**Illness, Class, and Gender in Elizabeth Gaskell’s *Mary Barton* and *Ruth***

AB25595

**Contents**

Abstract………………………………………………………………………4

Introduction………………………………………………………………..5

Chapter 1: Mary Barton………………………………………………7

Chapter 2: Ruth…………………………………………………………..15

Chapter 3: Further Analysis…………………………………………22

Conclusion………………………………………………………………….26

Bibliography……………………………………………………………,,,,27

**Illness, Class and Gender in Elizabeth Gaskell’s *Mary Barton* and *Ruth***

**Abstract**

In this dissertation I critically analyse the various depictions of illness and disability in Elizabeth Gatskell’s *Mary Barton* (1848) and *Ruth* (1852), with a particular focus on how they interact with class and gender, and how the material conditions of the working class in Manchester under industrial capitalism shaped their experiences of illness. I use the work of Friedrich Engels to introduce the ideological conflicts surrounding poverty and illness in Manchester and understand how political economy shapes public health on a societal level and individual health outcomes on an individual one. Illness is something that Gaskell uses to imbue symbolic meaning and navigate complex social questions and debates, and to deconstruct the failings of industrialisation in Britain. The institutionalisation of medicine and how it clashes with traditional models of community care is also investigated, as are different approaches to treating and containing illness. Gaskell also explores the nature of labour within working class communities, how that labour is gendered, and how labour itself effects human health. From a wide variety of critical approaches, Gaskell’s portrait of Manchester can be understood as a richly layered sociological portrait of how capitalism and human health interact, and as a critique of how reformists can engage with the health problems that blighted Victorian Britain. Furthermore, the detailed economic forces behind health, illness, and well-being are investigated, compared with other approaches to health and illness using various theoretical approaches, and located in their historical contexts.

**Introduction**

In 1845 Friedrich Engels published *The Condition of the Working Class in England* which tied illness amongst the working classes of England directly to capitalist exploitation. Engels specifically tied the poor health outcomes of the English working class to direct exploitation by the bourgeoisie.[[1]](#footnote-1) This marked a departure from earlier socialist discourses which identified the illnesses plaguing the working classes but did not tie them directly to that structure of economic exploitation. This was Engels’ first publication, an early elucidation of his revolutionary politics and a key point in the intellectual history of Marxism. Engels wrote this while living in Manchester, making it an incredibly interesting text to tie to the work of Elizabeth Gaskell, whose work was deeply concerned with the lives of the working class in Manchester – a city whose growth and existence was so entwined with the industrialisation of Britain. Elizabeth Gaskell was the wife of a Unitarian minister, and decidedly much more Christian in her approach to social change than Engels, but her sympathies with the Chartist movement was strong, and her commitment to social work in Manchester brought her into contact with an overwhelming amount of poverty as the city continued to grow.[[2]](#footnote-2) Her radicalism cannot be discounted and she engages with contemporary socialist debates throughout her work, synthesising those debates into her own worldview.

Throughout the nineteenth century, the human body was continually being mapped, explored, and interrogated. Often this was through the deeply pseudoscientific, in practices like phrenology and eugenics, but regular anatomy also exploded as a subfield of medicine. This fascination with dividing human bodies and whole peoples into subcategories reflected a biological determinism that increasingly stigmatised the ill and disabled through moralistic terms. Poor health was often regarded as reflecting moral character, and as industrial cities expanded and brought further disease with that expansion, the illnesses of the urban poor were often dismissed as being the result of moral failure. Against this backdrop, sanitationist social reformers like Edwin Chadwick and Florence Nightingale spearheaded public health campaigns, and reformers like Thomas Carlyle sought to reform the Britain which had become blighted by poverty. In this environment of severe poverty and illness, a rich variety of novels began to emerge that engaged with those problems. The work of Gaskell stands out particularly due to its intense sympathy and detail, and its deeply political advocacy.

*Mary Barton* (1848) tells the story of a Manchester girl from a working-class family who loses her mother early on and must navigate caring for her family and the people around her, all the while trying to secure her own destiny. Illness and disability dominate the novel, and these illnesses are intimately tied to economic conditions, class, and gender. It is a novel of despair in many places, but also a novel of resistance, and acts as a detailed account of the Chartist movement amongst the workers of Manchester. *Ruth* (1853) tells the story of an orphaned girl who is seduced by a wealthy man and then abandoned by him after she falls pregnant. While she at first glance appears to be a clichéd “fallen woman” typical to Victorian literature, her eventual narrative arc eschews such simplified tropes. The novel details her redemption arc through the kindness of the Benson family, where she is rehabilitated and redeemed through motherhood itself and through the caring labour she takes on as a nurse. However, Ruth contracts typhus and her eventual decline and death takes on multiple symbolic meanings. The novel thus gives us a thought-provoking pproach towards understanding both the Victorian medical establishment, and the Victorian treatment of disease. Both novels feature multiple illnesses and disabilities, and their varying approaches make them wonderfully complementary novels to critically compare.

In this study, I will explore the ways in which disability and illness are explored in the work of Elizabeth Gaskell and how they relate to class, labour, and capitalism. I am also particularly interested in how these concerns intersect with gender and the institutionalisation of medicine and care in the 19th century. I plan to draw from the work of Marxist theory, historical accounts, critical theory, and secondary literary criticism in order to produce a detailed analysis of how these issues intersect and compare. In the first chapter I will produce a close reading of *Mary Barton* and engage with its relevant themes and critical literature, and for my second chapter I will do the same with *Ruth*. Finally, I will use a more theoretical approach to produce a third chapter of further analysis and critical assessment. My aim in undertaking this project is to work towards a multi-disciplinary understanding of illness, its meanings, and its contexts in Elizabeth Gaskell’s work, and her engagement with 19th century ideas around capitalism, class, and gender.

**Chapter 1: Mary Barton**

*Mary Barton: A Tale of Manchester Life* (1848) was written between 1844 and 1847 and set between 1834 and 1840. Gaskell wrote the novel while mourning her son who had died from scarlet fever, and the novel’s focus on disease, death, and mourning is the result of this grieving process. The character of Tom, and his death from scarlet fever is a tragic reflection of her son’s fate, although in the novel his death is tied to the Barton family’s inability to feed him and access healthcare. This shows an incredible sympathy through Gaskell being able to locate common suffering between herself and the working classes of Manchester. Grief is an integral part of the novel, and clearly reflects the grief Gaskell herself was feeling while writing it. Rosemarie Bodenheimer suggests that in *Mary Barton*, Gaskell renders private grief public, and the narrative acts as the ‘assumption of a public voice, raised on behalf of other private grieving voices’.[[3]](#footnote-3) Bodenheimer sees the incredibly intimate nature of the personal interactions in the novel as granting a public view of the most private of emotions, establishing a deep connection between the reader and the novel’s characters.[[4]](#footnote-4) Indeed, that profound intimacy creates a public tragedy of private suffering, which is all too appropriate given the public health concerns of those sufferings, and the need for popular mobilisation for reform. The book collects poems, songs, sayings, and affectations of the working class, and this collection of traditions makes it an extensive and sympathetic ethnographic portrait of a specific time and place. This expression of the intimate traditions of Manchester’s working class creates a portrait that not only celebrates their rich traditions, but also demonstrates Gaskell’s extensive research.

Liam Corley notes that *Mary Barton’s* historical setting is during a terrible period of economic depression where the cotton economy of Lancashire had failed, with catastrophic consequences for Manchester workers in the cotton manufacturing industry, causing widespread suffering throughout Manchester as the local economy collapsed.[[5]](#footnote-5) This setting means that the fates of the characters are acutely bound to greater economic forces they have no control over, and the very features of the workers are shown to be the product of their economic circumstances. For example, John Barton’s short stature is linked to stunted growth from his childhood, where he endured ‘scanty living’,[[6]](#footnote-6) showing that even the physicality of the exploited worker can be seen as a marker of their class. This reflects the Victorian phrenological idea that you can read someone’s identity in their physiognomy, but also on a non-pseudoscientific level, it reflects the extent to which childhood circumstances and material conditions shape a human’s life. Initially, we are shown that in John’s appearance ‘the good predominated over the bad in the countenance’,[[7]](#footnote-7) but after Mrs Barton’s death, ‘his gloom and sternness became habitual instead of occasional’[[8]](#footnote-8). His later psychological distress is tied to not only his opium addition, which is itself portrayed as the product of material hardship, but also to his hunger and his struggle to feed his family. The ‘diseased thoughts of John Barton’,[[9]](#footnote-9) are specifically referenced to the point where due to his hardships ‘the only feeling that remained clear and undisturbed in the tumult of his heart, was hatred to one class, and keen sympathy with the other’.[[10]](#footnote-10) John Barton’s poverty has effectively made him insane, and his only way to cope with that is through intoxication.

