

**Much Fact and Little Imagination:  
Female Authorship, Authority and Medicine in Wilkie Collins's *Poor Miss Finch***

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<1>Wilkie Collins's 1872 text *Poor Miss Finch* depicts the experiences of a blind girl, Lucilla, as she undergoes surgery to restore her sight, and features a portrayal of blindness which is remarkable for its time. Beyond this the novel can also be considered significant for its wider response to representations of the female body in society, and within medical discourse in particular. *Poor Miss Finch* not only provides an alternative account of the relationship between middle-class women and the medical profession in the Victorian period – one quite different to the narrative of oppression and suffering which has tended to emanate from feminist readings of medical history – but explores the importance of writing and authorship as part of this process. The discussion will elucidate this aspect of the text by considering Collins's novel alongside a variety of contemporary textual sources. The Fletcher-Tooth Collection of letters, held at John Ryland University Library's Special Collections, gives an insight into the types of support networks women provided for one another in facilitating medical care where little professional support was available, whilst examples of household recipes and medical receipt books in the Wellcome Library demonstrate another area of medical treatment over which women held both authority and authorship. In addition to this, public and private examples of writing by Harriet Martineau and Elizabeth Gaskell elucidate further ways in which women engaged with aspects of medical treatment in their communications with other women and the wider public. By reading these texts alongside Collins's (which is, significantly, narrated by the two female protagonists) the role that writing plays in validating female ownership of medical knowledge becomes clear, exposing a new dimension of the text and re-writing preconceptions about women's relationship with medicine at this time.

<2>As the article will demonstrate, *Poor Miss Finch* explores three particular aspects of the relationship between women and the male domain of professional medicine. First, Collins's depiction of the supportive network of women that Lucilla Finch is part of correlates with details in the Fletcher-Tooth letters which imply that often, women managed and controlled their own healthcare provision and that of others by forming supportive groups within the community, carrying out the same level of palliative medical care that a professional could provide. Such networks revoked the need for medical intervention, empowering the women who were part of them and providing an alternative to accounts of women's oppression by medical men. As the existence of these letters indicates, correspondence between women formed the basis of such

networks, and letters even stood for a form of care-giving themselves where correspondents were unable to be present.

<3>Second, the narrative responds to tensions concerning knowledge (and, implicitly, ownership) of the female body, pitting women's intuitive understanding of their bodies against the inherently male knowledge of the female body that nineteenth-century medical practice authorized. At the center of this tension is a conflict over three important areas: who understands the workings of the female body best; who has ownership and control over this knowledge; and who is allowed to utilize it and put it into practice as a method for healing. Such issues were played out more widely across society and culture at this time, most notably in publications surrounding Harriet Martineau's mesmeric treatments, which surfaced during the 1840s and again in the late 1870s. Martineau's case is a useful backdrop to *Poor Miss Finch* as it forms a lucid demonstration of the tensions between male and female knowledge of medicine that Collins explores through the actions of his female protagonists. Martineau's antagonistic relationship with the medical press spanned several decades, indicating that debate surrounding the topic was prolonged and substantial, but it also showcases the extraordinarily fierce conflict which arose as a result of her challenge to male medical authority. Perhaps of most relevance here, however, is Martineau's unique position as a female commentator on the subject: the content of her personal letters aligns her with the other examples of female layperson correspondence mentioned above, whilst her engagement with the domain of the medical press simultaneously situates her in a very public, masculine sphere. Martineau can be seen as voicing the types of opinions many women may have felt, yet were unable to publicly express, and whilst it is important to acknowledge that Martineau as an individual was by no means representative of the female middle-class population, the way in which she bridges the gap between these two areas of discourse – and the response to this – illuminates attitudes towards writing, gender and medical knowledge at this time. The example serves as a demonstration of the more extreme male medical powers which could be brought to bear on vocal women such as Martineau, and forms an important part of the broad spectrum of relationships between women and medical professionals with which Collins's text engages.

<4>Finally, Collins's representation of Lucilla as a forthright, self-assured woman who disrupts the balances of power between doctor and female patient will be considered alongside another fictional text, comparing Lucilla with Mrs Clennam in Charles Dickens's *Little Dorrit* (1857), a similar example of subversive female power. In contrasting the conflicting endings that the two authors write for such characters, the cultural concepts of femininity that both Collins and Dickens engage with in their writing become clearer, as do the ideologies that Collins's text implicitly challenges. By examining this variety of sources, the discussion intends to illustrate the manner in which issues of medical knowledge, authorship, power and gender resonated through divergent discourses and cultural stratum, and the important role that writing played in the relationship between women and the medical profession.

