



***Reading for Health: Medical Narratives and the Nineteenth-Century Novel,***

by Erika Wright.

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Erika Wright's *Reading for Health* explores how Victorian fiction conveys messages about the maintenance of health, despite its infatuation with the sick-room. To read for health, Wright dismantles the narrative arc of canonical texts, combing each novel for guidance on how to preserve health and prevent illness.

Wright, who teaches family medicine at the University of Southern California, reveals a possible use of her book in its final pages. Narrative competence is defined by Rita Charon (2001) as adeptness at understanding, interpreting and responding to patient narratives. Wright describes how, in the course she teaches, medical students utilise fiction in building their narrative competence. In Wright's concluding remarks, she all but hints that *Reading for Health* can also be used for the development of narrative competence by health professionals.

*Reading for Health* begins by canvassing complaints that Victorian literature and its modern-day scholars are consumed with the drama of illness, particularly focusing on critic John Ruskin's scathing appraisal of disease in nineteenth-century fiction as being a lazy and even immoral plot device. Wright then turns to more recent critiques of Victorian studies as being preoccupied with the pathological, noting comments made by Kirstie Blair and Roger Cooter. Wright positions herself as providing relief from this disease paradigm by instead examining nineteenth-century fictional constructions of health. Implicitly, health is characterised by the absence of illness. As such, the state of health is rarely remarked upon in fiction or examined by scholars. Wright undertakes the unique task of analysing concepts of health in fiction as she teases out the instructive potential of Victorian literature. She argues that nineteenth-century novels encapsulate debates and confusion around defining and maintaining health (4). Wright guides her reader to look past what she terms a "therapeutic" narrative in fiction, which culminates in a crisis and ultimately a cure, into "hygienic" modes of reading, which she defines as focusing on the maintenance of health (6). According to Wright, writing and reading for health constitute a challenge to the usual narrative structure which demands the resolution of a cure (9).

Each chapter takes one nineteenth-century text or author as its focal point. Wright begins with an examination of illness prevention in Jane Austen's novels *Sense and Sensibility* (1811) and *Mansfield Park* (1814). This analysis is deepened in the next chapter on the title character of Charlotte Brontë's *Jane Eyre* (1847). Next, she investigates how public health is constructed in Charles Dickens's *Little Dorrit* (1857). Wright briefly departs from her novel-centred approach in the chapter on Harriet Martineau's work, both fiction and memoir. In her final substantive chapter, Wright returns to a close analysis of fiction, this time of Elizabeth Gaskell's *Wives and Daughters* (1865).

Ideally, the reader should already possess a close familiarity with each text she discusses and the relationships between its characters in order to understand how Wright disrupts each novel's temporality, and to fully appreciate the theoretical framework she constructs. Reading

against the grain requires her to exhume sub-plots and minor characters for lessons on healthfulness.

For Wright, the novel is not merely a springboard, but the central part of her analysis, as she looks at the narrative strategies employed by authors when writing about health. She examines each character's approach to health and preventative medicine, cataloguing competing views on how one may preserve the state of being healthy. For example, she compares *Sense and Sensibility* and *Mansfield Park* to popular health guides which encourage surveilling one's own body and outlay what one must avoid in order to prevent illness (26). In particular, Wright argues, both health manuals and *Sense and Sensibility* emphasise the role of parenting in fostering a child's lifelong good health (29). Using Austen's fiction (and, later, that of Brontë), Wright makes salient a domestic, restrained version of maintaining health. This is wholly different to how she presents health in Dickens's *Little Dorrit*, in which, she argues, isolating the sick is presented as fostering the health of the masses (as well as driving the interactions of the characters). Here, prevention is not constituted by pro-actively building up one's own health to avoid all manner of complaints; rather, it is comprised of responding to the threat of outbreaks with targeted public health management.

Wright's exploration of how health is presented in the novel necessarily takes place in the shadow of disease; indeed, she draws upon arguments from authors working in the space of sickness in Victorian literature (e.g. Bailin; Kaplan and Kaplan; Winter). The novels she analyses carry within them the threat of illness, if not illness itself. Particularly in Wright's discussions of the quarantined characters populating *Little Dorrit*, health is seen to be maintained by fleeing disease.

Wright's framework of reading for health is best applied in her chapter on "the omniscience of invalidism," focusing on the fictional and autobiographical work of Harriet Martineau. This chapter enters the sick-room to explore the spectre of the chronically ill "invalid," whose own lack of a plot-line affords them heightened powers of perception and interpretation. Wright presents the novel argument that the "transcendent invalid" represents stability and defies the tendency towards cure (114). She hints that Martineau's portrayal of the invalid challenges the usual conception of health, which would exclude the invalid. Wright's analysis complements that of Alison Winter (605), who contends that Martineau imbued the figure of the invalid woman with command of her sick-room and the power to see the truth of others' affairs. Similarly, Wright argues that the invalid's powers of knowing are honed in a life of solitude and stasis (136). The invalid is thus ideally placed to narrate the health and affairs of other characters. As in Winter's argument, Wright's object of study is not just Martineau's characters but also Martineau herself, who wrote through sustained periods of illness.

A further strength of *Reading for Health* is Wright's exposition of competing Victorian ideas of avoiding illness, once again using fiction as her evidence. This is accomplished across the first few chapters. The preventionist impulse in Austen's work is examined in the first chapter, while in chapter three's analysis of Dickens's *Little Dorrit*, Wright explores the tension between sanitation and quarantine, which were seen as competing strategies for containing threats to public health. She argues that Dickens's depiction of quarantine transgresses his usual position of using his writing to advocate for sanitary reforms (79). His ambivalent treatment of quarantine, Wright asserts, is therefore paradoxical (80).

Wright explores narrative competence in chapter five of *Reading for Health*, contrasting the under-developed narrative competence of the family doctor Mr. Gibson in Gaskell's *Wives and Daughters* with that of his daughter. After building up careful investigative skills on

therapeutic and hygienic narratives in the first few chapters, the *Reading for Health* journey culminates by examining both types of narratives together in the character of the family doctor.

Wright breaks new ground in *Reading for Health*. The act of focusing on health within a genre which prioritises the narrative arc wrought by disease is itself a new way of looking. Her book is of interest not only to scholars of canonical nineteenth-century English literature, but also to instructors of narrative medicine and to medical professionals and medical professionals in training, who may use the book as an aid in bringing empathy into their practice.

### Works Cited

- Bailin, Miriam. *The Sickroom in Victorian Fiction: The Art of Being Ill*. Cambridge: Cambridge U P, 1995.
- Blair, Kirstie. "Pathologizing the Victorians." *Interdisciplinary Literary Studies: A Journal of Criticism and Theory* 3.2 (2002): 138-43.
- Charon, Rita. "Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust." *The Journal of the American Medical Association* 286.15 (2001): 1897-902.
- Cooter, Roger. "The Traffic in Victorian Bodies: Medicine, Literature, and History." *Victorian Studies: An Interdisciplinary Journal of Social, Political, and Cultural Studies* 45. 3 (2003): 513-27.
- Kaplan, Laurie, and Richard S. Kaplan. "What Is Wrong with Marianne? Medicine and Disease in Jane Austen." *Persuasions: Journal of the Jane Austen Society of North America* 12 (1990): 117-30.
- Ruskin, John. "Fiction, Fair and Foul." *The Works of John Ruskin*. Eds. E. T. Cook and Alexander Wedderburn. London: Longmans, Green, 1908. 265–397.
- Winter, Alison. "Harriet Martineau and the Reform of the Invalid in Victorian England." *The Historical Journal* 38.3 (1995): 597-616.

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