"The honor of being your nurse, though I am myself laid low": Harriet Martineau and Health

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The deadliest pandemic in recorded human history, the 1918-19 Influenza—affecting one-third (500 million) of the world's population and resulting in between 50 and 100 million deaths—has long been regarded symbolic of a by-gone era, rather than the harbinger of disaster it has proven to be.[1] Just one post-industrial century later, the world grapples with the rapid deconstruction of a key complacency shaping contemporary life: the assumption that such calamitous events happened only in times and places where comprehension was hobbled by limited perception, poor science, or inadequate technology. Up until early 2020, many assumed that our scientific acumen was such that we could surely predict such a recurrence or, if not, quickly find the ways and means to confront and eradicate it. In truth, what is now termed the Covid-19 Pandemic was indeed predicted, both before and during the dismantling of the very ways and means designed to meet such a crisis.[2] Given the context of our current world situation—social isolation and misinformation, fear and confusion, economic collapse and climate grief—it seems timely and relevant to revisit one of Harriet Martineau's most enduring interests: health—personal and communal, national and global.

As the benefits and drawbacks of industrialization and the trend toward urbanization unfolded throughout the nineteenth century, sanitary reform grew into a multi-faceted endeavor. This grimly unromantic phrase incorporated a variety of Victorian concerns, from the prevalence of

chronic invalidism to the persistence of cholera and typhoid epidemics; from the professionalization of medical practice to the popularity of mesmerism and phrenology; and from a turn away from the health threats posed by urban crowding to the restorative promise of rural small farming and cottage industries. These extremes highlight such then-radical ideas as the personal relevance, national importance, and global significance of clean water and unadulterated food, fresh air and sunlight, suitable clothing and shelter; today long accepted as commonsense, that cluster of concerns has again been brought into sharp focus by the Covid-19 Pandemic. This discussion considers the theme of health from three perspectives: personal—Martineau's self-writing about health and illness in her memoir, *Life in the Sickroom*; sociocultural—her periodicals writing addressing communal and national health; and global—her promotion of military sanitary reforms as a matter of imperial consequence to both colonized and colonizers. Collectively, this writing exhibits how thoroughly health matters permeated Martineau's worldview, from her own chronic maladies to the challenges faced by the working poor, and from the cholera pockets of London to the appalling standards endured by the military in their defense of the Empire.[3]

I. "A prisoner to the couch": The Cult of Invalidism

The expression "cult of invalidism" may imply some doubt about the authenticity of chronic illness; it is typically associated with, although not exclusive to, women. The Victorian invalid offers a revealing juxtaposition with the self-effacing, perpetual availability of women, who were expected to suppress personal needs and individuality in favor of service to others, from spouse and children to extended family, and from charity work among the poor to paying incessant social calls. It is speculative to what degree talented or ambitious Victorian women—who were also legitimate invalids—exploited this concept to their advantage. Elizabeth Barrett, for example, took to her bed, where she wrote poetry instead of paying social calls; she ultimately eloped with Robert Browning and moved to Florence, where she wrote some of her most radical socio-

political poetry. Alternatively, Florence Nightingale announced she would not marry because she had been called by God for other purposes, including nursing reform, hospital administration, and military reorganization (Logan, *Lives* xii). Her experiences during the Crimean War permanently established her fame and professional authority while leaving her with chronically impaired health. And yet, in the fifty-five years of life remaining to her after the war, Nightingale influenced and orchestrated major military health reforms from her sickroom, dubbed "the little India Office" or "the little War Office."[4] Regarding Victorian women seeking even a figurative or metaphorical room of their own, Nightingale observes, "Bodily incapacity is the only apology valid" for being excused from perpetual availability to others (*Cassandra* 48).

Harriet Martineau thrived on wide-ranging travels and adventures;[5] her retreat to the sickroom occurred twice, in 1839 (for five years) and again in 1855 (for twenty-one years). Her maladies were genuine; and, while she preferred a physically active life in the outdoors, she purposefully reconciled herself to her situation religio-philosophically. The defining points of Martineau's health are quickly told. From infancy, she was "a delicate child" who for years suffered from "indigestion by day" and "terrors" by night: "Never was poor mortal cursed with a more beggarly nervous system," which rendered her "infirm and ill-developed" (*Autobiography* 40). This was followed by increasing deafness, prompting her to adapt an ear-trumpet, an early form of hearing-aid for magnifying private conversation. Written for publication but phrased as a personal letter, her prescient "Letter to the Deaf" (1834) offered a self-help model advising fellow-sufferers on how to navigate the disability, privately and socially, and to find ways to thrive among the hearing-endowed. A compelling and compassionate piece of writing, "Letter to the Deaf" anticipated the philosophical depth and broader applicability of *Life in the Sickroom*, published a decade later (1844).

Indigestion and deafness were just the beginning of Martineau's health challenges. From the literary apprenticeship of the 1820s to the celebrity status, at home and abroad, of the 1830s, she led an active,

energetic, productive life. This ended in 1839, when she collapsed from the gynecological condition that was to dictate the remainder of her long life: an enlarged uterine cyst. Incapacitated, she spent the next five years in her Tynemouth sickroom, receiving callers, writing, managing laudanum treatments, and vicariously participating in the outside world through her telescope. When Martineau's "incurable" condition dramatically improved just at the time she began experimenting with mesmerism, links between the two proved irresistible; giddily enthusiastic over her release from the sickroom, she became a highly vocal advocate of mesmerism, which delighted self-help readers and horrified the medical establishment. Martineau was not cured by mesmerism; rather, the cyst had gone into remission, permitting her another decade of physical vigor, world travels, and prolific writing. When the condition resurfaced in 1855, she returned to her Ambleside home, where she stayed for the remaining two decades of her life.[6]