<5>*Poor Miss Finch* describes the experiences of a young woman, Lucilla Finch, who has been blind from a young age, as she undergoes an operation to remove the cataracts that have ruined her vision. Engaged to her fiancé Oscar Dubourg, she is the victim of the schemes of his identical twin brother Nugent, who is also competing for her affections. As a quirk of her blind state,

Lucilla has a fear of dark colors, yet unknown to her Oscar has received treatment for epilepsy involving silver nitrate that has stained his skin a dark blue. Concerned about how Lucilla might react to this change, Oscar rashly tells her that the man with the “blue face” the neighbors speak of is Nugent (160). Nugent suggests that Lucilla’s eyesight can be restored, bringing a renowned German doctor to the village and plotting to pose as Oscar when Lucilla sees him for the first time. The text features a disorientating mixture of genres and influences, complicated further by its distance from Collins’s typical brand of sensation fiction. Subtitled “A Domestic Story” and attacked by reviewers for the “milk-and-water nature of its sensationalism”, the story is a curious blend of fairy tale romance, medical realism and quiet domesticity (Peters vii-xxiii). The text’s uncertain position within the sensation genre and its intricate, far-fetched plot potentially problematizes any reading of the text in terms of what it communicates about medicine and the body: peopled with one-dimensional, unrealistic characters and set in what almost appears a satirical parody of the normal Victorian domestic environment, on the surface the narrative offers little of worth to examine in correlation with the types of contemporary layperson accounts of healthcare outlined above. However, the novel’s amorphous nature and incongruous meshing of sensation and domestic fictions’ qualities can be unraveled and negotiated to reveal the way in which Collins mixes genres, registers and discourses to replicate (and illuminate) how the female body is textually constructed within culture through competing discourses and ideologies.

### **Female communities and medical care**

<6>A reoccurring similarity between Collins’s text and the letters contained in the Fletcher-Tooth collection is the representation of a coterie of women providing assistance to one another, ably officiating over their own health and that of others without the intervention of medical men. The roles that women played in this respect – beyond that of the basic care of invalids within the family home that we might expect to find – emerges repeatedly in correspondence between women, and similar relationships are also clearly depicted in Collins’s text. The abilities of Lucilla and other women in the narrative to perform such duties contrast sharply and presumably intentionally with the “hysterically irresponsible” Mrs Finch (206), who functions as a parody of the nineteenth-century conceptualization of the female body: inherently weak, unstable and governed by the reproductive system. Collins signals his interest in competing versions of female interactions with medicine early on in the text with the introduction of Mrs Finch, as the image of the hysterical woman defined and dominated by medical superintendence is ridiculed. In contrast, the female network of palliative care of which Lucilla is a part appears as a more realistic and natural representation throughout, a tension that this section will now discuss.

<7>A “large, light-haired, languid, lymphatic lady” (10), Mrs Finch’s body spills over the boundaries intended to contain her, whilst her general appearance is suggestive of worryingly uncontrollable bodily fluids and material excesses:

If there can be such a thing as a *damp woman* – this was one. There was a humid shine on her colourless white face, and an overflow of water in her pale blue eyes. Her hair was not dressed; and her lace cap was all on one side. The upper part of her was clothed in a loose jacket of blue merino; the lower part was robed in a dimity dressing gown of doubtful white. ... Her other hand supported a baby enveloped in flannel, sucking at her breast. Such was my

first experience of Reverend Finch's Wife – destined to be also the experience of all aftertime. Never completely dressed; never completely dry. (10-11)

Overflowing with bodily fluids and babies (the child here is her fourteenth) Mrs Finch is an extreme caricature of the medicalized feminine body, fascinating the medical community which its instability implicitly threatens. Her body barely contains the substances which compose it: fluid leaks out through her pores, her watery eyes and her breasts, defying barriers of membrane and skin which seem incapable of constraining the body they tenuously encase. Such excesses also overwhelm the bodies around her: the baby, for example, taking on “more maternal nourishment than his infant stomach could comfortably contain” vomits back the surplus fluid (11). An impression of control over this sprawling image of femininity is attempted by Mr Finch through the “medical” orders he gives in instances when Mrs Finch succumbs to bouts of hysteria:

I order you, medically, to get into a warm bath, and stay there till I come to you. ... I wish you to understand the object of the bath. Hold your tongue. The object is to produce a gentle action on your skin. One of the women is to keep her eye on your forehead. The instant she perceives an appearance of moisture, she is to run for me ... on leaving the bath, I shall have you only lightly clothed. I forbid, with a view to your head, all compression, whether of stays or strings, round the waist. I forbid garters – with the same object. (206-7)

Here, Mr Finch enacts the exaggerated medical response to the “hysterical” woman, and Collins carefully juxtaposes the forceful silencing of the female body (with the repeated command, “hold your tongue”) and Finch's bizarre instructions.