Unlike other Victorian narratives of addiction that frame substance misuse in moralistic terms, addiction is explored as a phenomenon deeply rooted in the material struggles of the workers. In Gaskell’s characterisation it becomes a social and a medical problem rather than a moral one. Unable to access mainstream medicine, John Barton has few choices but to self-medicate with opium. This opium use exacerbates his decline but is shown to be his only real way of coping. Gaskell directly challenges judgement on working class consumption of opium, stating:

Before you blame too harshy […] try a hopeless life, with daily cravings of the body for food. Try, not alone without hope yourself, but seeing all around you reduced to the same despair, arising from the same circumstances.[[11]](#footnote-11)

To Gaskell, this deprivation of poverty is what results in the need to self-medicate, and a bitter irony can be found in how a medicinal product easily available at the time becomes a medical problem itself. When discussing John’s addiction, Gaskell specifically asks the reader ‘would you not be glad to forget life and its burdens?’.[[12]](#footnote-12) We are always asked to withhold our judgement in the novel and understand its sufferings as being the product of material conditions. Corley also notes how Gaskell sets the novel against the backdrop of the Opium Wars, where the loss of Chinese trade had devastating economic consequences for Manchester.[[13]](#footnote-13) It is again ironic that the opium use of the novel is a resolution to economic circumstances exacerbated by the collapse of the opium trade, and the British worker is immiserated by opium use much like the Chinese worker, whilst the British Empire had enriched itself upon the opium trade. This shows the massive disconnect between the spoils of imperialism and the common worker – revealing the British Empire as a force behind the disease of addiction.

The aetiology of disease itself is explored in the text, with Gaskell strongly implying that it is the miserable conditions people are living in that cause illness. In particular, she notes the built-up water and damp in Ben Davenport’s house, seeming to link it to his ill health. The Davenports’ squalid circumstances and contrasted with the wealth of the Carson family’s library, and all the decadence and extravagance the Carsons have in their life. Furthermore, Gaskell links Esther’s life as a streetwalker to her deadly illness, implying that it is her miserable conditions causing her ill health. The reader is implored to have sympathy for her sufferings as a sex worker, just as they are implored to have sympathy for the sufferings of the opium addict – Gaskell resists Victorian tendencies to moralise when it comes to basic human sympathy for another person, reflecting her Christian ethos towards care and health. In Gaskell’s view, there is a road to redemption for all the workers of the novel, and every sinner is granted a loving understanding.

Blindness is explored in the novel through the character of Margaret, whose life is plagued by her loss of sight, until its restoration towards the end. There is symbolic value in this, as it serves as a kind of moralistic redemption story and keeps a flame of hope alive for the suffering workers of the novel. Margaret’s blindness is tied to the long nights she works doing close needlework to support her family, and her blindness completely undermines her ability to undertake the job properly. The irony is that whilst her job has made her blind, the blindness she has from overwork means she must leave. This makes a parody of the Protestant work ethic championed by liberal reformers in Victorian Britain – a worker can be the perfect image of hard work, but suddenly be rendered disabled and incapable of work by that job. Moreover, Mrs Wilson’s limp is also shown to be the result of an industrial accident, further illustrating the capacity of industry to disable the workers it exploits. This reflects Gaskell’s view of factory work being physically harmful, and she herself worked to attempt rescuing women factory workers in her personal life.[[14]](#footnote-14) Additionally, Esther’s suffering is linked her own job and to the miserable conditions of the sex industry in Victorian Britain and her life is one of misery and exploitation. Whilst Gaskell seems to elevate the proletarian labourers of the novel over that of Esther, her portrayal remains sympathetic, and her eventual death a tragedy.

The gendered aspects of illness and disability in *Mary Barton*, and gender generally, are impossible to ignore. An additional concern of *Mary Barton* is how Gaskell constructs feminine identity, masculinity, and illness. Lisa Surridge offers insight into how the three intersect by arguing that Gaskell’s focus was to protest the injustices wrought upon the Victorian working-class and extend this narrative to gender roles, particularly the role played by men in Victorian society.[[15]](#footnote-15) Margaret Homans argues that symbolic writing, often preferred by earlier Chartists, was considered inappropriate for a female writer due to literary and cultural norms that expected women to be silent on social issues.[[16]](#footnote-16) Gaskell’s use of symbolic writing to highlight the ills of Victorian society was aimed at metaphorically highlighting illness as experienced by women and literalising it. Illness becomes the female body’s way of articulating itself and its suffering, even when the subject themselves cannot express it through words. Gaskell questions and reconstructs the feminine ideal through the multiplicity of roles and labours they take on – as daughters, sisters, wives, workers, and nurses – thereby granting them an agency and autonomy often lacking in the nineteenth-century heroine. Gaskell does not pathologise sexuality to the extent expected of a Victorian novelist, however John Kucich notes ‘her dogmatic polarization of sexuality’ which ‘limits the terms in which she can imagine transgressions against middle-class ideology’.[[17]](#footnote-17) Furthermore, Mary Barton’s decision to hide the evidence that could convict her father creates a crisis of nerves which Kucich argues leaves her dependant, due to her inability to accept the masculine advice of Jem that she tell the truth.[[18]](#footnote-18) Gaskell uses illnesses like this to moralise disease itself, and to metaphorically represent their moral actions. Roland Vegs further argues that Mary’s anxious breakdown ‘reflects Auerbach’s reading of the repressive cultural anxiety about theatricality’,[[19]](#footnote-19) arguing that it is her nerves and anxiety over the lie that trigger this.[[20]](#footnote-20)

Gaskell’s exploration of the self attaches the notion of illness to subjectivity itself, and illness, particularly mental illness, can be read as being part of a process where the subject has struggled to integrate the disparate parts of themselves that they are expected to be – such as the many roles *Mary Barton* is expected to play as a caregiver, a daughter, and a lover. Nina Auerbach argues that for women novelists, a writer must create a female subject that encodes theatrical dynamism through the crises and conversions of women.[[21]](#footnote-21) Articulating the self is a continuous process expressed through culturally encoded processes, and Auerbach notes that the self-development of such novels encouraged young women to read monomaniacally as an expression of self.[[22]](#footnote-22) The crises Mary faces in trying to protect her father result in this theatricality, where the pain of public life is rendered into private psychological suffering in the private sphere. Pauline Nestor on the other hand is somewhat dismissive of this use of illness as a force of self-actualisation, denouncing it as a lapse into clichéd convention without a more nuanced examination of the processes leading to those illnesses.[[23]](#footnote-23)

Illness in the novel does seem to disproportionately hinder women, from more minor ailments like Mrs Carson’s headaches, through to much more serious ones such as Margaret’s blindness, Alice’s stroke, and Esther’s deadly illness. The more minor nature of Mrs Carson’s headaches affirms the much easier experiences of wealthier people, whilst the sufferings of the most vulnerable highlight their unique precarity under industrial capitalism. Furthermore, the effective competition between Mrs Carson and Miss Jenkins about who has the ‘worst headaches’,[[24]](#footnote-24) where the idle wealthy have time to boast about who has the worst ailment, serves as an indictment of the ease of their lives while the working classes suffer serious and life-threatening illnesses. The idleness of the wealthy is savaged by John, who due to his concern for Mary’s future, expresses his fear that she become ‘a do-nothing lady, worrying shopmen all morning and schreeching at her pianny all afternoon’, who goes to bed ‘without having done a good turn to any one of God’s creatures but herself’.[[25]](#footnote-25) This reflects a view that there is inherent virtue and dignity in labour, and whilst John resolutely opposes Mary working in a dangerous factory job, he also fears the idleness that may come from too materially comfortable a life. This shows that even though the nature of working-class labour comes with many dangers associated with it, the idleness of the wealthy has its own moral degradation and spiritual sickness. The afflictions of the working class and middle-class woman may differ, but they are fundamentally tied to labour itself.

