s “genealogical plot” in *In the Company of Strangers: Family and Narrative in Dickens, Conan Doyle, Joyce, and Proust* (New York: Columbia University Press, 2010).

Hilary M. Schor also emphasizes the centrality of Esther’s relationship with her mother; however, where Schor is primarily interested in legal inheritances of the sort featured in *Jarndyce and Jarndyce* and the tools of writing, my chapter examines ideas about biological inheritance and specifically transgression imaged as a form of maternal inheritance. *Dickens and the Daughter of the House* (Cambridge: Cambridge University Press, 2000), 101. For another discussion of physical resemblance and heredity in *Bleak House*, see Morgantaler, *Dickens and Heredity*, 92–93.

For an extended exploration of Esther’s shame and the resentment she feels toward Lady Dedlock and her adoptive mother, Miss Barbary, see Shale Preston, *Dickens and the Despised Mother: A Critical Reading of Three Autobiographical Novels* (Jefferson, NC: McFarland, 2013).

Similarly, Alex Zwerdling notes, “The mother’s haughtiness and isolation are as much aspects of a frustrating role as the daughter’s cheerfulness and immersion in the community. The two women specialize in opposing parts of themselves rather than allowing their complex natures full play.” “Esther Summerson Rehabilitated,” *PMLA* 88, no. 3 (1973): 433. However, Zwerdling does not theorize this commonality further than noting it.

Usefully, Schor also identifies Esther’s psychological elision with her mother at this moment, suggesting that Esther is “at once virtuous and adulterous; the daughter, and her own mother.” *Dickens and the Daughter of the House*, 109.

See also Zwerdling, “Esther Summerson Rehabilitated,” 435.


Nord also remarks that the “disfiguring and blinding effects” of Esther’s illness recall syphilis. *Walking the Victorian Streets*, 102.

Graham Benton takes a similar view of Esther’s illness, though his focus is on her personal growth: “Esther, despite, and perhaps because of her own good nature, has been contaminated, and the recognition and acceptance of such a marking remains—not on her body, but if her personal conception of selfhood.” “And Dying Thus around Us Everyday: Pathology, Ontology and the Discourse of the Diseased Body: A Study of Illness and Contagion in *Bleak House*,” *Dickens Quarterly* 11, no. 2 (1994): 79. For another discussion of the ways in which Esther’s subjectivity is shaped by her illness, see Helena Michie, “‘Who Is This in Pain?’: Scarring, Disfigurement, and Female Identity in *Bleak House* and *Our Mutual Friend*,” *Novel* 22, no. 2 (1989): 199–212.

Carolyn Dever similarly comments, “The destruction of Esther’s face ensures not only that she will not disgrace her mother by announcing her illegitimate presence with her face. But now it is clear that Esther’s mother will not disgrace her, either: the daughter’s virtue is constructed in contrast to the counter-example of her mother, the eroticized, transgressive woman, the sinful abandoning mother begging at her feet for forgiveness.” *Death and the Mother from Dickens to Freud: Victorian Fiction and the Anxiety of Origins* (Cambridge: Cambridge University Press, 1998), 101. Dever’s argument is compatible with my claim that Esther is “marked” by caring and charity rather than by sin. Marcia Renee Goodman provides an alternative reading of this scene: “Her [Esther’s] reiteration
of the dread of exposing her mother reads as her unconscious desire to do so—or, at least, as her fantasy about what it would be like to be publically connected to her.” “‘I’ll Follow the Other’: Tracing the (M)Other in *Bleak House,*” *Dickens Studies Annual* 19 (1990): 156.

59 Michie, *Outside the Pale*, 10. I would add that Woodcourt’s forays into the slums to observe the lower classes and administer medical attention align him with Victorian doctors-turned-social-commentators such as William Tait and William Acton.

60 Many critics have attempted to identify this illness based on its mode of transmission and the infected characters’ symptoms. The diagnosis of smallpox is the most common: see, for example, F. S. Schwarzbach, “‘Deadly Stains’: Lady Dedlock’s Death,” *Dickens Quarterly* 4, no. 3 (1987): 160–65; Michael S. Gurney, “Disease as Device: The Role of Smallpox in *Bleak House,*” *Literature and Medicine* 9 (1990): 79–92; and Mary Burgan, “Contagion and Culture: A View from Victorian Studies,” *American Literary History* 14, no. 4 (2002): 837–44. Conversely, Gilian West argues that Charley and Esther have erysipelas. “*Bleak House: Esther’s Illness,*” *English Studies* 73, no. 1 (1992): 30–34. Several critics have also noted Dickens’s reticence and ambiguity in omitting the name of Esther’s illness. Benton usefully argues, “Although the generated symptoms suggest smallpox, the disease’s ambiguousness contributes to its power as a dangerous and concealed force.” “And Dying Thus around Us,” 72. Similarly, Katherine Montwieler notes, “From its incubation, the disease is not named but associated with silence, its effects and symptoms alluded to in hushed whispers.” “Reading, Sympathy, and the Bodies of *Bleak House,*” *Dickens Studies Annual* 41(2010): 243. For critics who suggest Esther purposely contracts the disease, see John O. Jordan, *Supposing “Bleak House”* (Charlottesville: University of Virginia Press, 2010), 24; and Preston, *Dickens and the Despised Mother*, 98.

61 Hardy names Tom-all-Alone’s the archetypal fever nest, a phenomenon “which so powerfully provoked middle-class reactions of fear and sanitarian zeal between 1800 and the 1870s . . . It was the ability of these fever-nests to spread the disease around them, and the knowledge that ‘fever’ could not be confined to the poor, that lent potency to the image of these epidemic streets.” Notably, Hardy identifies typhus, the epidemic Gaskell portrays in *Ruth*, as the illness that gave rise to the image of the fever nest. *Epidemic Streets*, 193.


64 My analysis complicates Morgantaler’s claim that “He [Hawdon/Nemo] allows Dickens to locate the idea of taint and contagion within one individual, at the same time as his insubstantiality highlights the Victorian assumption that sexual misadventure is primarily a woman’s sin.” *Dickens and Heredity*, 90. As an infected (and infecting) corpse, Nemo is anything but insubstantial; in fact, Dickens emphasizes his physicality. I suggest that Morgantaler dismisses Nemo too easily because she defines heredity too narrowly as only genealogy without accounting for other modes of transmission.

65 My reading extends and complicates Nord’s observation of the father’s role in contaminating the child (both Jo, Nemo’s “spiritual child,” and Esther, Nemo’s biological child). *Walking the Victorian Streets*, 102.

Chapter 3: The Diagnostic Paradigm of Lady Audley’s Secret

Belgravia: A London Magazine, the periodical edited by Mary Elizabeth Braddon and created by John Maxwell as a vehicle to showcase her fiction, published a series of features titled “Sensationalism in Science” (June 1868 to February 1869). The first of these articles begins by creating a parallel between sensation fiction and scientific fact:

It is often said as a reproach that literature as a whole, and especially Fiction, has become “sensational”—that it loves to produce excitement by descriptions of imaginary crimes and unnatural incidents. But what are all the startling scenes portrayed in novels—though we question if there is any of them which has not had its counterpart in real life—to the dreadful catastrophes predicted for us and for all creation in the pages of Science?¹

In this configuration, scientific truth is portrayed as being stranger than popular fiction, a claim that both legitimates sensation fiction and reimagines science as a kind of real-life sensationalism. In a periodical best known as a venue for sensation fiction, especially in its early years under Braddon’s editorship (February 1867–February 1876), this claim for the genre’s legitimacy is, significantly, underwritten by its relationship to fact and scientific truth. Even the titles of these scientific articles evoke sensation as they explore such apocalyptic topics as, “Is the Sun Dying?” “Are There More Worlds Than One?” and “Does the Earth Grow Sick?” all of which were published during Braddon’s time at the periodical’s helm. In these Belgravia articles, then, science and sensationalism are mutually constitutive: they simultaneously destabilize the common critique that sensation fiction is based on impossible events and characterize natural, inevitable phenomena as dramatic, shocking, and thrill-producing.² If the secrets of nature were known to us, these texts suggest, we might be as astonished as we would be by the twists and
turns of popular sensation fiction.

This reciprocal relationship between sensational science and scientific sensation plays a central role in Braddon’s best-known novel, *Lady Audley’s Secret* (1862). The eponymous character does, in fact, have many secrets, but the chief among them is perhaps her hereditary insanity, the cause that precipitates her other, more criminal secrets. Critics who address Lady Audley’s madness—particularly D. A. Miller, Chiara Briganti, Ann Cvetkovich, Jill L. Matus, Elaine Showalter, Karen Chase and Michael Levenson, Saverio Tomaiuolo, and Tabitha Sparks—treat mental illness as a metaphor or social construct based on Lady Audley’s position as an economically disadvantaged woman trying to survive in a male-dominated social and economic system. These readings tend to insist upon Lady Audley’s sanity, suggesting that her crimes are, in fact, moments of rebellion against patriarchy rather than manifestations of a mental disorder. Matus articulates the general thrust of these arguments when she writes, “We can see Braddon actually suggesting that Lucy Audley is not deranged, but desperate—not mad (insane) but mad (angry).” However, I argue that these approaches ignore the novel’s interest in diagnosis, the medical practice of analyzing symptoms in order to label or categorize and ultimately treat a disorder. The novel reveals Lady Audley’s symptoms, allows her to diagnose her own illness, confirms that diagnosis with a second opinion (given by Dr. Mosgrave, a specialist in cases of madness), and prescribes treatment in the form of incarceration in a *maison de santé*. Furthermore, the novel dramatizes Robert Audley’s experiences with madness, again focusing on its causes, its symptoms, and its diagnosis. Thus, earlier approaches ignore both the thematic importance of insanity as a means of biological and symbolic disruption and the structural importance of diagnosis and the attempt (and failure) to cure. This argument does not dismiss the ambiguities surrounding Lady Audley’s case of madness, but rather demonstrates
how the novel addresses those very ambiguities as central to the lived experience of madness, as well as its treatment. Ultimately, the novel envisions mental illness as a widespread, unstable threat.

_Lady Audley’s Secret_ adopts what I will call a diagnostic paradigm, in which the novel emulates clinical practices and language. The form of the novel mimics that of a case study: Lady Audley exhibits symptoms (first mild, then increasingly violent), is diagnosed, and finally is contained in an asylum—following the same pattern of observation, diagnosis, and treatment (or rather containment) championed by physicians contemporary to the novel’s publication. Embedded in this narrative is the subplot of another sufferer from mental illness, Robert, who similarly experiences madness and diagnosis. I will examine the novel’s portrayal of madness as a pathological disorder rooted in physiology that can be passed from generation to generation. Madness is primarily portrayed as a dangerous female inheritance that is transmitted from mother to daughter, though, as we will see, the novel explores other possibilities for the experience and transmission of madness, particularly in its treatment of Robert’s purported monomania and hypochondria.

The female inheritance of madness threatens traditional structures of male inheritance in the form of the Audley family’s property and reputation. However, while acknowledging the material hardships Lady Audley faced in her youth, I am diverging from authors who see a direct causal relationship between poverty and Lady Audley’s transgressions. In fact, the desire to rise in the world is treated as normal and acceptable at several points in the novel: the Dawsons, for whom Lady Audley (then known as Lucy Graham) works as a governess, would consider it “more than madness in a penniless girl” to reject Sir Michael Audley’s proposal (9), Dr. Mosgrave interprets her attempt to better her economic situation as evidence of her sanity, and
the narrator implies that Robert’s disinterest in Alicia is odd considering the wealth and position such a marriage would offer him (33). Poverty as such is not the problem. As Rachel A. Bowser has claimed, class difference is mentioned but not “thematized” as it is in novels where socioeconomics become a barrier to courtship, such as *Jane Eyre* and *The Woman in White*. However, where Bowser addresses time and age as impediments to marital bliss, I look to madness as an unstable and even violent force that threatens primogeniture and its regulating mechanism, marriage. Insofar as the novel is interested in Lady Audley’s socioeconomic hardships, I believe poverty is portrayed as a form of stress that can precipitate violent actions, specifically the criminal acts that characterize Lady Audley’s experience of insanity. Thus, heredity is the common thread tying Lady Audley’s literal inheritance of madness to the symbolic decimation of the Audley family and their ancestral home. Insanity becomes an illicit form of inheritance that threatens the legitimate, specifically male form of inheritance known as primogeniture.

Insofar as hereditary insanity operates on both literal and metaphorical levels, it can be transmitted either physically or symbolically. The threat of physical transmission goes unrealized, but, as I will argue, Lady Audley metaphorically “transmits” madness to Robert. She does not pass it along through reproduction, but she does both accuse Robert of insanity and create the unstable conditions that lead to his anxiety-ridden search for the truth. The violent and disruptive natures of Lady Audley’s crimes (the manifestations of her insanity) drive Robert to obsession and mental disturbance, which the novel describes variously as monomania and hypochondria. Ultimately, madness is sensationalized as an unsettling, unstable condition that can affect anyone, and can even be experienced transiently. Although insanity can be superficially managed through diagnosis and institutionalization, it ultimately causes irreparable
damage to the Audley family.

**The Diagnostic Paradigm**

As Sally Shuttleworth argues of sensation fiction as a whole, “contemporary medical debates on hereditary insanity, and the impact of maternity on the female mind and body, are explicitly highlighted” in *Lady Audley’s Secret.* I will illustrate the connections between the structure of *Lady Audley’s Secret* and diagnostic medical practices contemporary to the novel’s publication through a study of medical writings surrounding moral insanity, a nosological category invented during the nineteenth century. This type of insanity is particularly relevant to my discussion of Braddon’s novel for two reasons: first, because Lady Audley’s experience of hereditary insanity resonates with descriptions of the disorder; and second, because writings on moral insanity privilege the case study, the genre I am suggesting as an analogue of the structure of *Lady Audley’s Secret.*

James Cowles Prichard was the first to introduce the concept of moral insanity, a disorder he initially identified in an article in an entry in *The Cyclopædia of Practical Medicine* (1833) and expanded in *A Treatise on Insanity and Other Disorders Affecting the Mind* (1835). Prichard defined this disorder as “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.” In other words, moral insanity can be described as an affective disorder in which the patient does not experience delusion, but rather deviant feelings and actions (in this context, the term “moral” relates to feelings and affect, rather than ethics). Prichard’s definition expands upon the work of Philippe Pinel (1745–1826), the French physician who invented moral management and described a type of partial, affective madness he
named _manie sans délire_. Prichard’s work also draws on the theories of Pinel’s protégé, French psychiatrist Jean-Étienne Dominique Esquirol (1772–1840), to whom Prichard’s _Treatise on Insanity_ is dedicated. Prichard implicitly (if not explicitly) theorizes moral insanity as a type of “partial insanity,” a designation he formally applies to Esquirol’s theories of monomania, which Esquirol describes as “a disease of the sensibility” characterized by a form of “delirium” that is “exclusive, fixed, and permanent, like the ideas of a passionate man.” Like monomania, moral insanity affects the patient’s mind only in certain aspects, particularly the emotions, which are manifested through his or her actions and habits.

In creating a diagnostic category based on a patient’s perceived deviance from normal behavior, Prichard pathologizes and medicalizes feelings and actions, strictly based on their non-normativity. As Showalter explains, this shift in psychiatric theory “redefined madness, not as a loss of reason, but as deviance from socially accepted behavior . . . This definition could be stretched to take in almost any kind of behavior regarded as abnormal or disruptive by community standards.” This concept—that insanity can exist without the presence of delirium and, further, can be exhibited only through the symptoms of odd or transgressive behavior—is particularly relevant for _Lady Audley’s Secret_, a novel in which the main character’s angelic, “fascinating” (55) appearance belies her mental disturbance and murderous intentions.

The literature on moral insanity relies heavily on case studies, a model that corresponds to the diagnostic structure of _Lady Audley’s Secret_. Kathryn Montgomery Hunter names the case study “the basic unit of thought and discourse, for clinical knowledge, however scientific it may be, is narratively organized and communicated . . . The case presentation conveys the physician’s observations, thought process, and conclusions about the illness of a sick person who has asked for help.” The case study holds a central position in the literature surrounding moral insanity. I
suggest that the reasons behind the privileged place of case studies in this particular medical
discourse are twofold: first, because these writers sought to establish a new diagnostic category,
a task which requires empirical proof and observation; and second, because the concept of moral
insanity, a disorder characterized by absences (lack of delusion, lack of cognitive impairment,
lack of physiological source) is difficult to define. We see similar challenges in categorizing and
defining madness in *Lady Audley’s Secret*, a text that slowly, intermittently reveals the
symptoms and causes of both the eponymous character’s hereditary insanity and Robert
Audley’s temporary bouts of madness.

Jason Daniel Tougaw has argued, “The case history is the British novel’s most
influential analogue.” For *Lady Audley’s Secret*, I make a more specific claim: here, the genre
of the case study acts as an analogue of Robert’s detective investigation because of its emphasis
on tracing empirical observation back to its hidden source, identifying the disorder, and
prescribing some form of treatment or cure. Both medical case studies and Robert’s search for
the truth behind George Talboys’s disappearance rely on authoritative questioning on one side
and confession on the other. Robert himself recognizes the analogy between his own legal work
and the practice of medicine when he muses, “physicians and lawyers are the confessors of this
prosaic nineteenth century” (374). This pattern is apparent in both case studies on moral insanity
and in the novel’s method of revealing details pertaining to Lady Audley’s insanity. Prichard
presents clinical cases of moral insanity with highly regularized narrative structures. Each begins
with the description of a seemingly average person, fully incorporated in the normalized
structure of nineteenth-century Britain. These case studies are almost novelistic in their attention
to detail and commitment to narrative realism and fall into a narrative pattern that is repeated in
each of Prichard’s cases: a person initially lives a life of normality (or, at worst, “eccentricity”).
usually endures some form of trauma or loss, undergoes a “change” in personality, and begins to act or express himself or herself in a transgressive manner. For example, Prichard relates the case of “A. B., a gentleman” whose friends merely “supposed him to be very eccentric.” A. B.’s story follows the narrative pattern typical to all of Prichard’s case studies of moral insanity: “He fancied his wife’s affections were alienated from him, continually affirming that it was quite impossible she could have any regard for a person who had rendered himself so contemptible. He committed several acts of violence, argued vehemently in favour of suicide, and was shortly afterwards found drowned in a canal near his house.” The cause of A. B.’s insanity is then stated as a narrative climax: “it must not be omitted that this individual derived a predisposition to madness by hereditary transmission: his father had been insane.”

As we will see, Lady Audley’s own account of her personal history echoes that of a patient like A. B.: she was born “selfish” (11), but not criminal; she only began experiencing bouts of insanity after the birth of her son, and they returned in other stressful moments (the return of George Talboys, the increasing scrutiny from Robert, and so forth). Her insanity manifests itself not in some sort of delirium, but in committing crimes. The source of insanity is clearly stated as heredity.

If case studies function to describe and diagnose disorders, they also—like Lady Audley in her confessional self-diagnosis—serve to identify the sources of those illnesses. In Prichard’s work, heredity is posited as a significant cause of moral insanity, but there is no indication that it is the only or even the primary source of the disorder. Occasionally, Prichard will note a family member or a predecessor who is known to suffer from insanity. He writes, “That the predisposition to insanity, when it has once arisen, is frequently transmitted, is a fact too well established to admit of doubt; it constitutes a feature in the history of the disease.”

Prichard adopts the popular belief that insanity can be hereditary, but he does not use his case studies to
insist upon that connection.

However, by the 1860s, the decade in which *Lady Audley’s Secret* was published, the position of heredity as a source of insanity is increasingly emphasized. The influential Victorian psychologist Henry Maudsley in particular identifies heredity as the primary (if not the only) source of insanity, an assertion he makes vehemently in his book-length study, *The Physiology and Pathology of Mind* (1867). Here, Maudsley articulates ideas about insanity—and particularly about its primary cause, physiological inheritance—that he carries throughout the rest of his career. Significantly, Maudsley takes up Prichard’s ideas about moral insanity. Where Prichard suggests that moral insanity, like other forms of madness, could be inherited, Maudsley takes inheritance as his text’s main point (and, by extension, his central concern in writing case studies). Prichard’s careful insistence on the “frequency” of hereditary transmission stands in marked contrast to the certainty inherent in Maudsley’s account. In fact, Maudsley adopts and then alters Prichard’s case studies, placing his emphasis on the patients’ predispositions to insanity, acquired through their family histories. As Maudsley explains, all of the patients suffer from the “inherited taint” of the disease. His work, then, emphasizes family history rather than symptoms: “A complete biographical account of the individual, not neglecting the consideration of his hereditary antecedents, would alone suffice to set forth distinctly the causation of his insanity.” Maudsley’s positivist assertions are, to a certain degree, comforting: he is generally confident that insanity can be located in a concrete source and thus controlled.

**Lady Audley’s Case History**

If the case study genre, especially as practiced by Maudsley, emphasizes the tracing of symptoms rooted in a patient’s genealogy, so does *Lady Audley’s Secret*. When Sir Michael proposes to the future Lady Audley—then known as Lucy Graham—she impulsively recounts
her family history, a scene that reveals both the symptoms and the cause of her madness. Lucy flings herself at Sir Michael’s feet, both physically and verbally displaying symptoms of what she later identifies as madness and alerting both him and the audience to her chaotic psychological state. She becomes alternately dream-like and manic, vague and passionate. In recalling the tenor of her past life, she immediately recites her genealogy, much as a physician might do in a case study: “My father was a gentleman; clever, accomplished, generous, handsome—but poor. My mother—But do not let me speak of her. Poverty, poverty, trials, vexations, humiliations, deprivations!” (10–11). At the very moment in which Lucy is put into a position to marry into a family and, perhaps, become a mother herself (for the second time, as the audience later discovers), she traces her lineage to her own parents. However, Lucy’s mother is unnamable. Any explanation or exploration of her is excised from the text, apparently withheld by Lucy as the only discernible act of self-control in an otherwise frantic moment. The economic concerns that Lucy cites verbally conceal the history of her mother who suffered from insanity, was institutionalized, and died tragically. These material hardships undoubtedly influenced Lucy, but they seem to displace a larger unspeakable trauma: her mother’s madness, the very illness that was passed down to her and that manifests itself at this moment. From the novel’s beginning, then, Lucy’s mother is a present absence—a threatening entity whose existence cannot be ignored, but also cannot be articulated.

Lucy’s tracing of her genealogy leads to a silent acknowledgement of her old, secret life, in which she was a wife and mother, as she clutches the ribbon worn around her neck, later revealed to be a ring wrapped in a piece of paper, presumably her marriage certificate. In doing so, Lucy literally clings to her alternative identity, including her problematic roles of mother and madwoman. This moment, which recalls her other life, describes Lucy in terms reminiscent of
descriptions of patients in asylums: “She was still on the ground at his feet, crouching rather than kneeling, her thin white dress clinging about her, her pale hair streaming over her shoulders, her great blue eyes glittering in the dusk, and her hands clutching at the black ribbon about her throat, as if it had been strangling her” (11). This early disordered image of Lucy evokes the later description of a manic inmate of the maison de santé who appears shadowed behind a window curtain: “the shadow of a woman with a fantastic head-dress, the shadow of a restless creature, who paced perpetually backwards and forwards before the window” (386). Lucy’s impassioned speech, then, simultaneously reveals and conceals her family history and gestures toward the next generation in the form of her son, even before her past as a married woman and a mother is revealed. The resulting effect is the image of a woman who appears to be wild, if not specifically mad, positioning herself in a genealogy rife with instabilities.

