

“Tired Inside”: Illness as Social Resistance in George MacDonald’s Adela Cathcart

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ABSTRACT: Academic discussion has long limited the works of George to their function as fairy tales and didactic narratives. This article explores the notion of illness as a form of resistance against the confines of upper-class femininity in MacDonald’s *Adela Cathcart* (1864). The article suggests that Adela’s mysterious illness, diagnosed as “moral atrophy”, is symptomatic of limits enforced by contemporary expectations for women, and that this incapacitating illness prevents Adela from fulfilling these expectations. Whether conscious or unconscious, the article explores both, Adela’s resistance against the duties of performative femininity necessitate her management by an all-male storytelling club who are tasked with restoring Adela to her role as dutiful daughter and suitable marriage-prospect. I argue that MacDonald uses illness to query contemporary gender ideals through Adela’s corporeal legibility, read through the lens of patriarchal medical theory.

KEYWORDS: Adela, Cathcart, Gender, Illness, Femininity, Resistance



GEORGE MACDONALD’S 1864 novel, *Adela Cathcart* traces the illness of its twenty-two year old eponymous patient. Daughter of Colonel Cathcart, Adela falls victim to a mysterious listlessness which causes her to find only indifference in pleasures previously relished, medical opinion offered by Dr Armstrong had it that she had “not fever enough”.¹ In an effort to restore Adela’s youthful exuberance and enthusiasm, her uncle, John Smith suggests the formation of a storytelling club to distract and divert Adela. The club is swiftly made up of Smith, Adela’s widower father, Mr Bloomfield (a schoolteacher), Mr Armstrong (a curate), his brother Dr Henry ‘Harry’ Armstrong and Percy, Adela’s cousin

¹ George MacDonald *Adela Cathcart* (Fairford, Glos.: Echo Press, 2012), p. 98.

and would-be suitor.² Adela's illness acts as a frame narrative for a host of embedded poems, songs and fairy tales, the fairy tales later reappearing (along with two others) in MacDonald's *Dealings with the Fairies* (1867).

Critical discourse on MacDonald has focussed on his collections of children's fairytales and fantasies, with some critical attention paid to the use of fairy tales in *Adela Cathcart*.³ This analysis however, will specifically analyse Adela's debilitating illness rather than the cure, and the ways in which her illness can be read as social resistance in the form of unfulfilled social expectations. The "tired inside" of the title refers to both the tiredness occasioned by Adela's corporeal wasting, and her disillusionment and dissatisfaction that the limitations of gender and social class necessarily place on her life.

Illness in the texts acts as a physical manifestation of recalcitrance towards traditional expectations of performative femininity, as domestic duty, romantic attachments and religious feeling are left unfulfilled by Adela; resistance is met with the desire for reform by all-male family and friends, suggesting the need to maintain domestic (and therefore social) patriarchal hegemony. This is not to say that Adela's relations are uncaring or unloving in regards to her health, and view her as an automaton in need of repair. This article argues however that Adela's health is determined by demonstrations of apposite femininity, and that deviations in behaviour, expectations and appearance occasioned by her illness are at once the symptoms recognised by her family and friends, and the characteristics sought to restore. In short Adela's illness disrupts the domestic structure, with men adopting the roles of caregiver and entertainer usually fulfilled by women; rather than treating of Adela's physical illness with medicine, the balance of social and domestic hegemony is restored through the restoration of feminine function.

² Adela's Aunt, Mrs Jane Cathcart is also present, but does not participate in the storytelling cure, and is vocal in its opposition. She offers no maternal or comforting support to Adela during her illness, her role being only to secure the marriage of her son, Percy to Adela.

³ See specifically Nancy Mellon 'The Stages in Adela Cathcart's Cure' *The North Wind: A Journal of George MacDonald* Vol. 15, No. 3 (1996), pp. 26-43; D. Petztold 'Maturation and Education in George MacDonald's Fairy Tales' *The North Wind: A Journal of George MacDonald* Vol. 12, No.1 (1993), pp. 10-24; C. N. Manlove's 'George MacDonald's Fairy Tales: Their Roots in George MacDonald's Thought' *Studies in Scottish Literature* Vol. 8, No. 2 (1970), pp. 97-108.

Raymond Williams' definition of the dynamics of power relations is useful here in contextualising hegemonic social structures which are regenerated and replayed within domestic settings and must, as socially, be repeatedly re-enforced:

A lived hegemony is always a process. It is not, especially analytically, a system or a structure... It does not just passively exist as a form of dominance. It has to be continually renewed, recreated, defended, and modified. It is also continually resisted, limited, altered, challenged by pressures not at all its own.⁴

Illness in *Adela Cathcart* disrupts domestic order and, in adopting the critical trope of the physical body as a metaphor for the social body at large, the patriarchal hegemony stretching beyond the confines of the sitting room. Men in the novel are required to reaffirm domestic, social and material order by controlling potentially troubling cultural issues located in Adela's physiology. The disrupted female identity must be restored to its submissive, selfless sensibilities through a return to patriarchally-controlled diversions and distractions, the successful fulfilment of which eventually leading to the ultimate in female biological destiny: marriage.