To return to the psychological sufferings of the novel, the idea of monomania is explored in depth in *Mary Barton*. Lindsey Stewart notes that the idea of monomania as a psychiatric idea had taken hold in Britain after arriving from France in the 1820s, and it:

referred to a partial sanity in one of the compartmentalised faculties of intellect, the will and the passions, typified by either and unsoundness of mind on one idea, an aberrational impulse, or an excess of one of the passions.[[26]](#footnote-26)

This monomaniacal impulse focused the senses and the nerves on one singular source, and as Stewart notes, found huge representation in sensationalist press and literature – perhaps where Gaskell took inspiration from. [[27]](#footnote-27) John Barton and Esther are both driven by a compulsive need to seek vengeance and resolution, and Stewart explains that these impulses are cultivated by the pathogenic environments they inhabit.[[28]](#footnote-28) As such, their monomania is the product of material conditions, rather than any innate psychological or neurological impairment. This reflects the critiques of psychiatry, a field becoming institutionalised by the mid-19th century, that many 20th century critics have levelled. For instance, Thomas Szasz critiques psychiatry by arguing that ‘objectification of those identified as mentally ill, by insisting on the somatic nature of their illness’ ultimately undermines the care and support they need in their environments, given the reductive nature of psychiatry.[[29]](#footnote-29) Stewart argues that the depiction of monomania, rather than being a source of stigma and ridicule like in other Victorian novels, is constructed in a way that induces sympathy in the reader.[[30]](#footnote-30) Stewart notes the recognition of material conditions in both their monomania and in their addictions, and this challenges the moral fault that may be levelled at them – their horrendous circumstances can only be expected to induce such problems. John Barton’s fixation is on the division between the workers and the masters, and while his fixation is rooted in a very real division, his inability to change anything drives him mad. Barton is active in unions and the Chartist movement, even helping deliver the 1839 Chartist petition to parliament, but his participation in a movement aiming to improve the conditions of the working-class eventually helps cause his own downfall. Here, we see a fundamental failure of reformist politics, with Chartism unable to help the worker it champions – the power of the ruling class remains too strong, and the suffering of the working class too deep.

Esther’s monomania differs sharply from John’s, as it is rooted in gendered experiences just as much as it is in class. Her argument with John resulting from his misogyny leads her to leave the home, where her life becomes steadily harder and harder. John Barton considers her likely to become a streetwalker, and fears her entering the world of factory work, just as he does with Mary. Locked out from any other way of providing for herself, Esther runs away with a wealthy man who eventually leaves her, and after a long period of absence, she remerges as an alcoholic sex worker. This gap in the narratives leaves many questions unanswered, and her reappearance is a plot device to show just how quickly one’s fortunes can fall. John initially fails to recognise Esther, reflecting the ravages her illness and hardships have had on her body, and she is described as an emaciated shell of a person who is arrested for vagrancy after John pushes her away.[[31]](#footnote-31) As a result of this betrayal, she spends a month in prison. Gaskell critiques the breakdown of family ties very harshly here, and her portrayal of John is particularly harsh – in the novel, he is at times heroic and at other times, monstrous. Stewart emphasises that Esther’s viewpoint is never mediated through the narrator, showing Gaskells attempts to maintain a distance between sympathetic treatment and identifying with criminality. [[32]](#footnote-32)

Michel Foucault argued that there was a ‘privilege of the consumptive’ in Victorian thought, where the cultural tropes around the consumptive reflected changes in how life and death were understood, as the tuberculoid let us see exactly what distinguished a living or dying individual.[[33]](#footnote-33) To Foucault, this reflected the desire of modern medicine to classify and categorise all aspects of the human body, and this privilege of the consumptive meant the stigma of leprosy in the middle ages was replaced by the idealisation of tuberculosis as a disease of the chest – a disease of love.[[34]](#footnote-34) Infectious disease plays a huge role in the novel, but the dying character of Esther, is perhaps the most interesting, given how her portrayal subverts tropes of the tuberculoid. Carolyn A. Day notes that in the 19th century ‘cultural ideas about beauty intertwined with the disease process of tuberculosis’ which allowed the worst ravages of the disease to be presented as something beautiful and fashionable.[[35]](#footnote-35) Indeed, the fashionable image of the consumptive became popular in literature to the point of cliché. Esther’s characterisation is however much truer to the reality of the illness, it is a slow, progressive, and horrific experience for her, compounded by her alcoholism and poor mental health. Whilst Victorian narratives around tuberculosis often located it in the domestic space, Esther lacks any stable domestic space of her own, let alone one with a sick room. As a street prostitute her suffering is public, not the private suffering of a traditional heroine with tuberculosis, and her decline is a spectacle for all to see, with no dignity whatsoever. Esther’s monomania is also tied to her tuberculosis, to the point where we are unsure where which disease is which.

Mary W. Carpenter notes that the popularity of genealogy in the 19th century identified women as specific patients who could not take part in any rigorous activities that may ‘undermine their reproductive organs’, and as patients were reduced to reproductive vessels.[[36]](#footnote-36) Instead, women were marginalised to traditional roles of caring, such as Mary Barton’s care for her father and mother, and after her mother’s death, for her whole family. Gaskell writes that:

she had more of her own way than is common in any rank with girls of her age […] all the money went through her hands, and the household arrangements were guided by her will and pleasure.[[37]](#footnote-37)

This places Mary in a role of extreme responsibility over the household and family, and grants her some degree of autonomy, placing her in a role not expected of women in the household – her financial autonomy is significant, but is still not enough to fully liberate her from hardship even if it does grant her some options. The burden of care is effectively inherited by Mary, and she then has must balance this with planning her future and her own feelings and struggles. This makes *Mary Barton* an atypical *Bildungsroman* where the conflicting hardships and responsibilities of working-class life shape her transition into adulthood.

The role of care plays a key role elsewhere, particularly through the character of Alice, who acts as nurse and midwife to the community who cannot afford to access institutionalised healthcare. Alice’s traditional medical knowledge and emotional support is vital to alleviating the sufferings of the other characters, particularly when the Wilson twins get sick. Jem Wilson is unable to support his family materially or afford a doctor or hospital, and this is linked to the awful death his brothers, where their death is clearly the result of poverty. Alice nurses the boys as best she can, with one dying in her arms, and after they pass away, Alice with Mary do everything they can to emotionally support the family. That emotional support and selflessness is highlighted as something elevating traditional women’s care over the cold and exclusionary space of the clinic. In addition, Gaskell appears to privilege traditional, family focused care over that of medical institutions in her depiction of Mary’s care for here father. The exploitation inherent to the private hospital system is seen when John needs emergency care but can only continue to be rehabilitated in the hospital by working for the surgeon, given he can’t afford to pay the fees. Moreover, George Wilson has to beg for free hospital treatment for Davenport, and at no point do we see the medical establishment as something that can be trusted to meaningfully improve the lives of working-class people.

**Chapter 2: Ruth**

Gaskell’s novel *Ruth* (1852) builds upon many of the medical themes of *Mary Barton*, as well as upon those of class and gender, but diverges substantially from it in many other respects. Ruth’s eventual death from typhus is tied to her status as a fallen woman, much like Esther’s is, but she is granted much more sympathy and redemption than Esther can ever hope for. It is interestingly her fallen status that leads her to seek work as a nurse, as this is the only way she can provide for herself. This reflects the new institutionalisation of nursing in Victorian Britain, and the social stigmas that still surrounded it as work supposedly inappropriate for respectable women. Her work as a nurse, and the care she gives to her patients, is shown to be her moral redemption, but the infectious disease and high viral loads she is exposed to inevitably contribute to the severity of her typhus. Her typhus is different to Davenport’s, as it is the result of nursing and exposure to Bellingham rather than squalid conditions, although her impoverished beginnings likely exacerbated her vulnerability. Like Esther, she becomes fallen due to her manipulation by a predatory man and his subsequent abandonment of her. Gaskell’s writing throughout *Ruth* reflects Victorian moral anxieties, and discourses around health, illness, and economic transformations. The overall implications of industrial capitalism and its contribution to social stratification is explored in depth, and the role of women is constructed in ways very different to *Mary Barton*.

