

## INTRODUCTION

*Convalescent Time*  
*Caregiving and the Strain of Modern Life*

Today, we wish each other a “speedy recovery” when we fall ill; Victorians, by contrast, aspired to a delightfully slow, meandering recuperation. In fact, the slow time of convalescent care – characterized by uncertain progress, ambiguous outcomes, and an emphasis on daily pleasures – was deemed crucial to its therapeutic value. In the face of the seemingly accelerated pace of modern life, many nineteenth-century thinkers turned to traditional, open-ended practices of convalescent care as a promising way to ameliorate the harms of the harried modern age, particularly for working-class and impoverished sufferers. This book tells the story of how a culture-wide consensus surrounding the benefits of convalescence helped to rationalize new practices and institutions in the long nineteenth century: philanthropic homes specializing in relaxation, moral transformations that took place in fits and starts, extended aftercare for asylum inmates, and even a method of aimless novel-reading for overworked professionals. As I will show, many novels accumulate convalescent characters in order to initiate readers into a beneficial experience of tracking slow, fitful progress. Indeed, the novels profiled here deliberately harness what I call “convalescent time” in order to train readers in an ethical reading posture in which the slowly emerging and contingent meanings of the unfolding plot could be valued over and above the novel’s own chosen resolution.

Perhaps the most notorious convalescent literary character of this era is Esther Summerson, of Charles Dickens’s *Bleak House* (1852–53), whose fitful recovery from a contagious disease spans the entire second half of this lengthy novel. Having consistently evaded other characters’ questions about the progress of her recovery, Esther once again faces curiosity about her unresolved recuperation in the final scene. Here, Esther’s new husband, Allan Woodcourt, insists that she is fully well. He asks, “[D]on’t you know that you are prettier than you ever were?”<sup>1</sup> Esther remains unconvinced, however, as she turns to address the reader: “I did not know that; I am not certain that I know it now” (989). Because of

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Esther's uncertainty, this thousand-page novel famously ends in an incomplete sentence: "they can very well do without much beauty in me – even supposing – ." While scholars have attributed Esther's lingering hesitation to a "seemingly obsessive" modesty, this study posits that it actually reflects a larger tradition of valuing and analyzing convalescence, the long and indeterminate interlude following acute illness.<sup>2</sup> In the nineteenth century, the drawn-out process of recuperation was viewed as a significant experience in its own right, an opportunity for reflection, leisure, and expanded sympathies. Esther's dash insists upon treasuring the experience of an unresolved recovery. In this valuation, the iconic final dash of *Bleak House* is far from idiosyncratic; it is but one example of a complex nineteenth-century discourse of convalescence, its caregiving, and its interpretive strategies.

Victorians viewed convalescence as a category entirely distinct from both illness and health; as such, convalescence required its own unique caregiving practices. As the 1865 self-help guide *The Restoration of Health* explained, a convalescent patient "remains for some time in an intermediate state – neither ill, nor yet quite well."<sup>3</sup> Rather than a precisely defined bodily condition, convalescence was primarily conceptualized as a period of time, a phase of ongoing recuperation following a serious health crisis. A patient could remain convalescent for weeks, months, even a year or more before transitioning to a more stable bodily condition. Convalescence did not necessarily portend complete recovery. Rather, it could resolve eventually into a range of outcomes, including full recovery, a level of impaired health, a chronic condition, or deterioration into acute illness. Florence Nightingale even warned that, in the absence of proper caregiving, "[l]ong convalescence ending in relapse or death is by no means unfrequent among the poor."<sup>4</sup> Physicians attributed the varied outcomes of convalescence both to a patient's specific disease or affliction, as well as to the larger social and physical environment in which the patient convalesced. If a patient recuperated in unaired quarters, resumed work too quickly, or experienced mental distress, such harms could disastrously affect the likely outcomes of convalescence itself. Thus to foster as full a recovery as possible, campaigners believed that patients of all social classes needed several weeks of leisure, diverting activities, culinary indulgences, and fresh air.

