CHAPTER 1

Medicine and Mobility in Nineteenth-Century British Literature, History, and Culture: An Introduction

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On a bustling Monday morning, Mary Barton, the heroine of Elizabeth Gaskell's eponymous 1848 novel, leaves her home in Manchester to set out for Liverpool, hoping to find the sailor Will Wilson to testify in favour of her lover, Jem Wilson. Accused of murder, Jem is awaiting his court trial, which is to take place the following day. Will's alibi is his only hope of escaping the death penalty. In her quest, Mary makes use of various modes of transport. First, she boards a train. The narrator notes that "[c]ommon as railroads are now in places as a means of transit, and especially in Manchester, Mary had never been on one before; and she felt

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bewildered by the hurry, the noise of people, and bells, and horns; the whiz and the scream of the arriving trains" (Gaskell 2006, 273), evoking an overwhelming visceral experience of modernity. In Liverpool, Mary moves in more familiar ways, making her way through the streets on foot, but this causes her even more distress. She briefly "stop[s] to regain her breath, and to gather strength, for her limbs trembled, and her heart beat violently" (275) and then feels how her chest "tightened, and her head [was] throbbing, from the rate at which they were walking" (279). Shortly thereafter, Mary hires a small boat to chase after Will on the *John Cropper*. To Mary, who has never been on a boat before, the harbour, with its "puffs and clouds of smoke from the countless steamers", constitutes another "new world of sight and sound" (281). The further she advances, the more her constitution deteriorates. Mary feels "despair […] creeping over her", and "every minute her mind became more cloudy" (289), until she is "sitting motionless" (290) on the boat. Taken in by one of the sailors once back on shore, Mary collapses on the floor. In a distinctly Victorian fashion, the boatman and his wife attempt to nurse her back to health: they burn feathers, give her "Golden Wasser",[1] and place her in a chair (302). Mary briefly regains her strength when she testifies in court but then falls ill with a fever. Her accelerated journey ends with weeks of stasis in a sickroom.

As this episode suggests, medicine and mobility are significant and meaningful concepts in *Mary Barton*. Referring to Gaskell's depictions of illness, substance abuse, medical treatments, and death, Meegan Kennedy, for instance, notes that "*Mary Barton* provides a good example of how ailments can pile up in a Victorian novel" (2013, 464). Highlighting characters' movements in and beyond Manchester, Alan Shelston, in turn, proposes that it "is a novel full of journeys" (2006, 95). While these are two pertinent approaches to Gaskell's novel, they have not informed each other. *Mary Barton* has mostly been read as a work that is either concerned with medicine or with mobility, which is remarkable given how evidently Mary's motions and health are linked.

Medicine and Mobility in Nineteenth-Century British Literature, History, and Culture, in contrast, proposes that new insights can be gained by analysing the cultural and literary histories of medicine and mobility as entangled processes whose discourses and practices constituted, influenced, and transformed each other. With this bidirectional perspective, this collection of essays makes a methodological and interdisciplinary intervention. It initiates a dialogue between mobility studies and the

medical humanities, two emerging fields that have rarely been discussed in relation to one another. Presenting case studies of novels, poetry, travel narratives, diaries, ship magazines, skin care manuals, asylum records, press reports, and various other sources, the contributions in this volume identify and discuss diverse literary, historical, and cultural texts, contexts, and modes in which medicine and mobility intersected in nineteenth-century Britain, its empire, and beyond, whereby they illustrate how the paradigms of mobility studies and the medical humanities can complement each other. Setting the scene, this introduction charts the major historical and cultural transformations of medicine and mobility and their entanglements in nineteenth-century Britain and surveys current positions and crossovers in mobility studies and the medical humanities.

Historical Coordinates: Medicine, Mobility, and Their Entanglements in Nineteenth-Century Britain