<8>What Collins magnifies particularly effectively here, however, is the extent to which both the roles played – the hysterical woman and the “knowledgeable” medical figure – are essentially empty constructs which require performance to make them meaningful. As Mary Poovey notes in her discussion of hysterical females, the lack of clearly diagnosable signs of hysteria in the organic matter of the body meant it was easily feigned, threatening the doctor's authority to “define the disease, to establish the course of treatment, [and] to pronounce a ‘cure’” (153). The uncertain entity of the condition and its potential to be revealed as a label standing for the performance of illness destabilizes the role, knowledge and power of the doctor, who is doubly challenged both in potentially believing a faked illness to be a legitimate one (or vice versa) and in any subsequent attempt to cure a disease which has no tangible signs. Through Finch's reaction to his wife's hysteria, Collins satirizes both the construct of female physiology that the medical profession frequently propagated and their own questionable attempts to control it, contrasting this with his representation of Lucilla. In this respect, exaggerated, unnatural characters such as the Finches are being put to clear use and can perhaps be understood as working with, instead of straining away from, the other qualities of the narrative and its aspirations towards medical realism.

<9>Part of the Finch family, yet also not (Mrs Finch is her step-mother; her own mother has died), Lucilla belongs to a separate association of women, in which she plays a supportive role, as well as relying on the help of others. The assistance Lucilla provides is introduced with her

errand, delivering medicine to a “poor rheumatic woman in the village” (17). Lucilla combines this with meeting Oscar on the outskirts of the village, but Collins adds enough detail to portray Lucilla as a trustworthy friend of the woman, with a genuine wish to help her. As Lucilla explains to her companion Madame Pratolungo, she must personally supervise the medicine’s delivery: “If I take it to her, she will believe in the remedy. If anybody else takes it, she will throw it away” (17). Mme Pratolungo provides a similarly supportive role for Lucilla, as does her childhood nurse Zillah. Lucilla relies on these women during her operation and lengthy recovery, poorly supported as she is by her father, and in light of the suspicious behavior of Oscar and Nugent. Zillah is the “only witness present” when the oculist examines Lucilla’s eyes to determine the success of the operation, and it is her and Mme Pratolungo who care for Lucilla during her recovery (233, 261). Small though such details appear to be, Collins repeatedly depicts the work of this supportive network of women as functioning effectively and independently of the work carried out by medical men in the text.

<10>Unsurprisingly, experiences of illness often brought women closer together throughout the nineteenth century and relationships such as these depicted by Collins are frequently reflected in letters and diaries spanning the period. The Fletcher-Tooth Collection illustrates the web of connections between women which functioned in times of illness and, whilst it should be noted that this particular set of acquaintances were part of the Methodist church and the letters date from the late 1830s to early 1840s, similar behavior can be found in the letters of women from a range of backgrounds and throughout much of the period. Correspondence between women in the collection frequently describes the practical assistance members of this circle provided each other: a letter of Methodist preacher Martha Grigson (d.1839, also referred to as Gregson) describes the “almost constant scene of sickness” present in her home whilst caring for her neighbor Miss Francis:

Miss Francis came to me, or rather returned to me for she had left me only a very few weeks and was to set off on the Monday for Bath intending to make some visits by the way – but it pleased the Lord on the Sunday morn. to visit her with a very severe affliction – a discharge of blood upwards from the stomach to that degree that she was quite given up by the Medical Gentleman who attended her, in her extremely weak state she lived three weeks, without taking any food wine and water was her chief support ... Miss Francis left me last month, she was then only able to walk out of one room to another with help – her lodgings are a few doors from me, she remains in much the same state she left me. (Grigson)

What the letter makes clear, with the references to Miss Francis’s prolonged recovery, is the considerable duration for which Grigson cares for her, as well as Grigson’s success in nursing the invalid back to a slightly improved state of health, contrasting with the doctor who has “given up” the case. In a further way, however, the letter displays Grigson’s own medical knowledge and ability, through the language itself. Her appropriation of medical vocabulary, with her description of the “discharge of blood upwards from the stomach”, situates her in the role of quasi-medical attendant, replacing the absent doctor, as well as demonstrating her knowledge and ownership of such terminology.