The temporal proximity of Martineau's publications at this time is revealing. The Tynemouth period (1839-45) was comparatively thin, yielding the "historical romance," *The Hour and the Man* (1841), articles for Knight's *Penny Magazine*, *The Playfellow* series of children's tales,[7] and the usual abundant correspondence. In spring 1844, she produced *Life in the Sickroom*, the book that definitively confirmed the permanency of her situation and sealed her credibility as an authority on the topic; later that same year, she published "Letters on Mesmerism," a celebration of her cure and release from the sickroom. This shift, within the space of months, was dramatic: if *Life in the Sickroom* represents "the symbolic significance of […] pronouncing oneself—incurable" (Frawley 15), in "Letters on Mesmerism" she declares herself cured. The male medical establishment was so threatened by both instances of female autonomy that it debated the topic even after her death, thirty-two years later.[8]

Maria Frawley characterizes *Life in the Sickroom* as "Part memoir, part treatise, […] a hybrid text that illustrates a particularly Victorian approach to pathography[9] even as it resists traditional literary classification" (13). Invalidism found expression in the commodity culture

of the time, from special furniture (the "prone couch," the "invalid bedstead") to publications (advice manuals and literary treatments of this population), products collectively "indicative of the invalid's status as a recognizable and ubiquitous figure of nineteenth-century social and medical life" (14). Martineau's current status as a founder of sociological theory and methodology[10] is again evidenced in *Life in the Sickroom*'s anticipation of "the emergence of medical sociology in the twentieth century" (28). Distinct from most Victorian invalids, she was possessed both by an insatiable "need of utterance" ("Autobiographical Memoir" 406) and by an impulse to instruct by sharing her experiential learning for the benefit of others, with the public platform—a literary network of international scope—through which to do so. *Life in the Sickroom* exemplifies Martineau's signature capacity to be polarizing: rejecting the invalid's passive subjectivity, she objectifies the sickroom's confinement, transforming victimization into empowerment, one telescopic observation at a time.

Recalling "Letter to the Deaf," the preface to *Life in the Sickroom* consists of a letter addressed "To ____" and signed "Yours ____." Its tone is compassionate and sympathetic, fostering community by appealing to shared suffering: "As I write this, I cannot but wonder when and how you will read it, and whether it will cause a single throb at the idea that it may be meant for you. You have been in my mind during the passage of almost all the thoughts that will be found in this book" (39). The identity of "you" is nonspecific, with Martineau claiming it is a generic attribution aimed at the broader invalid category. Challenging the cliché that invalids are a useless, because unproductive, population, she instead emphasizes "what we did by our efforts when we were well and active, and what we are doing still for the world, by preserving a decent quietness in the midst of our troubles" (40). The book "is truly [a] conversation with you"; and, insofar as it provides comfort, "I may have the honor of being your nurse, though I am myself laid low,—though hundreds of miles are between us, and though we can never know one another's face or voice" (42). Martineau writes to those who are long-term or permanent invalids, people with

chronic conditions exacerbated by environmental circumstances and prohibited from full participation in life. Today, most such invalids exist at the fringes of society, in hospitals or rehabilitation facilities; but recent Covid19-Pandemic imperatives for entire populations to retreat in an extended "lockdown" vividly dramatize the social isolation and individual and collective frustrations of having to stay in place indefinitely.

The opening chapters consider "The Transient and the Permanent in the Sickroom" and "Sympathy to the Invalid," ideas interchangeable with "prisoners" who are under a "sentence" and without "liberty of choice" (67). But this narrative does not dwell on self-pity, rather it looks for various means of self-empowerment through philosophy, religion and, particularly, the study of Nature. The significance of "Nature to the Invalid" cannot be overestimated, prompting a long discussion on the importance of location, especially in terms of windows, of the sickroom—admittedly, a consideration beyond the economic means of many people. Martineau details at length her Tynemouth sickroom, situated in an upper-floor apartment overlooking the mouth of the River Tyne, where, with the help of a telescope, she views the North Sea, the harbor, and the Priory Ruins. She outlines in Wordsworthian detail the daily and seasonal shifts marking life outside her window, from haymaking on the green downs and the activities of local fishers and farmers, to washerwomen and kite-flying boys. She is amused by the "gossip spirit" exhibited by her neighbors, counting herself among those gossips through her vicarious observations of their activities. There is "no shame" in this, she asserts: indeed, any activity "is salutary—which carries the spirit of the sick prisoner abroad into the open air, and among country people. When I shut down my window, I feel that my mind has had an airing" (69).

Because she observes, from planting to harvest, neighbors' market gardens, she is deeply invested in noting weather patterns and seasonal shifts, effectually anticipating "Our Farm of Two Acres" (discussed below). She takes a proprietary interest in the birds, insects, and flowers at her window boxes, so that "I detect in myself a feeling of duty" toward them (73). At night, the telescope reveals flashing Northern Lights and

distant planets, and "This transcends all" (70). Not everything she sees is bucolic, as in winter storms and shipwrecks, particularly distressing when seen from a position of passivity; to witness tragic events vicariously strongly impacts the invalid who is "liable to a return in the night of the painful impressions of noon, with exaggerations" (71). Nearly two centuries later, in the context of pandemic isolation, we too peer out at our world, linked not by telescopes but by screens, curious to know what goes on out there and surprised by what we find, as the ordinary unexpectedly reveals its extraordinariness, simply through the suspension of daily routine.