Just as Lucy could not name her mother, the symptoms of her own madness are described, but not named as such. Essentially, we are provided with a description of Lucy Graham’s symptoms, but not yet the diagnosis, in keeping with the narrative structure of the case study that first records symptoms and then names the disorder that causes them. Lucy is “agitated”; her voice is “preternaturally distinct”; she possesses a “passionate vehemence.” The change in Lucy’s demeanor is marked and, for Sir Michael, outside of the realm of interpretation. There is “an undefined something in her manner which filled the baronet with a vague alarm” (10–11). This nameless entity—this substance without form—is reminiscent of the unspeakability surrounding the mother to whom Lucy refers but whom she does not describe. The concept of namelessness and the “undefined something” is thus closely allied with as-yetundiagnosed insanity.

Lucy does, however, label another personality trait: selfishness. The narrator portrays her
as saying the word repeatedly: “Don’t ask too much of me . . . I have been selfish from my babyhood” (11). In the context of Lucy’s unnamable mother and the “undefined something” in her manner, “selfishness” operates as a code for madness or mental disturbance. At a time in which moral insanity was considered to be a legitimate medical diagnosis, transgressive qualities like selfishness—a quality that is either “abnormal or disruptive,” as Showalter says—could be symptoms of insanity, especially as it compels Lucy to commit her crimes. Lucy describes her “selfishness” twice in the novel: here, as she is characterizing her lifelong fault, and later, when she describes her realization that she must keep the secret of her mother’s insanity. Lucy comments, “it was, perhaps, this that made me selfish and heartless” (350). In both instances, the word “selfish” is tied, either explicitly or implicitly, to the experience of madness and its attendant stigma. That the word appears first when Lucy is displaying symptoms of mental volatility and later when she confesses it further aligns “selfishness” with insanity. Before we even suspect her bigamy, before she fakes her own death or attempts the murder of her first husband, Lucy’s oddly impassioned behavior suggests instability. An “indefinable something” and an ambiguous selfishness already bode ill for her entrance into the Audley family.

From the beginning of their courtship, Lucy and Sir Michael participate in a relationship that challenges the metaphorical significance of male inheritance, or primogeniture. Since both biological and economic inheritance are regulated through marriage, as is the case in so many nineteenth-century novels, Lady Audley’s violation of the social and legal marriage contract is doubly threatening to the Audley family. The healthy continuation of the family’s genealogical line, as well as the protection of their good name and property, is threatened by the danger inherent in a beautiful and alluring woman who has “inherited the seeds of madness from her mother” (389).
The story of a poor governess marrying a wealthy older man is hardly a literary novelty, but here, the passion Lucy inspires explicitly conflicts with the concerns of property inheritance and titles. Sir Michael finds Lucy irresistible and questions his first, more prudent match: “What had been his marriage with Alicia’s mother but a dull, jog-trot bargain, made to keep some estate in the family that would have been just as well out of it?” In questioning his first marriage, Sir Michael verbally strips the first Lady Audley of her title. Instead, she is described by what Sir Michael supposes to be her greatest feat: she is the mother of Alicia, Sir Michael’s beloved daughter who is described as the heir to the Audley title and lands in the novel’s early pages. The ominous proclamation that Lucy Graham is Sir Michael’s “destiny”—that spending an evening with her both begins a courtship and “seal[s] his fate”—anticipates the threat that Lucy poses not only to Sir Michael as an individual, but also to his family line (6). The sense of foreboding he initially feels during his courtship is validated after Lady Audley’s moment of confession and self-diagnosis: “Sir Michael Audley remembered that summer’s evening, nearly two years ago, when he had first declared his love for Mr. Dawson’s governess; he remembered the sick, half-shuddering sensation of regret and disappointment that had come over him then; and he felt as if it had in some manner dimly foreshadowed the agony of to-night” (351). In retrospect, Sir Michael observed the symptoms of Lucy’s madness, even though he could not identify them as such, and sensed the harm they foreshadowed.

From these inauspicious beginnings, Lucy acts as a pathological agent, posing harm to Sir Michael. His very affection for her is described in the language of sickness and symptoms, rendering him Lucy’s victim. His emotions are couched in pathological terms, as though they literally rack his body and torture his mind: “this was love—this fever, this longing, this restless, uncertain, miserable hesitation; these cruel fears that his age was an insurmountable barrier to
her happiness; this sick hatred of his white beard; this frenzied wish to be young again.” Here, again, the narrative relies upon the presentation of symptoms and the revelation of a diagnosis: “all these signs gave token of the truth; and told only all too plainly that, at the sober age of fifty-five, Sir Michael Audley had fallen ill of the terrible fever called love” (7). Although the trope of love as an illness is an old one, in the context of marrying a madwoman it functions less a cliché than as a prognosis. Here, the narrator engages in the same diagnostic paradigm that we see in the novel’s form. The narrator’s statement of the Audley patriarch’s full name and title—Sir Michael Audley, rather than the more commonly used Sir Michael—is fitting, considering that the “illness” that affects his body and mind also threatens the Audley line.

The concepts of unnamability and chaos—the as-yet shadowy hallmarks of Lady Audley’s madness—are reiterated in the scene in which George and Robert slip into her chambers to look into her portrait painted by an unnamed Pre-Raphaelite. Robert professes to dislike the portrait because “there’s something odd about it.” This “something odd,” a quality unable to be quantified or named, corresponds to the “undefined something” that so alarmed Sir Michael. This “oddness” evokes both madness and a capacity to do harm. The description of Lady Audley’s painted doppelganger as a “beautiful fiend” akin to “medieval monstrosities” suggests something of deformity and evil, both of which might be aligned with her insanity and its violent manifestations. We are inclined to agree with Alicia’s assessment that “sometimes a painter is in a manner inspired, and is able to see, through the normal expression of the face, another expression that is equally a part of it, though not to be perceived by common eyes” (71). In positioning the artist as a privileged professional observer, the “unnamable something” is imbued with a sense of authenticity. As Dr. Mosgrave does later, the artist has already examined Lady Audley and produced a diagnosis, albeit an ambiguous one. Robert’s subsequent protest,
that the portrait is nothing more than an aesthetic representation, is repeated with “an air of terror perfectly sincere,” working rather to confirm than to deny the presence of madness lurking beneath the surface of Lady Audley’s beauty (72).

The vehicle for expressing Lady Audley’s latent insanity and capacity for evil, her portrait, is itself a form of art that enshrines a member of the aristocracy as such. Its creation and preservation visually situate Lady Audley in the family’s ancestral home, as an emblem of her place in the long line of Audley women and, inadvertently, as an emblem of the threat she poses to that very family. Even years later, after Lady Audley’s death, visitors to Audley Court pass Lady Audley’s likeness, though it remains unseen: “A curtain hangs before the pre-Raphaelite portrait: and the blue mould which artists dread gathers upon the Wouermans and Poussins, the Cuyps and Tintorettis. The house is often shown to inquisitive visitors, though the baronet is not informed of that fact, and people admire my lady’s rooms, and ask many questions about the pretty, fair-haired woman, who died abroad” (446). The modern Pre-Raphaelite portrait of Lady Audley takes its place in obscurity among the molding paintings created by masters of the sixteenth and seventeenth centuries. This particular evidence of Lady Audley’s madness and crime persists after her institutionalization and death. Though the portrait is covered by a curtain, it remains. In a novel so focused on detecting and interpreting signs and symbols—and diagnosing symptoms—the lasting image of Lady Audley’s latent grotesquery or deformity suggests that her madness, as well as the disorder it causes, is omnipresent.

**Lady Audley’s Self-Diagnosis and Dr. Mosgrave’s Second Opinion**

If the novel allows us to observe Lady Audley’s shadowy, “indescribable” symptoms in the early chapters of the book, it also synthesizes those symptoms into a diagnosis and its confirmation. Both Lady Audley and Dr. Mosgrave identify her disorder as hereditary madness,
although, as we will see, they have slightly different perspectives on her case. The novel moves from the presentation of symptoms to diagnoses. Lady Audley’s climactic admission of her own madness is made just before Robert Audley, family heir turned amateur detective, accuses her of terrible crimes. At this point in the novel, the reader, like Robert, has more or less ascertained that Lady Audley has committed the crimes of bigamy and attempted murder; the climax of the novel is not the revelation of a second marriage or the uncovering of a killer. Instead, the real impact of this revelatory scene comes when Lady Audley melodramatically exclaims, “You have conquered—a MADWOMAN!” (345). Lady Audley’s declaration of herself as a madwoman is simultaneously a confession and a self-diagnosis. Crime is, in this case, medical and scientific.

Here, as in the literature on moral insanity, the pathological roots of crime are found in the patient’s biological inheritance. Lady Audley’s “confession” takes the form of a genealogical history. She insists to Robert and Sir Michael, “I must tell you the story of my life; in order to tell you why I have become the miserable wretch.” Lady Audley’s life story, as she tells it, begins with her mother’s absence: “When I was a very little child I remember asking a question which it was natural enough that I should ask, God help me! I asked where my mother was. I had a faint remembrance of a face, like what my own is now, looking at me when I was very little better than a baby; but I had missed the face suddenly, and had never seen it since. They told me my mother was away” (347–48). That Lady Audley’s only faint recollection of her mother is based on physical likeness underscores the women’s similarities, which are, significantly, contingent upon biological inheritance.24

Lady Audley claims that her insanity was passed down from her mother and her mother’s mother, a configuration that emphasizes woman-to-woman transfer. In revealing this family history, Lady Audley gives a genealogical account of the spread of hereditary madness, tracing
the illness back through the generations as a writer like Prichard or especially Maudsley might:

Her madness was an hereditary disease transmitted to her from her mother, who had
died mad. She, my mother, had been, or had appeared, sane up to the hour of my birth;
but from that hour her intellect had decayed, until she had become what I saw her.

I went away with the knowledge of this, and with the knowledge that the only
inheritance I had to expect from my mother was—insanity! (350)

In this passage, as with the narrative of Prichard’s patient, A. B., the revelation of insanity in the
family line is dramatized. Lady Audley’s family history reads as a case study, as she traces
insanity in her maternal line back two generations to her grandmother and recalls the progression
of her mother’s insanity. Later in the novel, when Lady Audley is brought to the maison de
santé, she describes madness as “the hidden taint that I had sucked in with my mother’s milk”
(393), a configuration that emphasizes transmission not through genealogy, but through
breastfeeding. The mother does not nourish, but poisons instead. In the case of Lady Audley,
maternal inheritance is inherently pathological. Rather than inheriting money or property
(traditional forms of male inheritance), she receives a biological and psychological disorder. This
genealogy of mad women and connection to childbirth positions both the mother and the state of
motherhood itself as hazardous and threatening.

Maternity, then, is portrayed as a form of biological determinism. From a young age,
Lady Audley learns to view madness as inevitable and unpreventable; she believes it to be part of
her fate as a woman who will inevitably marry and give birth to a child. However, though the
presence of insanity is portrayed as inescapable, the disorder manifests itself in vastly different
ways, suggesting the range of individual experiences of madness. The women in Lady Audley’s
family experience madness for different durations and in different forms. Lady Audley’s
maternal grandmother dies mad. Her mother becomes mad upon giving birth and never recovers. She spends the rest of her days as a “golden-haired, blue-eyed, girlish creature” in an asylum, subverting her daughter’s expectation of a “raving, strait-waistcoated maniac” much in the way that Lady Audley’s blonde beauty subverts readers’ expectations of an insane criminal (349–50).

Unlike her mother, Lady Audley experiences madness in bouts. As was the case with her mother, Lady Audley—then called Helen Talboys—experiences childbirth as an event that destabilizes her sanity: “My baby was born, and the crisis which had been fatal to my mother arose for me. I escaped; but I was more irritable perhaps after my recovery; less inclined to fight the hard battle of the world; more disposed to complain of poverty and neglect” (352). After George leaves to seek his fortune in Australia, Lady Audley’s disease manifests itself more clearly: “The hereditary taint that was in my blood had never until this time showed itself by any one sign or token; but at this time I became subject to fits of violence and despair. At this time I think my mind first lost its balance, and for the first time I crossed that invisible line which separates reason from madness” (353). Later, she claims to have regained sanity—to have “held a check upon herself”—only to learn of George’s return and relapse into madness. She explains, “My brain was dazed as I thought of my peril. Again the balance trembled; again the invisible boundary was passed; again I was mad” (354–55). Thus, Lady Audley recites the history of her own case, from its biological roots to its present state, in which stress precipitates periods of insanity and crime. Although female inheritance—the “invisible hereditary taint” (354)—is said to determine the presence of madness, the disorder takes different forms for different women. Lady Audley experiences a spectrum of mental states. She is not consistently mad, but she alternately succumbs to insanity and exerts control that allows sanity to return. Furthermore, the form her madness takes is not the childlike chatter of her mother, which Lady Audley adopts as
her sane exterior, but the violence she fears her mother to possess.

Lady Audley’s self-diagnosis is confirmed by the second opinion of a specialist in insane disorders. Dr. Mosgrave is an emblem of the male professional world, as Simon Petch has argued. However, rather than seeing the doctor as a professional mentor to Robert as Petch does, I position him firmly as a specialized member of his own medical profession, for which he acts as a mouthpiece. Robert locates him through a letter to a fellow lawyer, in which he requests the address of “any physician, experienced in cases of mania, and to be trusted with a secret” (368). Robert’s insistence on calling a specialist is itself emblematic of a major shift in the medical establishment, from generalists to specialists. W. F. Bynum identifies physicians specializing in madness as participating in “the earliest medical specialty. It was also the earliest in Britain to associate the private sector with institutional care, through private madhouses, or the ‘trade in lunacy,’” beginning in the eighteenth century. Robert’s dual requirements—that Dr. Mosgrave must be a specialist, and that he must be discreet—demonstrate his recognition of the connections between the female inheritance of madness and the “private sector” of male inheritance that it threatens.

Dr. Mosgrave engages in the practice of gathering information about Lady Audley’s background and symptoms in order to make a diagnosis. The patient’s history is first recited by Robert, who emphasizes the “taints of hereditary insanity.” Unlike Lady Audley herself, Dr. Mosgrave initially claims that “Madness is not necessarily transmitted from mother to daughter,” suggesting that it could skip her and appear in any children she might have: (377). This turn away from biological determinism suggests that the transmission of madness is less predictable than the novel initially allows. However, Dr. Mosgrave’s knowledge of Lady Audley’s family history ultimately does compound with other diagnostic information—specifically regarding the
violent nature of Lady Audley’s symptoms—to confirm the diagnosis Lady Audley initially proclaimed for herself. When the physician is reluctant to label Lady Audley’s bigamy as anything other than a sane attempt to rise in the world, Robert brings forth his suspicions about her violent behavior toward her first husband, George Talboys, and himself. The doctor’s belief in Lady Audley’s madness is inextricable from his knowledge of her case history: “I will see the lady if you please. You say her mother died in a mad-house” (379). Thus, the genealogical concerns of Prichard and especially Maudsley are reiterated in the official diagnosis of Dr. Mosgrave; tellingly, Lynn Voskuil names him “Maudsley-esque.”

After consulting with the patient, Dr. Mosgrave pronounces his diagnosis:

There is latent insanity! Insanity which might never appear; or which might appear only once or twice in a life-time. It would be dementia in its worst phase perhaps: acute mania; but its duration would be very brief, and it would only arise under extreme mental pressure. The lady is not mad; but she has the hereditary taint in her blood. She has the cunning of madness, with the prudence of intelligence. I will tell you what she is, Mr. Audley. She is dangerous! (379)

This final labeling of Lady Audley—that she is mad, and therefore dangerous—collapses her illness with the threat of infamy that it poses. The “danger” the doctor identifies is not just her capacity for physical violence; it is the possibility of “esclandre,” as the doctor calls it—the threat of a Chancery suit and its ensuing scandal in the noble Audley family, which is apparently so potent that it must be disguised in French. The treatment Dr. Mosgrave prescribes to Lady Audley is committal in a maison de santé in the remote Belgian city of Villebrumeuse. This final step in the diagnostic paradigm, prescribing treatment, suggests the desire to contain and control insanity, and thereby mitigate its harmful effects.
The Physiological and Metaphorical Transmission of Madness

If the novel is interested in the etiology of madness—the cause and source of the disease—it is also concerned with its transmission. Lady Audley’s own family history insinuates that she is simply one in a line of deviant mothers and daughters, the maternal inheritance which Lady Audley traces back two generations to her grandmother. Even more threatening is the implication that Lady Audley is married—twice over, in fact—and therefore in a position to procreate and produce offspring who share her mental illness and its accompanying possibility for disruption and shame. Dr. Mosgrave articulates this risk when he notes the possibility that hereditary insanity “[m]ay descend to the third generation and appear in the lady’s children, if she have any” (377). Anxiety over the transmission of madness, especially as a form of maternal inheritance, is well documented in the period’s medical literature, wherein physicians (the real-life counterparts of Dr. Mosgrave) discuss hereditary madness, usually through the proclamation of dramatic warnings. These admonitions are especially prevalent in medical texts intended for household use, which warn would-be parents of the perceived violence of hereditary insanity. In this vein, widely read physician William Buchan cautions prospective mothers (quite sensationally, we might note), “It is little short of intentional murder on the part of a weak, languid, nervous, or deformed woman to approach the marriage bed.” Similar to Buchan’s accusations of violence by reproduction are John Reid’s comments on hereditary insanity. For Reid, those who are afflicted with madness demonstrate “criminal indiscretion” in marrying and producing offspring, precisely because they “chance extending and perpetuating, without any assignable limit, the ravages of so dreadful a calamity.” If Buchan considers the violence of hereditary insanity to be slightly better than murder, Reid views it as considerably worse:

The ruffian who fires at the intended object of his plunder, takes away the life of him
only at whom his aim is leveled. The bullet which penetrates the heart of the unfortunate victim does in general no farther mischief. But he who inflicts upon a single individual the worse than deadly wound of insanity, knows not the numbers to which its venom may be communicated . . . he is the enemy, not of one man, but of mankind.29

By these accounts, Lady Audley’s marriages are at least as culpable as her attempts at murder. The “hereditary taint” of madness—to use Lady Audley’s own description of her condition—could be passed on to her children. The association of madness with death and murder suggests the depth of disruption this condition is imagined to have. If Braddon blurs the lines between science and sensation, so do Buchan and Reid: murder and madness are, essentially, elided.

The novel does sensationalize maternity by suggesting that a mad woman could marry into an otherwise healthy family, and could thus pass on her madness to future generations. However, this specific threat of biological transmission goes unrealized: though Lady Audley gives birth to a son, the novel does not present clear evidence to suggest that the “taints of hereditary insanity” have been transmitted genetically, as Dr. Mosgrave suggests they could be (377). The novel suggests that Little Georgey’s immunity from his mother’s insanity results from being born male. According to the novel’s emphasis on the biological transmission of hereditary madness through the female line, along with contemporary medical wisdom, men are less likely to experience mental illness, and are especially unlikely to inherit madness from their mothers. Lady Audley herself argues that madness is most easily passed from mother to daughter—an assertion that is spoken with the voice of experience and that alludes to contemporary beliefs about the volatility of the female body, a connection that Showalter and Matus have already noted.30 This assumption is apparent in the work of Victorian physicians such as Andrew Wynter, a specialist in insanity, who argues that the “tendency of the mother to transmit her
mental disease is . . . in all cases stronger than the father’s.” He goes on to cite statistics claiming that mothers were approximately twice as likely as fathers to transmit insanity to their offspring. In fact, John Charles Bucknill and Daniel Hack Tuke, authors of an early influential textbook on psychiatry, express their surprise that so many women escape insanity, considering the unbalanced nature of the female body, especially during the physically stressful experiences of “pregnancy, parturition, and lactation.” Not only does Georgey possess a (stable) male mind and body, but he also will never give birth. Thus, he will not have an occasion for the onset of the insanity, as childbirth acts as the immediate cause of insanity in both Lady Audley and her mother. Though Dr. Mosgrave points out that “Madness is not always transmitted from mother to daughter,” it seems that in the case of Georgey, at least, it has not passed from mother to son, either.

The novel figures biological inheritance as being deeply rooted in gender. Just as Lady Audley suffers from insanity—a female inheritance passed down from her mother and grandmother—Georgey receives his name—a male inheritance—from his father, seemingly the only quality he understands as a connection between himself and the man he otherwise calls “the big gentleman.” In this case, physical proximity seems less significant than paternity: even though the elder George all but abandons his son to seek his fortune in Australia, the younger Georgey retains his name. Robert is even especially protective of him, not out of affection for the boy himself—spoiled and obnoxious as he is—but because he is “the legacy of [his] lost friend” (162). The legalistic overtones of the word “legacy” suggest the formal inheritance structures that bind the elder George Talboys to Little Georgey, along with the affective and hereditary ties between father and son.

Furthermore, Little Georgey physically resembles his missing father, suggesting the
genealogical similarities between the two George Talboys. Robert’s interest in Little Georgey is intensified by the boy’s likeness to the elder George. Just as Robert is attracted to George’s sister Clara, whose physical similarities to her brother Robert finds so compelling, he is drawn to Little Georgey because he looks like George. For instance, his offer to enroll Georgey in school is prefaced by an inspection of his physical inheritance from his father: “You’re growing more like your father every day, Georgey; and you’re growing quite a man, too . . . would you like to go to school?” (164). In both legal and genealogical inheritances, then, Georgey takes after his father, qualities that inspire Robert to raise the child more in the manner of the senior George. This paternal inheritance is not total: earlier in the novel, Robert recognizes an underlying connection between Georgey and his mother, “some latent expression which was not his father’s, and which pervaded his whole face, so that although each feature of the child resembled the same feature in George Talboys, the boy was not actually like him” (91). The indescribable quality of Little Georgey’s face—“some latent expression”—gestures toward his mother’s “indescribable something” and the wicked expression that shines through her portrait. Lady Audley’s maternal influence is diminished, but present. It is, perhaps, with relief that Robert notes that Georgey is growing more like his father. The paternal influence on Georgey increasingly mitigates the maternal inheritance and particularly the threat of madness that accompanies it.

Lady Audley, then, does not transmit madness to her biological child, as Dr. Mosgrave suggests that she might. The model of biological determinism—the reliance on genealogical inheritance as the sole cause or etiology of insanity—ultimately proves to be unstable. Madness is transmitted biologically, but, significantly, this is not always the case. If the novel accounts for different experiences of madness (for example, in the difference between Lady Audley’s violent outbursts and her mother’s childlike silliness), it also proposes alternative means of transmission.
We see this in the case of the novel’s other “mad” character: Robert.

Lady Audley does not physically transmit madness to Robert; that is, she does not give birth to him or otherwise biologically infect him with the “taint” of her insanity. However, she does metaphorically transmit madness to him in two ways. First, she accuses Robert of insanity as a mechanism of self-defense, successfully convincing Sir Michael of his nephew’s monomania and thereby revealing the ambiguity surrounding medicalized language and the possibility of misdiagnosis. But, whether or not Lady Audley realizes it, Robert does, in fact, increasingly suffer from anxiety and eventually hallucinations as the novel continues. Therefore, Lady Audley also transmits insanity to Robert in a second manner: her actions (themselves the results of her bouts of insanity) create an unbalanced, stressful environment in which Robert must struggle both to preserve the family reputation and to solve the mystery of George Talboys’s disappearance. As we will see, these instabilities cause Robert to experience fear and unhealthy thought patterns that the voice of the narrator later confirms to be bouts of madness.