<11>As well as depicting a supportive community of women, Collins foregrounds female use of medical techniques and knowledge with the assistance Mme Pratolungo provides Oscar after his attack, contrasting her practical efficacy with more absurd behavior by Mr Finch. Intertwined with the narrative's parallel interests in female medical knowledge, Mme Pratolungo's actions build on the text's representation of women displacing men in medical positions, as well as introducing the positive representation of female use of medical skills. Mme Pratolungo has experience in "how to deal with wounded men" from her earlier life with her revolutionary husband and she describes the scene, like Grigson, with an almost clinical use of language ("A blow on the left side of his head had, to all appearance, felled him on the spot. The wound had split the scalp") and calls for "cold water, vinegar, and linen for bandages" (81). Her rapid and effective provision of basic first aid to Oscar contrasts sharply with Finch's efforts who is, according to Mme Pratolungo, "not of the slightest help to anybody": his main contribution is taking Oscar's pulse, which he does as if "nobody could feel a pulse but himself", before solemnly warning Mme Pratolungo, "No hysterical activity, if you please" (81-2). Her actions are consequently praised by the doctor, confirming that she did "all that was necessary" in his absence (84). Whilst the entrance of the (male) doctor re-introduces the professionalized dimension of medical practice, the section as a whole undermines the notion that medical skills are gendered: Finch's high regard for his own medical abilities and concurrent assumption that Mme Pratolungo will dissolve into hysterics betrays the latent belief that women were unfit to practice medicine, an attitude that the doctor's later admission of Mme Pratolungo's skills challenges.

<12>The fact that women could put basic medical knowledge to good use – and that they shared these skills with one another – is evident in the many household recipes and receipt books passed back and forth between women, with writing here providing the medium through which medical skills and knowledge could be circulated. Published recipe books stressed that a woman with a good knowledge of health and first aid was often the only form of medical assistance that a family could need: *The New Household Receipt-Book*, written by Mrs Sarah Hale and published in 1854 advised that, in cases of "severe sickness" the "most skilful physician" should be sent for, but goes on to add that "many times the mother is the best physician, and the only one needed for her children" (146). As the doctor's assessment of Mme Pratolungo's response indicates (or indeed, as the factual example of Martha Grigson's care of Miss Francis also shows), with a wide range of ailments, the doctor's treatments were broadly similar to those women provided for families and friends themselves. Homemade recipe books indicate that medical remedies passed on from female friends and family were also valued as much as (if not more than) directions from doctors. Mary Susan Selby Lowndes's "Medical Receipt Book", for example, features directions for a "Strengthening Medicine" from Dr Morrison alongside "An excellent recipe for a cough" from Mrs Hart, suggesting that medical advice and assistance was actively exchanged between women as a supplement to, or substitute for, the attentions of a medical professional (Lowndes). The fact that women put their names to medicines passed between friends and appended recommendations to recipes is of particularly significance, mirroring the patent medicines peddled by doctors and signaling women's own form of authority and authorship over the remedies they shared. This in itself sends a powerful message of women's ownership of both medical knowledge and the means of passing it on to others, with women's names here functioning as trusted stamps of approval in the same way as doctors'.

<13>Frequently, women also contacted one another to gain knowledge regarding more alternative medical practices, as a letter from the novelist Elizabeth Gaskell (1810-1865) to Ann Scott, wife of Alexander Scott (1805-1866), principal of Manchester's Owens' College demonstrates. Seeking advice regarding mesmerism on behalf of an acquaintance suffering from a uterine tumor – and admitting to her own dearth of knowledge on the subject – Gaskell writes to “get all the wisdom I can to help me to give the best judgment I can” (Gaskell). Like Grigson, her letter incorporates detailed anatomical information, describing the “surgical examination” and “puncture” of the tumor, from which “blood flowed instead of water, showing it had been neglected for too long”, which Gaskell qualifies by stating, “I must give you all the details to enable you to judge about employing mesmerism, if you have any experience on the subject” (Gaskell). Gaskell here exhibits her own knowledge and grasp of the disease and treatments carried out whilst also implying that without a comprehensive report, Mrs Scott will be unable to effectively consider the case. Rather than female gossip or hearsay regarding mesmerism, the conversation here demonstrates a genuine engagement with the medical and even anatomical aspects of the matter, in language which implies confident knowledge and ownership of the terminology.