Experiencing the passage of time is a trial unique to the sickroom. The tedium of long hours of enforced inactivity, often passed alone, highlights opportunities for what is today popularly termed *mindfulness*. Martineau investigates this idea through her observations of the world outside her window, casting her absence from active life as a gift or blessing not available to those who are consumed with life's busy-ness:

> we sick watchers have, as it were, a property in the changes of the seasons, and even of the moon […] I have learned by observation where and when to look for the rising moon; what a superb pleasure it is […]. Should I actually have quitted life without this set of affectations, if I had not been ill? I believe it. And, moreover, I believe that my interest in these spectacles of Nature has created a new regard to them in others […] the neighbors, who […] did not know its value till they saw what it is to me. (72)

From the day's events to the night sky, from winter storms to summer showers, her connection with and attention to life has been forged and strengthened by her unique circumstances: "To go from this spectacle to one's bed, is to recover for the hour one's health of soul […] and the remembrance of such a thrill is a cordial for future sickly hours which strengthens by keeping" (73). These are the various ways "some hours of our penance have been beguiled,—that we have been let out of our prison for a holiday […] we see everything with different eyes" (75). Although

Martineau later dismissed *Life in the Sickroom* as morbid self-indulgence, particularly in terms of her commentary on Christian endurance and Divine Grace, she here asserts that "Nature is God's grace, meant to abound to all" (76). Within a year of writing this, Martineau, luxuriating in the "verdure" of the Lake District, purchased land and began building The Knoll, her sanctuary in both sickness and health for the remainder of her life.

Life in the Sickroom concludes by considering both benefits and drawbacks of invalidism. "Some Perils and Pains of Invalidism" include social isolation: "There was a time when we went to public worship with others,—to the theatre,—to public meetings […] parties […] festivals […] and heard general conversation every day of our lives. Now, […] we feel no social transports" (136). But in the absence of social interaction, Martineau advises against invalids keeping a diary, claiming that it fosters morbid self-absorption (144). Alternatively, "Some Gains and Sweets of Invalidism" include being "in possession […] of the external freedom, the internal quiet, the genuine privacy of soul" (149) that facilitates the greatest cultivation of human powers, whether inside or outside the sickroom. In this, she includes such concepts as being good for the sake of being good, because it is the right, the moral, the ethical path, distinct from the "hollowness of all talk of *reward* for conduct" (150). This concluding idea circles back to her Preface, clarifying what sickroom inmates contribute to the world by "preserving a decent quietness in the midst of our troubles" (40).

Although in *Life in the Sickroom* Martineau wrote at length about "becoming inured" to illness by accepting such a fate with equanimity, she surprised herself and everyone else by her sudden recovery, happily becoming one of those whose "life is only hidden away for a [time] […] they may start forth as new-born, and their preceding deadness be mercifully counted to them but as a long dream" (124). Reprieved from "becoming inured" shortly after writing those words, Harriet Martineau re-entered active life, her powers of observation sharpened, her intellect clarified, her energy channeled into the most productive and prolific literary period of her life.

II. Communal Health: First and Foremost of Women Journalists[11]

In "An Autobiographical Memoir," her self-authored obituary, Harriet Martineau termed herself a "popularizer" who could "neither discover nor invent" (413).[12] While some claimed that writing one's own obituary is the height of egotism and arrogance, others objected to Martineau's excessive self-effacement. *Daily News* editor Sir John Robinson warned: "The frankness of its self-criticism makes it necessary to guard the reader against confounding her own strict and sometimes disparaging judgment of herself with the impressions made by her upon others" (qtd Chapman 405). Long after her self-assessment, the disciplinary and interdisciplinary scrutiny of this "literary grandmother" and social-sciences foremother continues, revealing that she was far more innovative than she, her critics, and her admirers have yet fully explored.

As a "popularizer," Martineau was clear-sighted, prescient, and visionary; she recognized the utility of periodicals writing, with its quick publication turnaround, timeliness, cheap production costs, and accessibility even to the poor. As a literary endeavor, the influence and availability of Victorian periodicals grew in tandem with industrial and technological advances in efficient, uniform print manufacturing, and with the extension of literacy through the implementation of universal education. Martineau began and ended her career writing for periodicals, from the Unitarian *Monthly Repository* (beginning in 1822) to London's *Daily News* (through 1869), producing thousands of articles for dozens of publications.[13] A sampling of this prolific body of writing with a view toward its emphasis on health matters reveals her enduring interest in sanitary reform, the depth of her knowledge and experience, and the energy she invested in this signature aspect of the industrial era.

Distinct from the introspective and contemplative *Life in the Sickroom*, Martineau's subsequent health-related articles aimed more broadly at issues effecting families, neighborhoods, and communities. This writing highlights a period characterized by the professionalization of medical disciplines through enhanced scientific theory and method, clearly distinguished from such modes as mesmerism and traditional folk-healing associated with the self-help movement. Mid-nineteenth-century

society witnessed the consequences of industrialization, foregrounding health issues that were unprecedented in human history. Environmental changes were palpable, with factories spewing manufacturing soot into the air and releasing industrial waste into rivers, bringing contamination in close proximity with human habitations. Topics gathered under the concept of sanitary reform during this period include the health and well-being of factory and mine-workers and of trades- and professional workers; diet, nutrition, and food adulteration; affordable housing that included fresh air, clean water, access to sunlight, dry interiors, and drainage;[14] the benefits and drawbacks of urban and rural lifestyles; sanitary reform in the military; nursing and hospital reform; and the health concerns of such marginalized social categories as infants and the elderly, invalids and the sensory deprived, and the mentally and physically disabled.[15]

Martineau's most prolific writing on health was initiated by her papers for *The Leader* (1850-51), followed by a more substantial association with Charles Dickens's *Household Words* (1850-55). Some papers addressed environmental and public health concerns, such as "Sickness and Health of the People of Bleaburn," "The Marsh Fog and the Sea Breeze," and "New Plea for a New Food"; others explored Ireland's socio-economic recovery in the post-famine years, topics she treated in greater depth in London's *Daily News* (beginning 1852). A notable *Household Words* series featured Birmingham manufactures, from needles and buttons, guns and pistols to "The Wonders of Nails and Screws." In turn, this emphasis on the changing aspects of working-class occupations led to her studies of their effects on workers' health and quality of life, most fully demonstrated in *Once a Week*.

