

REFORMING THE ANGEL: MORALITY, LANGUAGE AND MID-VICTORIAN NURSING HEROINES

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Prior to the mid-nineteenth-century nursing reform movement in Britain there were two contrasting images of female nurses: the dissolute paid nurse, and the domestic angel. The latter idealised figure had always been expected to act as nurse, in lavishing her famous nurturing abilities on sick family members. M. Paul in *Villette* invokes this ideal when he states of nursing, "Women who are worthy the name ought infinitely to surpass our coarse, fallible, self-indulgent sex, in the power to perform such duties" (290). There was at this time a wide range of advice literature directed at the domestic woman, which affirmed nursing as an exercise of her moral aspect, of her essential womanly attributes.

In stark contrast to the image of the pure domestic woman was the dissolute paid nurse, as typified by the character of Sairey Gamp in Dickens' *Martin Chuzzlewit* (1844). Although many historians claim that this caricature does not take account of the able nurses working at the time,¹ the figure of this drunken incompetent nurse permeated the reformers' writing. For example, the *English Woman's Journal* claimed in 1863 that "medical men avow that they have the greatest difficulty to secure efficient attendants – a race of *Mrs Gamps* is all they can select from" ("Needlewoman" 55). The sins of the old-style paid nurse were said to include drunkenness, bad temper, disobedience to medical orders, and even cruelty to and theft from the patients. Unreformed hospitals were reviled as promoting atmospheres of evil. Mary Poovey describes how "Sairey Gamp galvanized the prejudices and anxieties of a large sector of the English public" (173).

Reformers had to negotiate these two images in forming their new, professional woman nurse. Until this crucial mid-century movement, nursing had been a largely untrained and disorganised activity. The middle and upper classes were usually cared for at home by members of their own family, paid domiciliary nurses, or servants, while the lower classes might be admitted to workhouse infirmaries or voluntary hospitals. Nurses were mainly of the servant class and usually lacked a basic education, and drink and promiscuity were problems in the hospitals. In the workhouses nearly all of the nursing of sick paupers was done by other able-bodied paupers seeking employment. Although Florence Nightingale's stature has grown to the point where she is commonly perceived as having initiated

¹ See Cartwright 154, Abel-Smith 5 and Summers.

the nursing revolution, reform of nurses' training had actually been growing for some time previous to her influence. After visiting the Kaiserswerth Lutheran deaconesses on the Rhine, Elizabeth Fry set up her Institution for Nursing Sisters in 1840. The Tractarian movement had been particularly influential in the 1840s in reviving Anglican sisterhoods, many of which were involved in nursing activities, and which eventually took over the running of some London hospitals. But it was the Nightingale Training School established in 1860 at St Thomas's Hospital, however, which set out the most thoroughgoing attempt to change nursing into a highly efficient, disciplined profession.

There was a taint of loose sexuality inherent to the old-style stereotype of the paid nurse which had to be addressed by reformers. They therefore took great care to emphasise the moral probity of their recruits. The report of the Nightingale Committee stated that:

The moral atmosphere of the school, so to speak, is of the greatest importance, and great care is required in admitting as probationers, and sending forth as trained nurses, those only who are impressed with a strong sense of duty in desiring to improve themselves, and to do credit to the calling to which they propose to devote themselves. (Parkes 388)

As Poovey has pointed out, Nightingale's recommendations on nursing in military hospitals reveal a persistent concern about the possibility of unspecified sexual misconduct. Nightingale's directives include: "The orderly must never enter the Nurse's room"; "Give the nurse plenty to do" and "the fewer women are about an Army Hospital the better" ("Subsidiary Notes" 181).

But the reformers' imaging of their new recruits goes beyond defensiveness about the supposed amorality of the old-style professional nurse. The very fact of paid work for middle-class women generated great opposition; it undermined various aspects of the cultural and ideological status quo. It subverted both the sexual division of labour, and the class divisions which defined the lady as dependent on male relatives. Working women threatened male professional privilege and represented potential pressure on male job markets. The acquisition of an independent income implied material and psychological liberation and, most significantly, the possibility of choosing not to marry at all.

A way of defusing the threatening nature of their new-style professional nurse was to create a strong link between her and the accepted, desired figure of the ideal domestic woman. This defensive manoeuvre is evident as a persistent theme within the nursing reform literature: the reformers consistently emphasise the nurse's personal attributes rather than her technical skill, thus following the domestic advice literature's promotion of nursing as an exercise of the domestic woman's moral aspect. The new trainee recruits were told:

You are required to be:

SOBER.	PUNCTUAL.
HONEST.	QUIET AND ORDERLY.
TRUTHFUL.	CLEANLY AND NEAT.
TRUSTWORTHY.	(Jebb 415)

Nightingale emphasises the personal attitudes rather than the medical skills of the new recruits: “obedience, discipline, self-control, work understood as work, hospital service as implying masters, civil and medical, and a mistress, what service means, and an abnegation of self” (“Subsidiary Notes” 180). In their focus on the personal attributes of the nurse, in their attempt to position their new recruits as “womanly” women of the highest moral character, then, the nursing reformers were in fact co-opting the idealised morality and caring instinct of the domestic woman nurse. In this way that idealised figure was manipulated and undermined, as it shifted to encompass paid work outside the home.