<14>Such documents suggest a more active engagement with medicine by women than is often acknowledged, whilst indicating how families and communities regularly coped without intervention from medical professionals. As well as playing a role in areas where a doctor's attendance was available if necessary, many women in more isolated communities would have been a primary source of medical care, taking on the kind of work a professional might have been called to elsewhere. Like the women discussed above, Collins also presents Lucilla as actively interested in the various medical procedures which occur throughout the novel, creating a figure more familiar to his female audience than Mrs Finch would have been. Regarding the medicine Oscar is required to take to dispel his epileptic fits, for example, Lucilla persistently questions Mme Pratolungo as to the type of medicine and how it “worked the cure”, as well as asking the doctors whether any side effects could pose further risks to the brain (114). Obviously, the crucial side effect regarding the discoloration of Oscar's skin is withheld from her, as stipulated by him, but what is of note here is the fact that Lucilla persists with her questioning until she feels she understands the treatment: like Gaskell, she wants to gather as much information as she can. She also exhibits the same confident curiosity regarding her own operation; beforehand she is found “deftly fingering” the oculist's “horrid instruments to find out what it was like” (231). Eager to learn and understand aspects of the treatments affecting her and those around her, Lucilla demands information, playing an active role in the proceedings rather than remaining a passive patient or bystander; the role more typically associated with the Victorian woman in relation to medicine.

### **Knowledge, ownership and control of the female body**

<15>As well as exhibiting the close connections formed between women with regard to medical care, both the fictional text of Collins's novel and the documents discussed above clearly interact with the issue of medical knowledge. The conflict between medical (that is, male) and female knowledge of the female body that is explored in *Poor Miss Finch* can be read alongside the furor surrounding Harriet Martineau's illness, her written endorsements of mesmerism and the

eventual publication of her post-mortem notes – part of an ongoing textual feud publicly played out between Martineau and most of the medical profession. Suffering from a large ovarian cyst, Martineau tried mesmerism, and her public avowal of its cure (where more orthodox medical remedies had failed) published in the *Athenaeum* in 1844 incited the anger of many doctors, not least that of Thomas Greenhow, her brother-in-law and physician. Greenhow rapidly responded with a pamphlet titled ‘A Medical Report of the Case of Miss H----- M-----’ giving a full account of Martineau’s illness with graphic gynecological details and later publishing Martineau’s post-mortem reports, mainly in order to prove that his initial diagnosis had been correct and to ridicule Martineau’s own beliefs about her illness as “*little fact and much imagination*” (Greenhow’s emphasis, Greenhow 196). Not only does the inclusion of Martineau’s blanked-out name enable Greenhow to clearly identify Martineau as the topic of the case whilst also obscuring it, it also re-works ideas of authorship over medical knowledge. Like the medicines and remedies with women’s names attached to them, here Greenhow embarrasses Martineau and invalidates her claims through the publication itself, as well as re-writing himself as the author of her case and explicitly removing her. Talking about her case at the same time as very pointedly erasing her name from it, Greenhow eliminates Martineau’s authority and authorship not only of her own medical ideas, but of her body itself.

<16>Martineau also shares other more commonplace parallels with the women discussed above, however, as her personal correspondence depicts her trying to assist other women within her social circle. A letter to Mr Crosfield, for example, sees Martineau trying to raise money to pay off her friend Mrs Ewington’s medical debts, as “nothing [could] so conduce to her rallying from her exhaustion & anxiety as removing from her mind the dread of the Doctors’ Bill” (Martineau). She is also clearly situated as part of a group of women providing one another with medical treatment: her initial mesmeric treatment, performed by self-taught mesmerist Spencer Timothy Hall, failed to produce any significant changes, yet a second attempt by her maid Jane Arrowsmith was successful, leading Martineau to embark on “repeated mesmeric treatments both with Arrowsmith and other healers” who were “mostly women” (Cooter 20). This detail bridges the two areas discussed so far in relation to *Poor Miss Finch*; Martineau’s mesmeric treatments put the power of knowledge and healing into women’s hands, whilst simultaneously excluding male practitioners from the circle of women providing one another with medical care. As well as talking about medical matters in private letters, however, Martineau also discussed her own illness and medical knowledge on a very public platform, and her visible struggle with the medical profession illustrates not only the profession’s assumption that they understood female bodies better than women, but also the interconnected beliefs that women should be excluded from holding medical knowledge, performing medical treatments and, perhaps most importantly, writing about it.