Between 1859 and 1863, *Once a Week* featured the most abundant example of Martineau's health-related articles, with two in particular—"Our Farm of Two Acres" and "Cost of Cottages"—linking her "real world experiments" with broader, communal applications (Hill 42). Recording her experiments with small-scale farming and animal husbandry at her Ambleside home, "Our Farm of Two Acres" advocates

domestic self-sufficiency through producing vegetables, dairy, and meat adequate to supply the entire household. This serialized study, broken into categories (Terrain and Tillage, Dairy and Bacon, Poultry-Yard) offers facts and figures, dates and procedures, and so is not the most entertaining narrative; but it does enable readers to adapt the concepts to their own situation. "Our Farm" began as an effort to address a particular need: Ambleside is both beautiful and remote, and thus is either thronged by summer tourists (which created supply shortages for local residents) or, during winter, deserted with limited food availability. The concept as Martineau presents it was particularly relevant to single ladies of modest means by showing "how a single woman might simultaneously increase her personal independence and social usefulness" (Hill 43). "Our Farm" led to correspondence with a Poor Law Commissioner, who found the small-farming idea an especially suitable way for workhouse inmates to occupy their time while contributing to their maintenance. From this precedent, perhaps, evolved the small individual plots in community gardens popular today near urban centers. In Martineau's words: "Miniature farming would […] not only create the material subsistence of the servants employed, but develop the mind and heart of the employer. This […] is the true consideration when the question arises,—What shall a woman do with two or four acres?" (261).

Housing reform, specifically affordable housing for the working poor, is addressed in "Cost of Cottages," which is also more an instruction manual than an entertaining read. A founding member of the Ambleside Building Society, Martineau facilitated the construction of five cottages designed to replace substandard "abodes of the humbler inhabitants [that] are a disgrace to any civilized community" ("Cost" 271-72). Ambleside affords "Good soil, good air, great variety of level, and plenty of water,—what more could we ask in choosing a dwelling-place? Yet there is disease, vice and misery which would be accounted intolerable if they came in the shape of inevitable calamity" (272). Lack of drainage facilitates epidemics and "mortality [that] is chargeable on ignorance or carelessness, or worse" (273), whereas careful planning results in "a manifest decrease in the

sickness and mortality of the country" (275).[16]

One idea not immediately associated with health today is the Rational Dress Movement, as outlined in "Dress and its Victims." Martineau's purpose is to consider the "preventable mortality" of the "100,000 persons who go needlessly to the grave every year […] killed by dress" (387). The emphasis on prevention is distinguished from "the notoriously afflicted and short-lived classes of milliners and slop-workers who are worn out and killed off in the cause of dress"; nor is it about "the political economy or the general morality of the dress-question" or the "suicides […] hopeless poverty […] intolerable degradation" to which it leads.[17] Instead, it is about women's pursuit of fashion at any cost to their health and well-being—an especially egregious topic to an author and commentator who by personal experience understood the value of strong health and preventable disease.

Martineau begins with a brief history of "fashionable follies," from ladies wearing big hats, dozing over a candle, to their huge puffed (gigot) sleeves; and from enormous skirts to the notably flammable crinoline petticoats underneath, brushing past the fireplace; indeed, "a lady could scarcely" go anywhere or do anything, even in her own home, "without peril of death by fire" (387). Clothing is a necessity that should protect, not expose, the wearer; the impact of dress is relevant to "every department of the human frame […] shelter is the main purpose […] dress should bear a close relation to the human form […] follow the outline of the body […] [and] fit accurately" (388). And yet, "we see trains of funerals every year carrying to the grave the victims of the folly and ignorance in dress." How is such an absurd eventuality possible in the foremost civilized nation in the modern world? Point by point, Martineau explains.

Fabric is an aspect of fashion not always in accord with climate: thin cotton muslin, for instance, valued for its delicate weave and symbolizing imperial ascendancy, is inappropriate to chilly, damp England; the reverse is true of the heavy red and black wool uniforms worn by British soldiers marching through India's tropical heat. Fashion eccentricities serve no practical purpose: women's hoop-skirts knock children off the sidewalk,

while exploding steel-frames threaten to impale gentlemen companions; such equipment constitutes "a silly hoax—a masquerade without wit […] always in danger from fire, or wind, or water, or carriage-wheels, or rails, or pails, or nails" (390). Particularly objectionable are women's corsets—rigid with stays and whalebones—and the fashion of tight-lacing that inhibits normal breathing, causing some to faint from lack of air. Corsets compress the ribs, compromise the posture, damage the spine, press on the organs, and prevent normal walking. For men and women, fashionable shoes expose feet to the elements and cause colds from the damp, while heels damage one's frame; as for headgear, veils are useless affectations and bonnets leave the neck exposed to drafts, while men's "chimney-pot" hats are "not very English in taste" (389).

That nationalistic critique is interesting in the context of the military (whose colonial uniforms show poor judgment) and of English identity politics. Privileged women adapt the latest Paris fashions, initiating a "spectacle [… of] bad taste in the higher classes [that] spreads very rapidly downwards, corrupting the morals as it goes" (390). Here, the health connotations of fashion shift from individual physical illness—rheumatism, neuralgia, heart and lung disease—to generational considerations—weak mothers produce weak children—to nationalism—"not very English in taste"—to a question of *morality*. Upper-class "fashionable follies," then, filter down to the lower orders, thus undermining the very fabric of English social integrity; the shabby woman factory-worker who faints from tight-lacing strikingly illustrates such corruption. Martineau concludes by praising the Dress-Reform Association (United States) and "Bloomerism" (England), whose "sense and morality" promise to restore "full dignity to the matronage and maidenhood of England" (391).[18]

In 1860-61, *Once a Week* featured Martineau's series on various professions and health, including policemen and steel grinders, artists and bakers, soldiers and sailors, the young and the elderly, students and young ladies, rural laborers and statesmen. Three categories specific to the Victorian era include governesses, needlewomen, and maids-of-all-work;

they are interesting to Martineau first, in terms of their significant numbers and second, in terms of their propensity to develop poor health, despite initial vigor. "The Maid of All Work. Her Health" looks at the servant category most at risk for developing poor health. According to the 1851 Census, nearly half a million workers fall into this category, a number requiring "our contemplation" of their "needless mortality" (464). Maids-of-all-work greatly outnumbered such specialists as ladies' maids or cooks; they were favored by employers who could afford only one servant and sought cheap labor. Because they literally do all the work of a household—cooking, cleaning, needlework, errands—they "are conspicuously more unhealthy" than any other category of servant (465). [19]