The novel, while outwardly advocating Adela's return to healthy femininity, can also contrastingly be read as a critique of contemporary gender standards. George MacDonld's close friend, John Ruskin published *Of Queens Gardens* in 1864, a series of lectures compounding Victorian gender stereotypes:

The man's power is active, progressive, defensive. He is eminently the doer, the creator, the discoverer, the defender. His intellect is for speculation and invention; his energy for adventure, for war, and for conquest, wherever war is just, wherever conquest necessary. But the woman's power is for rule, not for battle, -and her intellect is not for invention or creation, but for sweet ordering, arrangement, and decision. She sees the qualities of things, their claims, and their places. Her great function is Praise...⁵

⁴ Raymond Williams, *Marxism and Literature* (Oxford: Oxford University Press, 1977), p. 109.

⁵ John Ruskin, *Of Queens Gardens* 1864; reprinted 1902 *Archive.org*

<<https://archive.org/details/ofqueensgardens00ruskrich/page/n15>> [accessed 12 October 2019] p. 21.

It is to these traditional behavioural codes that we see MacDonald's characters adhere; the male characters 'do': create (a treatment) discover (the cause of the illness), defend (Adela's purity and innocence in their treatment of her moral ambivalence). The female attributes valorised by Ruskin are recognised as absent in Adela, and a conquest for their reclamation begins by members of the storytelling club. Illness in *Adela Cathcart* may serve to emphasise the grossly unsustainable nature of gender expectations for women. Ruskin's lectures suggest that women, in order to fulfil their true purpose and attain their power, must be "as far as be can use such terms of a human creature – be incapable of error", conforming to notions of women as Patmore's famous 'The Angel in the House' (1854).⁶ It is with the author's potential subversion of feminine ideals in mind, that there is possibility for Adela's illness to be the product of ennui, a resignation to the limited potential of her "power for rule".⁷ Her rejection in the fulfilment of her designated domestic role could therefore be read as a symbol of social resistance and, as will be fully explored later, a physical response to her desire to escape male management both domestically and socially.

In *Invalidism and Identity in Nineteenth-Century Britain* (2004), Maria Frawley acknowledges the importance of reading bodies as "symbolic surfaces on which cultural codes are inscribed", arguing that it is from such surfaces "that resistance originates and is registered".⁸ The reading of Adela's body, not only by the doctor but by all other male characters, catalyses a reformation of identity based not on medical treatment, but on the restoration of traditional feminine archetypes; recalcitrant behaviour is heavily policed in the novel. Adela's illness establishes the need for the medicalisation of the female body and, furthermore, for the ongoing presence of hegemonic masculinity in the maintenance of female health.

MacDonald's narrative takes place over the Christmas period at Colonel Cathcart's country house, Swanspond. Surrounded by family and friends, Adela's 'uncle' and narrator, John Smith immediately notices Adela's ill-health, and the family doctor is called for. Dr Wade is dismissed as denounced unhelpful, and a second doctor is called.

⁶ Ibid. p. 23.

⁷ Ibid. p. 21.

⁸ Maria Frawley, *Invalidism and Identity in Nineteenth Century Britain* (London and Chicago: University of Chicago Press, 2004) p. 189.

Adela is then diagnosed with “moral atrophy”⁹ by Dr Armstrong, the symptoms of which leave the patient in a deviant state of femaleness, unable as she is to fulfil the roles of charming conversationalist, romantic interest, calming presence and domestic comforter. The illness is described by the doctor as a spiritual malnourishment, that “the theological nourishment which is offered is generally no better than husks [...] and without good spiritual food to keep the spiritual senses healthy and true, [she] cannot see the things about [her] as they really are”.¹⁰ The diagnosis establishes a relationship between spiritual and physical in which Adela's spiritual starvation manifests as the physical wasting and weakening of the body. Illness often acts as a domesticator of recalcitrant female behaviour in the Victorian novel – catalysing silence, passivity and dependence upon male professionals – but Adela already conformed to contemporary notions of the feminine ideal. It can be argued therefore that her physical dis-ease manifests as a form of social resistance, which the surrounding men aim to suppress by means of narrative entertainment in hopes of returning Adela to her previous domestic obligations.

Narrator, John Smith acts as the initial gateway into Adela's illness. As such his observations serve as the main interpretations of Adela's body, the reading of her body establishing the means of a cure instead of the treatment of symptoms as described by the patient. Smith gives the following description of Adela:

Her face was pale and thin, and her eyes were large, and yet sleepy. I may say at once that she had dark eyes and a sweet face; and that is all the description I mean to give of her. I had been accustomed to see that face, if not rosy, yet plump and healthy; and those eyes with plenty of light for themselves, and some to spare for other people. But it was neither her wan look nor her dull eyes that distressed me: it was the expression of her face.

⁹ MacDonald *Adela Cathcart*, p. 41. Sir Robert Carswell's *Pathological Anatomy: Illustrations of the Elementary Forms of Disease* (1838), described by Lawrence McHenry in a 1969 edition of the *New England Medical Journal* as a “milestone in neuropathology”, defines atrophy as “a diminution in the quantity of the solid materials which enter into the healthy composition of organs and tissues...” Moral atrophy, Dr Armstrong's later diagnosis, is the degeneration or wasting away of spiritual or moral principles which can manifest in physical symptoms of wasting.