It is significant that insanity—the female inheritance Lady Audley receives from her mother and grandmother—primarily affects Robert, the male heir of the Audley family and a metonym for the family’s aristocratic status and wealth. Lady Audley’s crimes both precipitate Robert’s increasing investment in primogeniture and threaten those same familial, patriarchal entities. Robert’s transformation from distanced nephew and idle barrister to active detective triggers his impassioned attempt to restore his birthright as the heir of the Audley estate. Robert becomes progressively invested in protecting the name and property of the Audley family—the very entities threatened by Lady Audley’s madness and Robert’s detective work. Everything Lady Audley threatens to destroy through her murder and madness affects Robert’s future estate and title, entities he increasingly values with the passage of time.
In the course of his detective work, Robert becomes ever more ambivalent—and anxious—about his obligation to his family versus his allegiance to George and, later, George’s sister Clara. As the future custodian of the family lands and title, Robert should be primarily concerned with the mystery surrounding the current Lady Audley, more now than ever before. However, the disappearance of George Talboys—a crisis that is, of course, the doing of Lady Audley—tempts him to disavow the family estate altogether. The very statement that first names Robert as heir simultaneously repudiates this position. He muses, “I’m heir-presumptive to my uncle’s title; and I know of a certain dear little girl, who, as I think, would do her best to make me happy; but I declare that I would freely give up all and stand penniless in the world to-morrow, if this mystery could be satisfactorily cleared away, and George Talboys could stand by my side” (161). This disavowal supports the now-common argument about Robert’s homosocial relationship with George, a line of critical inquiry first articulated by Richard Nemesvari. For Nemesvari, Robert is “driven by repressed homoerotic desires” that he unwillingly reveals as he fulfills his “task to meet and beat back the threat posed by Lady Audley by re-establishing the ‘proper’ homosocial bonds she has disrupted.” I argue that Robert desires George in his absence, a condition that shifts his focus from his familial responsibilities—a condition that is, of course, brought about through Lady Audley’s actions. Robert is alternately moved to save the family name and compelled to unveil the mystery surrounding his friend’s supposed death. This vacillation continues until Luke Marks reveals that George Talboys is still alive. As the novel unfolds, the tension between Robert’s love for his family and their ancestral home and his compulsion to uncover the truth behind George’s disappearance intensifies, as does the emotional disturbance he experiences.

If the female inheritance of madness threatens the male patriarchal order, so does Lady
Audley’s medicalized knowledge of her own lived experience of insanity threaten to marginalize Robert Audley. Robert is concerned about the notoriety Lady Audley could bring to the family name, but he might be equally anxious about the damage being declared a madman could inflict upon his own reputation. He could be—and nearly is—disinherited and committed, regardless of his position as an aristocratic male. Lady Audley wields diagnosis and confinement as weapons. When Robert initially confronts her about her crimes, she responds by declaring him to be insane. Even before she verbally acknowledges her own madness, it is clear that Lady Audley recognizes the power of the diagnosis of insanity to incapacitate a person.

Lady Audley draws upon the diagnostic paradigm as she observes Robert’s actions and declares them to be pathological: she claims they are the symptoms of an insane mind. She asks, “Are you going mad, Mr. Audley, and do you select me as the victim of your monomania?” (266). As Robert is in the process of revealing the results of his detective work, Lady Audley provides another diagnosis: “You are hypochondriacal, Mr. Audley, and you must take camphor, or red lavender, or sal volatile” (269). Here, Lady Audley is observing symptoms, providing diagnoses, and prescribing treatment. Although she does not have the authority of the medical field behind her, she does have lived knowledge of the diagnosis and treatment of insanity that lends her power against the future family patriarch.

Furthermore, Lady Audley performs the same procedure that we see in the novel’s revelation of her family history. That is, she attempts to identify symptoms of Robert’s purported insanity and trace his family history. She asks Alicia, “have you never thought him eccentric? . . . I have never heard you speak of his father and mother . . . Do you remember them?” (277). Rather than questioning the patient himself, Lady Audley uses Alicia as a surrogate from whom she can gather evidence of Robert’s insanity. The term she uses to characterize Robert’s
symptoms, “eccentric,” is allied with the medical discourse surrounding madness, as we saw with Prichard’s case history of A. B., the morally insane gentleman who is said to be “very eccentric.” Elsewhere, Prichard describes sufferers from moral insanity as “reputed persons of a singular, wayward, and eccentric character. An attentive observer will often recognize something remarkable in their manners and habits, which may lead him to entertain doubts as to their entire sanity; and circumstances are sometimes discovered, on inquiry, which add strength to his suspicion.” Prichard’s description resonates with Lady Audley’s portrayal of Robert, as well as her method of examination through inquiry. Alicia’s admission that Robert “inherits all his absurdities from his father” confirms the suspicions that underpin Lady Audley’s faux diagnosis: “I thought as much. Do you know, Alicia, that madness is more often transmitted from father to son than from father to daughter, and from mother to daughter than from mother to son? Your cousin Robert Audley is a very handsome young man, Alicia, and I believe a very good-hearted young man; but he must be watched, Alicia, for he is mad!” (278).

Robert’s purported insanity is specifically problematic to Sir Michael because of the threat it poses to the Audley family. Just as Lady Audley’s female inheritance—madness—threatens the family’s patriarchal structure, so does her metaphorical transmission of madness to Robert. Lady Audley’s insinuation that Robert inherited mental illness from his “eccentric” father, Sir Michael’s brother, draws indignation from the current family patriarch. Sir Michael pronounces, “He has inherited no madness from his father’s family . . . The Audleys have never peopled private lunatic asylums or fee’d mad doctors” (286). This sarcastic denial amounts to a verbal distancing of the family from the infrastructure intended to hide and regulate persons suffering from mental illnesses. This same family pride actually leads to Sir Michael’s acknowledgement that Robert could, indeed, suffer from madness, as Lady Audley insists. When
Lady Audley attests that Robert “declared to-night that George Talboys was murdered in this place, and that he will root up every tree in the gardens, and pull down every brick in the house,” Sir Michael does not lament the supposed madness of Robert, the man he thinks of as a son. Instead, he cries in shock and indignation, “Pull down this house!” (287–88). Lady Audley transfers the threat of demolishing Audley Court, a metonym for the family, their property, and their title, from herself to Robert.

Lady Audley’s use of the diagnostic paradigm functions as a microcosm of the novel’s larger diagnostic structure, which observes and diagnoses her own hereditary insanity. Lady Audley takes on the role of psychological examiner later occupied by Dr. Mosgrave, asking Alicia and then Sir Michael about Robert’s eccentricities and family history. She identifies Robert’s symptoms (eccentricity and obsession), searches for evidence of a hereditary taint (questioning Sir Michael about his brother, whom Alicia has identified as an “eccentric” progenitor), and ultimately pronounces a diagnosis: monomania. She recites a definition of monomania as though she were a physician describing a nosological category:

What is one of the strongest diagnostics of madness—what is the first appalling sign of the mental aberration? The mind becomes stationary; the brain stagnates; the even current of the mind is interrupted; the thinking power of the brain resolves itself into a monotone. As the waters of a tideless pool putrefy by reason of their stagnation, the mind becomes turbid and corrupt through lack of action; and perpetual reflection upon one subject resolves itself into a monomania. Robert Audley is a monomaniac. (287)

Lady Audley’s explanation of monomania reads almost as a literary rendering of a medical text. The diagnosis does seem to fit Robert’s symptoms. His languor turned enthusiasm indeed resonates with Esquirol’s image of the monomaniac as a “passionate man.”

37
Lady Audley’s attempts to define and identify madness in Robert in order to undercut his accusations both reinforce the significance of the diagnostic paradigm to the structure of the novel and suggest the instabilities inherent in the practice of diagnosis itself. Lady Audley’s medicalized use of the term “eccentric”—a quality which could be a precursor to serious mental disturbance or which could merely describe a flighty barrister with a penchant for cigars and French novels—emphasizes the plasticity of diagnostic language and categories. We see this ambiguity in the “very common-place observation” Sir Michael makes to Lady Audley about Robert: “I think that boy is half mad” (281). Lady Audley uses this thoughtless cliché—this “common-place ejaculation which is well known to have very little meaning,” as the narrator calls it—as a second opinion that confirms her diagnosis. Chase and Levenson acknowledge the haphazard use of language signifying madness, suggesting this treatment changes with Dr. Mosgrave’s diagnosis: “The perpetual slippage in the concept of madness, its use as a casual descriptive epithet or as a general figure for human frustration, indicates what an unsharpened tool it has been. Yet as a moment of narrative crisis that corresponds closely to a social instability—What is one to do with the free woman unrestrained by the weight of convention?—madness is refined for its punitive labor.” I agree that the language of madness is used throughout Lady Audley’s Secret to signify more than medical diagnosis. For example, early in the novel, the country squires who spend the Christmas holidays at Audley Court are said to consider Robert “an inoffensive species of maniac,” an epithet that does not have the same diagnostic implications as Lady Audley’s claim that Robert suffers from monomania (113). However, I suggest that this “slippage” in the use of diagnostic language further emphasizes the malleability of that discourse—and, importantly, the possibility for its manipulation, which Lady Audley exploits.
The potential ambiguity surrounding the diagnostic paradigm is also apparent in Lady Audley’s claim that Robert’s insanity physically and mentally endangers her. She couches her concerns about the transmission of madness in medical terms. When Robert begins to question her in connection to George’s disappearance, she passive-aggressively claims he is frightening her, declaring herself “dreadfully nervous.” Nervous disorders form an amorphous diagnostic category about which there was little consensus in Victorian medical texts. Similarly, in Lady Audley’s usage, the condition is a medical one, and Lady Audley details her treatment plan: “I am worth a fortune to poor Mr. Dawson. He is always sending me camphor, and sal volatile, and red lavender, and all kinds of abominable mixtures, but he can’t cure me.” Lady Audley uses the excuse of a nervous disorder to make herself appear both helpless and innocent. Robert dismisses this medical excuse, claiming that her problem is not physical, but metaphorical: a “mind that is diseased,” not by madness, but by guilt (265). This double valence of “disease,” which can signal either pathology or immorality, again suggests the ambiguity of diagnostic terminology.

Later, when Lady Audley presents her diagnosis of Robert to Sir Michael, she declares that Robert’s actions have made her “hysterical,” a term that still had resonance as a clinically recognized disorder at the time of the novel’s publication. Hysteria is characterized as a disease that primarily (though not exclusively) affects women, particularly because of the volatility of the female body. For example, John Conolly describes hysteria as the product of a debilitated nervous system that “feels impressions more keenly, and responds to them more forcibly than is seen in firmer organizations, or in a state of perfect health, and, thus prepared, may be excited to disorder actions by numerous accidental causes. In the female system the exciting cause is very often an irritable or morbid condition of the uterine system.” In diagnosing herself as “nervous” and “hysterical,” disorders that are similar in that they affect the “nerves” or nervous system and
have unspecified symptoms, Lady Audley is making a self-diagnosis that precedes her confessional self-diagnosis of madness. Though female insanity is a threatening source of chaos in the majority of the novel—this passage included, as Lady Audley is attempting to eliminate the family’s male heir—she uses the perceived fragility of the female nervous system as a defense. In making this claim, she ostensibly reverses the line of transmission, declaring herself the victim of her insane nephew’s overactive imagination and further blurring the line between the provider of the diagnosis and the sufferer of the illness.

Importantly, Lady Audley’s diagnosis of Robert serves to universalize the experience of madness:

“Why should he not be mad?” resumed my lady. “People are insane for years and years before their insanity is found out. They know that they are mad, but they know how to keep their secret; and, perhaps they may sometimes keep it till they die. Sometimes a paroxysm seizes them, and in an evil hour they betray themselves. They commit a crime, perhaps . . . They sometimes yield, and are lost.” (286–87)

Narratively, Lady Audley is revealing more than she is concealing, as this hypothetical progression of mental illness turns out to be the story of her own life. In superimposing her own life story onto Robert’s, however, Lady Audley not only attempts to deflect blame from herself—a goal she very nearly accomplishes—but also suggests that insane impulses could reside undetected in any number of people. Even as Lady Audley relies upon the diagnostic paradigm to marginalize Robert, she reveals its limitations. Biological predisposition and even the outward demonstration of symptoms are inadequate diagnostic indicators: madness is an unstable, widespread phenomenon. This dynamic, in which the diagnostic paradigm is simultaneously utilized and undercut, is repeated in the self-diagnosis and professional
confirmation of Lady Audley’s hereditary insanity. By the time the dominant narrative of Lady Audley’s diagnosis and institutionalization is complete, the novel has already complicated the diagnostic paradigm by revealing that it allows for ambiguities and even lends itself to manipulation.

The diagnostic paradigm performed through the identification of symptoms, the proclamation of a diagnosis, and the prescription of treatment is offered as a solution that ultimately proves to be inadequate. However, rather than revealing madness to be purely metaphorical, the complication of the diagnostic paradigm suggests that madness is more widespread and unstable than originally suggested. The point is not, to borrow Showalter’s phrase, that “Lady Audley’s real secret is that she is sane and, moreover, representative,” so much as that both Lady Audley and Robert represent the malleability of both the treatment of madness and individuals’ varying lived experiences. Both Cvetkovich and Pamela K. Gilbert identify the madness of Robert Audley as broadening the novel’s portrayal of madness. *Lady Audley’s Secret* is, as Cvetkovich says, “extremely sensitive to the normalcy of madness”; Gilbert similarly declares madness to be “ubiquitous” in the novel. Though I acknowledge that Lady Audley’s insanity resonates with contemporary social and political concerns, I suggest that the novel’s portrayal of Robert’s mental illness and questioning of the diagnostic paradigm complicates the supposedly symbolic nature of madness that has become a critical commonplace. *Lady Audley’s Secret* does not participate in serious social commentary so much as it offers the widespread proliferation of madness as a sensational thrill rooted in scientific fact.

By the time Lady Audley is institutionalized—literally and figuratively removed from the family in order to save their dignity—Robert is actually experiencing symptoms of the mental illness she suggests has taken hold of him. Early on, Robert begins to question his own sanity in
the midst of his impassioned search for George, the crisis caused by Lady Audley’s madness and crime. He asks, “Why was it that I saw some strange mystery in my friend’s disappearance? Was it a monition or a monomania? . . . What if this edifice and horror and suspicion is a mere collection of crotchets—the nervous fancies of a hypochondriacal bachelor?” (254). Robert self-reflexively considers a gamut of possible symptoms and diagnoses: monomania, nervous delusions, hypochondria. The possibility of a medical examination and diagnosis is raised when Dr. Mosgrave misidentifies Robert as the sufferer of insanity. Their initial exchange demonstrates the permeability of the line that separates patient from accuser: “‘He is wondering whether I am the patient,’ thought Mr. Audley, ‘and is looking for the diagnoses of madness in my face.’ Dr. Mosgrave spoke as if in answer to this thought. ‘It is not about your own—health—that you wish to consult me?’ he said interrogatively” (374–75). This passage opens the possibility that Dr. Mosgrave might have diagnosed Robert with insanity, too, if given the chance.

Though Robert’s initial concerns seem unfounded, his self-examinations increase in frequency and urgency, until the narrator actually confirms—or diagnoses—that Robert is experiencing insanity. The narrator comments, “Do not laugh at poor Robert because he grew hypochondriacal, after hearing the horrible story of his friend’s death. There is nothing so delicate, so fragile, as that invisible balance upon which the mind is always trembling. Mad to-day and sane to-morrow . . . Who has not been, or is not to be, mad in some lonely hour of life? Who is quite safe from the trembling of the balance?” (403–04). These statements, voiced by the narrator, universalize madness as a widespread, temporally shifting illness. This language of balance and interiority permeates discussions of madness throughout the novel. As we have seen, Lady Audley, too, describes her experience of madness in terms of movement and fluctuation:
she crosses the “invisible line which separates reason from madness,” (353); later, she recalls, “Again the balance trembled; again the invisible boundary was passed; again I was mad” (355). Her temporary return to sanity occurs when her “mind regained its just balance” (354). Even more significant is the narrator’s statement on the institutional treatment of insanity: “Mad-houses are large and only too numerous; yet surely it is strange they are not larger . . . when we remember how many minds must tremble upon the narrow boundary between reason and unreason, mad to-day and sane to-morrow, mad yesterday and sane to-day” (205). Madness, then, is not just allied with transgression in the criminal sense, but also in the sense of crossing and re-crossing the porous borders that separate sanity from insanity and reason from unreason. Lady Audley has gone mad; Robert has gone mad; and, as the words of the narrator suggest, the reader might one day go mad as well. The diagnostic process is based in particularities—aligning particular symptoms with particular disorders and naming the illness from which a particular patient suffers. And yet, the novel ultimately rejects the specificity and positivism of the diagnostic paradigm in favor of the common, varied experience of lived insanity.

The transmission of mental disease, then, ultimately cannot be mitigated. It cannot effectively be regulated through the institution of marriage, nor can it reliably be traced back to an “inherited taint.” The novel raises and then rejects the possibility of such control. Lady Audley, or rather, Madame Taylor, as Robert has renamed her, is “Buried Alive” (as the chapter title suggests) in a Belgian maison de santé, a confined space where she can no longer threaten physical or metaphorical harm to the Audley family. However, by the novel’s end, the Audley family is decimated. Although the narrator suggests that this conclusion “leaves the good people all happy and at peace,” Lucy’s failure to fulfill both the social contract of marriage and the social and biological role of mother does, in fact, precipitate the ruin of Audley Court (447). The
ancestral country manor is left vacant and moldering, shunned by both its current owner and future heir; it becomes a mere curiosity for travelers. Lady Audley’s portrait, the entity that visually staked her claim as part of the family, is covered with a curtain, but it is not removed, just as the effects of Lady Audley’s madness and crimes remain ever-present in the lives of the novel’s characters.⁴³ In Lady Audley’s Secret, then, the destabilizing effects of insanity, and particularly maternal insanity, cannot be regulated.⁴⁴ Ultimately, the novel suggests that the attempts to describe and diagnose only go so far. Genealogy is raised as a source of determinacy, but is revealed to have limitations. In reconfiguring insanity in this way, mental illness is sensationalized, since, like Robert Audley, anyone holds the potential to be mad today and sane tomorrow. In the language of the Belgravia article with which this chapter began, madness becomes one of those “dreadful catastrophes predicted for us and for all creation in the pages of Science.”
Notes


5 All references to *Lady Audley’s Secret* are to the Oxford edition of the novel: Mary Elizabeth Braddon, *Lady Audley’s Secret*, ed. David Skilton (Oxford: Oxford University Press, 1987). Here, my view directly opposes Sparks’s argument that *Lady Audley’s Secret* “attempts, though inconsistently, to explain Lucy’s criminal violence by attributing it to inherited madness, but Lucy’s coherent will to prosper problematizes this design.” “To the Mad-House,” 29. Sparks ignores the novel’s consistent normalization of Lucy’s desire to improve her socioeconomic circumstances, held by all characters except for Sir Michael, who is portrayed as being idealistic and naïve on this subject.


Matus’s discussion of Lady Audley’s Secret also takes up the diagnostic category of moral insanity: “The cool Lady Audley illustrates very well, therefore, what moral insanity was thought to be: a morbid perversion of the moral disposition and natural impulses that did not seem to come from any remarkable disorder or defect of the intellect, and that did not result in delusions or hallucinations.” Unstable Bodies 196.


Jason Daniel Tougaw makes this comparison because both case studies and the novel “share subject matter—suffering protagonists—but more significantly, they appeal to readers by appearing to engage in, but ultimately also providing a respite from, the classification, system making, and categorization that the science, moral philosophy, and education of the period stressed.” Strange Cases: The Medical Case History and the British Novel (New York: Routledge, 2006), 2. I agree with Tougaw’s assessment that these genres actually break from the analytical work of “classification, system making, and categorization,” insofar as I argue that Lady Audley’s Secret ultimately rejects the illusion of order promised by diagnosis.

Prichard, Treatise on Insanity, 36.

Prichard, Treatise on Insanity, 122.

Bourne Taylor and Shuttleworth similarly identify the 1860s as the decade in which “the question of inheritance came to play a greater role in the insanity debates.” Embodied Selves, 229.

For another discussion of Lady Audley’s Secret in the context of Henry Maudsley’s ideas about the physical sources of madness, see Voskuil, “Acts of Madness,” 627–34.


For a thorough discussion of the permutations of Lady Audley’s names, see Briganti, “Gothic Maidens.”

See, for example, Prichard’s description of one possible set of symptoms for patients suffering from moral insanity: “In this form of moral derangement the disordered condition of the mind displays itself in a want of self-government, in continual excitement, an unusual expression of strong feelings, in thoughtless and extravagant conduct. A female modest and circumspect becomes violent and abrupt in her manners, loquacious, impetuous, talks loudly and abusively against her relations and guardians, before perfect strangers. Sometimes she uses indecent expressions, and betrays without reserve unbecoming feelings and trains of thought.” Treatise on Insanity, 25.
Andrew Wynter’s discussion of hereditary insanity confirms the connection between the biological inheritance of physical traits and of madness: “If the daughter of an insane mother very much resembles her in feature and in temperament, the chances are that she is more likely to inherit the disease than other daughters who are not so like. And the reason is obvious; for if the general physical aspect and the temperament are alike, it points to a similar likeness in the structure of the body and nerve.” The Borderlands of Insanity and Other Allied Papers (London: Hardwicke, 1875), 52–53.


William Buchan, Advice to Mothers, on the Subject of Their Own Health; and on the Means of Promoting the Health, Strength, and Beauty of Their Offspring (London: Cadell and Davies, 1803), 9. Shuttleworth argues that this text “laid the framework for later discussions in the Victorian era.” “Demonic Mothers,” 34.


For example, Matus writes, “Braddon’s figuring of childbirth and new motherhood as a time of great instability is consonant with the representations of medical discourse”; however, for Matus, this “instability . . . is a response to specific cultural and socio-economic conditions.” Unstable Bodies, 189–90. Maudsley’s commentary on the heredity of insanity reinforces these ideas: “insanity descends more often from the mother than the father, and from the mother’s pregnancy to the daughters more often than to the sons.” Physiology and Pathology of the Mind, 216.

Wynter, Borderlands of Insanity, 52. Showalter also discusses Wynter’s claim in her study of Lady Audley’s Secret. See A Literature of Their Own, 235. Although this view was far from universal, similar assumptions about the female body were ubiquitous during the nineteenth century. For example, Maudsley prevaricates on this issue: “There is scarcely sufficient ground to maintain that there is by simple reason of sex any inborn liability to insanity. The female sex is certainly the weaker, and on this account will be more likely to suffer from the adverse circumstances of life, especially in a complex social state where it is precluded so much from active work, has so few resources, and is enfeebled by dependence: it has moreover conditions which in some regard favour disturbance in the revolutions effected in the system at puberty, during pregnancy, by the puerperal state, and at the climacteric period. These conditions, in concurrence with the circumstances of female life, may possibly become the cause of more frequent insanity amongst women . . . I should be disposed to hold that, while the number of men and women who become insane appears to differ but little, as the causes actually operate, there is in woman, by virtue of her sex, a slightly greater predisposition to insanity than in men.” Physiology and Pathology of the Mind, 207–08.