Britain witnessed a pervasive professionalisation, institutionalisation, and commercialisation of medical practice and research in the nineteenth century. Surveying the period's impressive scope and range of medical innovations, Lawrence Rothfield notes that "[i]n the course of Victoria's lifetime (1819–1901), smallpox vaccination was made compulsory; the postmortem autopsy became routine; anatomy and pathology were established as standard elements of a medical school education; inhalation anaesthesia was introduced; physicians discovered that at least some diseases were transmitted not by atmosphere-corrupting poison seeping from decomposing organic matter but by germs; antiseptic surgery began to be practiced; preventive and occupational medicine as well as public health and sanitary medicine were founded. The general practitioner appeared, along with the professional nurse and a range of specialists in fields such as psychiatry, neurology, sexology, and obstetrics" (2014, 175).[2] With the expansion of the British Empire, medicine extended its territorial boundaries, leading to the formation of the International Red Cross in 1864 and the establishment of tropical medicine as a new branch of medicine (Porter 2011b, 163). As medical knowledge and practice became more sophisticated, and technological developments such as the stethoscope (1816) and the discovery of X-rays (1895) enhanced medical examination

methods, medical care became more accessible to all social classes, marking the nineteenth century as an "age of improvement" (Porter 1999, 348).

Despite these advancements, it would be inaccurate to give an exclusively progressivist account of the period's health and medical practices. Poor sanitation remained a major concern, particularly in the crowded streets of the growing metropolises, significantly increasing the spread of infectious diseases (Allen 2008, 1–23). Between the 1830s and 1860s, the cholera epidemics, for instance, "generated terror and panic" among the population due to a lack of effective remedies and its "frighteningly rapid course: victims could be well in the morning and dead by nightfall" (Brunton 2019, 16; see also Gilbert 2009; Wilson Carpenter 2010, 34–53). New scientific concepts did not gain authority immediately but emerged "alongside other and older systems of medicine" (Brunton 2019, 3). The older miasma model of disease, for example, remained influential despite the growing authority of germ theory. Understandings of disease transmission linked to heredity, (immoral) behaviours, and environmental factors were equally enduring, as William Buchan's popular health guide *Domestic Medicine* (1848 [1769]) demonstrates; Buchan lists exposure to "unwholesome air" (152), "frequent and excessive debaucheries", and "violent passions" (153) as possible causes for tuberculosis (*phthisis*).[3] As effective medicines were rare, traditional therapies persisted, and doctors continued to advise bloodletting, moderate exercise, "taking the waters", or a "change of air" for various diseases and ailments, including tuberculosis and other pulmonary and respiratory illnesses, as well as nervous disorders and sedentary behaviours (Buchan 1848; see also Porter 1999, 674).

The institutionalisation of medical practice began in the mid-nineteenth century. Doctors, nurses, and other health officials were now licensed and publicly registered, and patients were documented and classified.[4] This bureaucratisation forged new power structures, sometimes with severe consequences for individuals, including "women, the poor, those with distinctive sexual habits or emotional makeups or cognitive capacities – whose difference could be defined as pathology in need of monitoring, therapy, regulation: in need, in short, of discipline" (Rothfield 2014, 176). Diseases were often moralised, stigmatising groups and individuals, which led to the strict isolation and control of "patients" in hospitals, sanatoriums, mental asylums, and their homes.[5] The cholera outbreaks were, for example, "blamed […] on the low morals and drunkenness of the poor"; other ailments were considered exclusively female (Porter 2011a, 90). As the representation of Mary Barton's frailty, anxieties, and melodramatic

breakdown indicates, being a woman was considered "inherently pathological", resulting in many "sexual atrocities committed on female patients in the name of medicine" (90), among them ovariotomy and even clitoridectomy to cure alleged "female conditions" like hysteria and nymphomania (Laqueur 1992, 176; see also Porter 1999, 364). This medicalisation installed an authoritative system of "medico-moral policing" and "medical surveillance" of the social body (Rothfield 2014, 178).

With the rise of consumerism and market society, the self-monitoring of British citizens' physical and mental constitutions became a matter of civic responsibility. Along with new systems of knowledge production and dissemination, the severe contagions of the period made people aware of the numerous health hazards that could affect their bodies (Haley 1978, 5–6). It is no surprise then that "[n]o topic more occupied the Victorian mind than Health" (3). Good health was promoted as achievable for, and thus controllable by, the individual through sensible behaviour and consumerism, and people began to invest more time and money in their health and well-being. As Bruce Haley resumes, "[i]n the name of Health, Victorians flocked to the seaside, tramped about in the Alps or Cotswolds, dieted, took pills, sweated themselves in Turkish baths, adopted this 'system' of medicine or that" (3). By the end of the century, "health became something that could be built up by pursuing a range of activities, to reach a state of vigour and overflowing vitality" (Brunton 2019, 47). When holistic health emerged as a new ideal, if not norm, medical regimens—including homoeopathy, gymnastics, and skincare routines—enjoyed unprecedented popularity, as several contributions in this volume confirm.