¹⁰ MacDonald, *Adela Cathcart*, p. 41.

It was very sad to look at; but it was not so much sadness as utter and careless hopelessness that it expressed.¹¹

Adela however, confesses to be consumed by morbid and oppressive thoughts: “as if her very heart were weary of everything”.¹² Her own description of her symptoms and mental state could conform to contemporary definitions of melancholia,¹³ her depression, insomnia and morbid thoughts evinced by the declaration that she “would rather die than not”:¹⁴

... Some six weeks ago, I woke suddenly one morning, very early – I think about three o’clock – with an overpowering sense of blackness and misery. Everything I thought of seemed to have a core of wretchedness in it. I fought with the feelings as well as I could, and got to sleep again. But the effect of it did not leave me next day. I said to myself: ‘They say “morning thoughts are true.” What if this should be the true way of looking at things?’ And everything became grey and dismal about me. Next morning it was just the same. It was as if I had walked in the middle of some chaos over which God had never said: ‘Let there be light.’ And the next day was worse. I began to see the bad in everything – wrong motives – and self-love – and pretence, and everything mean and low. And so it has gone on ever since. I wake wretched every morning. I am crowded with wretched, if not wicked thoughts, all day. Nothing seems worth anything. I don’t care for anything.¹⁵

John Smith’s concern does not appear to be with his niece’s depressive state but with her “wan look”, her uncle noting the “careless hopelessness” of her expression more distressing to him than her emotional despondency; it is this emphasis on external signifiers of health, rather than the internal machinations of the body which forms the

¹¹ Ibid., p. 11.

¹² Ibid., p. 11.

¹³ T. S. Clouston defines melancholia as: “A paralysis of the sense of well-being and the enjoyment of life, a difficulty in coming to decisions, a loss of mental energy, an intolerance of the usual work, if not an actual incapacity to do it well, a tendency to make slight mistakes in small things, a loss of memory, and a subacute mental pain [...] The question of the patient being suicidal should never in any case of melancholia be left unconsidered.” *Clinical Lectures on Mental Diseases* (1884).

¹⁴ MacDonald, *Adela Cathcart*, p. 21.

¹⁵ Ibid., pp. 20-1.

crux of the novel.¹⁶ At this early point in the novel, the illness is not recognised by Smith and the Colonel as anything other than “indifference”¹⁷ and “tiredness”¹⁸, despite Adela’s admissions of melancholic, borderline suicidal, thoughts. Medical focus is devoted to the reclamation of the patient’s diminishing beauty and cheerful femininity which, according to *The General Baptist Repository and Missionary Observer*, should always exhibit an “...ardent and unceasing flow of spirits, extreme activity and diligence, [...] punctuality, uprightness and [...] a firm reliance on God...”¹⁹ Such is the preoccupation with what Adela is not, that concern for the state in what she *is* (borderline suicidal, depressed) is distinctly absent. Indeed, it is the story-telling club’s desire to restore the patient’s absence of performative femininity which forms the crux of the novel, not the physical alleviation of Adela’s atrophy. MacDonald’s text is an excellent example of the female body as a site for the construction, negotiation and valorisation of Victorian masculinity. It is not Adela’s illness, or lack of it, which is important to the narrative but the restoration of feminine function.

Victorian medicalisation of the female body meant that physiology and psyche were conflated in a single image of the ideal healthy woman, meaning that the physical and mental symptoms of moral atrophy/ennui are accorded less cause for concern than the constitutional effects of the disease.²⁰ John Smith mourns the temporary loss of Adela’s sweet female nature, and the “disappointment of [her] face”, after the patient’s confession of depression, “blackness and misery”²¹ :

... there was a want in her face, a certain flatness of expression which I did not like. [...] the common-place in a woman troubles me, annoys me, makes me miserable. [...] Her face looked as if it were made of something

¹⁶ Ibid., p. 22.

¹⁷ Ibid., p. 12.

¹⁸ Ibid., p. 12.

¹⁹ Lynn Abrams, “Ideals of Womanhood in Victorian Britain”, *BBC History Trails*, September 2001. <http://www.bbc.co.uk/history/trail/victorian_britain/women_home/ideals_womanhood_01.shtml> [accessed 3 May 2019].

²⁰ Henry Maudsley in 1874 wrote that: “The female qualities of mind which correlate her sexual character adapt her, as her sex does, to be the helpmate and companion of man...” hereby asserting that female biology fostered dispositions which would facilitate women in their passive lives as compassionate companions.