Both Robert and Alicia are referred to as heir at various points in the novel. Although most critics assume that Robert is the Audley heir, most likely because of his gender and his relationship to Sir Michael, the heir to the Audley throne is initially said to be Alicia, who is described as “a young lady who was sole heiress to a very fine estate” (33). Without any acknowledgement of a shift or inconsistency, Robert Audley refers to himself as the heir of the Audley family at the beginning of the novel’s second volume. The remainder of the novel fluctuates between
naming Robert heir and giving the position to Alicia. Braddon wrote of such discrepancies in a letter to her literary mentor, Edward Bulwer Lytton, composed in December 1862, the month in which the final installment of *Lady Audley’s Secret* was published in *The Sixpenny Journal*: “I know that my writing teems with errors, absurdities, contradictions, inconsistancies [sic]; but I have never written a line that has not been written against time—sometimes with the printer waiting outside the door.” Letter to Edward Bulwer-Lytton in Robert Lee Wolff, “Devoted Disciple: The Letters of Mary Elizabeth Braddon to Sir Edward Bulwer-Lytton, 1862–1873,” *Harvard Library Bulletin* 22, no. 1 (1974): 10.


36 Prichard, *Treatise on Insanity*, 16.


38 Chase and Levenson, *Spectacle of Intimacy*, 208.

39 In Janet Oppenheim’s vast study of Victorian nervous disorders, she explains, “In different Victorian hands, nervous clearly meant different things. Its strict usage referred only to the structure and activities of the nerves, but the popular meaning dealt with personality traits and conveyed the idea of edginess, agitation, and irritability.” “Shattered Nerves”: *Doctors, Patients, and Depression in Victorian England* (New York: Oxford University Press, 1991), 9.


41 Showalter, *A Literature of Their Own*, 166.

42 Cvetkovich, *Mixed Feelings*, 66. She argues for a “more pervasive” model of madness, but argues that it is “socially constructed . . . produced by consumer culture and contemporary urban life.” See also Gilbert, “Madness and Civilization,” 228.

43 Eva Badowska similarly reads the novel’s ending as one that indicates a fractured patriarchal structure. “On the Track of Things: Sensation and Modernity in Mary Elizabeth Braddon’s *Lady Audley’s Secret*,” *Victorian Literature and Culture* 37, no. 1 (2009): 157–75. For Badowska, however, Audley Court functions as “an index of cultural transformations” that represents the theme of transience, which is central to the modernity inherent in the sensation novel (162). She writes, “Audley Court now appears to readers (and visitors alike) as the remnant of a world just now superseded but already falling into ruin. The fairy cottages that arrive to replace it are only more phantasmagoric images, fated to appear obsolete even before the novel’s final sentence comes to an end” (171).

44 My view—that the anxiety about madness persists beyond the novel’s resolution—directly opposes Patrick Brantlinger’s famous argument that, in sensation novels, including *Lady Audley’s Secret*, “though much that is violent and terrifying happens along the way, the mystery turns out to be soluble . . . The worst evils that can be perpetrated by individuals are un-masked, but the instant of their revelation is usually also the instant of their exorcism.” “What Is ‘Sensational’ About the ‘Sensation Novel’?” *Nineteenth-Century Fiction* 37, no. 1 (1982): 21.
Chapter 4: Reproductive Autonomy in Sarah Grand’s The Heavenly Twins

The Old Woman has no notion of progress . . . She is unaccustomed to the practice which the New Woman has adopted, of exposing the sores of Society in order to diagnose its disease, and find a remedy for them; unaccustomed to the creed that there is still boundless better in men and women to be developed. This is the creed of the New Woman.

—Sarah Grand, “The New Woman and the Old” (1898)¹

Sarah Grand posits the New Woman, rather than the male medical doctor, as the figure diagnosing and curing social ills—she is the harbinger of health and progress. But not just any form of progress: Grand is particularly interested in the New Woman’s ability to promote physical and moral evolution.² As Grand explained elsewhere, this evolutionary advancement is driven by “intelligent women” who are “everywhere expressing great dissatisfaction at the present haphazard of marriage and maternity.” These women are beginning to “demand a much higher standard of morals and physique” in their husbands and increased “education and civil rights for themselves,” in order to promote the “health, beauty, intelligence, and character of their children.”³ In Grand’s bestseller The Heavenly Twins (1893), the two roles Grand proposes for women—sociomedical physician and regulator of marriage and maternity—are intertwined. Medical knowledge enables women to diagnose both physical disease and moral degeneracy, which can prevent them from marrying unfit men or from reproducing if they, themselves, are unhealthy. In carrying out these practices, Grand imagines New Women as advocates seeking to help other women to make informed reproductive choices. For Grand, the New Woman is the next step in evolution, an agent with the ability to improve humanity—and, more specifically,
the British race—through her choices in marriage and motherhood.

The significance of attaining medical knowledge and carefully choosing reproductive partners is apparent in *The Heavenly Twins*, the second in Grand’s feminist trilogy that also contains her first novel, *Ideala* (1888), and her semi-autobiographical *The Beth Book* (1897). Though all three novels share overlapping characters and explore issues of women’s education, marriage, and health, *The Heavenly Twins* represents Grand’s most developed fictional critique of women’s role in reproduction and its effect on the British race. Grand’s feminist trilogy inverts the logic of the Contagious Diseases Acts of the 1860s: the woman is no longer represented as the contagious agent with the capability to infect the middle-class home. Rather, the sexually promiscuous husband threatens his family’s moral and biological health. The institution of marriage is a potential site of infection, as it facilitates the transmission of syphilis from the debauched and diseased husband to the innocent, formerly healthy wife—who, even more perniciously, transmits disease congenitally to their offspring. Thus, Grand argues, it is not prostitution that needs to be regulated, but rather marriage. She identifies women as the proper executors of this project.

The plot of *The Heavenly Twins* registers anxieties about pathological reproductions. The narrative follows the lives of three women: Evadne Frayling, Edith Beale, and Angelica Hamilton-Wells. Evadne, an inquisitive autodidact, unwittingly marries a promiscuous man. Immediately after her wedding ceremony, she receives a letter warning her of his past. Being well-versed in medical theory, Evadne fears the physical results of her husband’s illicit sexual history. Though she reluctantly agrees to live with him to keep up appearances, she refuses to consummate their marriage. She does, however, concede to his wish that she not involve herself publicly in the women’s movement; eventually, she develops hysteria, a nervous disorder Grand
claims results from years of repressing healthy mental activity. After her first husband’s death, she marries Dr. Galbraith, a morally upright medical man, and gives birth to two ostensibly healthy children. Yet, the novel ends with Evadne’s anxiety over her children’s mental and physical safety and her husband’s fear that hysteria could have damaged Evadne’s brain permanently. In contrast, Edith’s is a straightforward cautionary tale. A naïve, sheltered bishop’s daughter, Edith marries a dissolute man, despite Evadne’s warnings. Soon after the wedding, the marriage sours; Edith contracts syphilis from her husband, gives birth to an ailing child, suffers from syphilitic madness, and dies. Her child lives, though his existence is marred by a horrific case of congenital syphilis. Of all of the novel’s female protagonists, Angelica comes closest to a healthy, productive life. Angelica is one of the eponymous Heavenly Twins, along with her brother Diavolo. Grand’s descriptions of the twins’ antics were hugely popular, to the point that the phrase “heavenly twins” came to be a colloquialism for “any partnership in fun and mischief.” As a young woman, Angelica proposes to a much-older man, on the condition that he will leave her to her own devices. Shortly after her marriage, Angelica, dressed as Diavolo, engages in a homoerotic interlude with a tenor in the cathedral choir, an interaction she understands as intellectual and emotional rather than sexual. As a result of a boating accident, Angelica inadvertently causes the tenor’s death by pneumonia. After this tragedy, Angelica vows to become an upstanding, loving wife. By the novel’s end, she is engaged in the battle for women’s rights through her husband, whose position as a Member of Parliament allows him to act as Angelica’s public mouthpiece.

Frances Elizabeth Bellenden McFall, née Clarke (better known by her nom de plume, Madame Sarah Grand) possessed a deep knowledge of medicine. At the young age of sixteen, Grand married David Chambers McFall, an army surgeon with the Indian Border Regiment who
was around twenty years her senior. Though their marriage was unsuccessful—Grand left her husband and their son in 1890 to pursue her literary career—her relationship with McFall allowed her to travel widely and to acquire a vast store of medical knowledge. McFall was involved with a Lock Hospital in Norwich that was associated with the implementation of the Contagious Diseases Acts, an aspect of her marriage Grand later fictionalized in _The Beth Book_.

Grand’s opposition to this legislation was apparently so vocal that one apocryphal tale claims she was removed from the Royal Naval School at Twickenham because of her “support for Josephine Butler,” the social purity activist who led the campaign to repeal the Acts. Grand’s medical learning is apparent in her portrayals of syphilis and hysteria in _The Heavenly Twins_, which analyzes the disorders’ etiologies, symptoms, and implications for the individual and for the race. The accuracy of her portrayals apparently impressed the members of the medical profession who read her fiction; Alfred T. Camden Pratt’s contemporary biographical sketch comments, “One great pleasure that this remarkable book has given the author is the receipt of many letters from medical men, known and unknown, complimenting her on her accurate knowledge of physiology and pathology.”

By now, the eugenic bent of Sarah Grand’s writing has been well established. This line of inquiry was introduced by Angelique Richardson, who saw Grand participating in the discourse of “eugenic feminism,” a _fin de siècle_ movement that sought to replace romantic love and marriage with “the construction of civic motherhood which sought political recognition for reproductive labour; in the wake of new biological knowledge they argued that their contribution to nation and empire might be expanded if they assumed responsibility for the rational selection of reproductive partner.” For Grand, racial health is inextricable from imperial dominance: she understands race as having national as well as biological underpinnings. Though she
occasionally spoke of the “human race,” her fiction and nonfiction primarily concern “the British race,” which she believed was threatened by immorality and physical disease. Her advocacy of “rational reproduction” subverts the logic underlying the Contagious Diseases Acts: since male promiscuity was tacitly sanctioned, men were more likely to contract venereal disease, which could result in individual illness and racial degeneration. Thus, the task of the morally upstanding and right-thinking woman was to control reproduction by selecting a morally and physically fit partner, thereby ensuring the health of the British race.

In the last decade, several critics have followed Richardson in reading *The Heavenly Twins* through the lens of Grand’s eugenic feminism, including Iveta Jusová, Adam Seth Lowenstein, Naomi Lloyd, Naomi Hetherington, and Zarena Aslami. However, they have not engaged with Grand’s interest in the possibility that rational reproduction could empower women. Grand’s employment of eugenic theory, which is so prominent in both her fictional and journalistic writings, is a double-edged sword: it simultaneously assumes a scientific basis for classist, racist, and imperialist ideals and creates an avenue for female agency.

Undoubtedly, the *fin de siècle* eugenic discourse in which Grand engages is troubling in its privileging of white, British, middle- and upper-class, able bodies. Therefore, Grand’s vision of female reproductive autonomy is attenuated: she means to empower women, by which she means women of particular race, nationality, class, and ability statuses. As Dorothy Roberts has convincingly shown, the movement for women’s reproductive autonomy has always been imbricated in eugenic thinking, and it has always been concerned with race. Grand’s promotion of “rational reproduction” also participates in these discourses, to the detriment of her feminist project. Yet, Grand’s project, importantly, imagines and idealizes female subjects with the knowledge and ability to protect themselves and to improve their children, concepts that
markedly differ from the ideas about women’s roles in reproduction that circulated earlier in the Victorian period. Rather than expressing anxiety over the feminine body as a source of congenital or contagious disease, she exalts feminine morality and intellect as the cures for social and physical disorder. Investigating the ways in which Grand promotes female autonomy, as well as the limitations of her politics, allows us to understand an important counter-discourse to the midcentury anxieties over harmful maternal transmissions.

Grand certainly believed herself to be progressive in her support of the women’s movement, but she often pursued that goal in ways that modern readers would recognize as conservative or even destructive. In *The Heavenly Twins*, Grand proposes abstinence and suicide as political and biological tools for promoting purity in marriage and preventing the moral and physical degeneration of the British race. Though Grand ultimately imagines that these instantiations of female agency will ameliorate women’s lives, her often-troubling solutions rely on self-abnegation. Paradoxically, she suggests that women can only improve the British race’s future success by sacrificing their personal happiness and even their own bodies.

My analysis expands the concept of “rational reproduction,” which Richardson defines in terms of selecting a healthy partner, to include all attempts to control reproduction with the object of protecting women and producing healthy children. While I agree that Grand’s ultimate goal is to promote the selection of healthy partners, her fiction suggests that such a task was impossible for most women in the 1890s, because they lacked both medical information about venereal disease and personal information about their future husbands. Therefore, in *The Heavenly Twins*, Grand initially portrays Evadne as a model New Woman who gains access to both of these areas of knowledge. Evadne practices abstinence in her first marriage and, after being diagnosed with hysteria, attempts to commit suicide while pregnant in her second
marriage. As Emma Liggins has pointed out, “celibacy appears to offer no protection against debased sexuality, as illustrated by Evadne’s development of a nervous disease.”\textsuperscript{16} Yet, as I will argue, Grand positions abstinence as the lesser evil in a novel that graphically depicts syphilitic insanity as a possible, even likely fate for the wife of a diseased man. Grand does not privilege celibacy as such—in an article on “The Modern Spinster,” she calls it “an unnatural state for normal people.”\textsuperscript{17} However, in \textit{The Heavenly Twins}, she portrays sexual abstinence as a mode of protest intended to force men to eschew promiscuity and, more importantly, as a practical means of curbing the spread of syphilis and preventing the birth of “degenerated” children, to use the now-archaic term for children with disabilities that so troubled Grand and other eugenists. The novel’s other New Woman, Angelica, believes her aristocratic family line has been damaged by sexual excess and, as a result, chooses to marry a man with whom she has a familial, rather than a sexual, relationship. She bears no children, effectively ending a degenerate genealogy. These solutions are disturbing in their reliance on negation and sacrifice. They suggest Grand’s inability to imagine a healthy form of female reproductive autonomy even for the privileged women who form the subjects of her novels, let alone for those who do not conform to her eugenic ideals.

\textbf{Women, Medicine, and the Regulation of Reproduction}

In \textit{The Heavenly Twins}, Grand raises the specter of racial degeneration in the scenes that take place in the colonial outpost of Malta, where Evadne is a new bride living chastely with her promiscuous husband. Isolating her characters from the rest of British society allows Grand to portray a small, insular social group of British and American soldiers, intellectuals, clergy, and New Women. Malta becomes a test site for ideas, not least of which is the degeneration of the British race. Mr. Austin B. Price, whom Grand describes as “an American diplomatist and man
of letters,” expresses concern over the English aristocracy, of which a “typical specimen” is now degenerated. Price emphasizes the capacity for humans (and, particularly, British men) to degenerate, creating an analogy between British aristocrats and Maltese elephants, a once-great species that degenerated and eventually died out. Price explains that these elephants

“... dwindled down from the size which makes them so useful by way of comparison, till they were no bigger than Shetland ponies, before they finally became extinct.”

“And there is a set in society now,” Mr. Price pursued, “formed of representatives of old English houses that once brought men of notable size and virile [sic] into the world, but are now only equal to the production of curious survivals, tending surely to extinction like the elephant, and by an analogous process.” (185)

Price insists on the animality of humans. His outsider position as an American observer of British culture allows him to take the position of an evolutionary biologist observing changes he believes doom the British race to failure.

Here, and throughout her feminist trilogy, Grand proliferates anxieties about human degeneration that circulated widely after the publication of Darwin’s On the Origin of Species (1859) and especially after The Descent of Man (1871), which examined the implications of Darwin’s theories for humanity. Sir Edwin Ray Lankester identifies the possibility that animals—including humans—might not be evolving into higher forms, but into lower. His treatise Degeneration: A Chapter in Darwinism (1880) was the first British text to present a theory of degeneration, which Lankester defines as “a gradual change of the structure in which the organism becomes adapted to less varied and less complex conditions of life” (his emphasis).18 Here, Lankester raises the anxiety-provoking possibility that many species, including humans (and, more specifically, civilized British humans), are regressing rather than
progressing.

Grand was deeply concerned that the source of degeneration in Britain was male “vice,” a concept that connoted both sexual promiscuity and venereal disease. In *The Heavenly Twins*, Grand gives voice to this anxiety through Mr. Price, who claims that “survivals”—his term for degenerate aristocratic men—are dangerous because they “repent and marry,” the very practice the traditionalist English clergyman Mr. St. John praises as redemptive. Rather than perpetuating the conventional view that a promiscuous man could be saved by a woman’s love, Price reveals such marriages to be biological hazards, as they enable the proliferation of physically based immorality:

> Will what you call repentance restore a rotten constitution? . . . Will it prevent a drunkard’s children from being weakly vicious? or the daughters of a licentious man from being foredoomed to destruction by an inherited appetite for the vices which you seem to flatter yourself end in effect when they are repented of? You do not take into consideration the fact that the once vicious man becomes the father of vicious children and the grandfather of criminals. You persuade women to marry these men. The arrangement is perfect. Man’s safety and man’s pleasure; if there is any sin in it, *damn the woman*. She is weak; she can’t retaliate. (185–86; emphasis in original)

The social forgiveness traditionally allowed promiscuous men is dismissed in the face of biological determinism. By the end of Mr. Price’s formulation, male bodily decline becomes damning moral “sin.” The victims of male lust are described unequivocally as innocent women and children, doomed to bear the moral and physical burdens of male vice.

The social mores that permit male promiscuity, then, have physiological ramifications. For Grand, degeneration is a biological problem with a medical solution. She imagines that
empowering women with medical education would help them to marry morally and physically sound men and produce eugenically fit children. Grand’s insistence that knowledge enables evolutionary progress is not unique. Lankester also insists that the only means of preventing degeneration is to gain an understanding of its mechanism: “The full and earnest cultivation of Science—the Knowledge of Causes—is that to which we have to look for the protection of our race—even of this English branch of it—from relapse and degeneration.” Thus, Lankester articulates in the context of natural sciences the solution Grand adapts for the New Woman: that the production and proliferation of scientific knowledge is the only means of preventing racial degeneration.

Though Ann Heilmann has called Grand “the fiercest literary opponent of the turn-of-the-century medical establishment on this side of the Atlantic” for her opposition to the Contagious Diseases Acts,21 Grand ultimately champions medical doctors throughout her feminist trilogy, particularly those who support the advancement of women. In *The Heavenly Twins*, Sir Shadwell Rock, an eminent specialist in nervous disorders and a supporter of the women’s movement, proposes medical men as the future saviors of women and, by extension, of British civilization: “I suppose eventually morality will be taught by medical men, and when it is much misery will be saved to the suffering sex. My own idea is that a woman is a human being; but the clerical theory is that she is a dangerous beast, to be kept in subjection, and used for domestic purposes only” (638–39).22 In refiguring the problem of women’s rights as a lack of medical education, Rock shares the stance I suggest Grand takes throughout the novel. She imagines the proliferation of medical knowledge among women as essential not only to their advancement, but also to the advancement of the British race, as it will allow them to identify and avoid morally and physically degenerative husbands. Placing this prophecy in the mouth of a respected
medical professional—and supporter of women’s rights—lends it ideological weight. Four years later, in *The Beth Book*, Shadwell Rock’s words are reformulated by Beth Caldwell Maclure, the novel’s New Woman heroine. She harshly critiques her husband’s employment in one of the Lock Hospitals enforcing the Contagious Diseases Acts, institutions she claims tacitly permit the continued spread of venereal disease through male carriers while punishing women suspected of prostitution. In contrast, Beth praises progressive doctors: “I have the highest opinion of medical men—such medical men as Sir George Galbraith . . . I feel sure that in time their efforts will leaven the whole mass of callousness and cruelty against which they have to contend in their profession. The hope of humanity is in the doctors, and they will not fail us. Like Christ, they will teach as well as heal” (443). Therefore, Grand suggests that male medical establishment is not the problem as such; rather, it is the misdirected energies of conventional medical men. The higher calling of doctors is to educate. Grand’s privileging of medical knowledge is not without its limitations: largely, medical men, rather than women, still regulate and disseminate information.

Grand’s vision of the benevolent educating doctor relies heavily on paternalism. Grand seems unable to imagine a female medical culture separate from male physicians, even as she advocates for the education of potential wives and mothers. And yet, the medical empowerment she imagines will save the British race is ultimately vested in the women who will bear and raise its children. Therefore, when Evadne discovers Sir Shadwell Rock’s book on inherited vice, she identifies it as the proper reading material for women: “‘Why are women kept in the dark about these things?’ she said, pointing to the books on heredity. ‘Why are we never taught as you are? We are the people to be informed’” (662). Evadne believes this lack of education to be inherently dangerous, as it perpetuates the cycle of women marrying unfit men and producing unfit
children. Grand draws on this sentiment in her 1923 foreword to the novel, in which she reflects on its changing reception in the three decades following its initial publication. She recalls a conversation with “a delightful grandmother of the conservative Victorian type” whom she expected to be shocked and horrified by the novel. On the contrary, this Victorian holdover appreciated Grand’s attempts to educate women: “On my own account and on behalf of all right-minded women I resent the state of ignorance in which we were kept, and the way in which we were hoodwinked and bamboozled and deceived about matters which so intimately affected our well-being and the well-being of the whole human race.” The possibility of degeneration apparently still haunts the woman well into the twentieth century, when she finally has become one of the medically educated women Grand imagines. The significance of informing women is not lost on this model reader, whose regrets are coded in terms of maternal anxiety: “With the children to think of too! the poor darling little sufferers whom it was our duty to protect and defend! Oh, how could we!”

In Grand’s fiction and non-fiction, women are positioned as the proper regulators of reproduction and, by extension, racial health or degeneracy for two reasons: they are innately moral, and they have the most vested interest in their marriages and children. Grand acknowledges the biological influence of both father and mother as fundamental to the child’s inheritance, but the mother’s role is still privileged. Of course, this line of logic reifies Victorian gender norms, as it insists upon a biological basis for female domesticity and sexual purity. Grand, like many social purity feminists, sought to empower women not by demolishing Victorian notions of sexual difference, but by ascribing a higher value to women’s roles as wives and mothers. In *The Heavenly Twins*, women are portrayed as being both biologically and socially better equipped than men to manage marriage, the regulating mechanism for
reproduction, by demanding partners who are morally upright and physically healthy. Grand’s feminist emphasis on woman’s role as the regulator of matrimony and, by extension, reproduction anticipates the works of the feminist eugenist and Theosophist Frances Swiney, particularly *The Awakening of Women; or, Woman’s Part in Evolution* (1899) and *The Cosmic Procession; or, the Feminine Principle in Evolution* (1906). Though Swiney is at least as interested in spirituality as she is in science, her juxtaposition of the two systems suggests the degree to which eugenist logic permeated *fin de siècle* culture. In the earlier of the two texts, Swiney emphasizes the evolutionary advancement of the “modern woman”: “if she turns to science for guidance and instruction, [she] is at once confronted by a very remarkable discovery, refuting and subverting all previous theories and supposed so-called axioms . . . She finds that, by indisputable evidence, the female organism is the one on which Nature has bestowed most care, provision, and attention.”\(^{24}\) Swiney insists on the primacy of woman’s role as mother, suggesting that the eugenic principle of racial purity is instinctive: “Fortunately for the welfare of the race, women have instinctively recognised the vast importance of keeping the type pure; and whatever the greatest latitude of selection is on the part of the woman, there the race has developed to the higher standards of moral and intellectual growth.”\(^{25}\) For Swiney, as for Grand, women intuitively desire to produce eugenically sound children; therefore, promoting their reproductive agency improves the British race.