Elizabeth Langland notes that in *Ruth*, Gaskell sought to expose the circumstances that induce immorality and contribute to moral downfall.[[38]](#footnote-38) Langland emphasises how Ruth’s inability to access the middle-class ideal of domesticity is the result of material circumstances she is incapable of changing, and that her sexuality as a woman becomes the agent that leads to downfall.[[39]](#footnote-39) The need to maintain a hierarchy of class, and physical and mental hierarchies, meant that working-class people and those labelled undesirable were pushed to the bottom of that hierarchy. *Ruth* uses discussions of sexuality, class, gender, and illness to expose the gaps between Victorian ideals and Victorian realities, including just how empty middle-class promises often were. Carla Fusco argues that *Ruth* takes an unconventional approach to the issue of prostitution and fallen women, noting that she is a well-rounded character and not a stereotype, and she is granted moral virtue.[[40]](#footnote-40) However, her single motherhood relegates her to a social position similar to a sex worker, even though she has not committed any moral failing. Gaskell plays with tropes attached to fallen women in the novel, describing her as ‘innocent and snowpure’,[[41]](#footnote-41) and even her birth of her illegitimate child is described as ‘Christ’s nativity’.[[42]](#footnote-42) Here, we see Gaskell’s Christian values at work – she sees the fundamental good in the fallen woman stigmatised by her life circumstances and conditions.

Ruth finds meaning and redemption in devoting herself to work, with Rosemary Langridge arguing that ‘as a seamstress, mother, governess and nurse she becomes involved in occupations that rely one careful surveillance and […] her potentially subversive femininity’.[[43]](#footnote-43) Her labour itself becomes the force that reasserts her virtue and establishes her productive potential, again reflecting Gaskell’s philanthropic views and Unitarian beliefs. Langridge specifically compares her to Mary Magdalene – the sexualised sinner who becomes a repentant weeper, and that her care for others elevates her moral purpose.[[44]](#footnote-44) Fusco further argues that work becomes the activity that connects her to permanence and durability, and a life rooted in structure where she had previously had none.[[45]](#footnote-45) Kucich argues that in Ruth, gendered expectations are reversed, with women being rigidly masculinised, and men being rigidly feminised.[[46]](#footnote-46) Faith Benson is described as having a ‘more masculine character than her brother’[[47]](#footnote-47), and Ruth herself takes on the social role of provider through necessity. However, that work she takes becomes her feminine virtue – she cares for her son and herself through labour. Nursing as an occupation, and its institutionalisation in the 19th century, is something Gaskell was herself deeply concerned with, and Louise Penner notes that she had a lively correspondence with Florence Nightingale, whose work she had supported politically and financially.[[48]](#footnote-48) Nursing therefore becomes a feminine way to take on the masculine by necessity; being paid for reproductive and caring labour.

It is important to remember the social context of *Ruth*, where the 1834 *Poor Reform Law* had further stigmatised unwed mothers and removed all material support for them from state institutions. This legal entrenchment of misogyny made live incredibly harsh for women deemed “fallen”, and indeed, worsened the cycle of poverty that fuelled Victorian sex work, thus defeating the moralising point of the law. Grace Kehler further explains that the ‘woman binary’, which valued a woman based on whether she was fallen or innocent, plagued Victorian society, and embarrassed Britain at a time when it was trying to project its imperial power.[[49]](#footnote-49) Furthermore, the public panic about immorality and venereal disease that would eventually result in the 1864 *Contagious Diseases Act* was in full swing. Under this law, the police had power to harass women suspected of being prostitutes through their own suspicion alone, rather than through any evidence, and the law marked a sharp aggravation of the miserable conditions for sex workers in Victorian Britain. The attitudes like those Ruth faced were a large part of what fuelled the impetus behind this act being passed, and the nature of disease became a way to police the bodies of the poor. As Sontag observes, ‘societies need to have one illness which becomes identified with evil, and attaches blame to its victims’, and illnesses associated with poverty and sexuality inevitably took on this role.[[50]](#footnote-50) Management of disease therefore becomes a tool used to punish the oppressed.

Gaskell ascribes meaning to much of the illnesses and disabilities of the novel and uses them to explore varying identities. Thurstan Benson loses his independence through a severe spinal injury, and his struggle with disability is perhaps the clearest in the book. Nonetheless, he is reconstituted as an idealised father-figure – even where he lacks the normative bodily function of other characters, his moral integrity elevates him beyond the normative. In some ways this could be seen as reductive, and offensive to complex and humane portrayals of disability, but ‘the consciousness of his infirmity’ is juxtaposed with his offer of aid to Ruth in a way that intertwines the figure of care with the disabled body.[[51]](#footnote-51) We see Benson’s disability mediated and defined through the narrative gaze of Ruth, who specifically observes his perceived “deformity”. Here, it is not necessarily Benson himself who is disabled, but Ruth who effectively renders him disabled through her own discourse – lending credence to much of the social model of disability, where it is not a person who is themselves disabled, but society that disables them. Unlike Ruth, Benson is not able to experience any meaningful rehabilitation, but it is interesting that he effectively offers rehabilitation to Ruth, arguing that she ‘should be given a chance of self-redemption’ in the name of Christ.[[52]](#footnote-52) Benson’s advocacy on behalf of Ruth positions him as a figure akin to disabled saints, and his disability becomes the agent of moral imperative in his expression of Christian faith and connection to Ruth. Furthermore, Benson’s physical fall is contrasted with Ruth’s metaphorical fall, where ‘in the dusk gloaming, he stumbled, and fell over some sharp projecting stone’.[[53]](#footnote-53) This ties their fates together, and implies that her fall is similarly a sharp, physical fall she cannot easily rise from.

We also see the spread of typhus as an epidemiological phenomenon, where it is first identified by Catholic priests in ‘the low Irish lodging-houses’,[[54]](#footnote-54) and it then begins to spread to the point where it becomes impossible to contain. Before the doctors of Eccleston can fully engage with what is happening:

‘it had, like the blaze of a fire which had long smouldered, burst forth in any places at once – not merely aong the loose-living and vicious, but among the decently poor.[[55]](#footnote-55)

Here we see not only the social categorisation of deserving and undeserving poor in the eyes of the medical establishment, but also the epidemic as a force of nature and a metaphor for greater social forces of class struggle. The disease infects all who live in miserable conditions, not just those considered to be acutely vulnerable. However, the people who suffer most from the typhus epidemic are the poor and sickly. The hospital space however provides a source of refuge, unlike in *Mary Barton*, where it is a capitalist institution that excludes the needy – in *Ruth*, the hospital is a space of care and community, and it manages to treat the epidemic somewhat successfully. Infection also becomes something metaphorical, where Ruth is initially ‘infected’ by the charms of Bellingham,[[56]](#footnote-56) and Leonard later ‘catches’ his mother’s courage.[[57]](#footnote-57) Infection here takes on an emotive quality, where the transmission of feelings reflects the transmission of disease – linking feeling and affect to the body and reflecting Victorian ideas around psychological contagion.