As the nursing reform movement pressed ahead in the 1850s and 1860s, the alliance of the female nurse with morality solidified in various forms within the fiction of the period. Virtually every Victorian novel has a scene of nursing: Jane Eyre nurses Rochester, Pip nurses Magwitch. Indeed Miriam Bailin has noted that “[t]here is scarcely a Victorian fictional narrative without its ailing protagonist, its depiction of a sojourn in the sickroom” (5). Many virtuous female nurses contrast with Sairey Gamp. Esther Summerson of *Bleak House* (1853) affirms her saintly stature by nursing Charley, and martyrs herself by then catching smallpox; Mrs Pryor rehabilitates her status as mother via her competence in nursing Caroline Helstone in *Shirley* (1849); Lady Isobel partly recuperates her moral status in the devotion of her nursing of her son in *East Lynne* (1861). For the women of these novels, nursing is an activity in which they affirm their moral authority.

Just as the reformers seized upon the connection between nursing and morality which formed part of the domestic ideal, that is, contemporary novels took up this same connection in various ways as a technique of character portrayal. The rising phenomenon of the nursing heroine, I argue, may be traced back to the terms of the concurrent nursing reform movement, and here I will examine how aspects of *Ruth* (1853) and *Wives and Daughters* (1866) by Elizabeth Gaskell, and “Janet’s Repentance” (1858) and *Romola* (1863), by George Eliot, may be seen as manifestations of related cultural anxiety and ideological tension.

The Moral Nursing Heroine

In these mid-Victorian fictions by Eliot and Gaskell there is a striking similarity in the presentation of nursing’s metaphorical significance, and in the very phrasing in

which this trope is described. In these novels, the heroines' nursing activities are both the means and the sign of their completed development as characters. Ruth Hilton, unmarried mother, recuperates this ultimate moral failing via her nursing activities. Her nursing culminates in the final self-sacrifice of death by fever, caught from the hospital full of victims whom she nurses. Romola does not have such an overt sin to expiate as Ruth, but also undergoes a moral transformation: her movement towards the ideals of work for communal good and feminine compassion is fulfilled when she ignores the threat of the plague to nurse the village back to health. Molly Gibson, in contrast to Ruth and Romola, does not need to recuperate herself morally, but does reach an important developmental stage via nursing; it is through tending Osborne Hamley's widow that "Molly Gibson's Worth is Discovered" (ch.54).

The depiction of nursing in these novels removes it from the realm of practical, medical procedure to ally it with the moral and spiritual domain. Nursing firstly becomes a metonym for morality. These differing heroines are all depicted as having a superior talent for and connection with the activity of nursing – a connection which operates to affirm their moral superiority. From the beginning of the novel Ruth is shown as caring about the physical suffering of others creatures; she "longed" to nurse her colleague, Jenny (28), while Romola, too, has "habitual care for the least fortunate" (473). In addition, nursing becomes a tool for the development of the heroines' inner lives; they feel a new state of belonging and purposefulness via these activities. Molly finds the Hamley household, where she is companion and attendant to the invalid Mrs Hamley, to be more congenial than her own home, newly colonised by Mrs Gibson. Romola indeed finds the ultimate moral satisfaction in her work: it had come to be "the one unshaken resting-place of her mind, the one narrow pathway on which the light fell clear" (388).

Nursing's moral charge is such that it becomes a wider index of moral worth; good characters are good nurses, and imperfect characters lack this feeling for nursing. In *Ruth*, Mr Benson, his sister and his housekeeper are all moral characters; they take Ruth in and care for her. Conversely, Mrs Bellingham's heartlessness and hypocritical moral fastidiousness are mirrored by the fact that in caring for her son she allows "a rustle of a silken gown" which Ruth knows "ought not to have been worn in a sick room" (83). So too, in *Wives and Daughters*, Squire Hamley's goodness of heart is indicated by his tenderness in regard to his sick wife; while Mrs Gibson's selfishness and adherence to petty convention is indicated by her insistence on withdrawing Molly from Mrs Hamley's sickroom. The sincerity of Molly's attachment to Roger Hamley is indicated by her concern over the report of his fever while overseas, while Cynthia is tellingly unconcerned. In "Janet's Repentance," the heroine's previous nursing activities serve as testament to her inherently good nature: Mrs Lowne confirms Mr Pilgrim's comment that "[t]here's a great deal of good in Mrs Dempster," in emphasising, "'I always said so [...] she was always so very full of pretty attentions to me when I was ill'" (315).