This study spans 1820–1914, a period that represents a kind of renaissance in convalescent care for British history. In this period, a wide range of reformers, journalists, and medical experts emphasized the value of convalescent care for all levels of society. An entire publication market of convalescent cookbooks, caregiving manuals, and religious devotionals

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emerged to teach middle-class and aspirational audiences how to convalesce in their own homes. Additionally, major periodicals often published autobiographical essays by male journalists, who described how much they enjoyed prolonged convalescence as a relief from their habits of overwork. Yet even as the practices of nineteenth-century convalescence may seem luxurious to modern eyes, various campaigners and officials in this era consistently worked to extend convalescence to new segments of society. As early as the 1820s, the East India Company and the British Army funded convalescent depots for enlisted European soldiers stationed in India, hosting men for many months in the temperate (and supposedly home-like) climate of the Himalayas. In Britain, the first philanthropic convalescent home opened its doors in 1841, instigating a widely popular model of charity which offered impoverished and working-class patients several weeks of rest in the country or at the seaside following their discharge from urban hospitals.<sup>5</sup> Beginning in the 1870s, a few reformers even sought to build on the popularity of convalescent homes to argue that inmates of county insane asylums needed a similarly expansive period of post-acute relaxation. Thus by the end of the century, ostensibly indulgent practices of convalescent care were available for many seemingly unlikely groups: enlisted soldiers serving abroad, working-class city dwellers, and even some discharged asylum patients.

Victorians valorized convalescence and its caregiving in distinctive ways; however, the concept of convalescence itself was far from new. Hannah Newton's study of early modern recovery from illness actually traces the category of convalescence to "ancient Hippocratic-Galenic medical traditions," which theorized a "neutral" body categorically distinct from both illness and health.<sup>6</sup> In fact, Newton's study reveals that many of the common nineteenth-century practices for convalescence drew on a deeper history. For one, Victorians would have fully agreed with the early modern advice that the convalescent needed "an armchair for afternoon naps, easily digestible meals, and merry company."<sup>7</sup> But even as practices of convalescence predate the era, the discursive possibilities of this care proliferated greatly in the nineteenth century. Time and again, a wide spectrum of nineteenth-century thinkers and reformers pointed to received traditions of convalescent caregiving as a potent solution to a range of distinctly modern ills. Expansive post-acute care was, apparently, a fitting intervention for such diverse problems as the systemic ill-health of the poor in industrialized cities, the overwork of precariously employed professional men, the accumulation of incurable cases in insane asylums, the human and economic cost of imperial expansion, as well as the emotionally harried

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life of everyone in the modern age. While the specific caregiving practices for convalescence were not new, this sprawling vision for their value certainly was.<sup>8</sup> Over the course of the nineteenth century, convalescent care came to represent a larger societal good, an experience which, if widely available, could counteract some of the most insidious dangers of modern life. In fact, it is this comprehensive societal thinking, rather than any changes in caregiving, that may explain why we now associate the very word *convalescence* with the Victorian era.<sup>9</sup>

As nineteenth-century thinkers described it, convalescence could act as a kind of multipurpose salve for modernity because it represented a timescale removed from pressures of efficiency and productivity. Conventionally, convalescence lasted at least a month, during which men and women alike abstained from work and domestic duties in order to focus exclusively on their slowly improving health. One journalist convalescing from both phthisis and overwork mused, “The sense of absolute repose is also, without doubt, an important factor in the work of recuperation; no letters, no newspapers, none of the hurry, scurry, and daily wear and tear, which mark our nineteenth-century life.”<sup>10</sup> A convalescent devotional writer concurred, “The bustle, the stir and tumult, the business, and the voices of this world, are hushed for you [. . .] Only a little while will the restful pause last – only a few brief days or weeks, and then you will be swept forth again to take your part in the great struggle of life.”<sup>11</sup> Despite the precarity of convalescence – hovering between possible relapse and potential recovery – it was apparently a welcome respite, a “restful pause,” from the demands of quotidian health. Such an extended reprieve was apparently especially critical to impoverished and working-class convalescents. One convalescent home matron even declared that her patients improved precisely because “for the first time in their lives they could enjoy the feeling of being at leisure; of resting, without the sorrowful knowledge that rest today meant hunger tomorrow.”<sup>12</sup> More than a respite from the ravages of diseases, convalescent care represented for nineteenth-century thinkers a crucial relief from the unrelenting demands of productivity in the modern age.

The time of convalescence, according to Victorian thinkers, was both full of uncertainty and potentially liberating. Convalescent patients and their caregivers could not precisely predict the duration of their recuperation, nor what their future state of health would look like. In the face of such uncertain futures, convalescent texts regularly encouraged both patients and caregivers to redirect their attention away from predicting the possible outcomes of convalescence to focus instead on the daily pleasures of convalescent leisure. “Let us not seek to penetrate into

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a future which God hides from us,” one convalescent devotional advised.<sup>13</sup> Even positive conjectures could be hazardous, as a caregiving manual warned, “lest the dangerous hopes which convalescence brings with it should meet with disappointment.”<sup>14</sup> Instead of looking to the future for meaning, patients and caregivers were supposed to simply delight in “the days of deferred recovery.”<sup>15</sup> Thus across an expansive range of nineteenth-century texts, convalescent time was defined as a period set apart from one’s routine life, in which one’s day-to-day progress, setbacks, or distractions were supposed to take precedence over more utilitarian worries about one’s long-term prospects of health and work. Paradoxically, such a focus on the present moment of recuperation, it was thought, could even foster fuller recoveries.