These feminist rewritings of evolutionary discourse adapt more mainstream ideas about evolution, particularly those put forth by Darwin. Although Grand invokes Darwin twice in *The Heavenly Twins*, she, like Swiney, ultimately relies on a feminist evolutionary model that privileges morality and intellect—hallmarks of her vision of the New Woman—as heritable traits of the highest significance. Grand calls upon Darwin as an authority, but selects quotations that
dismantle his disparagement of female intellect and dismissal of morality. In decontextualizing Darwin, Grand uses his own voice to dispute the charges of female inferiority he made in *The Descent of Man*, wherein he identifies anthropological evidence that women are lower than men on the evolutionary scale.26 She uses Darwin’s comments on Galton as an epigraph to “Book I: Childhoods and Girlhoods,” which narrates Evadne’s inborn aptitude for medical training: “I am inclined to agree with Francis Galton in believing that education and environment produce only a small effect on the mind of anyone, and that most of our qualities are innate” (1). Darwin here refers to Galton’s privileging of heredity over environment as the basis for intellectual capacity. As Galton writes in his introduction to *Hereditary Genius* (1869), “a man’s natural abilities are derived by inheritance, under exactly the same limitations as are the form and physical features of the whole organic world.”27 In *The Heavenly Twins*, Grand argues that women’s capacities operate according to similar mechanisms. The concept of “innate” qualities Darwin mentions is used by Grand to characterize female fitness to regulate reproduction; she draws on Darwin and Galton to suggest an evolutionary basis that enables female education.

Grand’s selective quotation of Darwin continues in the epigraph to “Book II: A Maltese Miscellany,” a section of the novel that emphasizes virtue and intellectual ability as congenital, biologically determined traits—the very traits the promiscuous male characters described therein lack. Grand quotes a letter from Darwin to Alfred Russell Wallace regarding the latter’s paper, “The Origin of the Human Races and the Antiquity of Man Deduced from the Theory of ‘Natural Selection’” (1864): “The great leading idea is quite new to me, viz., that during late ages the mind will have been modified more than the body; yet I had not got as far as to see with you, that the struggle between the races of man depended entirely on intellectual and moral qualities” (171).28 In Wallace’s work, intellect and morality become the signifiers of racial superiority, a
racist theory that Darwin would reiterate seven years later in *The Descent of Man*, where morality is described as a “social instinct” that indicates an advanced state of evolution.\(^{29}\) However, for Grand, morality is the engine of evolution rather than its result. Grand’s description of Mosley Menteith, the novel’s prototype of a polluted syphilitic man, compares his physiognomy to that of an ape, suggesting his moral, intellectual, and racial degeneration (158). Though this collapsing of racial difference and moral inferiority is disturbing, it reveals the intricate connections Grand understood as occurring between race, evolution, morality, and gender. If women are morally superior, as Grand believed them to be, they also are more highly evolved and better equipped to regulate reproduction for the good of the British race. Moral superiority breeds racial superiority.

Grand imagines the New Woman’s class to be embroiled in her biological makeup. Class privilege is translated into physical health and reproductive fitness. Though Grand advances the cause of women, she confines her advocacy to middle-class women, whom she identifies in her journalistic writing as having “the best breeding, the greatest refinement, the prettiest manners and the highest culture.”\(^{30}\) For Grand, middle-class women escape what she perceives to be the sexual promiscuity of the working classes and the longstanding decadence of the aristocracy. In the novel, Evadne’s inborn ability to act wholesomely allows her to act as a regulator of her own reproductive capacity. Her natural aptitude for reason and morality is emphasized in Grand’s description of the awakening of her senses, the developmental step she suggests defines adolescence, specifically for bourgeois young women.\(^{31}\) The narrator’s description of Evadne’s first taste of sensuality universalizes her experience, insofar as it claims that she is typical of all healthy girls of her class:

The first feeling of a girl as happily situated, healthy-minded, and physically strong as
she was is bound to be pleasurable; and had she been a young man at this time she
would not improbably have sought to heighten and vary her sensations by adding
greater quantities of alcohol to her daily diet; she would have grown coarse of skin by
eating more than she could assimilate; she would have smelt strongly enough of tobacco, as a
rule, to try the endurance of a barmaid; she would have been anxious about the fit of
cloths, fastidious as to the choice of ties, quite impossible in the matter of trousers, and
prone to regard her own image in the glass caressingly . . . and she would have gone girl-
stalkin, in earnest—probably—had she been a young man.

The middle-class young man’s sensuous temperament leads to excessive consumption: of
alcohol, of food, of tobacco, of clothing, and of women. The destructive nature of these pastimes
is registered on the body of Grand’s hypothetical young gentleman. The observable physical
changes of coarse skin and the stench of tobacco are nothing compared to the less detectable
hidden consequences of “girl-stalking.” Though the physical aftermath is not elaborated here, it
becomes obvious later in the debauched male characters, Major Colquhoun and especially
Mosley Menteith: the potential taint of venereal disease.

The novel’s middle- and upper-class women avoid the dissipation and promiscuity of
their male counterpoints. At the critical juncture of adolescence, Evadne escapes all of the
negative practices and emotions attributed to middle- and upper-class young men: “being as she
was, she got up early and went to church. It was the one way she had of expressing the silent joy
of her being, and of intensifying it” (47–48). Evadne’s youthful joie de vivre is expressed as an
aesthetic enjoyment of church services, a pleasure that develops the senses rather than damages
the physical body. Grand is hardly a religious advocate—elsewhere in the novel, she harshly
criticizes the misogyny of both the Catholic and the Anglican Churches—but Evadne’s religious
devotion is more wholesome than the pleasures in which a young man is likely to partake. Angelica’s cross-dressing escapades and relationship with the tenor are, similarly, marked by female virtue. As I will contend, Angelica’s degenerated aristocratic genealogy allows her to enter into this compromising situation, but she claims that she does not see the relationship as sexually immoral because vice does not appeal to her: “I could not under any circumstances do anything morally wrong—not, I confess, because I am particularly high-minded, but because I cannot imagine where the charm and pleasure of the morally wrong comes in” (459). Thus, Angelica, too, avoids illicit sexuality and the degeneration with which it is associated.

Not only are Grand’s New Women innately moral, but they also recognize the dangers of male moral and physical disease that usually are concealed from women. In an article discussing “At What Age Should Girls Marry?” (1898), Grand complains that “marriage was contemplated as a rule from the most mercenary point of view”; as a result, “the girl’s welfare, moral and physical, was anything but the first consideration . . . They [her parents] never seem to have suspected that the wife, the ignorant young girl, ran far more risk of being corrupted than the husband of being reclaimed; nor did they recognize that there is no reclaiming a corrupt constitution.” Grand echoes the language of “constitutions” that she used earlier in Price’s narrative of the Maltese elephant: the physicality of vice is immutable. Though Grand suggests that the practice of encouraging such marriages is changing, she still fears its race-wide implications. The answer is not to abandon marriage, but to reform it: “I have no doubt that, in so far as the change makes for the greater sanctity of the marriage tie and its indissolubility, it makes for the higher evolution of the race; whilst if laxity, levity, and informality prevail, the result will be the gradual deterioration and final extinction of our modern civilisation.” 32 Here, as in The Heavenly Twins, Grand calls for the right to determine a man’s marriageability to be
transferred from fathers to the future wives themselves, the women with the most vested interest in the physical and moral health of her spouse and, as a result, the fitness of their future children. Concomitant with the increasing anxieties surrounding bad marriages and racial degeneration was a call for formalized sex education for young men and women. Thus, educating women has both personal and racial implications.

Evadne is a representative woman whose formal education is dangerously incomplete, as it lacks such warnings about vice and disease that would prevent her from producing children with a dangerous man—a void filled by her self-education in medicine. Upon hearing of Evadne’s marriage, Lady Adeline Hamilton writes to Mrs. Frayling,

I do think that in parts of her education you have been acting by the half light of a past time, and following a method now out of date . . . what you call ‘beautiful innocence,’ and what I consider dangerous ignorance, is not a safe state in which to begin the battle of life. In the matter of marriage especially an ignorant girl may be fatally deceived, and indeed I know cases in which the man who was liked well enough as a companion was found to be objectionable in an unendurable degree as soon as he became a husband. (41)

Though Grand veils her language here—“objectionable” implying not only promiscuity, but also possible venereal disease—Lady Adeline gives the sense that an ill-considered marriage could have physical repercussions. “Fatal” is not just a turn of phrase, as Edith’s tragic marriage demonstrates.

**Educating the Laywoman-Doctor**

Grand describes women as naturally capable of regulating reproduction, but takes great pains to describe the education necessary for them to take on this role. The visibility of female physicians grew in the second half of the nineteenth century, as English-born women such as
Elizabeth Blackwell and Elizabeth Garrett Anderson became the first and second women listed in the General Medical Council’s register, respectively. Though there is no evidence to suggest that Grand knew either of these women personally, she did write an introduction to Matilda Barbara Bentham-Edwards’s *Mid-Victorian Memories* (1919), a collection of biographical notes on prominent Victorians, including Blackwell. The visibility of such figures attests to the growing acknowledgement that women were, indeed, capable of acquiring medical knowledge and putting it into practical use.  

Grand spends a great deal of time detailing Evadne’s self-education, and particularly her acquisition of medical knowledge. Evadne’s capacity for learning is hereditary; it has been passed down through generations of formally educated ancestors. Essentially, Evadne is eugenically fit for intellectual pursuits in a way that other women are not. *The Heavenly Twins* begins with a meditation on Evadne’s inborn desire for knowledge: “It was a need of her nature to know . . . Ages of education, ages of hereditary preparation had probably gone to the making of such a mind, and rendered its action inevitable. For generations knowledge is acquired, or, rather instilled by force in families, but, once in a way, there comes a child who demands instruction as right,” that child being Evadne. She is represented as being the product of generations of learning, the apex of middle-class evolution in the late nineteenth-century. Whether or not the narrator is literally identifying schooling as an acquired characteristic in the Lamarckian sense of the term, this description elucidates the logic by which class privilege becomes biological privilege. Again, Grand’s feminist vision is limited to a particular class of woman with a particular biological inheritance. Even the content of Evadne’s lessons is described as an inherited memory: “It was as if she only required to be reminded of things she had learnt before” (3). The interchange between nature and environment is fluid: imposed
intellectual work repeated over so many generations of Evadne’s family has become so much a part of her intellectual inheritance that it resides in her memory. And yet, Evadne faces parental resistance as a girl with a natural aptitude for reason and education that her family deems appropriate only for boys. Grand suggests that Evadne’s desire for knowledge, her biological inheritance from her ancestors, is natural and in need of nurturing, while the gendered restrictions that could prohibit Evadne’s intellectual development are both artificial and insidious.

Though the desire to learn was passed down through generations of educated family members, Evadne’s intellectual development was more immediately influenced by her father, who “struck the keynote to which the tune of her early intellectual life was set” (4). In The Heavenly Twins, the traditional figure of the nurturing, teaching mother central to a text like Gaskell’s Ruth is supplanted by Evadne’s careless, conservative father. Rather than deliberately cultivating Evadne’s intellect, he repeatedly makes offhand comments that encourage her to conduct scientific investigations into questions of gender. He is the voice of unreflective, conventional sexism that Evadne dismantles through the steady, repeated application of reason. Evadne participates in a scientific process of sorts, interrogating her father’s “primitive theories about women and ‘all that they are good for’” (11). Grand describes Evadne’s methodology of developing research questions and applying reason to reach a conclusion: “The question to begin with was always: ‘Why are women such inferior beings?’ But, by degrees, as her reading extended it changed its form, and then she asked herself doubtfully, ‘Are women such inferior beings?’” Evadne’s eventual discovery is couched in medicalized language: “the final conclusion that women had originally no congenital defect of inferiority, and that, although they have still much way to make up, it now rests with themselves to be inferior or not, as they choose” (13).
Through Evadne, Grand challenges Darwin’s insistence that women are intellectually inferior to men, a quality he links to their being lower on the evolutionary scale. Darwin buttresses social stereotypes with scientific “evidence” in *The Descent of Man* by claiming that sexual selection caused woman to have a different “mental disposition” from man: “It is generally admitted that with women, the powers of intuition, of rapid perception, and perhaps of imitation, are more strongly marked than in man; but some, at least, of these faculties are characteristic of the lower races, and therefore of a past and lower state of civilisation.” Moreover, Darwin articulates the perspective that men are intellectually superior because they are more prominent: “The chief distinction in the intellectual powers of the two sexes is shewn by man’s attaining to a higher eminence, in whatever he takes up, than can woman.” Darwin thus espouses the androcentric philosophy Grand places in the mouth of Evadne’s sexist father. On the contrary, Grand insists that female ignorance—at least, in women with eugenically sound family backgrounds—is socially enforced, not biologically determined. The description of Evadne as the seeker of scientific truth suggests that she is more highly evolved than her father, with his “primitive” sexism. According to the narrator, merely questioning women’s innate inferiority has “carried her in front of her father at once by a hundred years” (13). Evadne’s participation in a scientific process is both the means and the evidence of her advancement.

Evadne proves qualified as a medical practitioner because of the unusual “observant eye and presence of mind” she demonstrates from a young age. When calamity strikes and the young Diavolo nicks his femoral artery with a pen-knife, Evadne is both the only person who notices that he is hurt and the only one who can save him. Since none of the adults present know how to make a tourniquet—a rather basic medical procedure—she sits “stopping the hemorrhage with the pressure of her thumb” and “held him till the operation of tying the artery was safely
accomplished” (10). As a young girl, Evadne already demonstrates the rationality that she later will employ in rejecting her promiscuous husband’s desire for intimacy and even in her suicide attempt. Evadne’s medical proclivity is augmented by her discussions with Diavolo’s doctor. She appeals to him as an expert able to fill a gap in her knowledge: “she requested the doctor to be so good as to teach her to make one [a tourniquet]. While doing so the doctor became interested in his silent, intelligent pupil, and it ended in his teaching her all that a young lady could learn of bandaging, of antidotes to poisons, of what to do in case of many possible accidents, and also of nursing, theoretically” (10–11). This early training is implicitly feminized: she learns practical medicine specifically designated as appropriate for women to practice in the home or as professional nurses. This first foray into medical knowledge is useful, but I suggest that it is insubstantial, as evidenced by Evadne’s later self-education in forms of medical theory and practice generally reserved for male students. In order to safeguard the British race against degeneration, a woman must transgress the boundaries demarcated by contemporary propriety and by misguided assumptions about women’s abilities.

This practical, if traditionally feminine, education is augmented by Evadne’s own readings in medicine and in the related field of evolutionary biology. Evadne’s studies are structured by her natural intellectual curiosity, which exceeds conventionally gendered boundaries. In fetching a children’s book for her mother to read to her younger siblings—thereby partaking in the age-old feminine task of tending to children—Evadne stumbles upon some medical texts hidden in a box of books in a lumber room. Evadne momentarily forgets her daughterly duty in order to engage in the traditionally masculine pursuit of medical knowledge. Her parents could have accessed this valuable information that, later, could have protected Evadne from embarking upon a risky marriage, but they have ignored it, a neglect symbolized by
the forgotten books Evadne recovers. Grand skewers those with irrational disgust over the body when Evadne consults her mother for permission to read the medical tracts. Evadne’s enthusiasm over “our bones and brains, and the circulation of the blood, and digestion” baffles Mrs. Frayling, who dismisses her daughter’s medical interests as “nonsense.” Mrs. Frayling’s exclamation, “Oh, how nasty!” fits her reaction both to medical learning and to the dirt which has transferred (like knowledge) from the book’s dusty jacket to Evadne. Evadne’s younger sister later reiterates her mother’s response when Evadne tells her that the skull is not fully fused at birth. The stereotypically female reaction to medical knowledge, even that relating to babies (whom Grand insists are women’s prerogative), is to declare it “simply nasty” (21–22; emphasis in original).

Though Evadne is deeply read in several different fields (mathematics, philosophy, and literature, to name a few), the narrator privileges her absorption in biomedical sciences by detailing her reading habits: “After studying anatomy and physiology, she took up pathology of a matter of course, and naturally went on from thence to prophylactics and therapeutics, but was quite unharmed, because she made no personal application of her knowledge as the coarser mind masculine of the ordinary medical student is apt to do.” In this formulation, Evadne is not limited, but rather is enabled by her sex. Grand mounts a clear argument that the female mind is more refined than the male mind. Rather than being easily corrupted by the knowledge of the human body, disease, prevention, and cure, Evadne is well equipped to handle these subjects. In the context of the chapter, Grand is referring to Evadne’s ability to read about medical topics without imagining herself as a sufferer, thereby avoiding the hypochondria ubiquitous among male medical students. However, the language of the passage also suggests that Evadne escapes the harm widely feared in teaching young girls about sexuality and the body, anxieties
manifested in the “beautiful innocence” her mother privileges in her formal education (41). Grand praises Evadne for her “mind of exceptional purity as well as exceptional strength,” a description that fits with Grand’s social purity ideals (23; my emphasis). Evade does not make a “personal application” of this knowledge in the sense that she does not desire to experiment sexually, but she does recognize the transmission of venereal disease as a personal threat.

Grand’s coded language dismisses the prudish fear of despoiling young women through medical knowledge, even as it reinforces Grand’s own anxieties about women participating in sexual activity that could spread venereal disease.

Later, as a married woman, Evadne continues to expand her medical knowledge. She despises her husband’s gift of French novels she perceives to be depraved, authored by Zola, Daudet, and George Sand. Grand clearly disapproved of such novels; elsewhere, she has Mr. Price describe them as “the literary sewer which streams from France throughout the world” (186). Price decries French novels in his discussion of degeneration for tainting British male minds: in encouraging sexual promiscuity, this sort of literature is both morally and physically damaging. Evadne, too, rejects such novels in favor of continuing her study of Herbert Spencer and Francis Galton. Grand sets the discourse of sex and romance against that of evolution and eugenics. These scientific writers warn against the charms of romance exemplified by French novels, and Evadne—rationally and rightly, Grand suggests—heeds that difference.

**Evadne as Diagnostician**

Evadne’s practical and theoretical medical background allows her to avoid the dangers young women face when marrying men of promiscuous backgrounds—specifically, syphilis. As Elaine Showalter has argued in her oft-quoted study of the disease, “syphilis was surely the symbolic disease of the fin de siècle. Suggesting the dread of sexual contamination during a
period of gender crisis, the iconography of syphilis pervades English fiction at the turn of the century.” During these decades, the medical discourse surrounding syphilis moved from strictly professional spheres to more popular, mainstream texts. Henry A. Allbutt, an organizer of the Malthusian League, warned young women of the disease’s destructive nature in his widely available advice book, *The Wife’s Handbook*. Allbutt insisted that young women or their parents should “demand a recent certificate of freedom from syphilis from all men proposing marriage. In this matter false delicacy should be dropped.” Grand echoed this sentiment in a letter discussing *The Heavenly Twins*: “The marriage certificate should be a certificate of health. Do you not think we might have the law altered to make it so?”

If syphilis was imagined at midcentury as “a foul and festering sore . . . in the body politic,” by the 1890s, it was feared as a “poison” threatening to degenerate the entire human species. Max Nordau, perhaps the most widely read contemporary commentator on cultural and racial degeneration, classifies syphilis among the “organic poisons” causing the European races to produce “degenerate descendants who, if they remain exposed to the same influences, rapidly descend to the lowest degrees of degeneracy, to idiocy, to dwarfishness, etc.” Similarly, Swiney warns against the dangers of syphilis in her pamphlet *The Law of Continence*, part of a series titled “Racial Poisons.” The rhetoric of syphilitic poison was later taken up by Dame Christabel Pankhurst, who proclaims that “Syphilis is the prime cause of race degeneration . . . The poison of syphilis working in the race and being over and over again reintroduced is producing results that are the despair of doctors and sociologists.”

Similarly, in Grand’s fiction, syphilis is described as a threat to eugenic fitness that must be eradicated.

Grand most clearly articulates the degenerative potential of syphilis in *The Beth Book*, in Beth’s speech against her husband’s post in a Lock Hospital:
Nature decrees the survival of the fittest; you exercise your skill to preserve the unfittest, and stop there—at the beginning of your responsibilities, as it seems to me. Let the unfit who are with us live, and save them from suffering when you can, by all means; but take pains to prevent the appearance of any more of them. By the reproduction of the unfit, the strength, the beauty, the morality of the race is undermined, and with them its best chances of happiness. (442)

Here, Grand adapts Herbert Spencer’s famous phrase, “survival of the fittest,” to those who violate her social purity ideals: syphilitic men and women. The eugenic ideals Grand expresses reflect Spencer’s original use of the phrase in *The Principles of Biology* (1864), in which Spencer argues, “survival of the fittest implies multiplication of the fittest.” In *The Beth Book*, Grand applies Spencer’s theories about biological and social fitness to sufferers of syphilis. This statement strikingly reveals the idealistic hope Grand identifies in eugenics and suggests the danger that discourse poses in defining certain groups as unfit. As we will see, in the final book of *The Heavenly Twins*, Evadne self-destructively applies this logic to her own case. Though Beth’s concerns could logically apply to any number of disabilities or characteristics deemed undesirable, she specifically is protesting the proliferation of syphilis, “the worst disease to which we are liable” (442). This same critique is registered in *The Heavenly Twins*.

Upon Evadne’s marriage, when the possibility of venereal disease becomes an imminent threat, she fully adopts the persona of a female doctor. Immediately following her wedding ceremony, Evadne learns of her husband’s past through a letter, the details of which are never revealed. The letter is, apparently, authoritative, from a writer she knew “by name and reputation very well, although they had never met,” who felt it his or her duty to inform Evadne of the details of Colquhoun’s past, though her own parents would not (63). Evadne takes up the
scientific post of medical researcher when she abandons her husband en route to their
honeymoon and embarks on her own mission to uncover and to analyze Colquhoun’s past, a
process that confirms the letter’s warning. Ironically, Grand insists that Evadne’s understanding
of Colquhoun’s medical history is crucial, but she refuses to articulate it; like the content of the
letter, Evadne’s findings are excluded from the text. When Evadne flees to the house of her aunt,
Mrs. Orton Beg, she says simply, “I can’t repeat the details, they disgust me” (78). This reticence
is incongruous with Grand’s call for frank discussions of sexuality with unmarried women,
suggesting Grand’s concern over impropriety.45

Fearing venereal disease (the presence of which Grand never confirms nor denies),
Evadne classifies Colquhoun as an unfit mate and refuses to consummate their marriage. That is,
Evadne registers her husband’s medical history, diagnoses him as a possible threat to herself and
to any future children, and prescribes a sexual quarantine that protects her from a likely
contagious agent.46 The rhetoric surrounding male promiscuity blurs the distinction between
moral and physical disease, just as the midcentury discourse surrounding prostitution did.
Evadne calls Colquhoun a “moral leper,” an epithet which insists that vice is a physical affliction
(and which echoes Gaskell’s description of Esther’s transgression as her “leper-sin”47). Evadne
insists that marrying and procreating with a man with such a past is a public health hazard:
“‘marrying a man like that, allowing him an assured position in society, is countenancing vice,
and’—she glanced round apprehensively, then added in a fearful whisper—‘helping to spread
it’” (79; emphasis in original). The mechanics of Evadne’s theory of disease transmission are not
delineated, but she expresses concerns about the spread of immorality and illness both to
individuals—husbands and wives, as well as mothers and children—and to the multigenerational
British race. In recognizing the widespread social and biological dangers inherent in “helping to
spread vice,” Evadne’s medical background causes her to take a different conceptualization of
time: “there is no past in the matter of vice. The consequences become hereditary, and continue
from generation to generation” (80).