The nursing skill of these heroines is shown to derive more from personal – in fact, womanly – attributes than from technical ability. When Mr Bellingham falls ill, Ruth has to ask the doctor what to do, but “[h]er manner was calm and serious, and her countenance and deportment showed that the occasion was calling out strength sufficient to meet it” (78), and in nursing Bellingham, “[e]xceeding love supplied the place of experience” (79). In arguing her own fitness as a sick-nurse, Ruth emphasises her personal qualities, saying, “I think I have the gift of a very delicate touch,” and claiming she will try to be “very watchful and patient” (388). Similarly, the descriptions of Romola’s nursing emphasise the tone of her behaviour rather than any specific action: Romola is a “tall gliding figure” (436); she has a “wonderful white hand, strong but soft” (465). When Molly is sent to be companion to the ailing Mrs Hamley, she has an inbuilt knowledge of the most appropriate behaviour: “Even with Molly’s small experience of illness she saw how much of restless fever there was in this speech; and instinct or some such gift, prompted her to tell a long story [...]” (197). Romola’s nursing is identified as an outlet for otherwise thwarted womanly impulses: “she found herself recovering a firm footing in her works of womanly sympathy,” while “the woman’s tenderness for father and husband, had transformed itself into an enthusiasm of sympathy with the general life” (388, 389).

Nursing, Morality and Language

It is unsurprising that the figure of the nurse became connected to tropes of morality and spirituality. The sickroom was a privileged space within Victorian culture in various ways. Bailin has noted how the sickroom enabled the easing of social conventions: “The rigid inhibition of physical and emotional exposure in the Victorian era is also suspended in the sickroom, which thus becomes a privileged site of untroubled intimacy while staying within the moderating decorum of social propriety and realist convention” (22). The phenomenon of the numerous Victorians who withdrew to their bedrooms as invalids for significant parts of their lives – Charles Darwin, Herbert Spencer, Elizabeth Barrett Browning, Florence Nightingale herself – suggests that the sickroom offered also the privilege of a liberation from social obligations. In directing her nursing reforms from her bed, Nightingale, for example, was able to avoid many of the petty obligations of the upper-class woman which she lambasts in “Cassandra.”

However, as will be seen, the nursing scene was also a site of more abstract benefit. The most overt privilege of invalidism was that it supposedly offered a special connection to the spiritual arena. Harriet Martineau argues that “pain is the chastisement of a Father; or, at least, that it is, in some way or another, ordained for, or instrumental to good,” and thus that invalids have a more lasting, authentically-developed moral sense: “The constellations formed in the human soul, out of the chaos of pain, must have a duration compared with which, those of the firmament

are but as the sparkles showered over the sea by the rising sun” (7, 10). As Bailin notes, the idea of the “Christian grace of affliction” was powerful: Evangelicals, especially, “located privilege in a condition of suffering and frailty” (8, 10). Invalidism during the nineteenth century operated as a sign of heightened experience; as Susan Sontag has noted of tuberculosis, it was “a way of affirming the value of being more conscious, more complex psychologically,” as “[t]he melancholy character – or the tubercular – was a superior one: sensitive, creative, a being apart” (26, 32). Pain was valorised as the route to greater spiritual awareness.

The sickroom additionally is a site of privileged interpersonal communication and awareness. Inhabitants, nurse and patients, gain knowledge of each other denied to, or more difficult for, the outside world. In Nightingale’s *Notes on Nursing* (1860), discussion of the advice given by visitors reflects this insularity: “it is probable the patient has heard such advice at least fifty times before, and that, had it been practicable, it would have been practised long ago” (57). That is, the friends’ speech is characterised as most probably redundant in the face of the experience of the sickroom, whose inhabitants possess knowledge not available to the outside world. Harriet Martineau sets up a more explicitly insular channel of communication between sufferers:

In our wakeful night seasons, when the healthy and the happy are asleep, we may call to each other from our retreats, to know each how the other fares; and, whether we are at the moment dreary or at peace, it may be that there are angels abroad, (perhaps the messengers of our sympathies), who may bear our mutual greetings, and drop them on their rounds. (ix-x)

Here pain is both a medium of communication, and a means of access to an elite of suffering.