As well as playing host to these transformations in medicine, the nineteenth century in Britain is also remembered as the age of the transport revolution, generating a range of new mobile practices. The perfection of the steam engine, for example, initiated the shift from a maritime industry of sailing ships to that of steamships. "For the first time [in British history]", David M. Williams and John Armstrong assert, "vessels were not at the mercy of wind or tide and this, together with the ability to make or leave port at will, permitted scheduled services" (2012, 43). Itself a product of capitalism and industrialisation, steamship technology in turn facilitated these systems by making global trade and transport more efficient and profitable. On land, steam engine technology initiated "huge historic shifts away from travelling by feet (and indeed by horse), to travelling by train, bus and coach" (Urry 2007, 90). From the opening of the first railway connection between Liverpool and Manchester in 1830—the same

line Mary Barton uses to find Will Wilson—to the peak of the railway system in 1913 when "1.5 billion passengers travelled every year on 20,000 miles of track, [and] railways carted almost three quarters of the goods that circulated in the economy" (Steinbach 2017, 102), Britain witnessed a rapid expansion of local and national railway lines and networks.

Mobility scholars have discussed the complex social and cultural effects of this tremendous national endeavour.[6] The most fundamental impact of the railway was that "[t]he populace generally became much more mobile, and they also journeyed over far greater distances: railways both contracted and expanded space" (Freeman 1999, 86). Charlotte Mathieson suggests that, in conjunction with the previous improvement of national road and canal networks, this new infrastructure was essential to nation-building by enabling larger sections of society to "experience themselves as part of a more connected nation" (2015, 7; see also Urry 2007, 91–92). This principle also applied to Britain as a colonial power. New modes of travel and transport recalibrated Britain's geopolitical position in the world. Nineteenth-century colonialism "was both a product and a driver of these new technologies [of mobility]. The intensification of colonial and imperial conflicts and the changing nature of ideas about race and governance meant that Europeans were both more likely to encounter the world beyond Europe themselves and […] to consume representations of that world" (Hill 2016, 2). The expansion of transport networks shaped the nation's concepts of self and other. At the same time, it served as a distinct mechanism of colonial oppression and exploitation. As David Lambert and Peter Merriman remind us, "imperial migration was not only a matter of voluntary population movements" but also meant that millions of "African men, women and children [were] forcibly transported to European colonies" (2020, 4).

Although poverty persisted in Britain, the transport revolution attenuated social inequality as new modes of mobility "allowed people of all classes to travel across the country more rapidly and less expensively than ever before" (Byerly 2013, 289). Again, Mary Barton's journey is a case in point. As a working-class woman, Mary experiences the democratising effects of the transport revolution first-hand—her geographical scope increases tremendously due to the option of travelling by train and boat. Yet her inability to cope with these new possibilities also points to the anxieties and ambiguities caused by this social shift. Nonetheless, one long-term result of this process was that "[n]ew forms and purposes for

journeying were emerging" (Mathieson 2015, 3). Domestic tourism in particular—available only to a privileged few prior to the railway—now became an option for more Britons. Susie L. Steinbach maintains that "[r]ailways stimulated the growth of seaside resorts, first by making the journey to the coast cheaper, faster, and more comfortable for those already taking it, and later by making the seaside accessible for working-class holidaymakers" (2017, 155). In this manner, mobility also attained new cultural connotations, more often than previously signifying recreation, pleasure, and freedom, particularly for the middle classes (Mathieson 2015, 89). These effects intensified as more new modes of transport appeared. The 1890s alone witnessed "the completion of the first ever deep-level Tube-railway" in London (Ashford 2013, 2), the first British-built motor car (Bagwell 1988, 187), and the commercial success of the safety bicycle. As Lena Wånggren notes, cycling in particular made it possible that "women could travel further without chaperones and advocate the less restricting rational dress" (2015, 125). New forms of mobility were thus integral to the restructuring of British society in terms of class and gender.

As these two overviews indicate, the cultural histories of nineteenth-century medicine and mobility developed analogously. In both realms, Britain entered capitalist modernity. New forms of technology transformed or eradicated older mobile and medical practices, making transport and medical services more accessible. Yet with new mentalities and possibilities came new cultural anxieties and forms of control, marking both "revolutions" as inherently ambiguous processes. Moreover, the more medicine and mobility developed individually, the more the two fields merged, symbiotically influencing, conditioning, and modifying each other—a development also mirrored in nineteenth-century British literature and culture.