Martineau investigates the health of these workers, who typically come from hardy country stock, are accustomed to active lives and vigorous work, and are reared on plain, nutritious food, asking why they then decline under such service. While change of diet and moving from country to city are obvious factors, the primary argument Martineau pursues stems from an idea expressed by her friend and collaborator, Florence Nightingale: "I have never known persons who exposed themselves for years to constant interruption who did not muddle away their intellects by it at last" (466). Constantly on call, these maids are late to bed, early to rise, and sleep poorly in between; severely overworked and underpaid, with little or no personal recuperative time or social interaction, they are unable to save for illness or old age. If her health breaks down, she loses her position; if she has no relatives to take her in, she must resort to a hospital or asylum, where the female wards "were filled mainly by servant-maids and governesses; and, above all, by maids-of-all-work."

Martineau argues that the debilitation and mortality common to this group are needless and preventable, remedied by quiet, uninterrupted meals, sufficient sleep, and regular social interaction; indeed, it is up to the mistress to protect her maid from overwork and distress:

> A sensible and humane mistress will be the friend of her servant,—will converse with her—tell her the news—inquire about her family—invite a friend to see her now

> and then, and permit the visits of respectable relations and acquaintance, within reasonable limits […]. [But] the haughtiest spirit appears among the lowest order of housekeepers, and […] maids-of-all-work have therefore more hardship, more discouragement, and more loneliness of spirit, as well as of life, to bear than the comparatively small classes of special servants. (467)

This article is representative of Martineau's signature approach to any topic: she outlines the issue or crisis, traces its developmental history, supports it with relevant facts (Blue Books, Census statistics, testimony from specialists and experts), investigates the causes and, as always, offers remedies to repair the situation. Categorically, Martineau's recommendations involve common sense adjustments to alleviate workers' suffering—here, for example, restoring a humane routine for eating, sleeping, and socializing that is essential for ordinary well-being.

Like maids-of-all-work, the Victorian governess is another dated concept. "The Governess. Her Health" considers a category of woman worker positioned somewhere between maidservant, teacher or tutor, seamstress, nursery-maid, baby- and child-sitter, and household ornament. Like maids, governesses were overworked, underpaid, and socially invisible; unlike maids, they were expected to dress well and behave respectably—that is, to play a middle-class role but endure low-class treatment. Martineau's study draws distinctions between live-in and visiting or daily governesses, asserting that "Women who have a home usually have their health in their own hands" (267), since this affords them some recuperative outlet. Victorian women working outside the home for remuneration faced social stigmatization, with women educators—poised between social respectability and economic reality—particularly disparaged: "The truth is, no woman who has been engaged in education ever can obtain the position of one who has not" (267). Although separated by the kinds of drudgery they perform, together governesses and maids comprise "the largest classes of insane women in asylums" (268).

The daily-governess may need to work for several families in order

to cobble together a sufficient income; she typically worked twelve-hour days and traveled between several destinations, regardless of weather conditions. Many such women support not only themselves but dependents (invalided or aged parents, children); the meagerness of pay—out of which they must purchase transportation, suitable clothing, and supplies (books, papers)—allows no provision for late-life care. Martineau praises the Ladies' Reading Room at Langham Place, which offered a safe haven for respectable poor governesses during work-days.

The live-in governess suffers additional challenges, being expected to dress and behave according to middle-class standards, to be constantly on-call and available but socially invisible, while being scrutinized for ambitions to become the next lady of the house. Of the romanticization of governesses in popular novels, Martineau asserts, "They have no gratitude for the Brontes [… or anyone] who raises a sensation at their expense, or a clamour on their behalf" (269). The happily-ever-after fairy-tale that is *Jane Eyre* is far removed from a vocation overcrowded with unqualified teachers and "adventuresses" whose only purpose is to secure "a husband and an establishment"—in other words, to "marry up" and out of poverty. Loneliness and severe social isolation lead to insanity and "the propensity to drink," precludes marriage and enforces celibacy; worse, in a direct challenge to popular notions about maternal instinct, not all women "naturally" relate to children, some finding interaction with them a "terrible penalty."

Martineau concludes that the entire system needs reformation, beginning with the patriarchal notion that females do not need education or training, as their purpose in life is to be attached to a man (father, brother, husband) who will support her. But what if there is no man, or the man dies without leaving her a provision? Women need to work, and at occupations that utilize their gifts and support their health; instead of skimping on daughters' education (rendering them unqualified for any but the worst employments), parents need to invest in it so females can be self-sufficient. One pattern emerging here dovetails in the question of what to do about the aged and debilitated of all callings who are no longer able to

support themselves. Martineau's goal for such is "a vigorous old age, rich in ideas and affections, if not in fortune" (272).

Completing this tripartite consideration of working women's health is "The Needlewoman. Her Health," a "disagreeable and well-worn" topic from which most "turn away […] Distressed Needlewomen [… are] the grief and shame of society from the day when Hood published the 'Song of the Shirt'" (595). [20] As with maids and teachers, there are categories of needlewomen, further complicated by the fact that "sewing is a universal feminine employment, so that professional sempstresses are reduced to the lowest rate of pay by the competition of the whole sex." It was a truism of Victorian womanhood that all females sew, their "work"—typically unpaid, much of it decorative or useless—defining the female gender. Martineau returns to the question of female education by noting a commonality linking maids and teachers with seamstresses: forced by circumstances to earn a living, they must take their unpaid labor and find a way to earn money at it. Again highlighting "fair play in education" for girls, she decries the spectacle of thousands of women "slaving away at it day and night, for a hire which does not give them bread" (596). An interesting addition to the discussion is the "introduction of the sewing-machine," which ameliorates endless straight- or plain-sewing; far from putting needlewomen out of work, Martineau suggests teaching them how to operate the machines. Constantly threatened by un- or under-employment, at risk for blindness, cramped into crippling postures for hours at a stretch and kept awake with stimulants to finish an order, most needlewomen would be better off in the workhouse. Martineau admits, "My needle has been an inestimable blessing to me during years of ill health […] a tranquillising, equalizing influence, conservative and restorative" (597). But for those forced to sew for their living, it is a source of grueling labor leading to poor health and death.