The characteristic features of convalescence – its erratic progress, enjoyable delays, and disparate outcomes – offer new ways to analyze the narrative form of illness in Victorian novels. Critics have described literary illnesses in this era through two overarching paradigms: curative trajectories that offer closure, or the narrative dilation of more static conditions.<sup>16</sup> In her foundational study of the Victorian sickroom, Miriam Bailin inaugurated the former model in her assessment that sickroom scenes offer “a conventional rite of passage issuing in personal, moral, or social recuperation.”<sup>17</sup> By reconciling deviant characters into the therapeutic space of the sickroom, Bailin argues, literary illnesses serve as “a cure for self and narrative incoherence.”<sup>18</sup> Reading against such teleological expectations, Maria Frawley examines physical conditions that categorically resist narrative closure. Invalids, according to Frawley, represent “an apotheosis of inertia”; their incurable conditions placed them in “a more stationary, nonlinear space.”<sup>19</sup> Convalescence diverges from both these narrative models because it was, historically, neither a medical crisis nor a static condition, but a transitional period (though a transition to *what* was uncertain). Yet because of this ambiguity, convalescent care was offered to post-acute patients of all kinds, both those likely to return to normative health and those who recuperated from a serious attack within a more long-term illness. Thus the timescale of convalescence existed alongside and, importantly, *within* the dilation of chronic narratives and the hope of cure.

By tracking the myriad of ways that Victorians embraced the temporality of convalescence as a prized experience – one particularly precious in an age of technological and industrial change – this book aims ultimately to reevaluate literary portrayals of extended recovery in this era. Novels of the long nineteenth century routinely depict extended, laborious recuperations; some even pace their entire plots on the aftermath of one or more

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serious illnesses. According to nineteenth-century modes of thought, a recuperative period of leisure, aimlessness, and uncertainty was itself a physiological, psychological, and even a moral good, quite apart from the health outcomes such a respite achieved. When novels accumulate multiple convalescent plots, they initiate readers into this familiar time-scale and train them to identify distinctive opportunities in ongoing narratives: a period of reflection, a repose from future-oriented predictions, even a suspension of social duties. Indeed, the novels profiled here take this readerly initiation a step further, using convalescent time to stage an ethical conflict between the ongoing plot and its ultimate conclusion. These texts use the insights gained during convalescent time to figure a right-minded alternative to hasty conclusions, moralistic verdicts, and overly utilitarian justifications. More than simply forestalling a character's ultimate fate, then, periods of convalescent time train readers in a method for valuing the ambiguous and emergent meanings of the unresolved plot even when the ending appears to offer interpretive finality.

I profile five key novels that harness convalescence as a model for interacting with their plots. These novels span the height of convalescent care's prominence in British culture, from the earliest philanthropic convalescent homes to just before the First World War, the point at which medical models of physical rehabilitation began to eclipse traditional practices of convalescence. Even as they represent disparate genres, styles, and political viewpoints, Charles Dickens's *Bleak House* (1852–53), Elizabeth Gaskell's *Ruth* (1853), Wilkie Collins's *The Moonstone* (1868), Samuel Butler's *Erewhon* (1872), and Frances Hodgson Burnett's *The Secret Garden* (1911) all accumulate multiple convalescent characters. Some of these texts have notoriously unsatisfying resolutions, such as Esther's refusal to admit healing in last line of *Bleak House*, Ruth's seemingly punitive death in Gaskell's novel, or Colin's strangely triumphant health in the final scene of *The Secret Garden*. Yet as I will show, all of these texts transpose the ongoing uncertainty of the convalescent experience onto the reader, a depiction that invites readers to distrust the novel's own attempts at tidy closure. Drawing on contemporary valuations of the benefits of convalescent time, these novels position their rehabilitation plots as a kind of ethical readerly training in how to interact with the slow time of novel-reading.