With pain as a badge of entry to the sickroom and otherwise unavailable emotional worlds, nurse-patient communication is unsurprisingly most easily available on the somatic level. Athena Vrettos has identified within Victorian culture “somatic fictions,” the tendency for the female body in particular to be read “as a text that offers privileged access to the emotional life of the subject,” while “the nurse becomes the privileged interpreter of embodied emotions” (15). Indeed, Nightingale notes, perfunctorily, as if stating the obvious, “There is, unquestionably, a physiognomy of disease. Let the nurse learn it” (*Notes* 66). The nurse is required to engage in intimate bodily observation – a directive contrasting with the prohibition on such intimacies in the outside world – and thus learns a language foreign to mere visitors to the sickroom.

The sickroom is constructed as a place which demands and promotes truth more strictly than does the outside world. Martineau claims that “[e]verything but truth becomes loathed in a sick-room. The restless can repose on nothing but this:

the sharpened intellectual appetite can be satisfied with nothing less substantial [...]” (26). The narrator of “Janet’s Repentance” also claims that “where a human being lies prostrate, thrown on the tender mercies of his fellow, the moral relation of man to man is reduced to its utmost clearness and simplicity” (310). Pain, here, is a type of filter of the deceptions of the outside world, a lens which enables sharper perception of inauthenticity.

Pain also forces a discipline on the speech of those who enter the sickroom; according to Martineau, linguistic communication must be controlled to avoid the “disguised selfishness” of lying to a patient to make oneself feel better (14). Contemporary advice literature continuously emphasises the importance of speaking honestly to the patient about his or her condition. Martineau frames this honesty as a blessing to be bestowed: “To each a separate gift may be appointed [...]. Let the nurse avow that the medicine is nauseous. Let the physician declare that the treatment will be painful. Let sister, or brother, or friend, tell me that I must never look to be well” (26). Her masochistic directives glory in the purifying pain effected by this honesty, and promote it as a sanctifying rite. Similarly, Nightingale also condemns false comfort, she “would appeal most seriously to all friends, visitors, and attendants of the sick to leave off this practice of attempting to ‘cheer’ the sick by making light of their danger and by exaggerating their probabilities of recovery,” and she advises that it is good for patients to have open conversations accepting the fact of their illness (*Notes* 54, ff.).

Nightingale makes clear that, besides this strict honesty of prognosis, other types of sickroom speech must be disciplined. In regard to observation of the patient she states that “[i]t is a much more difficult thing to speak the truth than people commonly imagine,” complaining that people either fail properly to observe, or combine failure of observation with the manufacture of non-existent symptoms (*Notes* 60). The questions posed to the patient must not be careless, but directed and precise, as “[l]ies, intentional and unintentional, are much seldomer told in answer to precise than to leading questions” (*Notes* 61). Additionally, the nurse must be careful not to speak of sickroom matters outside that sphere: “every nurse should be one who is to be depended upon, in other words, capable of being a ‘confidential’ nurse. She does not know how soon she may find herself placed in such a situation; she must be no gossip, no vain talker; she should never answer questions about her sick except to those who have a right to ask [...]” (*Notes* 70). While the instinctual means of communication – somatic language, the channels of sympathy between sufferers, and access to the divine – are facilitated in the sickroom, then, linguistic communication becomes more fraught.

Nursing and Public Speech

This continuum of ease of communication, as attached to the nurse, has an extension. In moving outward from the language of the sickroom to language used

in the public world, a further level of difficulty had to be faced. The reformers attempted to graft the domestic ideal onto their new-style professional nurse, but the ideal of caring which flourished in the domestic sphere could not be exported without conflict into the public, professional sphere. However, the reformers were of course attempting yet another challenging outward movement: they were violating ideals of feminine behaviour simply in speaking publicly. Sarah Ellis frames the injunction against women's speech when she declares that "it is the peculiar province of a woman, rather to lead others out into animated and intelligent communication, than to be intent upon making communications from the resources of her own mind" (145). Women had authority to speak in the sphere considered their peculiar province – the moral sphere – but in general conversation were expected merely to facilitate others' ideas. They were certainly not expected to intervene in public argument.

Nightingale's best-seller venture into public commentary on the issue, her tract, *Notes on Nursing*, registers the difficulty of this outward linguistic momentum. Her writing here is characterised by non sequiturs, a staccato style, and an overall tone of frustration, all of which make her prose seem congested. The subtitle, *What it Is, and What it is Not*, encapsulates this impatience in the grumpiness of its redundant phrases. Throughout, there are truncated or non-sentences, such as "Another objection." or "Again, a thing I have often seen both in private houses and Institutions" (7, 8). Often it seems that Nightingale is merely transcribing verbal complaints: "we are told, that 'with proper care it is very seldom that the windows cannot be opened for a few minutes twice in the day to admit fresh air from without.' I should think not; not twice in the hour either. It only shows how little the subject has been considered" (9-10). The following passage seems at best to give an enigmatic answer to a common complaint:

We are constantly told, – "But the circumstances which govern our children's healths are beyond our control. What can we do with winds? There is the east wind. Most people can tell before they get up in the morning whether the wind is in the east."