²¹ MacDonald, *Adela Cathcart*, p. 20.

too thick for the inward light to shine through – wax, and not living muscle and skin. [...] Her soul was asleep. She was dreaming a child’s dreams, instead of seeing a woman’s realities [...] She did not see what I saw, feel what I felt, seek what I sought. Occasionally even, the delicate young girl, pure and bright as the snow that hung on the boughs around me, would shock the wizened old bachelor with her worldliness – a worldliness that lay only in the use of current worldly phrases of selfish contentment, or selfish care.²²

Adela’s initial confessions of depression and suicidal apathy are forgotten, and the emphasis lies instead on Adela’s “flatness of expression” or her inability, not only to empathise with her male companions but, to attune herself entirely to their sensory perceptions as the perfect companion. Women’s ability to be aware of the emotions and desires of those around them, specifically men, was given anthropological credence by Herbert Spencer in *The Study of Sociology* (1873). He claimed that the establishment of gender specific faculties were the results of social Darwinism, the strongest and most intuitive members of primitive societies passing on their skills to their offspring, and installing attributes and instincts specific to the sexes:

One further ability may be named as likely to be cultivated as established – the ability to distinguish quickly the passing feelings of those around. In barbarous times a woman who could from a movement, tone of voice, or expression of face, instantly detects in her savage husband the passion that was rising, would be likely to escape dangers run into by a woman less skilled in interpreting the natural language of feeling.²³

John Smith’s desire for his niece’s transparency in place of her face of “wax” is aligned with her inability to read his emotional desires; in both cases Adela’s sick body resists constructions of a self-effacing femininity which should, evolutionarily and religiously speaking, be natural to her, her uncle branding her “selfish” and “worldly” in her refusal to comply with his expectations.

²² MacDonald, *Adela Cathcart*, p. 220.

²³ Herbert Spencer, *The Study of Sociology*, 2nd edn (New York: D. Appleton and Company, 1873) *Archive.org* <<https://archive.org/details/in.ernet.dli.2015.223021/page/n3>> [accessed 20 May 2019], p. 343.

It can be argued that by the 1860s, when the novel was published, the importance placed upon (specifically female) physical health, and physical illness, had advanced to the forefront of public consciousness. Technological advancements in medicine such as the refinement of the microscope in 1850 (and further refinements to the glass in the 1880s), and Louis Pasteur's groundbreaking work on bacteria and germ theory (1857-65), elicited a greater understanding of, and a rise in the number of theories concerning, disease.²⁴ These ideas were widely circulated: initially in medical publications such as *The Lancet*, then disseminating to the wider public through public lectures and newspaper articles, as Athena Vrettos comments:

The proliferation of medical writings in the nineteenth century - which included lectures, textbooks, journals, essays, advice manuals, case studies, photographic comparisons and analyses - and their role in establishing physiological, behavioural and cultural norms served to highlight the body and its potential for disease.²⁵

One of the consequences of this attention to the body was the re-affirmation of gender roles, the need for which could now be medically, physiologically and scientifically verified. By the turn of the eighteenth century, there existed in medical literature "a stereotype of woman as a medically unique but inferior being, whose health was determined by her femininity", in which menstruation was the central feature.²⁶ The image of the female being biologically predisposed to hysteria and other diseases such as tuberculosis and syphilis found currency in Victorian medical literature; Katherine Byrne observes that this medicalisation of femininity rendered female bodies "sites of social anxiety", suggesting that female pathologies tapped into contemporary fears regarding the unchecked female body, its inherent volatility and propensity for sexual transgression.²⁷

²⁴ For an in-depth study of late-Victorian microscopy, science and disease, see Martin Willis, *Vision, Science and Literature 1870-1920: Ocular Horizons* (London: Pickering and Chatto, 2011).

²⁵ Athena Vrettos Athena, *Somatic Fictions: Imagining Illness in Victorian Culture* (Stanford: University Press, 1995), p. 5.

²⁶ Anne Digby "Women's Biological Straightjacket" in *Sexuality and Subordination*, ed by Susan Mendus and Jane Randall (London: Routledge, 1989), pp. 192-220, p. 193.

²⁷ Katherine Byrne, *Tuberculosis and the Victorian Literary Imagination* (Cambridge: Cambridge University Press, 2011), p. 1.

Theories of sexual differences outlined by Darwinian science “were incorporated into a highly prescriptive late-Victorian psychology of women”,²⁸ as Carolyn Burdett has commented: “The shorthand term ‘Darwinian’ appeared very quickly after 1859 and was used in loose ways to refer to many different accounts of social development and progress. Some of these had little in common with Darwin’s theory, other than the belief that biological concepts could be applied to human communities”.²⁹ Darwin’s *Origin* (1859) could therefore be used to justify social patriarchy and traditional gender roles in its affirmation of superior male physical, and mental, strength. Evolving in the 1860s, and then widely accepted a decade later by eminent physicians such as Henry Maudsley and T.S. Clouston, Darwinian psychiatrists insisted that the differences between the sexes transcended the purely physical, with Maudsley asserting that “there is sex in mind as distinctly as there is sex in body”.³⁰ This assumption marked women out as being biologically designed to lead the passive (yet always cheerfully encouraging) lives which would be complementary to the active, competitive lives of men. Their biological function, it was argued, ruled women’s lives: being both physically and mentally designed to give birth and bring up children. Illness and disease were liable to disrupt this perfect social order, Miriam Bailin positing that illness “authorised the relaxation of the rigidly conceived behavioural codes which governed both work and play within the public realm”.³¹

The novel’s integration of the contemporary gender-based medicalisation of bodies is apparent in the doctor’s choice of treatment. The inherent frailty of Adela’s body, now more delicate in its atrophic state, should be handled with extreme care; echoing Maudsley’s “there is sex in mind as distinctly as there is in body”, it is through Adela’s emotional reconnection to femininity that physical wellness can be attained.