### **The Afterlife of Illness: A New Narrative Paradigm**

Victorians' admiration for the time of convalescence offers distinctive ways to discuss illness in the literature of the era. Of course, many scholars have

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explored the ubiquity of illness plots in this period, a pattern that may be attributed to the scale of disease and illness more generally.<sup>20</sup> As Erika Wright puts it, “For many scholars, the Victorian novel would not be *Victorian* without illness.”<sup>21</sup> As a result of decades of studies about literary illnesses and impairments, readers of Victorian novels now can readily recognize the narrative conventions surrounding such stock characters as the deathbed penitent, the professionally prolific invalid, the aestheticized consumptive, the melodramatic disabled woman, and the effeminate disabled man.<sup>22</sup> The convalescent, however, is not exactly a new entry into this pantheon of figures; rather, according to nineteenth-century thought, all of the above figures could experience “the delicious sensations of convalescence.”<sup>23</sup> Convalescence was not a precise bodily state, but rather a period of time, a phase when acute symptoms had subsided though the patient experienced lingering weakness and impairments. During convalescent time, bodily states, social roles, and prognostic futures were all unknown and unsettled. Thus, as I will show, literary scenes of convalescence represent moments when all kinds of meaning are up for renegotiation.

In the first wave of literary studies of nineteenth-century illness, many critics argued that narrative itself is aligned with illness, a reading that often linked narrative closure to the end of illness. Athena Vrettos states categorically, “[T]o be ill is to produce narrative.”<sup>24</sup> In this reading, the progression of symptoms, the tracing of causes, and the process of treatment all supply narrative interest that resolves when a patient is either successfully cured or succumbs to the affliction. Miriam Bailin argues that illness in nineteenth-century fiction functions as both a narrative conflict and a means of closure. Bailin observes that literary sickrooms stage emotional reconciliations between socially deviant patients and their caregivers; thus literary illness “in effect serv[es] as the antidote for the very disorders it signified.”<sup>25</sup> Even if a character dies or is permanently impaired, the literary illness nevertheless serves as “the narrative cure” through “reclaim[ing] these characters in crisis by initiating them into the consoling community of the sickroom.”<sup>26</sup> While Victorians certainly treasured the social ties created by physical suffering, Bailin’s focus on the stand-alone sickroom “crisis” precludes much more fraught and long-term recovery narratives. Historically, the advent of convalescence brought a whole new range of stressors. In fact, convalescents were famously irritable: prone to quarrel with previously sympathetic caregivers, or to feel neglected by friends once the crisis had passed, or to obsess over their prospects for the future.<sup>27</sup> Novels are also invested in portraying the complex aftermath of illness, as the extended recuperations of characters like Esther Summerson, Lucy

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Snowe, and Ruth Hilton show. Both in nineteenth-century novels and other texts, convalescence was not a simple denouement, but a time for actively renegotiating one's presumptions, values, and social role.

The erratic timescale of convalescence also troubles scholarly paradigms that read illness or impairment in terms of identity. Scholars like Maria Frawley, Martha Stoddard Holmes, and Karen Bourrier have focused on how bodily states of impairment translate into specific identity positions. Frawley argues that the category of Victorian invalidism, as a chronic or sustained experience of impairment, functions as an "identity [that] would then supersede other dimensions of their personhood."<sup>28</sup> Martha Stoddard Holmes similarly focuses on disability as an identity, arguing that Victorian texts helped to create "a social identity for disabled people that was significantly defined in emotional terms."<sup>29</sup> Building on these scholars, Karen Bourrier identifies a pattern of male literary characters with orthopedic deformities, conditions which are "seen as a permanent part of his character."<sup>30</sup> Convalescence, however, was not an identity but a temporality. It was an experience of prolonged weakness and impairment following a health crisis. Yet as such, this recuperative experience could be shared by those deemed chronic as well as those whose afflictions seemed to portend a complete recovery. Thus while critics often view Victorian culture as policing a stark divide between normative and non-normative bodies, the history of convalescence reveals an alternative interpretive ethic and caregiving practice which viewed the boundaries of invalidism, disability, and full health as potentially permeable.

The timescale of convalescence was shared by a rather eclectic range of sufferers, a fact that may seem odd to modern readers who may be more used to thinking of illnesses in terms of distinct diagnoses and prognoses. In recent years, literary and historical studies of illness in the nineteenth century have tended to profile a single disease or disability, such as tuberculosis, smallpox, deafness, blindness, syphilis, malaria, and cancer.<sup>31</sup> Together, these studies elaborate on the ways that such specific physical conditions interacted with (or challenged) larger cultural systems of meaning-making. This study, by contrast, discovers vital caregiving practices that linked disparate diagnostic categories. The records of Victorian convalescent homes testify that this kind of care was offered to survivors of contagious epidemics, recovering surgical amputees, and laborers broken down from overwork; some convalescent homes even specialized in the care of postpartum women, consumptive sufferers, and people with epilepsy.<sup>32</sup> Moreover, some insane asylums and charities even offered convalescent care to mental-health patients, and the records of military convalescent depots include cases ranging from liver complaints to sexually transmitted diseases. As a wide-ranging category of