To this one can answer with more certainty than to the former objection. Who is it who knows when the wind is in the east? Not the Highland drover, certainly, exposed to the east wind, but the young lady who is worn out with the want of exposure to fresh air, to sunlight, &c. Put the latter under as good sanitary circumstances as the former, and she too will not know when the wind is in the east. (7)

In fact, Nightingale has completely failed to answer the first question concerning children's health, instead branching onto another favourite complaint, the healthiness of young women's physical environment. Nightingale ends her pamphlet

with a diatribe which gives some clue as to the source of this underlying frustration. She urges women to avoid the “jargon” about the “‘rights’ of women”

which urges women to do all that men do [...] merely because men do it, and without regard to whether this *is* the best that women can do; and of the jargon which urges women to do nothing that men do, merely because they are women, and should be “recalled to a sense of their duty as women,” and because “this is women’s work,” and “that is men’s” [...].

It does not make a thing good, that it is remarkable that a woman should have been able to do it. Neither does it make a thing bad, which would have been good had a man done it, that it has been done by a woman. (76)

The monosyllables of the final two sentences create a clogged, staccato effect. She ends, “Oh, leave these ‘jargons,’ and go your way straight to God’s work, in simplicity and singleness of heart” (76). She shuttles between the antifeminist derision of women’s rights, and the feminist desire that women’s work should not be constrained by gender. Her tirade is an expression of frustration with the competing ideological discourses which prevent efficient action. Nightingale’s writing describes the ideological struggles of imposing nursing reform; in fact, her congested language also figures this contest. The discursive conflicts of the reform movement pervade her very prose. She wrestles with language in the same way that she wrestled with a hostile culture.

The Contested Language of the Nursing Heroine

In the fiction by Gaskell and Eliot I have discussed, language similarly carries symbolic weight. In the same way that fiction refracted the anxieties about female nursing and morality into tropes of characterisation, so too does it demonstrate the fraught connections between nursing, the sickroom and language. Just as reformers faced conflict in bringing the domestic angel into the public world of nursing work, so too do the heroines of these novels experience differing forms of linguistic conflict in their interaction with the public world, in ways which tend to contrast the authenticity and ease of their experiences within the sickroom.

Wives and Daughters: Speech and Silence

Molly Gibson experiences a disjunction between her own morality and that of the world around her. She is surrounded by people who cause her distress because of their ill behaviour: Mrs Gibson, Mr Preston, Osborne Hamley, Cynthia. In response Molly is repeatedly silenced in the face of this moral inadequacy, indeed, at key

points she is specifically enjoined to keep silence. Rather than participate in hypocrisy, she eschews language. Her speech, that is, reflects her conflicted position as interface between the ethical values she holds, and her morally-inadequate associates.

Molly is early known for her assertive speech; it signifies her feeling for honesty and right behaviour. In this novel, the heroine's speech represents authenticity. She righteously "flew out into such a violent passion of words" (34) when she feels the maid has been rude to her governess. She criticises gossip "with some vehemence," ordering the Miss Brownings to "put a stop to any such reports; you don't know what mischief they may do" (465). Molly finds the Miss Brownings' coy references to the tales of "a little bird" inflammatory; she "knew that little bird from her childhood, and had always hated it, and longed to wring its neck. Why could not people speak out and say that they did not mean to give up the name of their informant? But it was a very favourite form of fiction with the Miss Brownings [...]" (464). Molly opposes these fictive creations; her passionate speech represents a passion for transparent communication. The speech patterns of other characters are also morally significant: Molly's honesty and her liking for direct speech form a particular contrast with both the behaviour and speech characteristics of her new stepmother. Mrs Gibson's hypocrisy and lack of self-awareness take shape in a kind of violence done to the accepted meanings of words. Her speech is a vacuum of signification, a collection of words deprived of their force of meaning: Molly becomes irritated listening to Mrs Gibson's conversation, which was "a long series of words, more frequently plaintive or discontented in tone than cheerful, and which at the end conveyed no distinct impression of either the speaker's thought or feeling" (470).

As Molly becomes caught between Mrs Gibson's hypocrisy and self-contradiction, and loyalty to her father, her own speech grows more staccato. She is aware of the deceptive power of her stepmother, "the webs, the distortions of truth which had prevailed in their household ever since her father's second marriage" (380), but keeps silent about it: she "knew that very often she longed to protest, but did not do it, from the desire of sparing her father any discord" (380). Mr Gibson even recognises that Mrs Gibson imposes deceptions which inhibit free speech between him and his daughter: "It was better for them both that they should not speak out more fully" (419). The choice between speech or silence represents Molly's moral struggles: "It was a wonder to Molly if this silence was right or wrong" (380). Molly is silenced in the middle of attempting to defend Cynthia: "'Oh, papa -' said Molly, and then she stopped; she wanted to speak in favour of Cynthia, but somehow she could form no reply that pleased her to this repeated inquiry" (418).