²⁸ Elaine Showalter, *The Female Malady: Women, Madness and English Culture 1830-1980*, 4th edn (London: Virago, 1991), p. 122.

²⁹ Carolyn Burdett, “Post-Darwin: Social Darwinism, Degeneration, Eugenics”, 15 May 2014, *British Library*. <<https://www.bl.uk/romantics-and-victorians/articles/post-darwin-social-darwinism-degeneration-eugenics>> [accessed 18 Aug. 2018.]

³⁰ Henry Maudsley “Sex in Mind and in Education” *Fortnightly Review*, No. 15 (1874), 466-4832, p. 466.

³¹ Miriam Bailin, *The Sickroom in Victorian Fiction: The Art of Bring Ill* (Cambridge: Cambridge University Press, 1994) p. 12.

John Smith, Colonel Cathcart and Armstrong devise a 'treatment' of storytelling which will encourage "the tide of life [to] begin to flow again".³²

Adela's illness is treated as systemic, rather than localised, as "having to do with [her] body's relations to the whole environment" corresponding to the eighteenth and nineteenth centuries' "increasing association of illness with issues of identity and relationship... This 'holism' also dictated treatments that required comprehensive 'regimens' which sought to regulate all aspects of one's way of life...".³³ The storytelling club's treatment of Adela follows this Victorian notion of stringent medical/moral regimens of regulation, but Dr Armstrong's avoidance of physiological investigation runs counter to "current medical or scientific developments, and [...] makes an extreme claim for the power of the imagination in an era of scientific development", concentrating, as he does, on the reaffirmation of Adela's spiritual and emotional health.³⁴ As analysed by Bailin, for the upper and middle-classes the role of doctor was often accorded to one "whose professional qualifications resided as much in his relations to the family, standing in the community, and personal charm as in his technical skills and knowledge."³⁵ The family doctor, Dr Wade, is said to be "doing her no good", and is promptly substituted for the gallant Dr Armstrong.³⁶ Dr Wade's approach to illness advocates the importance of the dispensation of medicine for the body and attempts to cure Adela's depression, rather than attend to her emotional state.³⁷ Aligning with Dr Wade's "deplorable" professionalization of medicine, his face is described as having "no expression except a professional one", suggesting not only that Dr Wade is concerned only with his fee, but emphasising the professional distance

³² MacDonald, *Adela Cathcart*, p. 40.

³³ Bailin, *The Sickroom*, p. 9.

³⁴ Tabitha Sparks, *The Doctor in the Victorian Novel: Family Practices* (Farnham: Ashgate, 2009), p. 49.

³⁵ Bailin, *The Sickroom*, p. 9.

³⁶ MacDonald, *Adela Cathcart*, p. 25.

³⁷ Dr Wade's prescription of "steel wine, and quinine and all that sort of thing" was medically recognised in the treatment of brain diseases (MacDonald 34). *The Medico-chirurgical Review and Journal of Practical Medicine, Volume 46* (1844-5) reports the following medicinal directions in the case of 'Insidious Diseases of the Brain in Children': "I next advise five, seven, or ten drops of steel wine to be given thrice a day, in a table-spoonful of water, in the midst of meals, for one month; then half, two-thirds, and one grain of the sulphate quinine, in the form of a pill, thrice a-day at meals, for another month, omitting the steel wine; then *both* these medicines for a third month..." p. 388.

between patient and doctor, a practice the author appears to condemn.³⁸ Dr Armstrong is contrastingly described in heroic terms, possessed as he is of a face from which it was “likely that health might flow”, whose “eyes looked you full in the face, as if he was determined to understand you”, encouraging corporeal legibility as noble, trustworthy and a practice immediately beneficial to health.³⁹

Adela's withdrawal from her domestic role is initially recognised in her quiet anti-performance at the dinner table on John Smith's first night with his host, the Colonel. The “gloomy” dinner feels the dearth of Adela's former “merry” disposition, Smith notes that “if a ghost had been sitting in its shroud at the head of the table, instead of Adela, it could hardly have cast a greater chill [...] she did her duty well enough; but she did not look at it...”⁴⁰ Adela's expected role as domestic entertainer is thwarted by her illness, rendering the dinner “gloomy” and dispiriting to her male companions. Her rejection of her role as female host is again emphasised later in Dr Armstrong's evaluation of her sheet music on the piano, which throughout her illness has gone unplayed:

There was one thing though that confirmed me in this idea about Miss Cathcart. I looked over her music on purpose, and I did not find one song that rose above the level of the drawing-room, or one piece of music that had any deep feeling or any thought in it.⁴¹

This observation of Adela's music, disappointingly lacking in both the difficulty and sentiment expected of women of her social standing, confirms for Henry a deviance symptomatic of a diseased body. Phyllis Weliver has noted the social significance of musical accomplishments in Victorian women: “Music, an accomplishment regularly taught to middle- and upper-class ladies, was considered ‘safer’ than other performance arts, such as acting. Possessing a piano was a mark of respectability in Victorian England, and semi-public musical performances [in family drawing rooms] helped to display the refinement of women and their families.”⁴² This deviance from expectations of feminine musicality is compounded by the doctor's beautiful and moving playing, as Nancy

³⁸ Ibid., p. 35.