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sustained post-acute impairment, convalescence thus enables us to recognize new patterns in nineteenth-century novels. For example, in *Bleak House*, many scholars have discussed the social ties implied by the contagious fever that infects Jo, Charley, and Esther. Yet in the novel's investigation of the accessibility of aftercare, these characters share the same needs as the post-partum Caddy, the epileptic Guster, the paralyzed Sir Leicester, and the disabled Phil Squod. Taken together, these characters do not share a diagnosis, social class, or even a likely prognostic future. Instead, all of them have the potential for some gradual improvements under the right caregiving environment.<sup>33</sup>

My work on convalescent plots in nineteenth-century novels turns away from established scholarly methods of tracking how individual characters are implicated in specific diagnostic and identity categories, to a much broader network of shared experiences of uncertain health, lingering trauma, and new opportunities. In this, my work has much in common with Talia Schaffer's recent scholarship on communities of care in nineteenth-century novels. Schaffer also argues for the importance of evaluating caregiving opportunities across disease categories.<sup>34</sup> By focusing on an ethics of care rather than a taxonomy of bodily conditions, Schaffer argues that we can resist the division in today's culture between abled and disabled bodies: "Redefining the issue as 'need' rather than 'ability' works against the notion that disability is a particular identity permanently inherent in some people (and determining everything about them), and not at all present in others."<sup>35</sup> Schaffer argues that such attention to need is characteristic of Victorian fiction, which often depicts voluntary caregiving communities forming around sufferers. These fictional communities can even offer "a temporal respite as well as a social haven, a space outside of political, productive, or practical needs."<sup>36</sup> While Schaffer takes a theoretical approach to the ethics of care in nineteenth-century fiction, my work reveals that novels of this era drew upon a rich historical discourse to fashion the temporal unfolding of their convalescent plots.

In both literary and historical accounts, convalescence was a period set apart from prognostic outcomes. Narratively, then, it represents a pause in which the unfolding, contingent meanings of the ongoing recovery process can be valued regardless of later developments. While these plots may appear uneventful (particularly when compared with climactic illness scenes), they represent moments when novels are offering alternative methods for evaluating the progress of both illness and narrative. For example, instead of parsing the evocative imagery of Esther's fever dreams in *Bleak House*, my reading finds particular significance in passages that

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describe how various caregivers (including Esther, Charley, and George Rouncewell) comfort their patients during long hours in a dreary sick-room. These scenes ultimately offer concrete ways to trace meliorative social change, countermanding the abrupt closure of Bucket's police chase near the end of the novel. While other scholars focus on the typhus epidemic in Gaskell's *Ruth*, I examine the weeks of Ruth's postpartum recovery, a narrative episode "when there was nothing to decide upon, and no necessity for entering upon any new course of action."<sup>37</sup> During this narrative lull, Ruth learns to resist assigning moral repercussions for her physical states – a lesson that, I argue, the novel then uses to invite readers to resist the apparent moral necessity of her later death. In *The Moonstone*, even though Betteredge himself apologizes for being an uninteresting "sleepy old man," I find that his meandering narration deliberately unmoors readers from their routine social roles, a figuration that aligns the act of reading with the healthful suspension of one's duty in convalescence.<sup>38</sup> These narrative periods of repose, digression, even boredom thus offer a powerful counterargument to the forward drive of narrative.<sup>39</sup> By pairing these narrative episodes with archival records of convalescent care, I show how these texts shape the readerly experience of duration into specific kinds of opportunities: a relief from deterministic prognostications about the future, an experience of incremental social progress, even an enjoyable suspension of a reader's own habitual social roles.

In contextualizing novelistic form in this way, my work provides one historical background and ideological framework for investigations into the narrative middle of the Victorian novel. In their introduction to the edited collection *Narrative Middles*, Caroline Levine and Mario Ortiz-Robles argue that the characteristically long, meandering middles of Victorian novels have long been undertheorized. Their volume posits that "Victorian readers enjoyed a leisurely, dilatory, plotless middle much more than we have ever recognized."<sup>40</sup> The history of convalescence, as a long middle between illness and its outcome, reveals one cultural context for appreciating this narrative timescale. While long novels of all eras use a variety of techniques to shape readers' responses to the narrative middle, many novels of the nineteenth century choose to fill this time by examining the aftermath of one or more serious illnesses. As I will show, such deliberate deployments of convalescent time serve to train readers to locate ethical value in periods of delay, uncertainty, and waiting.

Intriguingly, among its distinctive features, Victorian convalescence was consistently figured as an ideal opportunity to read contemporary novels.