While some institutions—workhouses—and occupations—maids-of-all-work, governesses, and sempstresses—are anachronistic, they provide significant insights into the period that grappled with industrialization's gendered links to education and literacy, and to employment and health.

Martineau's linking the culture of invalidism with the sociology of industrialization shows how the industrial era "spawned categories of work that helped to produce new beliefs about physical and mental performance, capacity, and exertion that, in turn, generated new medical categories, many of them linked to the idea of 'overwork' and nearly all freighted with additional assumptions about gender differences" (Frawley 15). Gender issues extend in revealing ways when women's social commentary moves out of the sickroom, the nursery, the parlor, and the school-room, and into the Imperial War-Office.

III. *England and her Soldiers*: Military Health and Imperialism

Martineau's religio-philosophical meditations in *Life in the Sickroom* trace her personal reconciliation with incurable illness. The book is characterized by her shift from active public life to solitary isolation, by her efforts to cope and to cultivate optimism, and by her desire to share her findings with other invalids. Her subsequent periodicals writing incorporated a broader communal category by studying the shifting nature of work in industrialized England and its attendant impact on the health and well-being of workers. Extending the range of interest further, the third category of writing considered here dates from the Crimean War and Indian Uprising period (1853-58), reflecting the expanding British Empire in the context of military health, in peace and war. Although Martineau claimed she did not revise or edit her work, many of her periodical articles were effectually rehearsed in her correspondence, just as larger book projects were rehearsed through shorter periodical pieces. During this period, she published articles on army hygiene, regimental hospitals, the Army Medical Department, civil and military medical training, sanitary reform in the military (particularly in India, emphasizing "What is Being Done?" and "A Call for Public Activism"); plus articles promoting Nightingale's work in nursing reform, medical training, military medicine, and hospital administration. As was the case in 1844, two 1859 publications prove to be temporally relevant and deeply intertwined: Martineau's *England and her Soldiers* and Nightingale's *Notes on Nursing.*

Although their social and familial circles overlapped, Martineau and Nightingale never met in person (both being invalids); they corresponded for years, at first sharing professional interests in public health and eventually becoming collaborators and friends. Nightingale's data collected during the Crimean War led her to a shocking conclusion: that the majority of illness and mortality in the British army was not battle-related but caused by poor camp hygiene, making disease and death in this context largely preventable. But although Nightingale had connections in high places, she found the custom-bound military framework resistant to her theories, her statistics, her suggestions for change, and perhaps, to her gender. Nightingale rightly believed that the matter was urgent and needed immediate attention; having long been an admirer of Martineau's writing, she asked her to frame her Crimean statistics into a more readable, popularly accessible form. The result was *England and her Soldiers.*

Instead of pursuing reform from the top down, then, Martineau as popularizer exerted pressure by stimulating public opinion among those classes of which the military forces—foot soldiers, as opposed to privileged officers with purchased commissions—are comprised. The order of men doing the actual fighting endured poor quality food, inadequate clothing and accommodations, and haphazard health care; these men are of the common people, and it is the common people who must insist they are properly looked after. With remarkable confidence in her appeal to the authority of public opinion, Martineau throws down her gauntlet to the most unassailable imperial government office:

> We sustained a fearful misfortune in the last war [Crimean]: we were taught […] the causes of the loss of our soldiers, and the means of preserving our forces in future […]. Something must be done, to rouse and apply the necessary stimulus; and the most obvious resource is to extend the knowledge of the case among that public from which all great reforms proceed. Once aware that the casualties of actual conflict are a mere trifle in comparison with the mortality from preventable disease […] the

> English people will take care that the disease is prevented, and that the lives are preserved, by the organization appropriate to the purpose. (Preface 5)

If those in power refuse to act expeditiously when confronted with the currency of the age—scientific data—attention to which promises to save lives as well as government expenditure, then the people deserve to know why. Noting the inaccessibility of parliamentary Blue Books and the dryness of uncontextualized statistics to ordinary readers, Martineau studied the research and wrote this book to "rouse the public" to insist on government action (6). This is what she does best: marshalling evidence and transforming it into a compelling narrative, presenting a brief historical overview and dramatizing its relevance to contemporary times and events. The stated aims in her Preface are blunt and direct: the Royal Commissioners and the War Office continue to be tepid and sluggish in their response to what many regard a matter of extreme urgency. Individuals' lives are at stake; families and communities are implicated; national defense and imperial supremacy are compromised; and people deserve to know why. What is needed now is "a vigorous expression of the national will as may overcome the obscure resistance in official quarters," in order to secure "our national destinies" through this "popular presentment of the case" (6).

England and her Soldiers is a slim volume outlining a brief history of staggering military losses in the East, from Walcheren and the Peninsular Wars to the first and second Burma wars, and from Gallipoli to the Crimea; it compares the number of battlefield casualties with the numbers of preventable deaths through improved basic living conditions. This was a time when typhoid, dysentery, and cholera appeared regularly throughout society; there were no pharmaceutical treatments for infectious diseases, which have no regard for gender, class and economic, age and racial differences, and were known to spread quickly among concentrated populations with poor hygiene. Some of Martineau's points strike twenty-first-century readers as obvious: to herd many thousands of men together, hailing from various places and in varying states of health and nutrition,

insufficiently clothed, sheltered, and fed, constitutes ideal circumstances for the spread of infectious disease. True also of her writing on occupations and health, Martineau's emphasis here is on prevention: the cause is clear, the consequences are obvious: why are we not taking appropriate action?