³⁹ Ibid., p. 35.

⁴⁰ MacDonald, *Adela Cathcart*, p.12

⁴¹ Ibid. p. 41.

⁴² Phyllis Weliver, *Women Music and in Victorian Fiction 1860-1900: Representations of Music, Science and Gender in the Leisured Home* (London: Routledge, 2000), p. 1.

Mellon asserts: "The sheet-music accessible to Adela is all vapid and worthless, as Harry swiftly ascertains, but the music he plays speaks movingly of hope arising out of despair."⁴³ But MacDonald also uses the piano to subvert the traditional trope of seduction through music; the graceful playing of the piano, or the moving stir of a beautiful voice through a closed door has been the undoing of many a young fictional bachelor in Victorian fiction, musical accomplishment acting as the gateway to the appreciation of femininity as a whole. Dr Armstrong's outplaying of Adela, his ability to evoke emotion extinguishes the readers' early expectations of a doctor/patient romance, for what man could love a woman whose musical accomplishments were not of the most extraordinary, life-changing quality? In addition to its early curtailing of romance, Dr Armstrong's piano playing is in itself subversive; the piano was widely regarded by society as a feminine instrument, with contemporary journalist and writer Mrs C.S. Peel observing that "gentlemen who also sang duets were in high favour, but play the piano gentlemen did not, that being considered a task only fit for ladies and professional musicians."⁴⁴ MacDonald's reversal of gender roles in this scene, the doctor's playing evoking emotion in Adela, returns to notions of accepted gender behaviour in the success of a softer, creative masculinity introducing hope where there was previously only apathy and dispassion.

The stories told by the storytelling club are also designed to stimulate emotion and contemplation. Adela's moral atrophy leaving her unable to "digest the food provided to her", Adela is instead fed stories full of moral nourishment.⁴⁵ Significantly, the tales mostly feature ill and ill-treated heroines paralleling the very limitations of femaleness which have made Adela ill. 'The Light Princess' is perhaps the most obvious in revisiting damaging tropes of femininity. In the tale, a princess is afflicted by constant, incurable weightlessness until she finds love, Laurence Talairach-Vielmas has suggested that the narrative "focuses on the way the female body is governed by tropes which

⁴³ Nancy Mellon, 'The Stages in Adela Cathcart's Cure' in *The North Wind*, No. 15 (1996) <https://www.snc.edu/northwind/documents/By_contributor/Mellon,_Nancy/sk001_The_Stages_in_Adela_Cathcart's_Cure.pdf>, p. 31.

⁴⁴ Cited in Mary Burgan, 'Heroines at the Piano: Women and Music in Nineteenth-Century Fiction', *Victorian Studies*, Vol. 30, No. 1 (1986), p. 59.

⁴⁵ MacDonald, *Adela Cathcart*, p. 20.

men strive to define and control".⁴⁶ In the tale, the princess finally reclaims her corporeality, and gravity, and marries the prince, learning slowly and painfully (as she "could walk no more than a baby [and] was always falling down and hurting herself") to control her body.⁴⁷ The prescriptive tales of the storytelling club encourage emotion, empathy, and spirituality while remaining passive; no story inspiring physical action or participation is told, promoting traditionally valorised feminine qualities over any actual experience which could indeed invigorate and revitalise the patient.

Both diagnosis and treatment establish Adela not as an individual patient, but as part of a collective whose behaviour is defective. This commitment to the restoration of function rather than health, reveals how far Dr Armstrong's professional understanding of women is underpinned by his confidence in "the true womanhood that is in them"; his treatment adheres to the social constructions of women's *nature*, rather than Adela's physiological symptoms in an attempt to restore Adela's performative femininity.⁴⁸ The absence of the patient's performative, active femininity materialises in the novel's female paradigms. The dedicated wives of Mr Bloomfield the schoolmaster, and Mr Armstrong the curate (Harry's brother) staunchly occupy the archetypal roles of 'Angel in the House' in their respective homes, later transferring this domestic calm to the colonel's house and providing some maternal comfort to Adela in her illness. John Smith's first impression of Mrs Bloomfield reveals her to be the model of peaceful feminine serenity, from which Adela has strayed so far:

There was something about Mrs Bloomfield that was very pleasing. The chief ingredient in it was a certain quaint repose. She looked as if her heart were at rest; as if for her everything, was right; as if she had a little room of her own, just to her mind, and there her soul sat, looking out through the muslin curtains of modest charity, upon the world that went hurrying and seething past her windows.⁴⁹

⁴⁶ Laurence Talairach-Vielmas, *Moulding the Female Body in Victorian Fairy Tales and Sensation Novels* (Farnham: Ashgate, 2007), p. 37.