Most significantly, mobility took on a crucial role in medicine as an epistemological entity, shaping the basic scientific understandings of disease and hygiene. With the transition from miasma to germ theory and the realisation that poor sanitation was the main cause of epidemics, medical authorities gradually discerned that infectious "[d]isease (and its cultural construct, illness) is a mobile entity" (Hokkanen 2017, 8). By the second half of the nineteenth century, "[p]eople were increasingly seen as carriers of disease, and new methods were designed to prevent them from spreading infection" (Cole et al. 2015, 50–51), leading, for example, to the construction of modern sewer systems and the adoption of antisepsis principles. At the same time, people began to notice that due to Britain's vast

shipping routes diseases could easily travel the globe and that movements of people and commodities had medical consequences. Cholera, in particular, was understood as a disease connected to "global traffic. The idea that something invisible to the naked eye could spread around the world and was more potent than humans, states, and empires shook the sense of security of Western powers and exposed their vulnerability" (Huber 2020, 395).

Simultaneously, new modes of transport and infrastructure transformed the provision of medical care and the production of medical knowledge, affecting especially the mobilities of patients and doctors. In the 1880s, for example, local authorities installed an ambulance network with horse-drawn vehicles in London to transport patients discreetly, safely, and quickly to municipal hospitals, which improved their chances of survival. The first motor ambulances and aero-ambulances followed around the turn of the century (Corbett Bell 2009, 23–29, 146–166). Travelling family doctors and surgeons were thus slowly replaced by travelling patients. Similar synergies evolved in colonial contexts. As Markku Hokkanen emphasises, "Western medicine […] developed alongside and in interaction with religious and folk conceptions of illness, morality and health" (2017, 6). In Southern Africa, for instance, British explorers and colonisers were exposed to indigenous medical practices and brought along their own medical conventions, which forged reciprocal networks of medical knowledge and practice within complex imperial power structures (16–17).

Medicine and mobility became entangled not only in professional medical research and practice but also in the wider public sphere. Publications like James Johnson's *Change of Air or the Pursuit of Health and Recreation* (1832) promoted the concept of "travel for health", claiming that such mobility would alleviate the suffering of the middle class caused by "the over-strenuous labour or exertion of the intellectual capacities, rather than of the corporeal powers, conducted in anxiety of mind and bad air" (2). In a similar vein, Buchan advises his readers that "[i]f the patient has it in his power, he ought to travel either by sea or land. A voyage or a long journey, especially towards a warmer climate, will be of more service than any medicine" (1848, 325). In the second half of the nineteenth century, steamships and the railway drove medical and recreational tourism. Seaside resorts like Bournemouth and Blackpool became popular (Hassan 2003, 39–42). At the same time, spa towns in Britain and continental Europe like Bath or Baden-Baden continued to offer specialised treatments like

hydrotherapy (water cures) and galvanism (electric therapy), combined with socialising and other pastimes to divert the mind (Porter 1999, 267). While travelling and a change of scenery were deemed healthy in themselves (Andrews 2000, 45), medical experts often recommended additional physical exercise. In *The Influence of Climate in the Prevention and Cure of Chronic Diseases* (1829), James Clark reminds his readers that "the beneficial influence of travelling, or of sailing, and of climate, requires to be aided by such a regimen and mode of living and by such remedial measures, as would have been requisite in his case, had he remained in his own country" (2021, 132, see also Buchan 1848, 305). However, despite the century's focus on corporeal exercise and mobility, stasis remained a popular therapeutic measure. An infamous example is the rest cure, which prescribed extended periods of physical inactivity, often targeting women. The rest cure was one of many intrusive control mechanisms regulating women's supposedly frail bodies and minds: "Under the paternalistic, authoritarian control of a male physician, the Victorian woman regressed physically and emotionally. Isolated from her family and children and her usual responsibilities, she was put to bed and taught complete submission; even her arms and legs were moved for her" (Bassuk 1986, 146). Accordingly, this collection acknowledges the dialectics and synchronicities of mobility and immobility in medical contexts, demonstrating how both states often compete, as the alternatingly mobile and immobile Mary Barton suggests.