What follows this dynamic Preface is aptly summarized by "Preservation Henceforth—Destruction Hitherto," which considers the historical record in the context of future prevention. Categories include "Going out to War," "Meeting the Enemy," "Winter in Camp," "Physicians," "The Wounded and the Sick," "Restoration" (convalescence), and recommendations for an independent army hygiene department that works in concert with other military functions. Military medicine as a separate discipline underscores Florence Nightingale's aim to reconstitute medical education, training, and administration—and, not least, the nursing profession.

Nightingale's *Notes on Nursing*, also published in 1859, aims to reorganize and legitimize nursing, "an occupation conventionally associated with prostitution, venereal diseases, and alcoholism" (Logan, *Hour* 211). Traditionally, nursing was done by untrained women of the lowest classes ("slatterns," camp-followers), and did not involve knowledge, training, or experience. Nightingale's program insists on probationers' sexual respectability (regardless of class), on intensive formal training, on strict behavioral codes, and on fair remuneration for their work. This aspect of her professional legacy dovetails with Martineau's concerns to formalize modern health-care and to provide women with decent occupations. The year 1859, then, represents the height of the collaboration between these two women, with Martineau "popularizing" Nightingale's work in her own words—*England and her Soldiers*—and promoting, through articles and reviews, the revolutionary *Notes on Nursing*.[21] Martineau rallied her considerable network of friends and relatives to buy copies of *Notes* for distribution among poor women, to encourage self-help in health matters; she also appealed to her friend Lady Elgin to influence Queen Victoria's support and patronage.[22]

A timely coda to this collaboration relates to the American Civil War (1861-65). Since her American tour, Martineau was associated with the

abolitionist movement; indeed, by far the greatest number of her periodical articles address this and related topics. In an 1861 letter to Nightingale, she announces that she published two papers in the American *Atlantic Monthly*: "Health in the Camps" and "Health in the Hospitals," and shares exciting news about *England and her Soldiers*:

> Our book […] is at present quoted largely & incessantly in American medical Journals, as a guide [for] military management in the northern states […. This presents] a good opportunity to interest their public in saving their citizen-soldiers' health. It is more to the purpose that medical journals are learning from us […]. (*Collected Letters* 4:288)

Martineau welcomes Nightingale's offer to provide further materials for the Americans, which "will be received with fervent gratitude […]. I will write […] to the Secretary at War [Simon Cameron] at Washington, to prepare him for what is coming. […]. I wish we could help the Southern leaders to keep their men alive too. But, even if I had access to them (which I have not) the case really seems desperate" (4:289; see also 4:290-91). Despite Martineau's unequivocal alliance with the North's abolitionists, she believes that information regarding preventable disease and mortality in the military should be available to all, even the enemy.

Florence Nightingale's chronic invalidism prompted Martineau to write her friend's obituary; despite her fragility, she was "no declaimer" but a woman of action; "she talked, and did great things" (qtd Sanders 180). But Nightingale outlived Martineau by thirty-five years; and in her memorial statement, she returned the compliment: "She was born to be a destroyer of slavery, in whatever form […]. No matter what, she rose to the occasion" (Chapman 421-22). If it is Florence Nightingale who is today primarily remembered for her work in sanitary reform, it was Harriet Martineau whose name and fame and literary networks helped her to get there.

Conclusion

Ill health was a prominent, defining factor in terms of Martineau's quality of life. Maria Frawley writes, "Sickness was not only the linchpin of her self-understanding, her guiding frame of reference, it was the lens through which she wanted her readers to see and understand her life and career" (Introduction 11). For Valerie Sanders, Martineau "made her invalidism into a profession, a fine art, through which she had won her freedom"—freedom, that is, to influence and shape social and public policy from behind the scenes and on her own terms (*Reason* 83). While there is some truth in these statements, there is an alternative side to Martineau, whose unquenchable spirit and irrepressible delight in adventure led her, in times of physical vigor, to relish bone-jarring carriage-rides over America's "corduroy roads," to climb to the top of the Great Pyramid, to sneak past French border guards to conduct research in the Jura Mountains, to indefatigably hike the Lake District fells in rugged boots and knapsack. Her dramatic shifts between extraordinary exertion and debilitating confinement validate her capacity to live her life to the fullest, whatever challenges, opportunities, and limitations it sent her way.

What would Harriet Martineau have to say about the current pandemic, which holds the entire planet in thrall? How might she seek accountability from unbridled Victorian imperialism, industrialization, and globalization? Even her signature prescience could not have anticipated the catastrophic consequences of the first industrialized war—The Great War—and the devastating pandemic and systematic imperial collapse that followed. Today it seems the entire world is a sick-room: some hover in place, assiduously observing social-distancing, hand-sanitizing, mask-wearing, and disposable gloves, musing about the "new normal." Others—from conspiracy theorists to the economically disenfranchised to those who are just bored—claim it is all just a hoax of international proportions, whether from far-right or far-left; they want only to return to the "old normal." In her best philosophical mode, Martineau would likely advise us all to study the "Destruction Hitherto" with a view toward "Preservation Henceforth": to consider the alternatives, make our choices, accept the consequences, and always, always wash our hands.

Notes

[1] While such events have always been part of human history, the 1918 Pandemic is especially pertinent to this discussion, in terms of its intersections linking nineteenth-century industrialization, imperialism, and globalization with twentieth-century world wars, and in terms of the speed and precision with which the Covid-19 Pandemic enveloped the twenty-first-century world.

[2] The United States National Security Council division of infectious disease, global health, and bio-defense was eliminated in 2018 as an unnecessary expenditure. The first known cases of Covid-19 virus appeared in China in November 2019.