Crucially, Molly is required to keep silence about two love affairs, and suffers when she cannot speak out to defend herself against the loose speech of gossip. Osborne Hamley forces Molly to keep her knowledge of his marriage secret, and

Cynthia urges Molly not to speak of the history between her and Mr Preston, although Molly at various points feels that these secrets should be made public. She suffers from the deception of these silences; she blushes when she remembers Osborne's wife, and "Mr Gibson noticed the blush with anxiety. What did it mean?" (418) More damaging still to herself is her silence about Cynthia's affair, a form of righteous loyalty which is powerless against the force of undisciplined speech: when "the buzzing gossip about Molly's meetings with Mr Preston [...] had been gathering strength, and assuming the positive form of scandal" (532), she feels constrained to keep her promise of silence, even when it means her own reputation is stained with scandal. Molly must also keep silent about her attraction to Roger Hamley. In response to Cynthia's declaration that Roger will be missed, "Molly's lips formed an acquiescing 'yes' to this remark, but no sound was heard" (381); her real passion is not an accepted topic of speech in the face of Cynthia's official connection. Authentic emotion must fall silent in the face of convention. In contrast, Molly is confident and competent when she is able to tell the truth; in confronting Mr Preston she tells him "firmly," "She will never marry you" (505), and "almost could have laughed; she was so secure and certain" (505) in the face of his threats of retaliation.

Standing for vehement honesty, Molly feels keenly the contradictions of the outside world, its deceptions and petty sins; and her discomfort, her inability to absorb these disjunctions, is made manifest in her speech. The sickroom, in contrast with the everyday world of duplicity, becomes a place in which both her instincts – her natural capability for nursing – may operate freely, and her speech becomes easier. Not only is this where her "Worth is Discovered" but also, when she is required to speak in the sickroom in order to soothe a patient, she produces "an easy flow of talk" (197). She is also highly sensitive to others' communications; she "felt rather than heard that Aimée spoke to her" (605). Her instincts and values are able to shine when she is freed from the petty conventions of the wider world.

Molly's own period of illness operates to draw others' attention both to their treatment of her, and to the changes she has undergone. When she falls sick her father is conscious-stricken that she has been overworked in caring for Aimée, and Squire Hamley worries that "we've all on us been coming too hard upon her" (612). Molly notes of herself "how cross I do get since I have been ill" (627), and wishes she did not have "to listen, without remonstrance, to hearing plans discussed about her, as if she was an inanimate chattel" (644); that is, she displays a greater awareness of, and tendency to express, her own wishes and her own sense of self. Perhaps most significantly, Roger Hamley particularly notices Molly during her process of recovery at the Towers, which seems to occur in an interactive fashion with the growth of their mutual attachment. Molly's illness – initiated with suggestions of a nurse's martyrdom like that of Esther Summerson – is a period of heightened emotional experience, like so many within the contemporary culture.

Moderating Speech: "Janet's Repentance"

In contrast to Molly Gibson, the heroine of "Janet's Repentance" undergoes a sharp period of moral growth. Her speech, like Molly's, is a reflection of her moral status, but this narrative focuses on how its heroine's status must be improved from a condition of inadequacy. Janet's articulateness, and the implication that she could use it unfeelingly, are indicated early by Miss Pratt's comment that she was "a little too much lifted up, perhaps, by her superior education, and too much given to satire, but able to express herself very well indeed about any book I recommended to her perusal" (215). Conversely, just as Mrs Pettifer's reports of her nursing activities contribute to a positive assessment of Janet's character, so does her comment, "I never see her but she has something pretty to say to me" (215). Janet's potential for both good and bad is hereby laid down.

The incident of the playbill is crucially symbolic: it is literally an expression of malignant public speech by Janet, and is symbolic of her spiritual decay. The extent of her authorship of the satirical attack on Mr Tryan is not clear: Mr Dempster "dictated" it to Janet, and it is described as "Mr Dempster's sarcasms," yet earlier he uses the first person plural in suggesting "We'll get up a programme," Janet is enthusiastic about the plan, and it is she who suggests the use of Tryan's sermons, which she keeps upstairs (237, 251, 236). Regardless of the ambiguity, however, she is morally tainted by her part in this cruelty, and must repent both of this act and of the spiritual malaise which has overtaken her along with the ills of her marriage. Her first encounter with Tryan emphasises the beneficent nature of his speech, in that before she interacts with him she "was obliged to hear what Mr Tryan was saying" (265). His humble, kind words touch her good nature and inspire their reconciliation.