The role of nursing itself plays a profound symbolic role in *Ruth*, where taking up the profession becomes a way for Ruth to actualise her moral redemption. Ruth is drawn to the profession not just by material need, but by Christian conviction too. This separates her from the labours of *Mary Barton*, which are largely despised and carried out solely due to financial necessity. This virtue through work reflects Gaskell’s own Christian commitment to social work, and her admiration of Florence Nightingale. Kristine Swenson notes that Ruth’s ‘fallenness is intimately bound up with, and eventually redeemed by, the “social disease” that she, as a nurse, helps to quell’.[[58]](#footnote-58) Indeed, the moral work of nursing results in a Christ-like martyrdom that gives her a binary opposite trajectory to that of the typical Victorian fallen women – her death is through her virtue, not her sin. As Swenson further argues, the nurse becomes the societal defence against moral and social disease,[[59]](#footnote-59) and becomes a figure that ‘stands in female opposition to the prostitute and [treats] the cultural ills that she signaled’.[[60]](#footnote-60)

Hosanna Krienke rejects Audrey Jaffe’s conventional view that ‘in the most conventional of narrative fulfilments [Ruth] atones for, and dies as a result of, her seduction by Bellingham’,[[61]](#footnote-61) instead seeing the portrayals of prolonged convalescence as subverting this reduction.[[62]](#footnote-62) She argues that her prolonged rehabilitation grants her agency and an alternative narrative logic that is ambivalent about moral meaning and physical states, rather than being a moralistic narrative.[[63]](#footnote-63) The failings of the Eccleston Infirmary appear to mirror the failings of the Manchester Royal Infirmary, which was overcome by a typhus epidemic in 1847. Gaskell critiques the social treatment of those placed in the punitive space of the infirmary, and it is ironic that containment of typhus – a disease associated with prisoners –required the full isolation of a patient in conditions similar to a prison. Krienke notes the recuperation takes on a spiritual meaning, where Benson’s disability causes his moral ruminations, Bellingham’s prolonged recovery reflects his erratic character, and Richard’s survival and recuperation prompts spiritual repentance.[[64]](#footnote-64) Here we see that it is not just diseases themselves that take on a moral meaning, but the nature of recovery becomes a spiritual metaphor with moral and physical recoveries being linked together.

The depiction of pregnancy itself also counts as a health concern, and Victorian women faced extreme danger from the complications of pregnancy and childbirth. Claudia Nelson and Daniel Nelson note that childbirth was not the principal cause of death for women of childbearing age in the 19th century – a peril that belonged to tuberculosis – but was still ‘perceived as involving more physical peril than any other part of the average woman’s life’.[[65]](#footnote-65) Pregnancy and childbirth are shown to be disabling to Ruth in terms of status and fate, but her child provides her with a moral redemption that allows her to become a saintly figure. The need to provide for her son is what places Ruth in the line of danger, but her maternal passion is a constant psychological and economic burden to her, even if she accepts that sacrifice in a manner akin to Mary. Her pregnancy is shown to reflect not just a physical condition itself but also a perceived moral contagion. Mr Bradshaw says after kicking Ruth out claims that ‘that very child and heir of shame to associate with my own innocent children! I trust they are not contaminated!’.[[66]](#footnote-66) Here, the bodily reality of Ruth having birthed an illegitimate child reflects a Victorian man’s fear that sin may infect his own children. Gaskell of course critiques this strongly in her saintly characterisation of Ruth, and negatively contrasts the respectable but absent and neglectful motherhood of Mrs Mason to the loving and committed motherhood of Ruth. Additionally, after her death Leonard ‘grew dizzy with the beatings of his glad, proud heart’ and exclaims with pride ‘Sir, I am her son’.[[67]](#footnote-67) Her own son is proud of her good deeds and how she raised him, and is willing to publicly proclaim that. Additionally, sin becomes portrayed as something almost as transmissible as disease itself, and the differentiation of children based on that shows the extent to which someone’s fate is determined by their categorisation at birth. Ruth effectively transmits her poverty to her child, and that poverty takes on a corporeal reality, even if it is rationalised as a moral imperative. However, the idea of contagion suggests that Ruth’s suffering becomes everyone’s problem – reflecting the cycles of poverty that plagued the Victorian poor. Ruth’s own death is also tied to her motherhood and birth – she dies in the very room she gives birth to and raised Leonard in. Her death is of course the consequence of a sequence of events intimately tied to her pregnancy and childbirth, and Gaskell depicts her as returning to her childhood innocence through her dying moments.

Transmission of disease takes on a moral component when Ruth falls ill after Bellingham leaves. The origins of this sudden illness may be physical or psychological, but they are clearly tied to Bellingham himself, who is implied to have transmitted a disease to her. The implication that Ruth’s illness may be transmitted sexually raises the spectre of venereal disease, and particularly syphilis in Victorian society. Despite the ravages of syphilis upon Victorian Britain, and the way it disproportionately affected vulnerable “fallen” women, Victorian writers were reluctant to name it specifically, and social problem novels would only deal reference it through euphemism and innuendo until the late Victorian period. Monika Pietrzak-Franger makes the persuasive case that the invisibility of syphilis in earlier Victorian writing, particularly compared to its relative ubiquity in French literature, reflected a deeply English anxiety around what the epidemiological ravages of syphilis meant for the British nation itself.[[68]](#footnote-68) Despite advances in the treatment and care of many other illnesses, syphilis remained an incredibly difficult disease to treat, only showing its signs once it had reached a degenerative state. Moreover, the syphilitic mother became a moral point of panic, given the horrific effects of congenital syphilis on children. Ruth’s motherhood is tied to her illness – it is through sexuality and Bellingham’s contagion that she becomes pregnant and initially unwell. This seems to show a implied nod to just how severe many fallen women’s circumstances were, often rendered both single mothers and syphilitic.

Furthermore, Bellingham’s fever in some ways seems to replicate the later stages of syphilis in its effect, which corroborates the possibility that this may what her typhus represents. The hereditary anxieties of disease are also reflected in this; it is later lamented in the novel that Leonard has inherited some of his father’s traits – but also it may be possible that he has inherited literal disease from him in the form of syphilis. The Victorian fascination with eugenics, hereditary traits, and illness converge here, and Bellingham effectively becomes a figure of contagion himself. The reckless male is however pathologized here rather than the victimised female and her child, which marked a sharp divergence from typical moralistic treatments of the fallen woman. Pamela Gilbert notes that the ‘intangible substance of syphilis eventually yields the sign of its presence upon the body of the consumer of the adulterated and adulterous body’, where the presence of that diseased body in the text marks a sense of moral contagion to the novel itself.[[69]](#footnote-69) It is perhaps this fear of moral contagion that may underpin the self-censorship of Victorian writers on syphilis and their retreat into innuendo. As Gilbert notes, the disfiguring nature of later stage syphilis granted it an immediate bodily rendering and reaction – it is in many was the horrendous counterpart of Tuberculosis. Where Tuberculosis also let one see the progression of a deathly disease, but in a way socially categorised as beautiful, syphilis let one see that degeneration in a manner of physical and moral horror. Certainly, that moral and physical horror is apparent with Esther in *Mary Barton*, and it is not unquestionable that Gaskell may have been characterising her as a syphilitic through the framework of alternative illness that Victorian morality allowed. It is only through investigation and further interpretation that we can arrive at a syphilitic conclusion but given Gaskell’s deep concern with the suffering of impoverished women, it is certainly not unlikely that she was implying the disease on some level.

**Chapter 3: Further Analysis**

Gaskell’s deep interest in public health concerns and diseases of poverty dominates the narratives of *Mary Barton* and *Ruth*. Further representations of illness and disability are found in other works of Elizabeth Gaskell, particularly *North and South* (1854). In *North and South*, Mrs Hale’s illness is implied to be the result of the Hale family moving to an industrial city of ‘smoke and fogs’, where Mr Hale fears that the city of Milton, a stand in for Manchester, ‘is an unhealthy place. Only suppose that your mother’s health or yours should suffer {…}, this is really terrible’.[[70]](#footnote-70) The industrial city itself is highlighted as a source of illness, and even though the Hale family have better financial circumstances than the Bartons, they still cannot escape the terrible health effects of the filthy city. The traumatic disruption of rural life marked by their relocation is similarly shown to be a great burden upon her health and nerves, critiquing the urban migration that was triggered by economic necessity as something ruinous to one’s wellbeing.