Evadne acts as Grand’s mouthpiece, insofar as she also advocates for women to act as the
medically informed regulators of reproduction. To her aunt’s conservative protests that she
would love to have her now-dead husband back, “even if he were—a leper,” Evadne
emphatically replies “That is the mistake you good women all make . . . So long as women like
you will forgive anything, men will do anything. You have it in your power to set up a high
standard of excellence for men to reach in order to have the privilege of associating with you”
(79). Evadne redefines what it means to be a “good woman” and, by default, what it means to be
a deviant one. It is not enough to improve men through exerting domestic moral influences, as
conventional women like Orton Beg have done for generations. The angel in the house is not a
paragon of virtue, but a careless mother allowing harmful male inheritances to physically injure
herself, her children, and the generations to come. Evadne proclaims, “I see that the world is not
a bit the better for centuries of self-sacrifice on the woman’s part and therefore I think it is time
we tried a more effectual plan. And I propose now to sacrifice the man instead of the woman”
(80). In Evadne’s case, such a stance is, in some ways, a sacrifice: she experiences desire for her
husband, but restricts herself from acting on those feelings. For Grand, this self-sacrifice is
necessitated by generations of unregulated male sexuality. She suggests that the New Woman
must set higher standards for male morality for the good of society—and, not least, for the good
of women. Just as Orton Beg goes on to become a champion of women’s rights later in The
Heavenly Twins and in its sequel, The Beth Book, the audience is asked to abandon conventional
ideas about female virtue and to work for women’s progress—a process that would likely
involve some form of self-denial.

**Syphilis and the Mother**

Grand includes a case study of the traditionally “good” woman turned irresponsible, deviant mother in Edith Beale. The scientific language with which Edith is introduced resonates with Grand’s eugenist ideals: she is the only daughter of the Bishop of Morningquest and Mrs. Beale, “their white child, their pearl; and certainly she was a lovely specimen of a well-bred English girl” (155). Edith begins life to great advantage in health, class, and race, aspects Grand greatly values. As Jusová has noted, Grand “employs whiteness throughout her writing as a fetishized sign of high moral status.”48 Here, whiteness is a sign of Edith’s biological status as well: in calling her a “specimen,” the narrator emphasizes her position as a physical member of the British race. As a conventional member of that group, however, Edith, like Mrs. Orton Beg, takes great pains to avoid the knowledge of anything unpleasant. The narrator suggests that this quality is not only a learned behavior, but also an inherited trait: “Edith, by descent, by teaching, by association, and in virtue of the complete ignorance in which she had been kept, was essentially one of that set” (156; my emphasis). For Grand, this innocence is not beautiful but deeply dangerous for both the woman herself and for her future children, as demonstrated by Edith’s fall into disease, insanity, and deviant motherhood.

Despite both her innate and conscious efforts to keep her mind pure, Edith seems to recognize subconsciously the potential danger inherent in improperly regulated sexual activity. Long before her marriage, she has a sensuous dream that turns into a monstrous nightmare. She imagines that Diavolo proposes marriage, then transforms into his uncle, Lord Dawne. After a description of “the gloss on Lord Dawne’s black hair, the curve of his slight moustache, and the gleam of his white teeth,” she notices,
He was grave, but his lips were parted, and he carried a little child in his arms, and the expression of his face was like the dear Lord’s in a picture of the Good Shepherd which she had in her room. He held the little child out to her. She took it from him, smiling, raised its little velvet cheek to hers, and then drew back to look at it, but was horrified because it was not beautiful at all as it had been the moment before, but deformed, and its poor little body was covered with sores. The sight sickened her, and she tried to cover it with her own clothes. She tore at the skirt of her gown. She struggled to take off a cloak she wore. She stripped herself in the endeavor and cried aloud in her shame, but she could not help herself, and Dawne could not help her, and in the agony of the attempt she awoke . . . (156–57)

The description of Dawne fixates on his hair and moustache, playing off of the Victorian eroticization of hair.\textsuperscript{49} Dawne’s conflation with a religious Christ-like figure suggests Edith’s expectation that real men are, like Christ, free from immorality or disease. In all three novels of her feminist trilogy, Grand identifies Dawne with the women’s movement and with male chastity. The baby’s sudden, shocking transformation from health to deformity anticipates the physical afflictions of Edith’s future son. Her own shame suggests a feeling that she is somehow at fault for the baby’s affliction, which even a Christ figure cannot cure.

Edith’s dream is more of a warning than a premonition: it provides her with the opportunity to investigate the connection between sexuality and disease and become more aware of the danger that she and her future children could face. Instead, she prays to be sheltered from evil, which the narrator critically defines as “sights and circumstances that were unlovely, and horrified” (157). Of course, it is precisely such sights that Evadne’s informal medical training has prepared her to identify. William Driscoll has claimed that “feminine modesty and
innocence collude to murder Edith’s baby.’”50 However, Driscoll’s causal analysis ignores the socially enforced nature of modesty and innocence. The misguided imposition of this regime of female propriety, which Grand sets against reason-based purity, precludes Edith from selecting a healthy partner—or, failing that, from practicing abstinence—which would have prevented the birth of her own syphilitic baby.

Edith has a second chance to break from her ignorance when she and her mother are riding in a carriage and pass by a young French mother and her baby lying in the road. Though Grand’s project is not rescuing fallen women, as Gaskell’s was, this distressed mother unmistakably needs help, which the women will not give because of their shared aversion to unpleasantness. Though the narrator objects to the dismissal of the French woman, her position in the novel is primarily that of a cautionary tale. Separated from Edith by nationality, class, and sexual status, the French woman is treated as a mere accessory to Edith’s story. Rather than eliciting readerly sympathy for a woman in need, as Gaskell does in her fiction, Grand uses the French woman as a means of garnering more sympathy for Edith. If Edith had acted with more compassion—that is, with more willingness to face disagreeable truths—her disastrous marriage might have been prevented. As Edith discovers much later, she and the French woman are a set of victims of the male lust and disease of her future husband Mosley Menteith, who begins courting her that very afternoon. The fallen woman is, then, a double of Edith who could have prevented her disastrous marriage, if only Edith were not reliant on an outdated and dangerous conception of female goodness.

Edith’s final and most profound warning against marrying Menteith and bearing his child comes from Evadne, who attempts to share her medical knowledge and to protect her friend’s health and reproductive capacity. In this way, Grand suggests that medical knowledge can be
shared among women to protect one another from male vice. In observing Edith’s courtship with Menteith, Evadne repeats the diagnostic process she underwent when deciding her own husband was unsuitable to father children. From a distance, she performs a physical examination of Menteith: “She noticed something repellant about the expression of Mosley’s mouth. She acknowledged [sic] that his nose was good, but his eyes were small, peery, and too close together, and his head shelved backward like an ape’s” (158). Lisa K. Hamilton has usefully identified Grand as reinforcing a “myth of recognizability,” in which the degeneracy of a man is rendered visible, à la Dorian Gray. Evadne’s reading in medicine and evolution allow her to identify Menteith’s unfitness as a mate—even though Grand is ambiguous about the syphilis which marks his face. In rejecting Evadne’s warnings, Edith exposes herself to the physical contagion that eventually kills her.

The French woman also illustrates the similarities between marriage and prostitution noted by fin de siècle feminists. Grand herself exposes this duality in The Beth Book: “There are marriages which for the ignorant girl preached into dutiful submission, whose ‘innocence’ has been carefully preserved for the purpose, mean prostitution as absolute, as repugnant, as cruel, and as contrary to nature as that of the streets” (424–25). After Edith marries, is infected with syphilis, and gives birth to a syphilitic child, she returns to Morningquest and goes to visit the French woman, of whom Edith has thought constantly. There, she learns that the woman was ruined by Menteith and gave birth to his son. Edith’s position as the wife of a dissipated, diseased man is analogous to the French woman’s experience as that same man’s whore. The woman did not make the choice to marry Menteith, but instead was sold into sexual slavery by her sister: “Menteith came after me, and my sister wanted money, so she made me believe that he couldn’t marry me because there was a law, to prevent it. She said he loved me, and if I loved
him well enough, it would be a noble thing to disregard the law and he gave her seventy-five pounds for that.” This sensationalist selling of a young girl into prostitution resonated with contemporary fears about sexual slavery, popularized by W. T. Stead’s *The Maiden Tribute of Modern Babylon* (1885), a series of exposés published in the *Pall Mall Gazette.* Here, being sold into sexual slavery becomes an analogue of engaging in the marriage market: just as this woman’s sister betrayed her for money, Edith’s female relatives and acquaintances (with the exception of Evadne) encouraged her to enter into a prosperous but deadly marriage. This marriage reflects the deviant sexuality and illness usually associated with prostitution, as we saw with Gaskell’s prostitute-mothers. For Grand, the parallel between Edith’s and the French woman’s experiences represents a lowering in status; as Driscoll notes, “the metaphor derives its force from the fact that Edith, an angel of the house, must suffer the same degradation as a ‘French dressmaker.’” Again, Grand’s feminism is revealed to be limited, as she warns against sexual danger for the privileged “pearl” of English womanhood by devaluing her fallen, foreign counterpart.

Though Edith learns of the French woman’s story too late to shelter herself from physical harm, her explanation educates Angelica about the potential dangers of marriage. When they return to Edith’s home and Dr. Galbraith asks where they have been, Angelica responds, “We had tea in the library at Fountain Towers [Dr. Galbraith’s estate, where he practices medicine] . . . and obtained some useful knowledge from your books” (292). Angelica likens visiting the French woman to reading medical texts: this practical experience, like Evadne’s reading and formal training, later allow her to regulate her own reproductive capacity.

Congenital syphilis renders the problem of male vice visible and reveals the nature of its threat to “good women” and to future generations. As Meegan Kennedy has pointed out, Grand
largely relies on euphemisms to describe the syphilitic male body; the novel simultaneously attempts to “‘break’ the silence around male sexual promiscuity, which condemns innocent women and children to terrible syphilitic deaths” and “maintains that silence by retaining a kind of decorous reserve around the decaying body of the syphilitic male.”

Although Grand refrains from naming syphilis and giving precise descriptions of its effects on adult bodies, this omission actually emphasizes the devastating symptoms of syphilis and particularly their degenerative effects on children. The only syphilitic bodies Grand describes are those of Menteith’s young sons, whose suffering seems all the more acute for being the only examples of syphilis Grand narrates in detail. Though the damage syphilis causes to the male body formed the primary concern of earlier male medical commentators, Grand places her emphasis on the degeneration syphilis wreaks on future generations. Soon after Edith’s marriage, her health begins to deteriorate, but the effects of syphilis are more visible in her son: “Edith’s child, which arrived pretty promptly, only proved to be another whip to scourge her. Although of an unmistakable type, he was apparently healthy when he was born, but had rapidly degenerated, and Edith herself was a wreck” (277). Grand uses the word “degenerated” in this very first description of the baby, as his defining feature: he has, in a single body, degenerated from health to illness, the fate that threatens the entire race. He is a syphilitic “type” first and a baby second. The symptoms of congenital syphilis are visible in the baby’s preternaturally old appearance: “He was old, old already, and exhausted with suffering, and as his gaze wandered from one to the other it was easy to believe that he was asking each dumbly why had he ever been born?” (289). Like the Maltese elephant, the baby had been bred down; he takes the appearance of a wizened old man. Edith’s son demonstrates the capacity for the degeneration of the British race in one small body. The narrative of the French woman’s syphilitic baby firmly identifies the cause of
degeneration as male inheritance. Not only has this other baby attained an “unhealthy appearance,” presumably from congenital syphilis, but he also has inherited his father’s name. This younger Mosley Menteith is a deteriorated version of his father. Though his mother insists that the child is “to grow up, and be a big strong fellow and beat his father, isn’t he, for he’s a bad, bad man!” such physical revenge is unlikely, given the child’s weakly physique (290).

Menteith’s syphilitic babies do not demand sympathy, but evoke disgust. The junior Mosley Menteith’s “unhealthy appearance repelled” Edith (290); Angelica berates Menteith as the “father of a speckled toad” (301); and, most dammingly, Edith is horrified by her own son, whom she does not love, but despises. She verbally expresses her repugnance after her condition progresses to syphilitic insanity, also called general paresis, a condition that was definitively identified as “the terminal form of syphilis” in the 1890s. Edith’s vague symptoms of syphilis initially are described as something “the matter” with her face (284), but her condition progresses to syphilitic insanity after she sees Menteith’s mistress and her son. In this state, Edith identifies that she is mad—that is, she self-diagnoses, as Lady Audley did, apparently having acquired medical knowledge through her lived experience. Ironically, Edith becomes more self-aware through her insanity; Heilmann calls her “a mad Bertha Rochester” whom madness has “liberate[d].” Counterintuitively, insanity empowers Edith even as it precipitates her death: it allows her to identify the injustice of which she is a victim and to articulate the “unwomanly” desires for vindication and revenge that she otherwise might not experience or verbalize. She blames “the bishop, Dr. Galbraith, and Sir Mosley Menteith”—members of the clergy, medical field, and military—for her condition: “I sent for you all . . . to tell you, you who represent the arrangement of society which has made it possible for me and my child to be sacrificed in this way” (300). Though Edith’s speech describes both herself and her child as martyrs, she does not
seem to wish for either of them to be spared. They are victims who are past help; the only relief remaining to them is death. Edith has repeated thoughts of murdering her husband and son: “I want to kill—I want to kill him. I want to kill that monstrous child!” (304). If Edith’s violent desire to murder her immoral husband seems logical, so does her impulse to kill her “monstrous” child follow Grand’s eugenic logic. Infanticide is as horrifying to Edith as it is to the reader, but it underscores the stakes of Grand’s argument. Edith’s admission that “Evadne was right!” uttered in a rare moment of sanity, expresses the importance of refusing to marry and procreate with morally and physically degenerate men (803). Thus, the effects of syphilis on Edith allow her to understand and to denounce the effects of syphilis on the British race—and to identify her own belated desire to stop the spread of degeneration through infanticide, an impulse she identifies as deeply disturbing but still feels keenly.

**Self-Annihilation and Agency**

In *The Heavenly Twins*, Grand insists that women should actively contribute to society according to their abilities and inclinations, whether it be through bearing strong, healthy children or through contributing to the public movement for the advancement of women. Ill-considered marriages are threatening not only because they facilitate the transmission of physical contagious diseases, but also because they constrict women’s lives and abilities. Grand’s portrayal of Evadne indicates that the preclusion of able women from motherhood and outside activities is unhealthy and potentially fatal. Though Colquhoun eventually accepts Evadne’s refusal to consummate their marriage, he requests a favor in acknowledgement of his kindness toward her: “Will you promise me that during my lifetime you will not mix yourself up publicly—will not join societies, make speeches, or publish books, which people would know you had written, on the social subjects you are so fond of.” Evadne acknowledges the problem of
ignoring social evils, using nearly the same language she used earlier to describe the problem of allowing morally and physically contagious men to marry: “Ignoring an evil is tantamount to giving it full licence to spread” (342). Thus, Grand constructs an analogy between the unchecked spread of immorality and disease from promiscuous men and the proliferation of social ills by those who dismiss such issues (of which ill-considered marriages are one). Evadne accepts Colquhoun’s request to remain uninvolved, whereas she did not accept his sexual advances, since “she had no impulse at the time to do anything, and no notion that she would ever feel impelled to act in opposition to this wish of his” (345). However, just as Grand suggests Evadne giving way to her sexual desire for Colquhoun might have led to physical infection, submitting to Colquhoun’s ban on participating in public discourse is severely detrimental to her health: “her mind grew sluggish, her bodily health decreased, and the climate began to tell upon her.” She succumbs to a tropical fever, “hover[s] for weeks between life and death,” and develops what will become her defining feature: “her ever increasing horror of unpleasantness in any shape or form” (350–51). Evadne’s intellectual disengagement is tantamount to her allowing immorality to fester; rather than becoming infected with venereal disease, she becomes hysterical.

Grand explicitly argues that women must have some form of outlet, either in the domestic realm as wives and mothers or in public as workers or social crusaders. Grand acknowledges, but deemphasizes, repressed or ill-regulated female sexuality as the etiology of hysteria, a theory prominent throughout the Victorian period that culminated in Sigmund Freud’s work around the turn of the century. Grand describes Evadne’s unfulfilled desire for her husband, but dismisses it as a dangerous inducement to have sex with a potentially syphilitic man: “she might have given in to the kind of fascination which she [Evadne] had felt in his presence from the first; but when she moved he drew back too, his countenance clouded, and her own momentary yearning to be
Grand unambiguously approves of Evadne’s abstinence as an alternative to risking venereal disease. Instead, Evadne’s hysteria is described specifically as a result of her withdrawal from social and political outlets. This stance aligns Grand with progressive late Victorian criminologist Horatio Bryan Donkin, who identifies oppression as the cause of hysteria, since “Thou shall not’ meets a girl at almost every turn.” According to Donkin, “dammed-up sexual emotions” were generally believed to be the primary causes of hysteria, but were only one “occasion” for hysteria. Instead, “The most severe form of this affection may be seen in both men, women, and children, where there is no disorder, inability, or repression as regards the sexual organs or function; but enforced abstinence from the gratification of any of the inherent and primitive desires, in the absence of other outlets for the activities of the natural organism, must have untoward results.” In The Heavenly Twins, Grand suggests that Evadne is one woman who would have been infinitely happier—and healthier—had she been able to participate in vigorous mental activity—the exact sort of exertion many late-Victorian medical writers cautioned could distract women from marriage and motherhood and thus cause them to become hysterical.

After Evadne’s promise and subsequent illness, which occupy the final pages of Book III, she disappears from the narrative until the sixth and final book. Here, Grand switches from a third-person omniscient narrator to a first-person narrator, Dr. Galbraith. The beginning of the book represents a striking formal break. Grand calls attention to this shift with a “Note” (presumably from the omniscient narrator or compiler) that simultaneously introduces Dr. Galbraith, who had appeared only as a minor character up to this point, and casts doubt on his account. The Note privileges the perspective of the reader, rather than that of the new narrator:
The fact that Dr. Galbraith had not the advantage of knowing Evadne’s early history when they first became acquainted adds a certain piquancy to the flavour of his impressions, and the reader, better informed than himself with regard to the antecedence of his ‘subject,’ will find it interesting to note both the accuracy of his insight and the curious mistakes which it is possible even for a trained observer like himself to make by the half light of such imperfect knowledge as he was able to collect under the circumstances. (554)

From the beginning of Galbraith’s narrative, then, his accuracy is called into question. Knowing nothing of Evadne’s background and learning about her past only by degrees, Dr. Galbraith produces the final book of the novel as though it were a set of doctor’s notes, an analogy implicit in the Note’s description of his narrative: “His record, which is minute in all important particulars, is specially valuable for the way in which it makes apparent the changes of habit and opinion and the modifications of character that had been brought about in a very short time by the restriction Colonel Colquhoun had imposed upon her” (554). What follows can be read as a particularly narrativized case study, as it describes Evadne first in a social capacity, then, increasingly, in a medical one. Galbraith tracks her symptoms, provides a diagnosis, and prescribes treatment. Evadne’s experience of illness is strictly that of decline, and Galbraith’s narrative reveals that she retains and acts with agency—more than Galbraith realizes.

Many critics have identified the paternalistic overtones that characterize Galbraith’s portrayal of Evadne.63 However, I argue that failing to recognize Evadne’s agency and, instead, viewing her primarily as an incapacitated hysteric aligns these critics with the very condescension of which they accuse Galbraith. As Teresa Magnum has pointed out, the appended Note “signals the dangers of unquestioningly accepting the authoritative male account
of female experience.” Like *Lady Audley’s Secret*, *The Heavenly Twins* reveals the imperfections and tensions of the diagnostic process. Galbraith’s medical record suggests that as a New Woman, Evadne defies traditional categorization: she retains agency, but she is prevented from effectively exercising it for the common good. Aslami notes, “At the conclusion of the novel, the tone of the narrator switches to the detached stance of a scientist observing the growth of a pathology.” However, Galbraith’s romantic interest in Evadne complicates and, at times, supersedes his professional stance, a constraint he himself admits when he worries over the ethical implications of treating the woman he loves. I suggest that Galbraith’s hybrid position as husband and doctor prevents him from recognizing the nature of Evadne’s suicide attempt as an act of autonomy and of protest.

Galbraith is described as “a specialist in mental maladies” (493) and in “nervous disorders” (571). His narrative begins with a medicalized assessment of Evadne, whom he claims “puzzled me. As a rule, men of my profession, and more particularly specialists like myself, can class a woman’s character and gauge her propensities for good or evil while he is diagnosing her disease if she consult him, or more easily still during half an hour’s ordinary conversation if he happens to be alone with her.” Galbraith calls Evadne an “interesting study,” a woman who provokes criticism for her withdrawn nature (555). Galbraith and his social circle identify that Evadne has suffered some mental disruption, but they interpret the fault as a failure to embody the ideals of the women’s movement: “We felt that she should have been a representative woman such as the world wants at this period of its progress, making a name for herself and an impression on the age . . . Her natural bent was certainly in that direction, but something had changed it” (556). The New Woman, the advanced stage of development Evadne occupies in her youth, is latent, but has been disturbed. In this way, Evadne herself has degenerated. Later in
Book VI, when Dr. Galbraith learns the true nature of Evadne’s relationship with her husband, he laments that Evadne was prevented from fulfilling her potential as a New Woman: “Had she been happily married she would undoubtedly have been one of the first to distinguish herself, one of the foremost in the battle which women are waging against iniquity of every kind” (645). However, Evadne still embodies the New Woman in the aspect Grand identified as central to her agenda: the desire to staunch the proliferation of inherited vice.

Healthy, happy marriages, the social contracts encouraged by contemporary physicians, are described as the means to improving the British race—and, perhaps, to curing the damage already caused by pathological marriages, symbolized by Evadne’s hysteria. However, Evadne’s second attempt to fulfill the traditional female roles of wife and mother has the potential to cure or to kill her. After Colquhoun dies suddenly of cardiac syncope, Dr. Galbraith decides to propose to Evadne. Shadwell Rock warns of the danger of such a plan: “It is a great risk . . . a very great risk. Of course, now that the first cause of all the trouble is removed, the mental health may be thoroughly restored. So long as there is no organic brain lesion there is hope in all such cases. But I tell you frankly that the first call upon her physical strength may set up a recurrence of the moral malady, and you cannot foresee the consequences” (653). Dr. Galbraith frames marriage as a prescription for recovery. When Evadne comments offhandedly that she will relapse into morbid thinking patterns, Dr. Galbraith responds, by means of proposing, “No, you will not . . . if you marry happily” (655). Throughout the novel, Dr. Galbraith has been established as a suitable candidate for marriage, along with Lord Dawne and the tenor, who are said to have miraculously avoided falling into immorality: these men were “great friends at Oxford, where the three of them were known as Shadrach, Meshach, and Abdegnego, because they passed unscathed through the burning fiery furnace of temptation to
which young men of position at the universities are exposed” (42–43). These men are, then, models for the sort of male purity Grand idealized—they are perfect candidates for marriage.