<17>*Poor Miss Finch* engages with this presumed hierarchy regarding male and female knowledge of the body – and the notion that this status quo should not be challenged – with the probing medical questions Nugent poses to Mme Pratolungo. He inquires how long Lucilla has been blind for, whether it resulted from accident, illness or fever, what her age is and whether any previous attempts at curing her blindness have occurred (139-141). Mme Pratolungo is more than a little surprised by Nugent’s interest in such “medical details”; his questions are seemingly intended to help him construct a case history of Lucilla’s condition for himself and his appropriation of the language of medical diagnosis subtly implies the control and heightened

understanding of Lucilla's body that such medical knowledge gives him. His analysis of her aversion to dark colors also conveys his belief that medicine can supply him with a superior understanding of Lucilla. Unconvinced by Mme Pratolungo's assumption that it is some kind of instinctual response, Nugent presses for a more concrete answer, interpreting it as a somatic reaction to a past shock, written indelibly on the nerves: "She may still be feeling, indirectly and unconsciously, the effect of some shock to her nervous system in the time when she could see" (153). After questioning Lucilla's nurse, Nugent concludes, "with the air of a man profoundly versed in physiology" that it is not a fear "rooted in a constitutional malady", but "nothing more serious than a fanciful growth, a morbid accident, of her blindness" (154). Nugent's use of such medical vocabulary here symbolizes the ownership and control of Lucilla's body that this knowledge gives him; he appears to understand Lucilla's body medically better than she does, or anyone else around her. This analysis of Lucilla marks the start of the process whereby male medical intervention not only presumes to improve her, but assumes a greater degree of knowledge and authority over her body than she has herself.

<18>It is noticeable that the language used by both Nugent and the medical press regarding the Martineau case stacks two forms of knowledge against one another; the clinical, medical form of knowledge, available only to those with sufficient training and intelligence, and the "feminine" version of knowledge, which bases its assumptions on senses, feelings and – a word which frequently appears – the imagination. Whilst Mme Pratolungo interprets Lucilla's aversion to dark colors as an instinctive, emotional response to her blindness, Nugent (significantly, acting the part of "a man profoundly versed in physiology") overrides this, pressing for a more objective and therefore superior, "medical" interpretation. Like Greenhow's assessment of Martineau's defense of mesmerism (based, he argues, on imagination as opposed to medical fact) the language used by men when discussing female medical knowledge distances it from professional medical knowledge belonging to trained physicians, setting what are presented as clinical facts at a variance against emotion and imagination. Alexis Easley illustrates a similar example in the *Provincial Medical and Surgical Journal* (later the *British Medical Journal*), where the editor explains that, "ignorant people, indeed, talk familiarly of the evidence of their senses; but the un-educated senses are the most delusive of witnesses, as is known to every inquirer, and may be proved by a thousand familiar examples" (qtd. in Easley 161). In Martineau's case, the main "example" the profession used was Martineau's own dissected body, vividly depicted via the post-mortem notes Greenhow rapidly published. The "vast tumor" discovered within Martineau's abdomen is graphically evoked, including information about its pear-like shape, "greyish-brown contents" and the amount of fluid it contained (Greenhow 196-7). The cyst itself was later displayed even more publicly, becoming "the main focal point" of a speech made by gynecologist T. Spencer Wells at the Clinical Society of London, in April 1877 (Easley 163). In flagrantly exhibiting Martineau's body to the public, the medical profession was able to doubly silence Martineau's claims: not only is she the only (obviously) silent participant in her own autopsy, but the visible proof of the cyst is used to dispute her writing on her illness and mesmerism. Martineau's own body is appropriated by the medical profession to prove her wrong at a point at which she cannot write back, cementing the fact that their form of knowledge (the cold, clinical knowledge of dissection and pathological examination) overrules Martineau's feelings and opinions.

### **The female body as medical spectacle**

<19>Martineau's experience illustrates the way in which the medical spectacle of the female body is entwined with notions of knowledge and power, a connection which Collins is interested in exploring. In Martineau's case, the way in which medical authority most firmly reasserts itself is by turning her body into an example to prove the clinical accuracy of their diagnosis; the dissected body is made to speak for the professionals. The notion that Lucilla is in danger of becoming a pathologized spectacle, and that her body too will become a site where male medical knowledge both overrides and "improves" the feminine senses of touch, instinct and intuition on which she relies is foreshadowed as Nugent reveals his plan to cure her blindness. The depiction of Lucilla here is extraordinary; her body and the play of emotions over her face are brought sharply into focus as the twins and Mme Pratolungo watch her response closely:

Every faculty in her seemed to be suspended by the silent passage into her mind of the new idea that [Nugent] had called up ... Not a sign appeared indicating a return of the nervous suffering which the sense of his presence had inflicted on her, earlier in the day ...

I observed Oscar, next. His eyes were fixed on Lucilla – absorbed in watching her. He spoke to Nugent, without looking at him; animated, as it seemed, by a vague fear for Lucilla, which was slowly developing into a vague fear for himself.

'Mind what you are doing!' he said. 'Look at her, Nugent – look at her.' ...