The millworkers of North and South are shown to be living in similar circumstances to those of *Mary Barton* and are similarly plagued by illness. Bessy Higgins is ‘torn to pieces by coughing’, and Bessy’s death is inextricably linked to her work in the mill.[[71]](#footnote-71) Furthermore, Bessy, Fanny, and Mrs. Hale all suffer from extreme anguish that is linked to their physical ill health; linking mental health concerns to those of the physical body. The issue of caregiving is also central to the novel, and Margaret taking responsibility for her mother’s care becomes a large part of her own maturation and shows the caring labour of women again being an integral part of how illness is managed and mediated. Margaret must effectively forego her own independence to look after her mother, as that is the role she is delegated as her daughter. Additionally, Mr Boucher’s suicide is treated through a very sympathetic lens, and the extreme Victorian taboo around suicide as an issue is broken to challenge the effects industrial capitalism has on the human mind. Furthermore, the very real physical health problems of the novel are contrasted with the characters of Mrs Shaw and Edith, who cultivate a weak, ill demeanor. Mrs Shaw cultivates a cough and hopes to be recommended a medicinal soujorn in Italy by her doctor. This again shows the wealthy appropriating the aesthetics of illness when they are largely separated from the realities of the illnesses plaguing the workers around them. The illness of *North and South* is not exclusive to the poorest characters, but disease is deeply tied to class, and to the material conditions of the industrial city.

Britain’s public health debates in the Victorian era included multiple medical theories of disease and its treatment. Miasma theory claimed that infectious diseases were caused by “bad air”, or miasma, which was the result of rotting materials, and enjoyed widespread popularity with many social reformers due to its explanation of why disease blighted the cramped urban quarters of the poor. Germ theory, which we now know to be true, explained that infectious disease was caused by pathogens, and would receive a significant boost from Louis Pasteur’s work in the 1850s. Finally, sanitationism focused on the conditions that were associated with disaease and alleviating them. Sanitationists often supported miasma theory, but their concern was first and foremost improving infrastructure to the point where the spread of disease would be limited.[[72]](#footnote-72) This differentiated it from quarantism, which sought to isolate those who had infectious disease, in favour of widespread social improvements and reform. Edwin Chadwick and Florence Nightingale are perhaps the most famous proponents of the sanitationist approach, and Gaskell was firmly in this vein too. She saw poverty itself as being one of the greatest agents of disease, and this we can see strongly reflected in her writing, alongside her rejection of quarantinism in *Ruth* as inhumane. Edwin Chadwick believed only national action could eradicate disease, and the health of the nation depended on this. His sanitation reforms were intended to create better conditions for the working poor, and sought to link public health policies to education, work, and infrastructure.[[73]](#footnote-73) Gaskell’s humanitarianism applies this ethos and introduces an even sharper critique of the forces behind poverty.

Gaskell portrays a world where rapidly changing notions of work, labour, and capitalism are shaping identities in ways previously unknown, and causing illness and disease to not only be more common, but also more identifiable. Her ambivalence around the new institutions of hospitals is however clear; Mary Barton’s father is reduced to effective indentured servitude to the hospital due to his inability to pay, and the death of Ruth is rendered inevitable by her exposure to so much illness. Disease is without a doubt tied to material conditions, and Engels notes that:

when society places hundreds of proletarians in such a position that they inevitability meet a too early and an unnatural death, one which is quite as much death by violence as that by the sword or bullet […] its deed is murder.[[74]](#footnote-74)

The exploitation of the working class does indeed result in their effective murder, even if it is through second-hand means such as the disease caused by their conditions and labour, and this murder and immiseration is seen throughout Gaskell’s writing. Being complicit in the exploitation of the worker makes the industrialist complicit in their demise. The intense class struggle of *Mary Barton*, best elucidated through the character of John, links the illnesses of the novel to this direct exploitation. Moreover, it provides a narrative of resistance where the worker can reclaim their dignity through trade union struggle, even at great personal cost.

Building upon the work of traditional Marxist theory, Silvia Federici outlines the role of women’s labour, arguing that women are exploited for their unwaged reproductive labour. She argues that ‘women’s unpaid labour in the home has been the pillar upon which the exploitation of waged workers, “wage slavery” has been built, and the secret of its productivity’, detailing the dependence capitalism has upon women’s reproductive labour.[[75]](#footnote-75) Whilst Federici focuses her study on the European witch hunts of the 16th and 17th century and primitive accumulation, her theories of exploitation can be applied to that of 19th century Britain. In *Mary Barton*, Mary’s reproductive labour is certainly exploited, as is Jane and Alice’s. Alice represents the last vestiges of what Federici detailed as the medicine woman and midwife of earlier medieval Europe, before the destruction of this world of women’s work by witch hunts and early capitalism. She is at various points of the novel, the main source of direct nursing and reproductive care, and her eventual death may itself be representative of the loss of women’s traditional medical knowledge as the capitalism entrenched itself.

Federici notes the dominance of female doctors and midwives in early medieval Europe before the establishment of the male medical institution, and Gaskell’s focus on the role of the community nurse and scorn for hegemonic medical institution elevates this female role.[[76]](#footnote-76) The conflict of care in *North and South*, and Margaret Hale’s duty to her mother also elevates this private, domestic sphere of traditional medical care. Ruth’s circumstances are however more complicated, as in her role as a nurse she takes on the traditional medicine woman role even if it is subordinated to the wider medical establishment and the 19th century, and the rise of the nurse raises interesting questions building on Federici’s understandings. The establishment of nursing as a respectable profession brought women’s care back into the world of paid work, but it was not a prestigious role, and one often stigmatised. Ruth’s stigma as a fallen woman is tied to her need to become a nurse, and while Gaskell attaches Ruth’s moral redemption to her nursing, the exposure to high viral loads and the pressures of the work are implied to have a part in her eventual death. Moreover, Ruth must balance this paid reproductive work with the hardships of unpaid reproductive work raising her son, thus taking on a double burden that would weaken her even further. By becoming a nurse in a 19th century context, Ruth’s fate is suffering and an eventual prolonged death.

The material implications of illness in the Victorian era are evident, but the cultural ones should also be considered. Joan Jacob Brumberg argues that:

‘the symptoms of disease never exist in a cultural vacuum. Even in a strictly biomedical illness, patient responses to physical discomfort and pain are structured in part by who the patient is, the nature of the care giver, and the ideas and values at work in that society’.[[77]](#footnote-77)

To Brumberg, disease is a social phenomenon, where its transmission is located in cultural realities, and its management and mediation also deeply rooted in that cultural ideology. We can understand the illnesses Gaskell focuses on in her novel as being reflective of contemporary social values and structures. They are understood and managed through the framework of cultural understanding, and even the way the characters understand their illnesses is framed through class and gender. The women of *Mary Barton* generally have a much better community to deal with, care for, and manage illness, whereas the men’s position is more emotionally precarious given that their material circumstances are tied to their ill health, and their perceived role as men was to provide. In *Ruth*, spirituality becomes an incredibly strong way to both seek redemption through care, and to seek connection with God through the process of dying. Kylee-Anee Hingston argues that throughout the 19th century, the human body was ‘continually being negotiated in response to rapid changes in industry, technology, medicine, in social and economic structures, and in religious doctrine and practice’.[[78]](#footnote-78) The diseased body therefore became a metaphor for wider social forces, and a canvass upon which those forces acted. A body which fell outside of the normative sphere was a body that challenged social norms around the constitution of the self. This builds upon Sontag’s view that ‘illnesses have always been used as metaphors to enliven charges that a society was corrupt or unjust’.[[79]](#footnote-79) Illnesses are not just singular phenomenon in themselves, they are in many ways mediated by cultural and economic forces, but also represent deeper cultural anxieties. Illness to Gaskell is a way of not only embodying poverty, but also exposing the forces of material production and social stratification that both create and manage a diseased body.