Dempster's delirious illness is another key interlude; it refracts the tension surrounding speech in this story. The rift between Dempster and Janet is made clear in their failure to communicate: Dempster raves of phantoms, and cannot hear Janet's reassurances. As Dempster dies, the moment of positive, forgiving speech is thwarted:

He kept his eyes fixed on her, and there was a faintly perceptible motion of the lips, as if he wanted to speak.

But the moment of speech was for ever gone – the moment for asking pardon of her, if he wanted to ask it. Could he read the full forgiveness that was written in her eyes? (314)

The only potential for their forgiveness lies in the unresolved possibilities of a look. Janet is denied certainty over her reconciliation with her husband in a way which firstly symbolises the breakdown of their relationship, and also points to her need to

renew her faith. Mr Tryan's key role in this spiritual renewal makes it fitting that Janet is able to persuade him to take a more comfortable home. It is her beneficent speech which persuades Tryan where no-one else can. Her articulateness is here used for good, in place of the earlier satire: "this was an unexpected opportunity for beginning her work of persuasion" (329). The second deathbed scene leaves Janet with a more certain communion, as she and Tryan kiss.

The narrator emphasises that it is not simply Janet and Mr Dempster's farewell which is wordless. In a long, reflective passage the sickroom itself is characterised as a place where instinct and action rule over complex thought:

No wonder the sick-room and the lazaretto have so often been a refuge from the tossings of intellectual doubt – a place of repose for the worn and wounded spirit. Here is a duty about which all creeds and all philosophies are at one: here, at least, the conscience will not be dogged by doubt, the benign impulse will not be checked by adverse theory; here you may begin to act without settling one preliminary question. To moisten the sufferer's parched lips through the long night-watches, to bear up the drooping head, to lift the helpless limbs, to divine the want that can find no utterance beyond the feeble motion of the hand or beseeching glance of the eye – these are offices that demand no self-questionings, no casuistry, no assent to propositions, no weighting of consequences. (310)

The sickroom allows the performance of certain good, in that it necessitates action which seems obviously, instinctually right. Complex linguistic, philosophical thought gives way to instinctive impulses. Nursing is a force for good in itself: nursing promotes love over selfishness, as Janet discovers. Although she cannot save her husband, the dark hour of the sickroom brings her to forgiveness of him, and the point of return to her own spiritual health.

Romola: Instinct and Sophistry

In her later novel, *Romola*, Eliot takes up in a more thoroughgoing way the tension between nursing and intellectualism made explicit by the narrator of "Janet's Repentance" during the interlude of Dempster's illness. However, in contrast to both *Wives and Daughters* and "Janet's Repentance," wherein the language of conflict centred on morality, throughout this novel it centres on patriarchal modes of learning. This novel lines up and opposes patriarchal scholarship and sophistry on one side, and a form of instinctive feminine compassion on the other. *Romola*, like Janet, undergoes a moral rebirth, signified by her movement from one to the other, from filial service to the corruptions of words to her own womanly tenderness in

nursing. Romola first appears allied to her father's scholarly project; the eventual undermining of this activity is prefigured in the dream of Romola's brother:

instead of water, I saw written parchment unrolling itself everywhere, and instead of trees and herbage I saw men of bronze and marble springing up and crowding round you [...]. And the bronze and marble figures seemed to mock thee and hold out cups of water, and when thou didst grasp them and put them to my father's lips, they turned to parchment [...] and the parchments shrivelled up, and blood ran everywhere instead of them, and fire upon the blood, till they all vanished. (161-62)

Her father's scholarship is confirmed as dry and worthless in nurturing life; this dream is a portent that Romola must find a worthier ideal.

Although Romola at first wishes to identify with the project of her father's scholarship, it soon becomes a symbol of an unauthentic life. Romola only undertakes the drudgery of this man's work (she reads to her father, fetches books for him and copies out the catalogue); it cannot be a fulfilling life's work for her. Although she can ventriloquise the justifications for this work – “Romola spoke partly by rote, as all ardent and sympathetic young creatures do; but she spoke with intense belief” (158) – she shows that she does not at heart like the work in which she is involved: “she looked with a sad dreariness in her young face at the lifeless objects around her – the parchment backs, the unchanging mutilated marble, the bits of obsolete bronze and clay” (52). Through the course of the novel, the dreary, mutilating, and obsolete nature of this scholarship becomes evident. Significantly, Romola meets the faithless Tito via her father's scholarship, and first argues with him over the fate of his library of books. Whereas Tito signals his selfishness in his lack of care for it, Romola's higher moral stature is indicated by the fact that her family loyalty is more forceful in her arguments than any interest in the content of the volumes.