She slowly lifted her hands to her head, and held it as if she was holding her reason in its place. Her colour changed from pale to red – from red to pale once more. She drew a long, deep, heavy breath – and dropped her hands again, recovering from the shock. (181-3)

The moment crystallizes Lucilla's body as medical spectacle. Through the shock of the idea presented to her, she is rendered speechless (aligning her with the image of the silenced, medicalized female body) and those watching seek to interpret her reaction through somatic responses, such as the flush and pallor of her skin and altered breathing. Her reactions are reduced to signs by which the observers read her – as Mme Pratolungo notes, the previously visible "sign" of her nervousness has disappeared, whilst the only words Oscar can utter to try to comprehend her reaction are "Look at her, Nugent – look at her".

<20>Lucilla demonstrates her control over her treatment by reversing this gaze leveled at her as a medical spectacle however, and Collins cleverly subverts the expectations he here initiates. The doctor attempts to lead Lucilla away to inspect her eyes in private, but she resists, with the demand, "I want everybody to see me" (250). Eager to test her eyesight in front of her family and friends and correctly select Oscar from the crowd, Lucilla intends to make her body a spectacle on her own terms, controlling who sees her and when. This is not the first time in the text that Collins complicates the relationship between sight and power: as Martha Stoddard Holmes points out, Lucilla's response to a comment by Mme Pratolungo over her choice of Oscar as lover results in Lucilla forcing Pratolungo to watch her kiss Oscar, a "meaningful reversal of a repeated scenario in the nineteenth century and our own time in which the blind woman is the unknowing object of aggressive looking" (86). Collins engages this motif before destabilizing it, reversing the flow of power from those who gaze to those who are gazed upon.

<21>Comparing Lucilla with Mrs Clennam of Dickens's *Little Dorrit* here provides an interesting parallel, with the contrasting endings that Dickens and Collins write for these willful women being particularly telling. Intimidating and inscrutable, the paralyzed Mrs Clennam creates and constructs her illness as a state outside that of medical bounds, turning her body into a medical spectacle entirely of her own design. Asked by her son Arthur about her condition she replies: "What with my rheumatic affection, and what with its attendant debility or nervous weakness – names are of no matter now – I have lost the use of my limbs" (Dickens 53). Moving beyond the earlier examples of authorship of terminology and language, Mrs Clennam here takes complete ownership of medical discourse by rendering it irrelevant, organizing her illness on her own terms. She resists the external labeling of the body that comes with medical diagnosis and instead manipulates a type of language which usually enables specific diagnosis to create an intentionally vague mixture of ailments: "rheumatic affection", "debility" and "nervous weakness". Medical vocabulary here is appropriated for Mrs Clennam's particular style of performance, a move which is echoed in a medicalized ritual of sorts performed before she retires to bed, involving a reading of "certain passages aloud from a book", where she prays that "her enemies (she made them by her tone and manner expressly hers) might be put to the edge of the sword, consumed by fire, smitten by plagues ..." and the consumption of rusks and a medicinal drink (Dickens 56). Just as she re-writes the text of the book in reading it (making those enemies "expressly hers"), she re-writes the terminology that medicine would use to inscribe its power on her own body in reducing it to symptoms and signs, instead utilizing that language to her own purpose.

<22>In so doing, Mrs Clennam also overrides the medical profession's power to define and fix women's bodies; like an exaggerated version of Martineau, Mrs Clennam both classifies her disposition herself and administers her own particular brand of treatment, thoroughly disrupting preconceived ideas about the female patient. Lucilla's own type of medical performance similarly destabilizes the relationship between medical spectacle and gender: deprived of being able to test her eyes in front of an audience due to the doctor's orders, she forcefully defies him, and the description of her behavior is illuminating. Speaking to the doctor in an adjoining room she cries out, "I am a woman – I won't be treated like a child" and flings the door open, "roughly, violently, as if a man, not a woman, had been on the other side" (255). Here the blurring between woman and child, and then man and woman, calls into question the parameters set between genders and the extent to which such boundaries are in fact permeable and subjective. Expecting Lucilla to demurely and obediently respect his wishes, the doctor is presumably counting on the qualities of patience and mildness that Lucilla, as a woman, should have, yet to her the repeated disappointments, deferrals and false promises patronize her and show her little respect: as she perceives, he is treating her like a "child". The force with which she opens the door further complicates this. Demanding to be treated as a woman, Lucilla's interpretation of 'womanly' behavior expands to include the emotions of passion and power which she displays here. Forcefully enacting the role that she perceives as that of a woman, she re-writes this for herself, refusing to concede to the social expectations and conventions demanded of her.