**Conclusion**

Elizabeth Gaskell’s treatment of disease in Victorian Britain is as insightful as it is biting. Through *Mary Barton* and *Ruth* in particular, she highlights the ways in which material conditions and broader economic forces combine to condemn the poorest members of society to illness, death, and despair. It is not just poverty itself that she highlights as the culprit, but the power and capital behind that poverty exploiting Britain’s working classes. She perceptively ties that state of the nation to its workers, and sympathetically treats even their most stigmatised of ailments – tying their fates to forces beyond their control rather than moral failings. Furthermore, she addresses gender and class perceptively to show that while the labour and social condition of male and female workers may be different, their common suffering under industrial capitalism unites them. After outlining some key literature, I used the first chapter to analyse *Mary Barton* and its treatment of illness, class, and gender. In the second chapter, I applied this framework to *Ruth*, with particular reference to the role of nursing and the spectre of syphilis in the Victorian imagination. In the third chapter, I briefly introduced North and South, and applied more theoretical Marxist approaches, historical narratives, and cultural critique. Using a variety of perspectives, I have demonstrated Gaskell to be an incisive critic of illness in Victorian Britain and a proponent of the view that illness and our understanding of it is fundamentally tied to social class, gender, and political economy.

**Bibliography**

Auerbach, Nina, *Private Theatricals* (Cambridge: Harvard University Press, 2013)

Bodenheimer, Rosemarie, ‘Private Grief and Public Acts in “Mary Barton”’, *Dickens Studies Annual*, 9.1 (1981), 195-216

Brumber, Joan Jacob, *Fasting Girls: The Emergence of Anorexia Nervosa as a Modern Disease* (Cambridge: Harvard University Press)

Carpenter, Mary W., *Health, Medicine, and Society in Victorian England* (Santa Barbara: Praeger, 2010)

Chen, Chung-Jen, *Victorian Contagion: Risk and Social Control in the Victorian Literary Imagination* (New York: Routledge)

Corley, Liam, ‘The Imperial Addiction of Mary Barton’, *The Gaskell Society Journal*, 17 (2003), 1-11

Gaskell, Elizabeth, *Mary Barton* (Oxford: Oxford World’s Classics, 2006)

Day, Carolyn A., *Consumptive Chic: A History of Beauty, Fashion, and Disease* (London: Bloomsbury Academic, 2017)

Engels, Friedrich, *The Condition of the Working Class in England*, ed. by David McLellan (Oxford: Oxford University Press)

Federici, Silvia, *Caliban and the Witch* (New York: Autonomedia, 2004)

Foucault, Michel, *The Birth of The Clinic: An Archaeology of Medical Perception* (New York: Routledge, 2003)

Fusco, Carla, ‘Ruth: An Unusual Prostitute: Elizabeth Gaskell’s Speculative Gaze vs Victorian Masculine Visions of Woman’, *British and American Studies*, 22 (2015)

Gaskell, Elizabeth, *Mary Barton* (Oxford: Oxford World’s Classics, 2006)

Gaskell, Elizabeth, *North and South* (London: Penguin English Library, 2012)

Gaskell, Elizabeth, *Ruth* (London: Penguin Classics, 1997)

Gilbert, Pamela, *Disease, Desire, and the Body in Victorian Women’s Popular Novels* (Cambridge: Cambridge University Press, 1997)

Hingston, Kylee-Anee, *Articulating Bodies: The Narrative Form of Disability and Illness in Victorian Fiction* (Liverpool: Liverpool University Press, 2019)

Homans, Margaret, *Bearing the Word: Language and Female Experience in Nineteenth Century Women’s Writing* (Chicago: University of Chicago Press, 1986)

Jaffe, Audrey, *Scenes of Sympathy: Identity and Representation in Victorian Fiction* (Ithaca: Cornell University Press)

Kehler, Grace, ‘Gothic Pedagogy and Victorian Reform Treatises’, *Victorian Studies*, 50.3 (2008), 437-56

Krienke, Hosanna, ‘The “After-Life” of Illness: Reading Against the Deathbead in Gaskell’s Ruth and Nineteenth-Century Convalescent Devotionals’, *Victorian Literature and Culture*, 45.1 (2017), 35-53

Kucich, John, ‘Transgression and Sexual Difference in Elizabeth Gaskell’s Novels’*, Texas Studies in Literature and Language*, 32.2 (1990), 187-213

Langland, Elizabeth, ‘Nobody’s Angels: Domestic Ideology and Middle-Class Women in the Victorian Novel’, *PMLA*, 107.2 (1992), 290-304

Langridge, Rosemary, ‘The Tearful Gaze in Elizabeth Gaskell’s Ruth: Crying, Watching, and Nursing’, *Journal of International Women’s Studies*, 12.2 (2011), 47-60

Mandler, Peter, *Liberty and Authority in Victorian Britain* (London: Palgrave MacMillan, 2019)

Nelson, Claudia and Daniel Nelson, *Family Ties in Victorian England* (Santa Barbara: Praeger, 2007)

Nestor, Pauline, *Female Friendships and Communities: Charlotte Bronte, George Eliot, Elizabeth Gaskell* (Oxford: Clarendon, 1985)

Penner, Louise, *Victorian Medicine and Social Reform: Florence Nightingale Among the Novelists* (London: Palgrave Macmillan, 2010)

Pietrzak-Franger, Monika, *Syphilis in Victorian Literature and Culture: Medicine, Knowledge, and the Spectacle of Victorian Invisibility* (London: Palgrave Macmillan, 2017)

Sontag, Susan, *Illness as a Metaphor and AIDS and Its Metaphors* (London: Penguin, 2013)

Stewart, Lindsey, ‘”A New and Fierce Disorder’s Raging”: Monomania in Mary Barton (1858)’*, Journal of Victorian Culture*, 24.4 (2019), 492-506

Surridge, Lisa, ‘Working Class Masculinities in Mary Barton’, *Victorian Literature and Culture*, 28.2 (2009), 331-343

Swenson, Kristen, *Medical Women and Victorian Fiction* (Columbia: University of Missouri Press, 2005)

Szasz, Thomas, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper Collins, 2010)

Uglow, Jenny, *Elizabeth Gaskell* (London: Faber and Faber, 2010)

Vegs, Roland, ‘Mary Barton and the Dissembled Dialogue’*, Journal of Narrative Theory*, 33.2 (2003), 163-183