Romola is attracted away from her relationship with Tito and with scholarship towards the ethical intensity of the preacher Savonarola. At first he offers a new moral fulfilment, but she must learn that he stands for another kind of sophistry, that even religion can be corrupted by the manipulative potential of words. In horror at his self-defence of his betrayal of the conspirators, Romola experiences an epiphany: “at this moment she was so utterly in antagonism with him, that what he called perplexity seemed to her sophistry and doubleness; and as he went on, his words only fed that flame of indignation” (499). Romola's wrestling with Savonarola's directives is revealed to be a conflict with his commitment to particular concepts. He believes in “the simplest law that lies at the foundation of the trust which binds man to man – faithfulness to the spoken word” (362), but words are revealed to be empty without the backing of authentic feeling or morality. He

reiterates “the obligations of your place and name” (366), and claims that ““You may say, ‘I will forsake my husband,’ but you cannot cease to be a wife”” (366); he holds the spoken pledge of her marriage higher than other obligations. These concepts of pledges, names and wifehood become hard and empty. Romola becomes frustrated with semantics: “Why should she care about wearing one badge more than another, or about being called by her own name? She despaired of finding any consistent duty belonging to that name” (507). After the “new baptism” of nursing the plague-stricken village, Romola sees the concepts she served as empty: “the simpler relations of the human being to his fellow-men had been complicated for her with all the special ties of marriage, the State, and religious discipleship” (567) – these words are dropped like stones by the narrator, like the unyielding concepts they have become.

Romola’s nursing is an eschewal of this empty wordiness. She cares for her patients instinctively, without rational thought, “the reasons for living, enduring, labouring, never took the form of argument” (567). Afterwards, she compares this experience with her life in Florence, condemning the machinations of her mind which opposed her instinctive morality: “she had been rash, arrogant, always dissatisfied that others were not good enough, while she herself had not been true to what her soul had once recognized as the best” (568). Romola here literally eschews wordiness. Once she gleans the initial information that the village has been struck by plague, she takes linguistic control, in that she is the only character given direct speech. She uses simple sentence structures and predominantly monosyllabic words: “‘You will fear no longer, father,’ said Romola, in a tone of encouraging authority; ‘you will come down with me, and we will see who is living, and we will look for the dead to bury them’” (565). Her concluding philosophy emphasises this instinctual morality over learned sophistry:

“We can only have the highest happiness, such as goes along with being a great man, by having wide thoughts, and *much feeling* for the rest of the world, as well as ourselves; and this sort of happiness often brings so much pain with it, that we can only tell it from pain by its being what we would choose before everything else, because *our souls* see it is good.” (587, my emphasis)

Again, she emphasises the soul’s instinctive perception of moral good. Romola has put aside both the scholarly leadership of her father and the semantic emptiness of Savonarola’s brand of religion; she has given up these men’s words in finding her own, surer philosophy of the world. Romola’s conflict with the world is resolved when she is able to export her instinctual nursing compassion into wider aspects of living.

Contested language, then, becomes an important symbol of conflicts in which the heroines of the novels under consideration are engaged. In *Wives and Daughters*, the heroine's speech represents her authenticity and sturdy moral status, in contrast to an inadequate and hypocritical community. "Janet's Repentance" associates the heroine's spiritual rejuvenation with a change in the way she uses language, from hurtful sarcasm to beneficial persuasion. In *Romola*, patriarchal language stands in the way of the heroine's instinctive morality; she must disassociate herself from the arid learning and religious semantics to which she is attracted. The linguistic conflict occurs as the heroines emerge from their nursing scenes, which, in contrast, are primarily presented as positive personal experiences. The use of language as a trope of constraint and emancipation in the context of these novels, with their moral nursing heroines, may be traced to the terms of the contemporary nursing reform debate.

As we have seen, the contemporary discourse of nursing reform was fraught with ideological tension which centred on notions of feminine morality and language. Reformers were able to use the figure of the domestic woman to facilitate their introduction of a new-style professional nurse. Already the site of contestation over women's proper role, the idealised figure of the domestic woman was further undermined by its attempted extension to cover paid work outside the home. The conflict attending the reformers' public debate may be seen as an extension of the continuum of linguistic ease and difficulty which was discursively connected to the sickroom and the female nurse.

The conjunction of domestic morality and the figure of the nurse, and the linguistic conflict which surrounded this nexus echoed with the emancipation of contemporary women; unsurprisingly, therefore, it proved fertile symbolic ground for the symbolism adhering to mid-century fictional heroines' development. Just as Florence Nightingale's congested prose figures the inevitable ideological clashes of these reforms, these fictional heroines' silences and staccato rhythms within the public worlds of the novels reflect Nightingale's and other reformers' polemical struggles.

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