Having married a morally and physically healthy man, Evadne becomes pregnant, a condition both Dr. Galbraith and Sir Shadwell Rock treat as precarious, in keeping with contemporary medical ideas about the stresses of pregnancy. Dr. Galbraith explains, “It was a crucial test, we knew. If we could carry her safely through this trying time, she would be able to take her proper place with the best of her sex in the battle of life, to fight with them and for them, which was what we both ardently desired to see her do” (661). Both Galbraith and Rock, then, see pregnancy as a proving ground in which Evadne must demonstrate that she is able to take up the mantle of both the healthy mother and the New Woman.

Evadne does take up the medical and eugenic project that Grand suggests defines the New Woman, albeit not in a manner Galbraith recognizes. During her pregnancy, Evadne comes across a book written by Sir Shadwell Rock on the “heredity of vice.” In her first marriage, Evadne refrains from sex and reproduction to spare herself and her children from the ravages of venereal disease, the fate to which Edith tragically succumbs. In her second marriage, Evadne allows herself to become pregnant by Dr. Galbraith, perhaps because of his moral and physical purity; however, upon reading Rock’s book, she realizes (or remembers) that venereal disease is only one of many forms of physical and moral threats that could harm her children. This medical text also reminds her of the long-term implications of hereditary moral and physical “vice”: giving birth to children afflicted with this condition damages the entire race. Rock’s treatise causes Evadne to understand the true scope of heredity as affecting not one generation, but all generations. For Evadne, the condition of “inherited vice” is all the more dangerous for its ambiguity: “It is awful to think we may any of us become the parents of people who can’t be
moral without upsetting the whole order of the universe . . . it is dreadful to know it, but it is sinful to be ignorant of the fact” (662). Though Dr. Galbraith attempts to quell her fears by reciting his family’s history of good mental health, Evadne is unconvinced—I argue, because she recognizes her own mental illness as a degenerative quality that she could pass to her children and that, by extension, could spread into perpetuity.

Descriptions of hysteria as a form of inherited illness proliferated in the late Victorian period. Early Victorian commentators like John Conolly, the early practitioner of moral management, blamed hysteria on “some more or less discoverable irritation existing in some part of the uterine system, exercising its wide influence on the susceptibilities of a nervous system by nature too easily affected by all impressions.” While the concept of stressors still had currency at the fin de siècle, many psychologists identified a hereditary component to hysteria as well as other forms of mental disorders. Henry Maudsley, whose increasing belief in heredity as the basis of mental illness was discussed in Chapter 3, was particularly vocal about hysteria’s hereditary etiology. In Responsibility in Mental Disease (1874), a widely read treatise with strong eugenic overtones, Maudsley insists, “It is a fact that a pathological evolution—or, more correctly, a pathological degeneration—of mind does take place through generations.” He includes a model of the various forms that such degenerative disorders and neuroses could take throughout multiple generations—a list that includes hysteria. The disorder appears on a spectrum that ranges from “only a predominance of a nervous temperament” to “deaf-mutism, imbecility and idiocy, and sterility, the pathological decline being reached.” Though Maudsley’s ableism is disconcerting, his work serves as a potent example of the discourse connecting nervous disorder to racial decline, with which Evadne might well identify.

Evadne acts on her newly acquired medical knowledge by attempting to commit suicide
while pregnant. Hours after reading about hereditary vice, Evadne tries to drink a phial of poison from Galbraith’s laboratory; he only manages to prevent her because he happens to come home early from a house call. Her suicide letter emphasizes her desire to stop a cycle of disease transmission that, to her, seems inevitable: “I am haunted by a terrible fear,” she wrote. “I have tried again and again to tell you, but I never could. You would not see that it is prophetic, as I do—in case of our death—nothing to save my daughter from Edith’s fate—better both die at once.” (665). Evadne’s letter emphasizes the lack of physical and psychological protection against venereal disease in marriage, the aspects of harmful transmissions that are described most vividly in the novel. However, syphilis operates in this context as a concrete example of the destructive system of marriage and female ignorance by which women can become, at once, the victims and the propagators of disease and immorality. Grand suggests that Evadne already has become another version of Edith. Though she has escaped syphilis, she succumbs to mental illness (hysteria) and threatens to poison her children through this pathological inheritance.

Dr. Galbraith discounts Evadne’s fears as the result of her hysteria, a dismissal echoed implicitly by several modern critics. However, the novel supports a counter-reading in which Galbraith misinterprets his wife’s actions. The Note the implied narrator or compiler appends to Galbraith’s account casts doubt on his reliability, as do his own concerns that treating a woman whom he loves might be a breach of ethics. Galbraith’s insistence that Evadne’s suicide attempt is only a result of her illness robs Evadne of any vestige of agency when the attempt is, in fact, the only expression of agency left to her: it is a bid to control her own reproductive capacity and to safeguard both her child and the British race. Evadne’s agency is impaired by her experience of hysteria, but it is not eradicated entirely. Grand’s portrayal of this desperate act as Evadne’s only remaining way to express agency suggests the direness of her situation. Though Evadne’s
suicide attempt clearly results from her mental illness, as Galbraith insists, I argue that her actions are actually an attempt to save her children from contributing to the degeneration of the race. She is, in effect, refusing to become one of “the parents of people who can’t be moral without upsetting the whole order of the universe” (662). I suggest that Evadne’s attempted suicide is anything but “irrational,” to use Sally Ledger’s description; rather, it is eminently rational, a conscious effort to control her own reproductive capacity. In my formulation, Evadne has moved from a model of negative eugenics that prevents the reproduction of unfit people through abstinence, to a model that prevents the birth of unfit babies through death. That Evadne understands killing herself and her unborn child as the only available choice is deeply troubling and suggests the depth of the changes needed to ameliorate women’s lives.

After Galbraith prevents Evadne from drinking the poison, she shows no remorse for her actions. Galbraith claims that “her moral consciousness was suspended” (666), but I suggest an alternative reading: Evadne believes herself to be acting under a moral imperative to prevent suffering in her child and in future generations. She is participating in the logic Auguste Forel, the Swiss sexologist, would recommend just over a decade later: “to cause gradual elimination of the unfit, by . . . sterilizing those who have hereditary taints by means of voluntary act.” Among the “Types to Eliminate,” Forel identifies “lunatics,” a category that corresponds to Galbraith’s diagnosis of Evadne’s hysteria—a mental illness that has become part of Evadne’s self-conception. Even after giving birth to an apparently healthy son (not a daughter, as she assumed) and experiencing maternal love (which Galbraith describes as healthy and natural), Evadne maintains that she does not regret her suicide attempt. Grand suggests that her desires to protect her child and to preserve the race are not incompatible with motherly love.

Evadne frames her attempted suicide as “self-sacrifice.” She insists that suicide is not
inherently sinful and draws a rather creative analogy between her situation and “the divine example”: “Christ committed suicide to all intents and purposes by deliberately putting himself into the hands of his executioners; but his motive makes them responsible for the crime; and my motive would place society in a similar position” (671). Evadne interprets her suicide as an indictment of society, an act analogous to Edith’s condemnation of the representatives of the male professions as those responsible for her physical and psychological decline. Evadne’s suicide attempt is not a moral lapse or merely a hysterical impulse but is, instead, a last resort to control the spread of damage allowed by a permissive society. Several years later, after a long period of health and happiness during which Evadne gave birth to a daughter, she sees Edith’s child again and becomes visibly distraught. She tells Galbraith, “I wish my children had never been born! The suffering! the awful needless suffering! How do I know that they will escape?” (677). Of course, Evadne cannot know if her children will “escape” the destruction of disease and degeneration; it is possible, Evadne believes (and Rock’s text confirms), that they already contain within them the seeds of inherited vice that will one day make them suffer and, more catastrophically, will be passed through all successive generations.

Evadne herself did not escape from this sort of damage. By the novel’s end, Galbraith grows increasingly concerned that Evadne’s case is terminal—that she suffers from “carcinoma of the mind,” in which “cancer spots confined to a small area at first, but gradually extending with infinite pain until all the surrounding healthy tissue is more or less involved and the whole beautiful fabric is absorbed in the morbid growth” (678). Galbraith suggests—and, in fact, hopes—that he is misinterpreting the symptoms. And yet, Evadne’s experience of marriage has perceptibly worsened her life. In The Beth Book, Evadne continues to suffer from mental illness, the psychological and physical symptoms of which are so intense that she rarely leaves home.
Angelica and the Extinction of the Family Line

By the novel’s end, Angelica emerges as a New Woman figure, succeeding at rational reproduction where Evadne ultimately fails. Though Angelica, like all of Grand’s female protagonists in her feminist trilogy, marries a man with whom she is not entirely compatible, she engineers her marriage on her own terms. Upon being told by her parents that she must be “brought out” into society, Angelica storms away, sees her “fast friend of many years’ standing, Mr. Kilroy of Ilverthorpe,” and, after grabbing his whip and slashing his horse with it, demands “Marry me! . . . Marry me, and let me do as I like” (320–21; emphasis in original). Marriage for Angelica ultimately is freeing rather than constricting: she spends the first part of her marriage living mostly separately from her husband, in accordance with her inclinations. After an ill-fated “Interlude” (353) with a tenor in the cathedral choir, which ends in his death, Angelica focuses on building a relationship with Kilroy. This marriage could be interpreted as Angelica capitulating to her husband. However, she retains her political ambitions and uses Kilroy as a mouthpiece: he presents her ideas and opinions in Parliament through speeches she pens herself. This model of partnership guided by the woman’s intellect is a model not just for marriage, but for reproduction. Though I have presented Evadne as possessing the medical knowledge to make informed reproductive choices, Angelica also acts in this capacity in her childlessness. Where Evadne recognizes her pathological potential to pass degeneracy to her children, Angelica recognizes her own place in a hereditary line rife with immorality and with evidence of degeneration. Therefore, she prevents herself from having children.

Unlike Grand’s other female protagonists in *The Heavenly Twins*, Angelica is childless: she avoids the fates of both Edith and Evadne by finding a safe husband and engaging in public life while avoiding pregnancy. Grand is reticent about the exact nature of this marriage; Angelica
certainly does not engage in the process of diagnosis and quarantine that drove Evadne’s action in her first marriage. Rather, I suggest that Angelica tacitly shuns childbearing because of her observations of Edith’s suffering and her child’s struggles with syphilis, encapsulated in Angela’s description of the syphilitic baby as a “speckled toad” (301). Instead of engaging in a dangerous marriage, similar to those modeled by Evadne and Edith, Angelica has selected a much older man whom she calls “Daddy”—an appellation that suggests a non-sexual dynamic, as though her husband was purely a familial entity rather than a sexual one. I suggest that Angelica’s selection of an innocuous, if not necessarily impotent, husband is a form of rational reproduction that reflects her recognition that she, herself, may be the agent of degeneracy.74

In describing Angelica’s family, Grand applies tropes of aristocratic decay similar to those that Dickens employs in *Bleak House*. For Grand, this deterioration is both moral and physical, the product of generations upon generations of dissipated aristocrats marrying and producing babies. The degeneration of the English upper class, theorized by the American character Mr. Price, is described as the defining quality of Angelica’s forebears. Her mother, Lady Adeline, raises this possibility when fretting over the youthful antics of the young twins; she comments to Dr. Galbraith: “I fear sometimes they are going to take after some criminal ancestor there may have been in the family, although I never heard of one, and go to the bad altogether” (137). Though Dr. Galbraith certifies the twins as healthy, he has made this kind of mistake before with Evadne. Galbraith later repeats this diagnosis to Lord Dawne after the twins have an argument over primogeniture, which sparks a debate over whether they more closely resemble their mother or their father. Dr. Galbraith assures Dawne that Angelica “has no vice in her whatever, and not a trace of hysteria. Her talk is mere exuberance of intellect” (246). This exchange suggests the ubiquity of fears over hysterical woman. However, despite his friend’s
reassurances, Lord Dawne remains skeptical; it seems possible that Angelica has inherited some sort of immorality or disorder. We never learn whether the twins have criminal ancestry, but they are the product of degenerated ancestors, as Grand insists repeatedly.

Later in the chapter in which Lady Adeline worries over the twins’ genealogy, the narrator makes a positive statement on the topic, comparing Angelica to the Duke of Morningquest:

If there was one thing which could give him more pleasure than another in his old age, it was the wicked ways of the Heavenly Twins, and especially of the promising Angelica, who very much resembled him both in appearance, decision of character, and sharpness of temper. She promised, however, to be on a much larger scale, for the duke was diminutive. He looked like one who stands in a picture at the end of a long line of ancestors, considerably reduced by the perspective, and it was as if in his person an attempt had been made to breed the race down to the vanishing point. His high-arched feet were admired as models of size and shape, and so also were his slender and delicate hands; but neither were agreeable to an educated eye and an intelligence indifferent to the dignity of dukes, but nice in the matter of proportion. (142)

The shrinking size and debilitated features of the duke, compared to both his ancestors and to Angelica, suggest that the aristocracy is a dying race. It is possible that this characterization does not apply to Angelica, a New Woman who is, by Grand’s own logic, intended to drive the British race forward. She is larger and healthier than her grandfather, as well as her decadent brother, Diavolo. As in Price’s story of the shrinking Maltese elephants and English aristocrats, physical robustness equates with eugenic fitness. Yet, the threat of degeneration persists.

Angelica’s inherited legacy of vice is thrown into relief in “The Tenor and the Boy—An
Interlude,” the fourth book of The Heavenly Twins, which has long puzzled critics because of its disconnection from the remainder of the novel. In some ways, this segment is the nucleus of the novel, as Grand wrote and attempted to publish it first. After being rejected from multiple publishers, the rest of the novel “grew” around it. This “interlude” is uncharacteristically decadent for Grand. In it, Angelica cross-dresses as her brother Diavolo (though the conceit is not revealed until the end of Book IV). She pays nightly visits to a tenor who knows her only as “Boy.” The sensuousness of their encounters is described in great detail: they play music for one another, the Boy eats copious amounts of food, and the tenor takes obvious enjoyment in the Boy’s physique. On the surface, the homoerotic tension that suffuses this section suggests a drastic departure from Grand’s usual brand of social purity feminism.

However, Grand does not endorse the decadent exchange between the tenor and the Boy/Angelica. Angelica’s motives, to alleviate boredom of the sort that maddened Evadne and to make up for what Angelica deems the lack of “latitude allowed for my individuality,” speak to Grand’s gender politics (450). And yet, Angelica’s disregard for another person’s wellbeing is both mourned and punished. The tenor catches pneumonia after diving into a river after the “Boy” when their rowboat capsizes. He discovers Angelica’s true identity and, in his distress, neglects to care for himself. He dies, Christ-like, so that Angelica might live to repent her sins of selfishness. His dying prayer for Angelica emphasizes this dynamic: “‘Lord, Lord,’ he entreated in the midst of his martyrdom, ‘make her a good woman yet’” (509). Therefore, the decadent period of Angelica’s life allows her to identify and to correct her behavior.

“The Tenor and the Boy” is not simply, as Hamilton has argued, an aesthetic experiment or a rejection of “the decadent route of gender masquerade as a solution to the problem of women’s position in society.” Rather, Angelica’s flirtation with the tenor is a manifestation of
her inherited propensity for vice. Although Angelica does not understand her relationship with
the tenor as sexual, she does recognize the “sin” inherent in lying and causing him to suffer.

After revealing her identity to the tenor but before learning of his death, Angelica weighs her
sense of her own inherited immorality against her newfound desire to do good:

If she would make him her friend she knew that she must be entirely true—in thought,
word, and deed; to every duty, to every principle of right; and how could she be that if
there were any truth in the theory of hereditary predisposition, coming as she did of a
race foredoomed apparently to the opposite course? It was folly to contend with fate
when fate took the form of a long line of ancestors who had made a family
commandment for themselves, which was: “Be decent to all seeming! but sin all the same
to your heart’s content,” and had kept it courageously—at least the men had—but then
the women had been worthy—in which thought she suddenly perceived that there was
food for reflection; for was not this contradictitious fact a proof that it was a good deal a
matter of choice after all? (496)

Angelica’s musings question the very basis of biological determinism upon which eugenic theory
is predicated. Lloyd has argued Angelica’s internal conflict about the nature of heredity versus
choice “shows Grand’s primary allegiance in this novel to lie with social purity feminism rather
than eugenics.” On the contrary, I suggest that this internal debate is evidence of Angelica
taking stock of her own potentially pathological heritage and contemplating the nature of
heredity itself. Though Grand suggests, here as elsewhere, that women are innately morally
superior to men, even given the same hereditary background, Angelica still struggles with the
deterministic nature of inheritance. In the midst of her ethical crisis, Angelica flippantly says to
her scrupulous aunt Fulda, “I inherit bad principles from my ancestors, and it may be that I can
no more get rid of them than I could get rid of the gout or any other hereditary malady, by simply resolving to cure myself” (536). Upon her aunt’s urging, Angelica realizes that this is her hour in which she is “called to the Higher Life” (537). And, indeed, toward the end of *The Heavenly Twins* and in *The Beth Book*, Angelica is portrayed as a tireless crusader for the advancement of women. Thus, Grand suggests that potentially harmful biological inheritance should be avoided at all costs, but that the presence of immoral ancestors does not preclude the possibility of goodness. Angelica’s degenerated biological background unfits her for childbearing, though she may still channel her powers of creation to another high calling: political activism. Thus, Angelica takes the most provident course of action she can: as she is born of morally and physically tainted stock, she allows the family line to become extinct. She fulfills Diavolo’s prophecy that “We are to be punished with extinction as a family for the sins of our forefathers” (656). Instead, she becomes a figurative mother, birthing and nurturing her own projects for the amelioration of women’s rights.

This image of the New Woman mothering social and literary projects rather than children frames *The Heavenly Twins*. Grand includes an epigraph from Oliver Wendell Holmes’s *The Poet at the Breakfast-Table* (1872) that likens the new revelation of truth to a monstrous birth:

The time is racked with birth-pangs; every hour
Brings forth some gasping truth, and truth new-born
Looks a misshapen and untimely growth,
The terror of the household and its shame,
A monster coiling in its nurse’s lap
That some would strangle, some would starve;
But still it breathes, and passed from hand to hand,
And suckled at a hundred half-clad breasts
comes slowly to its stature and its form,
calms the rough ridges of its dragon scales,
changes to shining locks its snaky hair,
and moves transfigured into Angel guise,
welcomed by all that cursed its hour of birth,
and folded in the same encircling arms
that cast it like a serpent from their hold!

In the context of The Heavenly Twins, this epigraph suggests that Grand imagines the “truth” she has born to be breastfed and nurtured by many women. Together, the New Women whom Grand advocates as regulators of reproduction and agents of change adopt and raise an elevated code of ethics. The deformed baby becomes beautiful and healthy—the opposite of Menteith’s syphilitic sons. Grand’s New Woman is the mother to healthy children as well as to moral uprightness.

Grand’s expectations of belated appreciation for her “truth new-born” were fulfilled decades after the publication of The Heavenly Twins. The novel’s best-seller status belies its early mixed critical reviews, many of which condemned the portrayal of venereal disease as “degrading and prurient.” Yet, by Grand’s estimation, the novel eventually was embraced by the very readers who initially scorned it. In her 1923 foreword in which she reflects on the previous thirty years, she transitions from her anecdote of the Victorian grandmother-turned-eugenic-advocate to give evidence of the intellectual progress of all British women. Though her fictional and journalistic writings clearly privilege white, middle- and upper-class, British women, she imagines her novel reaching a universal audience. Grand describes the wartime meeting of “a monster Committee composed of women of all classes, from Royalty down,” one
member of whom “was about to help at a meeting convened by the author of *The Heavenly Twins.*” The committee insisted that the woman convey their appreciation: “‘Tell Sarah Grand,’ was the message they sent her, ‘that we, representative women of all classes, have agreed unanimously that she was right in all that she said and wise in all she advocated.’”

This anecdote both identifies and dismisses the class limitations inherent in Grand’s feminism. (Significantly, whiteness and Englishness remain constitutive characteristics of Grand’s conception of her audience.) This anecdote is the only moment of class equality in the whole of *The Heavenly Twins,* and it collapses all women into one voice praising the author, perhaps reflecting the increasing class fluidity of the postwar period. Though the narrative of *The Heavenly Twins* represents a feminism that is restricted by its class prejudices, Grand reframes her re-released novel so that its value for all British women is presented as a foregone conclusion. She augments her epigraph with a more literal image of herself as the mother figure for all classes of newly emancipated women.
Notes


2 In “Marriage Questions in Fiction: The Standpoint of a Typical Modern Woman” (1898), Grand argues, “Thinkers who have examined the evidence without prejudice are beginning to recognise the woman movement as a thing inevitable as well as desirable, an effort of nature to raise the race a step higher in the scale of being.” *Sex, Social Purity, and Sarah Grand*, 1:77. Grand makes similar comments about the evolutionary nature of the women’s movement in letters to William Blackwood and D. Lucas. See Sarah Grand, *Sex, Social Purity, and Sarah Grand*, ed. Ann Heilmann and Stephanie Forward, vol. 2, *Selected Letters* (London: Routledge, 2000), 33, 62.


4 For an extensive discussion of the way Grand reverses the traditional association between syphilis and transgressive sexuality to condemn male promiscuity, see William Driscoll, “The Metaphor of Syphilis in Grand’s *Heavenly Twins*,” *Nineteenth-Century Gender Studies* 5, no. 1 (2009).


6 Kersley, *Darling Madame*, 47.

7 Kersley, *Darling Madame*, 28. Kersley also suggests that the removal could have resulted from “her dangerous tendency to religious scepticism and her habit of escaping to perform midnight exercises in the moonlight,” but she seems to base this statement on the plot of Grand’s semi-autobiographical *The Beth Book*, in which these reasons cause the eponymous character to be dismissed from school. Stephanie Forward cites evidence that Grand actually founded “a school club in support of Mrs. Butler” at Twickenham in her introduction to *Sex, Social Purity, and Sarah Grand*, ed. Ann Heilmann and Stephanie Forward, vol. 2, *Selected Letters* (London: Routledge, 2000), 2.


10 For example, Grand’s article titled “The Modern Girl” show the slippage between the “human race” and the “British race.” Here, Grand makes an argument very similar to that of *The Heavenly Twins*: “The English girl may be as much the chattel of her parents as ever she was, if the parents so choose. They can . . . hand her over, and often do, to face disease and death as the chattel of her husband. It is from the horrors of this position that girls have to make their escape, and that not for their own ends only, but for the benefit of the whole human race.” Grand, *Sex, Social Purity, and Sarah Grand*, 1:38. Though the term “British race” is anachronistic, I find it a useful descriptor
for Grand’s conception of a discreet British population whose health was believed to safeguard the British Empire. This formulation fits with Edward Beasley’s definition of race in the nineteenth century as “separate, stable, physically distinct, and physically inheritable . . . with different mental and moral characters.” The Victorian Reinvention of Race: New Racisms and the Problem of Grouping in the Human Sciences (New York: Routledge, 2010), 1. Beasley’s monograph offers a comprehensive discussion of the crystallization of race in the nineteenth century.