⁴⁷ MacDonald, *Adela Cathcart*, p. 75.

⁴⁸ *Ibid.*, p. 41.

⁴⁹ *Ibid.*, p. 25.

Lizzie Armstrong, the curate's wife, is introduced as a similar pillar of apposite femininity "busy at a baby's frock" when John Smith comes to visit.⁵⁰ Not only embodying the twin virtues of dressmaking and maternity, she is described by her husband as having saved him from the self-destruction caused by his debts with her "compassionate sympathy" and "tenderness" thereby occupying the illustrious female role as helpmate of man.⁵¹ Both wives, specifically Lizzie, are characterised by a spirituality manifest in peace and contentment, emphasising Adela's spiritual deficiency and subsequent inability to perform her female role.

While Adela's diagnosis of moral atrophy has been accepted by the story-telling club as fact, towards the end of the novel another is suggested. In a discussion with Adela's cousin Percy, Harry admits that he and Mr Smith "agreed that she was dying of ennui...".⁵² Rather than a physical illness, a wasting of muscle catalysed by mental atrophy, ennui suggests the physical manifestation of Adela's boredom with life, as Tabitha Sparks observes:

She has no friends of her own age except for her cousin Percy, whose eagerness to marry her for her money is both undisguised and encouraged by her doting but superficial father. The marital opportunity comprises Adela's only future prospect, except for death...⁵³

So while, up until now, Adela's resistance to her social duties has been validated by physical illness, the prognosis of ennui suggests the potential for Adela's conscious resistance against her father, against Percy and against the rigid expectations of her role as an upper-class woman. Feelings of ennui may be catalysed by the loneliness implicit in the helplessness described by Adela; the locus of this loneliness, social stratification,

⁵⁰ Ibid., p. 115.

⁵¹ Ibid., pp. 119-20.

⁵² Ibid. p. 265; Initially achieving cultural recognition by way of the Romantics, ennui had many medical definitions ranging from persistent dissatisfaction to unexplained listlessness. In literature, ennui is perhaps most accurately portrayed by Mrs Humphrey Ward in a passage from *Robert Elsmere* (1888): "...something cold, impotent, and baffling [...] which was to stand forever between him and action, between him and human affection; the growth of the critical pessimist sense which laid the axe to the root of enthusiasm after enthusiasm, friendship after friendship – which made others feel him inhuman, intangible, a skeleton at the feast; and the persistence through it all of a kind of hunger for life and its satisfactions which the will was more and more powerless to satisfy." p. 249.

⁵³ Sparks, *The Doctor in the Victorian Novel*, p. 50.

becomes the mitigating force in expressing a need for control and change. If Adela's illness is indeed more self-conscious than the doctor's initial diagnosis appears, then her rejection of the femininity so desperately sought after by those surrounding her, is an act of wilful resistance.

If, as Paula Treicher asserts, "illness is metaphor" a diagnosis of 'ennui' (catalysed by dissatisfaction with one's circumstances or environment, and not a spiritual undernourishment as previously thought) introduces the possibility for reading metaphors of cultural (dis)ease.⁵⁴ Adela's illness removes her from the possibility of her father and Aunt Jane's match-making that the Christmas holiday could incite, a temporary departure from the marriage market. The Colonel "had his heart set on marrying Percy to Adela", a desire which, given Adela's age, we can assume he has discussed with her, and with Percy's mother.⁵⁵ Percy is described as taking little interest in anything:

He would generally lie on the couch, and stare either at Adela or at the fire till he fell asleep. If he did not succeed in getting to sleep, he would show manifest signs of being bored. [...] He hunted once or twice [...] He went skating occasionally, and had tried once to get Adela to accompany him; but she would not. These amusements, with a few scattered hours of snipe shooting, composed his Christmas enjoyments; the intervals being filled up with yawning, teasing the dogs, growling at his mother and the cold, and sleeping 'the innocent sleep'.⁵⁶

His behaviour, resembling that of a spoiled aristocrat, is not compatible with the self-effacing joy and lightheartedness exhibited by Adela in her healthy state. Her positive reaction to the stories and songs in the evenings, some of which move her to tears, are regarded as "sentimental humbug"⁵⁷ by her cousin, suggesting his want of artistic feeling and appreciation, a character flaw that Adela could not overlook.⁵⁸ Percy's

⁵⁴ Paula A. Treicher, "AIDS, Homophobia and Biomedical Discourse: An Epidemic of Signification", *Cultural Studies* Vol. 1, No. 3 (1987) 263- 305, p. 265.

⁵⁵ MacDonald, *Adela Cathcart*, p. 173.

⁵⁶ *Ibid.*, p. 174.

⁵⁷ *Ibid.*, p. 174

⁵⁸ In Chapter 4, Dr Armstrong plays Adela's piano so beautifully, and with so much feeling, that he reduces Adela to tears.

romantic attachment to Adela appears to John Smith to be based on notions of possessive entitlement, manifesting in “signs of disquietude” and eyeing Dr Armstrong with evident dislike and suspicion.⁵⁹ Smith comments: “His jealousy seemed rather the jealousy of what was his, or ought to be his, than any more profound or tragical feeling”.⁶⁰ Under these circumstances Adela’s spiritless ‘ennui’ translates as a physical rejection of a restricted marriage market, and of a marriage based upon the perpetuation of familial reputation. This diagnosis of the symptoms establishes Adela’s body as a site of cultural anxiety, a physical manifestation of resistance against the mercenary marriage market, against biological pre-destination, against the limitations of female agency and meaningful employment, all of which have literary precedents in tropes of Victorian female illness.