<23>Rather than representing feminine empowerment, as Collins does with Lucilla, displays of pathologized femininity in Dickens's texts are punished for the conspicuous exhibition of their sick body and the power they gain from this. Although Jane Wood sees Dickens as moving "provocatively towards appearing to challenge the precepts underlying cultural representations of

morbid femininity”, he eventually “retreats” into the “conservative medical paradigms which equated social transgression with sickness” (10). For Dickens, transgressive femininity is to be met with condemnation, and for flouting expectations regarding how the morbid female body should present itself Mrs Clennam is thoroughly punished. The positive ending Collins allows Lucilla, then, seems controversial and contentious against Dickens’s more traditional conservatism, but also unsurprising, given the text’s wider challenge to traditional ideas about female bodies. Despite the fact that Collins’s narrative also appears subversive, it is worth considering the parallels between the transgressive fictional females and the women discussed earlier. As noted, aspects of Mrs Clennam’s behavior find echoes in Martineau’s actions, whilst in a broader sense, the manifold letters of the period detailing illness, symptoms and sickness are another form of both medical authorship and performance. Just as letters like Martha Grigson’s indicate a grasp of medical language and knowledge, they also display sick bodies – either their own or those that they care for – to an audience, producing medical spectacles constructed and controlled by women.

<24>The ending Collins writes for Lucilla problematizes the medical knowledge which has presumed to improve her, reinstating the validity of female intuition. Lucilla loses what she perceives to be her highly receptive sense of touch – the ability which helped her to distinguish between Oscar and Nugent when blind through the ‘tingles’ she felt when touching Oscar – although in reality this is because the person whom she believes to be Oscar is Nugent. Nevertheless, this loss troubles her greatly, admitting, in her journal, “there was a moment when I actually wished myself blind again” (329), directly correlating her unhappiness with the clinical intervention. Yet crucially, it is Lucilla’s sense of touch – or sudden lack of it – which medical knowledge cannot overcome. Her despondency and unhappiness resulting from this change causes her and Nugent’s relationship to collapse and she continually delays the marriage he is pushing for. Speaking with Mme Pratolungo, she admits, “I have so little feeling for him, that I sometimes find it hard to persuade myself that he really *is* Oscar” and Nugent’s attempt to override and confuse the nerves and senses of Lucilla’s body through medical technology clearly cannot overrule her innate intuition (415-6). Ironically, this of course contradicts the arguments of the medical men in reference to Martineau’s body, whilst the emphasis the text lays on Lucilla’s sense of touch clearly opposes the aforementioned statement of the *Provincial Medical and Surgical Journal*’s editor that “the un-educated senses are the most delusive of witnesses” (qtd. in Easley 161). Medical knowledge finally fails in a more obvious way too with Lucilla’s gradual recession back into blindness, a change which she positively revels in.

<25>By reading the novel alongside contemporary textual sources, the way in which *Poor Miss Finch* both comments on and complicates aspects of the relationship between women and medicine becomes clear. The narrative visibly interacts with ongoing debates surrounding male and female forms of knowledge of the body, the power relations encompassed within this and the role that writing and authorship plays. The fact that parts of Collins’s text correlate with contemporary accounts of women managing their own bodies and healthcare adds credence to a reading which sees the text as providing alternative ways of viewing the female body and illuminating ways in which women’s interaction with medicine was part of a dialogue with professionalized male medical practice. The discordant blend of genres and writing styles that critics have often taken issue with can also be seen as working with Collins’s exposure of, and challenge to, the way in which the female body as an entity was culturally created. The different

modes of discourse and language in the novel – and contrasting representations of the female body which they provide – illustrates the way in which women’s bodies were textually constructed by ideology and language. Just as the genre of sensation fiction itself both highlighted and dismantled traditional classifications of literary genres, so Collins’s narrative illustrates the manner in which gender is culturally constructed and mapped onto bodies, showing that such definitions and the boundaries they create are tenuous and questionable. The narrative provides examples of how the female body can be encoded, mainly through male influence, as sick or requiring medical treatment (Mr Finch’s representation of Mrs Finch as hysterical; Nugent’s attempts to diagnose and ‘cure’ Lucilla), yet also provides alternatives to this, through the self-assured behavior of Lucilla, or the ability of the women in the text to care for each other independently of male medical intervention. That Collins is keen to elucidate how differently the female body can be written is perhaps made clearest through his choice of Mme Pratolungo and Lucilla as narrators, granting the women in the text authority over how they represent their bodies. In this way, *Poor Miss Finch* can be seen as mirroring and replicating the textual interaction and articulation of medicine practiced by men and women, providing a window onto the various tensions and concerns present at this time and offering a version of women’s relationship with medicine that demonstrates knowledge and control rather than oppression and suffering.

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