13 Grand was apparently aware of some of the conflicting impulses in her writing. In an interview for the Star, she acknowledges, “In some respects my views of marriage might be considered even old-fashioned, for I would do nothing to facilitate divorce, except to equalise the law for both sexes. I think woman has everything to lose by any slackening of the marriage bond. Society would sink into a more terrible state than we can easily imagine . . . I should greatly deprecate any change that would tend to make women less womanly. My theory of the relations of the sexes is not to lower the woman, but to raise the man.” “Madame Sarah Grand,” Star, February 6, 1895. For a useful discussion of the oppositional forces of progressiveness and conservatism in Grand’s work and beliefs, see Heilmann, general introduction, Sex, Social Purity, and Sarah Grand, 1:2–4.

14 Richardson, Love and Eugenics, 9.


17 Grand, Sex, Social Purity, and Sarah Grand, 1:144. She makes a similar critique of celibacy in The Beth Book: “I don’t believe in celibacy at all,” Beth said cheerfully. ‘Celibacy is an attempt to curb a healthy instinct with a morbid idea.’” Sarah Grand, The Beth Book: Being a Study of the Life of Elizabeth Caldwell Maclure, a Woman of Genius (New York: Dial Press, 1990), 478. All references to The Beth Book are to this edition.

As William M. Greenslade points out, the term “neatly condenses the suggestion of moral delinquency, physical need and irrevocable bodily contamination.” *Degeneration, Culture, and the Novel, 1880–1940* (Cambridge: Cambridge University Press, 1994), 166.

Lankester, *Degeneration*, 62.


Swiney, *The Awakening of Women*, 132. Here, Swiney offers a feminist rewriting of Max Nordau’s discussion of sexual difference, which she quotes at length.

See Charles Darwin’s chapters on “Secondary Sexual Characters of Man” in *The Descent of Man, and Selection in Relation to Sex* (New York: Penguin, 2004), 621–75. Patricia Murphy also sees Grand challenging Darwin’s claims about female intellectual inferiority in both *The Heavenly Twins* and *The Beth Book. Time Is of the Essence: Temporality, Gender, and the New Woman* (Albany: State University of New York Press, 2001), 109–50. However, her section on *The Heavenly Twins* argues that Grand’s use of Darwin is ironic, because Grand’s focus on female education undercuts biological determinism. As my discussion of Evadne’s education demonstrates, Grand explicitly positions her as capable of learning because she is descended from generations of scholars.


Grand is misquoting Darwin’s letter, which states, “I had got as far as to see with you” (my emphasis). Charles Darwin, *The Correspondence of Charles Darwin*, vol. 12, ed. Frederick Burkhardt, Duncan M. Porter, Sheila Ann Dean, Paul S. White, and Sarah Wilmot (Cambridge: Cambridge University Press, 1985), 216. Though it is impossible to say whether this misquotation is intentional, Grand’s novel contained a number of typographical and grammatical errors, which famously irritated Mark Twain. Grand, *Sex, Social Purity, and Sarah Grand*, 1:407.


31 For a discussion that places Grand’s emphasis on adolescence in the context of late nineteenth-century psychology, see Murphy, *Time Is of the Essence*, 137–38. Jusová makes a contrasting argument about social class, claiming that Grand privileged the aristocracy. See *The New Woman and the Empire*, 22. However, I believe her argument ignores distinctions between the women’s class positions that Grand suggests have implications for their reproductive fitness. Angelica’s family is aristocratic, not middle- or upper-middle class, and their heritage of sexual excess and immorality separates her from the other protagonists.


34 For a study of fictional women doctors in the period, see Tabitha Sparks’s chapter titled “‘The Fair Physician’: Female Doctors and the Late-Century Marriage Plot,” in *The Doctor in the Victorian Novel: Family Practices* (Burlington, VT: Ashgate, 2009), 133–56.


37 Henry A. Allbutt, *The Wife’s Handbook: How a Woman Should Order Herself from Birth, through Infancy, and Childhood, with Instructions for Preliminary Treatment of Accidents and Illnesses* (London: W. J. Ramsey, 1886). This advice book was also the first medical text to provide information about contraception, for which Allbutt was tried by the General Medical Council and removed from the Medical Register.


40 An important exception to this widespread discourse is the physician Eugene Solomon Talbot, whose tract on degeneration discusses syphilis as a hereditary disease, but notes that “There are very good reasons for
believing that the race is becoming immune to syphilis, and that this disease will disappear.” *Degeneracy: Its Causes, Signs, and Results* (London: Walter Scott, 1898), 129.

41 Max Nordau, *Degeneration*, 2nd ed. (1895; reprint, Lincoln: University of Nebraska Press, 1968), 34. Nordau cites the work of Benedict Morel in this discussion. Tellingly, Nordau titles this section of his work “etiology”; the language of diagnosis and cure runs throughout *Degeneration*.


44 Beer and Heilmann identify Josephine Butler as the probable author of the fictional letter, citing “hints in the narrative” that suggest Colquhoun’s “past involvement with prostitutes, and possibly venereal disease.” “‘If I Were a Man,’” 189.

45 Meegan Kennedy also notices this inconsistency throughout the novel: “Ironically, Grand perpetuates this silence on the topic even as she provokes debate on the problem.” “Syphilis and the Hysterical Female: The Limits of Realism in Sarah Grand’s *The Heavenly Twins*,“ *Women’s Writing* 11, no. 2 (2004): 264. Of course, Grand’s portrayal of venereal disease was much more candid than that of other writers in the period (medical commentators excluded), an aspect of the novel critics commented upon almost universally.

46 Although Kennedy also uses the term “diagnose” to describe the act of identifying syphilitic men, she stops at noting the connection between “physiognomic description” and moral flaws. “Syphilis and the Hysterical Female,” 269.


52 For more on this discourse, see Bland, *Banishing the Beast*, 145–46.

Driscoll describes Edith’s infection with syphilis as her symbolic transformation into a prostitute: “Not only does Menteith infect his wife, but also this infection turns her into Acton’s prostitute.” “Metaphor of Syphilis,” 8.


Kennedy, “Syphilis and the Hysterical Female,” 262. Later in her article, Kennedy acknowledges that the “physical symptoms of syphilis appear only in Grand’s descriptions of afflicted children” (270), but she does not analyze this distinction.


This reading supports Aslami’s argument that “in keeping with Grand’s social purity principles, the novel promotes a version of bourgeois bodily discipline that marks all expressions of sexual desire or passion as morally degrading and politically pernicious.” The Dream Life of Citizens, 135.

This argument contradicts other critics who see sexual repression as the central reason behind hysteria in the novel. See, for example, Ann-Barbara Graff, “Annesley Kenealy and Sarah Grand: Biopower and the Limits of the New Woman,” in Antifeminism and the Victorian Novel: Rereading Nineteenth-Century Women Writers, ed. Tamara S. Wagner (Amherst, NY: Cambria, 2009), 271–95. For a useful account that positions Grand’s portrayal of hysteria in the context of medical discourse from William Acton to Freud, see Heilmann, New Woman Strategies, 65–69. Heilmann also concludes that intellectual, rather than sexual, repression is Grand’s primary concern in The Heavenly Twins.


For an insightful discussion of Grand’s relationship to late Victorian debates surrounding hysteria, see Jusová, The New Woman and the Empire, 25–28. Jusová convincingly argues that “Similar to Charlotte Perkins Gilman in her famous ‘The Yellow Wallpaper’ (1892), Grand suggested that rather than being induced by their creative and intellectual occupation, hysterical symptoms result from social restrictions on women’s creativity” (26). For a discussion of how Grand’s description of Evadne’s treatment confirms contemporary medical recommendations, see Hetherington, “The Seventh Wave.”


Aslami, *Dream Life of Citizens*, 139.

For a detailed discussion of the novel in the context of contemporary medical treatments of hysteria, see Lowenstein, “‘Not a Novel,’” 438–45.


See, for example, Hetherington, “The Seventh Wave,” 162–64.

Lowenstein similarly suggests that Evadne “would rather kill herself and her unborn child than perpetuate a possibly degenerate bloodline”; he insists that she is “indoctrinated . . . with the determinism of eugenics,” thus precluding Evadne’s agency. “‘Not a Novel,’” 436. I argue that Evadne’s continued ability to act as an agent, even as she is limited by the misogynist conditions that precipitated her hysteria, is essential to Grand’s vision of the New Woman’s promotion of eugenics.


Anna Maria Jones also identifies the possibility that Evadne’s suicide could be an attempt to prevent racial degeneration, though she does not tie this moment into the novel’s larger interest in reproductive agency. She asks, “Is not her [Evadne’s] suicide, then, a sacrifice for the future good of the race?“ “‘A Track to the Water’s Edge’: Learning to Suffer in Sarah Grand’s *The Heavenly Twins*,” *Tulsa Studies in Women’s Literature* 26, no. 2 (2007): 236.


I agree with Aslami’s assessment of Angelica’s marriage as one that “confirms the eugenic logic that codes Grand’s representation of all three of her main female characters.” *Dream Life of Citizens*, 145. However, where Aslami sees the marriage’s rejection of passion as its main recommendation, I suggest that the marriage is eugenically sound because it is sterile; it precludes, or at least diminishes the possibility of, the production of degenerated offspring that the novel suggests would result from Angelica’s familial degeneration.

Grand, *Sex, Social Purity, and Sarah Grand*, 1:401. Grand’s original intentions were fulfilled when Heinemann issued “The Tenor and the Boy” as a standalone text in 1899.

Hamilton, “‘New Women and ‘Old’ Men,’” 74–75.


Conclusion

In analyzing the various anxieties surrounding maternal transmission, I have demonstrated that the boundaries between the literary and the scientific are porous: Victorian intellectuals of all stripes exchanged ideas in person and in print. This imbrication of literature and medicine informs my readings of individual authors and their fiction. In each chapter of this dissertation, I have investigated texts that represent and critique the contemporary anxieties surrounding maternal transmissions. In considering these individual cases in the aggregate, I have found that:

- maternal inheritance is a complex, heavily disputed issue in both nineteenth-century fiction and contemporary sociomedical writings;
- different modes of biological maternal transmission (specifically congenital heredity, breastfeeding, and interpersonal contact) are connected in ways that have been largely ignored by both literary critics and medical historians;
- transgression is not solely a theoretical or ethical construct, but also a physical threat that passes along the same pathways as other forms of maternal transmissions; and
- the deviant mother is a significant figure in Victorian literature, because her portrayal both reflects and contests ideas about transgression and biological transmission.

These conclusions emphasize the relationships between the biological and the social. The illness of an individual body was believed to have profound effects on the British social body, insofar as it jeopardized both the population’s physical health and moral wellbeing. Moreover,
each of the texts I discuss demonstrates the crucial overlap between the biological and the metaphorical, as symbolic deviance is often conflated with literal disease, contagion, insanity, and disability.

**The Broadening Scope of Maternal Transmission**

I have addressed fiction spanning nearly half of the nineteenth century, from 1848 to 1893, a period that witnessed striking developments in the fields of epidemiology, public health, psychology, evolutionary theory, and eugenics, among others. Though these movements were studied and debated contemporaneously, I suggest that over the course of the century, the focus expanded from the individual to encompass the population and, later, the race or species. The scope of these discourses broadens in terms of both magnitude (scientists and physicians progress from studying individual bodies to a population of bodies to a species of human bodies) and temporality (changes are increasingly understood to occur over time, from one generation to all successive generations).

Literary texts both reflect and respond to these historical movements in contemporary scientific thought and practice, and they, too, demonstrate this broadening in scope. This dissertation begins with Gaskell’s interest in individual instances of transmission. In *Mary Barton* and “Lizzie Leigh,” prostitute-mothers fear contaminating unfallen women, including their daughter-figures—instances of the one-on-one transfer of disease. In both sociomedical and fictional texts, this discourse is augmented by studies of the relationship between one body and the multiplicity of bodies that make up a community or a society. In *Ruth* and *Bleak House*, Gaskell and Dickens reveal a shared interest in the relationship between the individual body and the social body, figured in both the relationship between the unwed mother and her community and the spread of epidemic contagious disease, which moves between individuals in a
population. These literary epidemics certainly were influenced by the historical epidemics of cholera, typhus, typhoid, influenza, smallpox, measles, whooping cough, and scarlet fever that swept England in the 1830s and 1840s. These interests are consonant with the concomitant rise of public health. After the theory of evolution gained prominence at midcentury, the focus on individual and communal transmissions shifted in magnitude, as well as in temporality, to encompass the entire race or species. In *Lady Audley’s Secret*, Braddon explores madness as an intergenerational disorder—a possibility gaining increasing attention in the developing discipline of psychology, which was, itself, influenced by the evolutionary focus on heredity over generations. Grand also analyzes the intergenerational passage of traits in her portrayal of the infected husband passing syphilis to the innocent wife, and finally to their child. Her primary concern is how single instances of transmission introduce disease and infirmity that will be passed through innumerable generations. These interests suggest Grand’s belief in—and anxiety over—the intergenerational models of inheritance widely discussed at the *fin de siècle*: evolution and degeneration.

It is worth noting that the nature of this shift in scope is cumulative. The emphasis in individual transmissions does not disappear as the social body and, later, the race and species gain prominence. Rather, limitless numbers of generations are affected by each instance of maternal transmission. Therefore, the mechanism of maternal transmission becomes increasingly important as the century wears on, as literary authors and medical practitioners alike emphasize how isolated instances of transmission introduce literal and metaphorical qualities that are passed on to future generations. For instance, at mid-century, Gaskell’s prostitutes fear “infecting” their daughter-figures with immorality, while at the end of the century, Grand’s Evadne dreads the consequences of her hysteria for her children and her children’s children, and so forth. Of course,
different writers handle the anxieties over maternal transmissions differently. Still, we see a
general trend in which the shift in scope coincides with the increased significance of maternal
transmissions, by which the individual mother determines the future of the species or the race.

Maternal transmission, then, is a central biological process not only because it holds
significance for individual children or child-figures, but also because it is connected to so many
other biological processes. Congenital heredity, breastfeeding, and interpersonal contact affect
the transmission of qualities between individuals, between members of a population, and
between generations of a species. Moreover, as we have seen, maternal transmission—either as a
metaphorical construct or as a physiological process—is central to the theorization of nineteenth-
century scientific developments in seemingly disparate areas, including the aforementioned
fields of epidemiology, public health, psychology, evolution, degeneration, and eugenics. Not
least of all, this dissertation demonstrates that maternal transmission is prominent in literary
portrayals of scientific thought, perhaps because of the ideological weight motherhood carried.

**Definition and Diagnosis**

Literary works, then, respond to shifts in medical theory, but what is the relationship
between the authors of those texts and the sociomedical thinkers whose discourses they adapt? In
each of my chapters, I have demonstrated that literary authors both adopt and challenge the
language, theories, and practices common in nineteenth-century medical discourse and culture.
At the beginning of this project, I expected to find this sort of dynamic relationship. However, I
was surprised by how consistently writers of fiction challenge medical authority by assuming the
physician’s power to define and diagnose.

The high stakes of maternal transmission in both medical discourse and in the Victorian
novel suggest the importance of determining whether a mother is deviant or not—that is, whether
she is likely to pass on healthy or harmful transmissions to her child and, by extension, to the community, to the British race, or to the entire human species. Therefore, the literary authors I analyze in this dissertation employ methods of definition and diagnosis to declare individuals physically or metaphorically healthy or diseased. Authors consistently employ these processes to identify women as deviant or normative—conclusions that often contest the conventional portrayals of and anxieties over women in medical literature.

This practice of identifying the health or illness of the deviant mother, along with that any number of other characters, is central to the texts I address in each chapter. Gaskell refrains from making declarations of deviance in her narrator’s voice, opting instead to leave self-definition to the prostitutes she portrays. In *Mary Barton* and “Lizzie Leigh,” Gaskell ventriloquizes contemporary sociomedical commentators’ fears of contagious prostitutes, placing those critiques in the mouths of prostitute-mothers. These women define themselves as physically and morally tainted; they self-identify with the diseased prostitutes who populate the texts of sociologists and physicians such as William Tait, James Miller, W. R. Greg, Bracebridge Hemyng, and William Acton.

Gaskell perpetuates this use of self-definition in *Ruth*, in which the eponymous character, as an unwed mother, defines herself as sinful and morally tainted. In contrast, Gaskell declares Leonard healthy, against the medical concerns over congenital transmission of deviance articulated by Mr. Bradshaw and held by the larger Eccleston community. As she did in her earlier writings on prostitutes, Gaskell contests the medical wisdom that declares unwed mothers to be biologically unfit mothers. Through the mechanism of the typhus epidemic, Gaskell reveals the source of contagion to be society (as epidemics are, inherently, social illnesses). This socially transmitted disease infects Bellingham’s body, and he is literally diagnosed with typhus and
declared physically ill, as well as immoral. Gaskell reverses the assumptions of the sociological and medical writers concerned over the morally diseased body of the unwed mother.

Dickens, similarly, unequivocally defines Esther Summerson as morally healthy. Though Esther self-identifies as tainted by her illegitimate birth, she is repeatedly declared to be both normative and respectable by the many characters touched by her domestically oriented compassion. Although Esther’s pockmarked face recalls that of the syphilitic prostitute, Dickens overturns the expectations established by physicians: though Esther is infected by members of the illicit London poor (the line of transmission moves from Jo to Charley), her pockmarks are evidence of her caring rather than her transgression. Dickens defines the unwed mother as a smaller social problem than the sanitary conditions that turned public and private spaces into cesspools of disease—a concern shared by sanitary reformers like Edwin Chadwick.

Braddon structures the plot of *Lady Audley’s Secret* to mimic the medical practice of diagnosis: she reveals Lucy Audley’s symptoms, has her recite a self-diagnosis of hereditary madness, brings in a medical professional for a second opinion, and finally recommends the “treatment” of immurement in a *maison de santé*. In reciting her medical history, Lady Audley articulates widely held medical beliefs about the nature of female insanity and its hereditary nature. However, Braddon ultimately challenges the foundations of these beliefs: Robert Audley, too, experiences bouts of disordered, frantic thinking. Lady Audley diagnoses him with mental illness, just as she earlier defined herself as a madwoman. Ultimately, Braddon insists, the conventional medical wisdom regarding madness is inadequate; contemporary psychologists fail to recognize that everyone could be mad, or could become mad at some point. She first employs the clinical practice of diagnosis, then reveals its shortcomings.

At the end of the century, Grand extolls the virtues of medical education and especially
the process of diagnosis, especially for women. Grand believes that the eugenic fitness of the British race was dependent upon women’s abilities to choose healthy partners or, failing that, to prevent themselves from reproducing. Evadne, a prototype of a laywoman physician, performs a diagnostic process by which she evaluates her new husband’s medical history, declares him morally and potentially physically diseased, and employs a sexual quarantine in the form of abstinence. After she becomes pregnant by her second husband, she performs a similar diagnostic process on herself: believing her hysteria to threaten her baby—and the innumerable generations to follow—she attempts suicide. Grand similarly emphasizes diagnosis in the plots of her two other female protagonists. Edith is described as experiencing syphilitic insanity (though the diagnosis itself is not proclaimed in the text), and Angelica believes herself to be the product of a diseased line and selects an innocuous husband. On the tails of the Contagious Diseases Acts, Grand challenges both the medical establishment and social mores that permit male promiscuity. Instead, she contends that female reproductive agency, aided by medical knowledge that allowed women to diagnose degeneracy, has the potential to save the British race from degeneration.

In each of my chapters—or “case studies,” as I called them in my introduction—literary authors employ medical and scientific theories and assumptions, but ultimately contest or complicate them. Though both literary and medical depictions of maternal transmissions are deeply intertwined, literary authors use their texts to question the scientific authority of sociomedical writers. In employing tropes of definition and diagnosis, writers of fiction declare their own agency. This process is particularly striking, as the majority of authors in this study are female. The feminist critique of the nineteenth-century male medical complex dominating the female body is a powerful counterpoint to the dynamic I have described, in which (largely
female) writers perform their own processes of definition and diagnosis. In articulating and challenging anxieties about maternal transmissions, nineteenth-century writers of fiction wrest authority from physicians and scientists for their own social, political, and aesthetic ends.
Bibliography

Primary Sources


Buchan, William. *Advice to Mothers, on the Subject of Their Own Health; and on the Means of Promoting the Health, Strength, and Beauty of Their Offspring*. London: Cadell and Davies, 1803.


“Madame Sarah Grand.” *Star*, February 6, 1895.


**Secondary Sources**


Foucault, Michel. *The History of Sexuality, Volume 1: An Introduction*. Translated by Robert

   818.

Gallagher, Catherine. “The Body Versus the Social Body in the works of Thomas Malthus and
   Henry Mayhew.” In *The Making of the Modern Body*, edited by Catherine Gallagher and

———. “George Eliot and Daniel Deronda: The Prostitute and the Jewish Question.” In *Sex,
   Politics, and Science in the Nineteenth-Century Novel*, edited by Ruth Bernard Yeazell,


———. “Madness and Civilization: Generic Opposition in Mary Elizabeth Braddon’s

Gleadle, Kathryn. *Borderline Citizens: Women, Gender, and Political Culture in Britain*.


Goodman, Marcia Renee. “‘I’ll Follow the Other’: Tracing the (M)Other in *Bleak House*.” *Dickens Studies Annual* 19 (1990): 147–67.


Lowenstein, Adam Seth. “‘Not a Novel, nor Even a Well-Ordered Story’: Formal Experimentation and Psychological Innovation in Sarah Grand’s *The Heavenly Twins*.”


Webster, Rachel. “‘I Think I Must Be an Improper Woman without Knowing It’: Fallenness and Unitarianism in Elizabeth Gaskell’s *Ruth*.” *Victorian Network* 4, no. 2 (2012): 10–28.


Kristin M. Messuri

Department of English
Pennsylvania State University
216 Allenway Building
University Park, PA 16802

E-mail: kmm533@psu.edu
Cell: 330-502-2060
Office: 814-863-0258

Education
Ph.D., English, The Pennsylvania State University, 2014 (anticipated)
   Dissertation: *Deviant Inheritances: Anxieties about Maternal Transmission in Nineteenth-Century Fiction*
   Supervised by Dr. Robert E. Lougy

M.A., English, The Pennsylvania State University, 2010

B.A., English and Political Science, The Ohio State University, 2008, magna cum laude, Phi Beta Kappa

Publication
“The Diagnostic Paradigm of Lady Audley’s Secret” (under consideration)

Conference Participation

“Lady Audley’s Secret and the Inheritance of Female Madness.” *British Women Writers Conference*, Albuquerque, New Mexico, April 2013.


Participant. *The Dickens Universe 2011*, University of California, Santa Cruz, August 2011.

Courses Taught
*English 222: British Literature from 1798* (1 section)
*English 30: Honors Rhetoric and Composition—Medicine, Science, and Rhetoric* (1 section)
*English 202C: Technical Writing* (3 sections)
*English 202A: Writing in the Social Sciences* (2 sections)
*English 15: Rhetoric and Composition* (9 sections, 1 online)

Research Experience and Awards
Northeast Modern Language Association Travel Award, 2014
George and Barbara Kelly Graduate Fellowship, Spring 2013
Research Assistant to Susan Squier, Fall 2011-Spring 2012