1. Friedrich Engels, *The Condition of the Working Class in England*, ed. by David McLellan (Oxford: Oxford University Press), p. 33. [↑](#footnote-ref-1)
2. Jenny Uglow*, Elizabeth Gaskell* (London: Faber and Faber, 2010), p. 68. [↑](#footnote-ref-2)
3. Rosemarie Bodenheimer, ‘Private Grief and Public Acts in “Mary Barton”’, *Dickens Studies Annual*, 9.1 (1981), 195-216, p. 196. [↑](#footnote-ref-3)
4. Bodenheimer, p. 198. [↑](#footnote-ref-4)
5. Liam Corley, ‘The Imperial Addiction of Mary Barton’, *The Gaskell Society Journal*, 17 (2003), 1-11, p. 1. [↑](#footnote-ref-5)
6. Elizabeth Gaskell, *Mary Barton* (Oxford: Oxford World’s Classics, 2006), p. 7. [↑](#footnote-ref-6)
7. Gaskell, *Mary Barton*, p. 7. [↑](#footnote-ref-7)
8. Gaskell, *Mary Barton*, p. 7. [↑](#footnote-ref-8)
9. Gaskell, *Mary Barton*, p. 164. [↑](#footnote-ref-9)
10. Gaskell, *Mary Barton*, p. 65. [↑](#footnote-ref-10)
11. Gaskell, *Mary Barton*, p. 164. [↑](#footnote-ref-11)
12. Gaskell, *Mary Barton*, p. 164. [↑](#footnote-ref-12)
13. Corley, p. 5. [↑](#footnote-ref-13)
14. Uglow, p. 120. [↑](#footnote-ref-14)
15. Lisa Surridge, ‘Working Class Masculinities in Mary Barton’, *Victorian Literature and Culture*, 28.2 (2009), 331-343, p. 334. [↑](#footnote-ref-15)
16. Margaret Homans, *Bearing the Word: Language and Female Experience in Nineteenth Century Women’s Writing* (Chicago: University of Chicago Press, 1986), p. 12. [↑](#footnote-ref-16)
17. John Kucich, ‘Transgression and Sexual Difference in Elizabeth Gaskell’s Novels’*, Texas Studies in Literature and Language*, 32.2 (1990), 187-213, p. 187. [↑](#footnote-ref-17)
18. Kucich, p. 190. [↑](#footnote-ref-18)
19. Roland Vegs, ‘Mary Barton and the Dissembled Dialogue’*, Journal of Narrative Theory*, 33.2 (2003), 163-183, p. 179. [↑](#footnote-ref-19)
20. Vegs, p. 178. [↑](#footnote-ref-20)
21. Nina Auerbach, *Private Theatricals* (Cambridge: Harvard University Press, 2013), p. 81. [↑](#footnote-ref-21)
22. Auerbach, p. 17. [↑](#footnote-ref-22)
23. Pauline Nestor*,* *Female Friendships and Communities: Charlotte Bronte, George Eliot, Elizabeth Gaskell* (Oxford: Clarendon, 1985) [↑](#footnote-ref-23)
24. Gaskell, *Mary Barton*, p. 66. [↑](#footnote-ref-24)
25. Gaskell, *Mary Barton*, p. 44. [↑](#footnote-ref-25)
26. Lindsey Stewart ‘”A New and Fierce Disorder’s Raging”: Monomania in Mary Barton (1858)’*, Journal of Victorian Culture*, 24.4 (2019), 492-506, p. 492. [↑](#footnote-ref-26)
27. Stewart, p. 493. [↑](#footnote-ref-27)
28. Stewart, p. 494. [↑](#footnote-ref-28)
29. Thomas Szasz, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct* (New York: Harper Collins, 2010), p. 56. [↑](#footnote-ref-29)
30. Stewart, p. 494. [↑](#footnote-ref-30)
31. Gaskell, *Mary Barton*, p. 122. [↑](#footnote-ref-31)
32. Stewart, p. 497. [↑](#footnote-ref-32)
33. Michel Foucault, *The Birth of The Clinic: An Archaeology of Medical Perception* (New York: Routledge, 2003), p. 171. [↑](#footnote-ref-33)
34. Foucault, p. 172. [↑](#footnote-ref-34)
35. Carolyn A. Day, *Consumptive Chic: A History of Beauty, Fashion, and Disease* (London: Bloomsbury Academic, 2017), p. 2. [↑](#footnote-ref-35)
36. Mary W. Carpenter, *Health, Medicine, and Society in Victorian England* (Santa Barbara: Praeger, 2010), p. 150. [↑](#footnote-ref-36)
37. Gaskell, *Mary Barton*, p. 32. [↑](#footnote-ref-37)
38. Elizabeth Langland, ‘Nobody’s Angels: Domestic Ideology and Middle-Class Women in the Victorian Novel’, *PMLA*, 107.2 (1992), 290-304, p. 299. [↑](#footnote-ref-38)
39. Langland, p. 300. [↑](#footnote-ref-39)
40. Carla Fusco, ‘Ruth: An Unusual Prostitute: Elizabeth Gaskell’s Speculative Gaze vs Victorian Masculine Visions of Woman’, *British and American Studies*, 22 (2015), 55-60, p. 56. [↑](#footnote-ref-40)
41. Elizabeth Gaskell, *Ruth* (London: Penguin Classics, 1997), p. 182. [↑](#footnote-ref-41)
42. Gaskell, *Ruth*, p. 402. [↑](#footnote-ref-42)
43. Rosemary Langridge, ‘The Tearful Gaze in Elizabeth Gaskell’s Ruth: Crying, Watching, and Nursing’, *Journal of International Women’s Studies*, 12.2 (2011), 47-60, p. 52-53. [↑](#footnote-ref-43)
44. Langridge, p. 48. [↑](#footnote-ref-44)
45. Fusco, p. 59. [↑](#footnote-ref-45)
46. Kucich, p. 188. [↑](#footnote-ref-46)
47. Gaskell, *Ruth*, p. 160. [↑](#footnote-ref-47)
48. Louise Penner*,* *Victorian Medicine and Social Reform: Florence Nightingale Among the Novelists* (London: Palgrave Macmillan, 2010), p. 75. [↑](#footnote-ref-48)
49. Grace Kehler, ‘Gothic Pedagogy and Victorian Reform Treatises’, *Victorian Studies*, 50.3 (2008), 437-56, p. 439. [↑](#footnote-ref-49)
50. Susan Sontag, *Illness as a Metaphor and AIDS and Its Metaphors* (London: Penguin, 2013), p. 74. [↑](#footnote-ref-50)
51. Gaskell, *Ruth*, p. 61. [↑](#footnote-ref-51)
52. Gaskell, *Ruth*, p. 93. [↑](#footnote-ref-52)
53. Gaskell, *Ruth*, p. 86. [↑](#footnote-ref-53)
54. Gaskell, *Ruth*, 341. [↑](#footnote-ref-54)
55. Gaskell, *Ruth*, p. 342. [↑](#footnote-ref-55)
56. Gaskell, *Ruth*, p. 15. [↑](#footnote-ref-56)
57. Gaskell, *Ruth*, p. 427. [↑](#footnote-ref-57)
58. Kristen Swenson, *Medical Women and Victorian Fiction* (Columbia: University of Missouri Press, 2005), p. 1. [↑](#footnote-ref-58)
59. Swenson, p. 5. [↑](#footnote-ref-59)
60. Swenson, p. 16. [↑](#footnote-ref-60)
61. Audrey Jaffe, *Scenes of Sympathy: Identity and Representation in Victorian Fiction* (Ithaca: Cornell University Press), p. 56. [↑](#footnote-ref-61)
62. Hosanna Krienke, ‘The “After-Life” of Illness: Reading Against the Deathbead in Gaskell’s Ruth and Nineteenth-Century Convalescent Devotionals’, *Victorian Literature and Culture*, 45.1 (2017), 35-53, p. 37. [↑](#footnote-ref-62)
63. Krienke, p. 37. [↑](#footnote-ref-63)
64. Krienke, p. 40. [↑](#footnote-ref-64)
65. Claudia Nelson and Daniel Nelson, *Family Ties in Victorian England* (Santa Barbara: Praeger, 2007), p. 47. [↑](#footnote-ref-65)
66. Gaskell, *Ruth*, p. 279. [↑](#footnote-ref-66)
67. Gaskell, *Ruth*, p. 251. [↑](#footnote-ref-67)
68. Monika Pietrzak-Franger, *Syphilis in Victorian Literature and Culture: Medicine, Knowledge, and the Spectacle of Victorian Invisibility* (London: Palgrave Macmillan, 2017), p. 8. [↑](#footnote-ref-68)
69. Pamela Gilbert, *Disease, Desire, and the Body in Victorian Women’s Popular Novels* (Cambridge: Cambridge University Press, 1997), p. 27. [↑](#footnote-ref-69)
70. Elizabeth Gaskell, *North and South* (London: Penguin English Library, 2012), p. 76. [↑](#footnote-ref-70)
71. Gaskell, *North and South*, p. 104. [↑](#footnote-ref-71)
72. Peter Mandler, *Liberty and Authority in Victorian Britain* (London: Palgrave MacMillan, 2019), p. 55. [↑](#footnote-ref-72)
73. Chung-Jen Chen, *Victorian Contagion: Risk and Social Control in the Victorian Literary Imagination* (New York: Routledge), p. 111. [↑](#footnote-ref-73)
74. Engels, p. 110. [↑](#footnote-ref-74)
75. Silvia Federici, *Caliban and the Witch* (New York: Autonomedia, 2004), p. 8. [↑](#footnote-ref-75)
76. Federici, p. 31. [↑](#footnote-ref-76)
77. Joan Jacob Brumber, *Fasting Girls: The Emergence of Anorexia Nervosa as a Modern Disease* (Cambridge: Harvard University Press), p. 164. [↑](#footnote-ref-77)
78. Kylee-Anee Hingston, *Articulating Bodies: The Narrative Form of Disability and Illness in Victorian Fiction* (Liverpool: Liverpool University Press, 2019), p. 12. [↑](#footnote-ref-78)
79. Susan Sontag, p. 56. [↑](#footnote-ref-79)