While mutual love and respect were considered the ideal foundations (and believed by some to be the only foundations) for Victorian marriage, the pressures of a demanding society based on a rigid social hierarchy often problematised this romantic ideal. Stephanie Coontz has noted that many nineteenth-century women developed “marriage trauma”,⁶¹ worrying about “what would happen if a spouse did not live up to their high ideals”.⁶² The catchphrase “Better single than miserably married” became popular as, as the century wore on, rates of lifelong singlehood rose in both Britain and America.⁶³ With her father’s desire for a marriage with Percy contrasting with her own judgement of her cousin as a “fool”, Adela’s anxieties concerning a prospective unhappy marriage have the potential to contribute to her languid withdrawal from feminine duties.⁶⁴ As the daughter of a colonel, Adela would be expected to make an economically and socially sound match within or above her class. Her own social rank

⁵⁹ Ibid., p. 37.

⁶⁰ Ibid., p. 174.

⁶¹ Coontz argues that: “The exultation of romantic love also made some people, especially women, more hesitant to marry. Many nineteenth-century women went through a ‘marriage trauma’, worrying about what would happen if a spouse did not live up to their high ideals. Such disparate characters as Catharine Sedgwick, the great defender of domesticity, and Susan B. Anthony, the future leader of the woman suffrage movement, had recurrent nightmares about marrying unworthy men. In the end neither married” p. 179.

⁶² Stephanie Coontz, *Marriage, A History* (London: Viking, 2005), p. 179.

⁶³ Ibid., p. 179.

⁶⁴ MacDonald, *Adela Cathcart*, p. 21.

as middle-upper class would not permit her to marry a doctor who relied on labour for money, leaving her (within her limited social circle) cousin Percy, favoured by the colonel, as the most eligible match.

It is in the second half of the novel that Adela's health begins to rally, and the text turns slowly to recount the romance with Dr Henry Armstrong, a romance which, as Sparks argues: "substantiates her shallow life".⁶⁵ Early in the novel Dr Armstrong seeks to counter Adela's listlessness with diversion, stating that "anything hearty will do her good", and asking her uncle if there is "any young man to fall in love with her".⁶⁶ By the end of her uncle's reciting of 'The Light Princess' the identity of the "young man" has been decided, her uncle asserting that "she [...] would be a fortunate woman indeed, to marry such a man as Harry Armstrong..."⁶⁷

By the end of the novel, Adela's health is confirmed with the "glow" returning to her face, her corporeal legibility marking both the desertion of her illness and the appearance of a secure romantic attachment.⁶⁸ This restoration of health is further established with Adela's return to her traditional roles, acting as caregiver to her father who becomes ill following the news that his fortune has disappeared (how is not explained by MacDonald). Adela immediately adopts the role of nurse, Harry commenting that "there was no one so fit to nurse [her father] as Adela", returning to the habits of the selfless and obedient daughter.⁶⁹ Her loss of fortune also secures her marriage to Harry, the barrier of her social position having been removed, ensuring that Adela's biological destinies of wife and mother can be fulfilled.

The fairytale-like ending of the novel however suggests at the very least the author's ambivalence concerning traditional gender expectations. Adela's falling in love with Henry Armstrong evokes Sleeping Beauty in which the princess is awoken from a long slumber by true love's kiss; Adela's figurative 'sleep', her tiredness, listlessness, disconnectedness, can only be broken by the love of a gallant young doctor, a cure perhaps just as seemingly fanciful as society's perfectionist expectations. Adela's return to her traditional role with the restoration of her health, marks a return to social

⁶⁵ Sparks, *The Doctor in the Victorian Novel*, p. 56.

⁶⁶ MacDonald, *Adela Cathcart*, p. 42.

⁶⁷ *Ibid.*, p. 80.

⁶⁸ *Ibid.*, p. 297.

⁶⁹ *Ibid.*, p. 317.

expectations and male management, complicating her newfound happiness with the potential recurrence of an ennui catalysed by social limitations. MacDonald's undermining of contemporary female physiology is subversively characterised by Adela's physical resistance against tropes of performative femininity. Whether by means of atrophic illness or disenchanting ennui, the recalcitrant female body invites male rehabilitation and restoration to notions of biological and cultural wellness evidenced through performative femininity. While the author often questions traditional gender roles, the culmination of the novel in doctor/patient marriage conforms to ideas concerning female biological destiny, and wellness through the fulfilment of this destiny. MacDonald's use of corporeal legibility allows for the ideal, metaphoric, social or body-political to be inscribed thereon. Adela suffers from her unruly physiology, her weakness an inherent element of her femininity, the novel subversively presenting a patient both made ill and well again by male-managed notions of an idealised femininity.



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