[3] Imperial conquest implies socio-cultural, economic, and military ascendancy, but—as Martineau was aware—it is no indicator of good hygiene: "Far from a seamless relation between colonizer and colonized, sanitation and filth, civilization and barbarity, resistance to domestic and personal hygiene was as prevalent in England—among all classes—as in its colonies; conflicts between entrenched social prejudice and applied social science were as typical of industrial as of pre-industrial societies" (Logan, *Lives* xvi). The year 2020 offers an intriguing analogy: face-masks are regarded as a polarizing, specifically *politicized* flashpoint, rather than the protective health measure that is their purpose.

[4] Nightingale was called "Governess of the Governors of India"; she countered she was the "Maid-of-all-(Dirty)-Work" to the India Office (Logan, *Lives* xv). Similarly, Martineau served as "Governess to the Nation" (Hunter 7), and as "Maid-of-all-work" at London's *Daily News.*

[5] Martineau traveled extensively throughout England, Scotland, and Ireland; she spent two years in the United States (1834-36); she traveled throughout Europe (1838-39) and the Middle East, including Egypt, Syria, Damascus and Lebanon (1847-48).

[6] Such cysts often alternate between expansion and contraction. Martineau's cyst was large enough to cause immobility by pressing on and impairing internal organs. When her condition returned in 1855, she consulted medical experts in London, who pronounced the condition heart

disease and sent her home to await death. The post-mortem twenty-one years later revealed that it was the same cyst, pressure from which mimicked heart disease.

[7] "The Crofton Boys" (*The Playfellow*) features school-boy Hugh Proctor, whose dreams of an active career serving in British India are thwarted by a crippling accident. Like Martineau, he was forced to come to terms with his altered circumstances.

[8] See Maria Frawley's edition of *Life in the Sickroom*, Appendix C, which includes "Medical Report of The Case of Miss H___ M___" by T. M. Greenhow (1845); "Termination of the Case of Miss Harriet Martineau" by Thomas M. Greenhow (1877); and correspondence with London heart specialist Dr. Peter Latham. Greenhow, Martineau's physician brother-in-law, was unable to resolve her condition; it was he who recommended mesmerism; and it was he who aggressively pursued, through publication, vindication among his medical peers.

[9] Pathography: the study of disease (physical, psychological) in the context of its influences on an individual or community.

[10] See Susan Hoecker-Drysdale, *Harriet Martineau. First Woman Sociologist* (1992); Mary Jo Deegan, *Women in Sociology* (1991); Michael Hill, ed., *How to Observe Morals and Manners* (1989); Hill and Hoecker-Drysdale, *Harriet Martineau: Theoretical and Methodological Perspectives* (2001); Sanders and Weiner, eds., *Harriet Martineau and the Birth of Disciplines* (2017); and Bachman and Pionke, eds., *The Socio-Literary Imaginary in 19th and 20th Century Britain* (2020).

[11] The phrase comes from *Daily News* editor, Sir John Robinson. See Elisabeth Arbuckle, *Harriet Martineau in the London* Daily News (1994).

[12] Maria Weston Chapman points out that, during her tenure at *Daily News*, Martineau wrote about fifty biographical sketches (obituaries) of famous people to be printed at the time of their death (*Memorials* 405). See *Biographical Sketches 1852-1868* (London: Macmillan, 1868). She also composed her own, "An Autobiographical Memoir," written at the time of the *Autobiography* (1855).

[13] For a comprehensive listing of Martineau's periodicals writing, see Logan, *Harriet Martineau. Further Letters*, Appendix C (585-91). For a listing of Martineau's 1,650 *Daily News* articles, see Elisabeth Arbuckle. In some cases, articles were published anonymously or are otherwise unlisted or unidentified (Knight's *Penny Magazine*, the American *Liberty Bell*).

[14] Drainage has to do primarily with a dwelling's geographical location in relation to privies, agricultural and industrial waste sites, and burial grounds. Since people depended on unregulated water sources (fresh and wells), improper drainage resulted in toxic wastes and decayed material seeping into drinking water. Contaminated shared water sources easily spread infectious disease.

[15] The year 1834 marked not only the publication of "Letter to the Deaf" but also "The Hanwell Lunatic Asylum," and the outlining of sociological methodology later published as *How to Observe Morals and Manners* (1838). It also marked Martineau's American tour (1834-36), which yielded sociologically-oriented publications concerning American institutions (hospitals, prisons, schools), factories and mines, nurseries and kitchens, farms and plantations.

[16] Two contemporaries are worth mentioning in this context: Charlotte Bronte visited Martineau's Ambleside home in 1850; ill health and premature death pervaded her family, which lived in a rectory adjacent to a cemetery (lacking proper drainage). George Eliot visited The Knoll in 1852 and toured the Ambleside Building Society cottages; Martineau was effectually immortalized by the character Dorothea Brooke and her housing scheme (*Middlemarch*, 1860).

[17] Slop-workers performed the lowest level of needle-work; the category was denigrated for its poor quality and the economic desperation of its unskilled workers. "Intolerable degradation" alludes to those women who resorted to "casual" (occasional) prostitution in the endeavor to earn a sufficient income.

[18] See also "Female Dress in 1857" (*Westminster Review* 1857), "A Real Social Evil: Crinolines" (*Daily News* 1861); and "A new kind of willful murder" (*Once a Week* 1863).

[19] See also "Domestic Service" (*London & Westminster Review* 1838); and "The Ladies Maid" (Knight's *Guide to Service* 1838).

[20] Thomas Hood's poem, "The Song of the Shirt" (*Punch* [December 1843]), dramatized the tragic plights of poor needlewomen.

[21] See Martineau's "Woman's Battlefield" (*Once a Week* [3 Dec. 1859]: 474-79; "The Training of Nurses" (*Once a Week* [30 June 1860]: 7-9; and "Miss Nightingale's *Notes on Nursing*" (*Quarterly Review* 107 [1860], 392-422).

[22] Martineau ordered a number of "humbler editions" of *Notes on Nursing*, meaning cheaply bound and priced for broad distribution (see *Collected Letters* 4:275-77).

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