Furthermore, the century's new modes of transport became objects of the medical gaze and were either pathologised as potential health hazards or championed as healthy activities. A notorious medical diagnosis of the time was "railway spine" or "railway shock", the "traumatization of a victim without discernible injury" after a railway accident (Matus 2009, 87), which caused countless pleas for compensation in British courts from the 1840s onward (Harrington 2003, 212). The idea that new forms of mobility threatened people's health also informs the narrator's account of Mary Barton's excursion to Manchester, which links it, if not causally then at least chronologically, to illness and medical interventions. Recognising the novel's interplay of medicine and mobility, Mathieson explains that it "shows the latent uncertainty around the vulnerability of the travelling body that would give rise to more substantial attention throughout the 1850s" (2015, 61). Such medical perceptions were subject to change and debate, as the example of the bicycle shows. Although the bicycle was met with similar medical scepticism as railway travel, especially when ridden by

women, various medical experts advocated cycling. An article in *Chambers's Journal of Popular Literature, Science, and Arts* from 1886, for example, praises the bicycle because "[i]n the gentle swinging motion above the wheel there is nothing to disturb the muscular or nervous system once accustomed to it; indeed it is the experience of most cyclists that the motion is at first tranquilising to the nerves and eventually becomes a refreshing stimulus" ("Cycling as a Health Product" 1886, 558). This belief in the physical and mental stimulation of health through mobility led to the invention of new gadgets in the health industry, most famously Vigor's Horse-Action Saddle, an exercise machine designed for "all ages, and both sexes", which imitated "the various paces of the horse" to ease, prevent, and cure a variety of nervous and physical ailments ("Don't Ride Horses" 1894, n. pag.). The example of Vigor's saddle "manifest[s] how intimately contemporary medicalisation and commercialisation of transport and exercise were entering into people's lives" (Andrews 2000, 66).

Finally, the translation of medical discourse into functional material objects is also reflected in the century's increasing effort to mobilise the impaired. The "bath chair" became a popular medical device in the Victorian era to enhance the mobility of "injured, sick, or disabled persons" (Woods and Watson 2015, n. pag.). Moreover, thanks to antiseptic surgery and anaesthetics, by the mid-nineteenth century, more people survived amputations, and alongside wheelchairs, "prosthetic devices began to saturate the marketplace and occupy a greater place in the social consciousness than ever before" (Sweet 2022, 128; see also 12). Wheelchairs and, later on, real-life prosthetics contributed to more social inclusion; however, it must be noted that for most invalids "independent mobility […] remained limited to the confines of indoor environments" (Woods and Watson 2015, n. pag.). Like other medical and mobile innovations, the effects of such new technologies were manifold and ambivalent. On the one hand, real-life prosthetics reduced the stigmatisation and marginalisation of the amputee by simulating "physical completeness" (Sweet 2022, 38). On the other hand, artificial limbs "came to the fore as devices that could supposedly standardize aberrant bodies, making them aesthetically acceptable and useful", thus buttressing the century's increasingly dominant cultural ideology of "physical normalcy" (38). In a manner comparable to that of the new health imperative, medical mobility devices thus enforced Britons' individual responsibility for their bodily constitutions.

This overview has shown that entanglements of medicine and mobility in the nineteenth century were diverse and far-reaching. Originally evolving in scientific discourse, their intersections soon affected everyday practices, raising awareness of diseases and potential health hazards and thereby producing new anxieties and ideologies. The following section maps this volume's theoretical contexts: mobility studies and the medical humanities.

Theoretical Cornerstones: Mobility Studies and the Medical Humanities

Mobility studies and the medical humanities define themselves primarily through their objects of research: mobility and medicine. This thematic orientation might suggest that they have little in common, yet the opposite is true. Having emerged out of established disciplines, the fields are connected by similar academic histories; mobility studies evolved out of geography, sociology, and transport history (Adey 2017, 23–26), while the medical humanities have their origins in the history of science and in bioethics (Hurwitz 2013, 672; Bleakley 2020, 5). Since the early 2000s, both fields have gained ground and now constitute vibrant inter- and transdisciplinary realms with their own journals, companions, book series, research centres, and associations. Even more importantly, mobility studies and the medical humanities share scholarly paradigms and modes of critical enquiry.

When Mimi Sheller and John Urry proclaimed a new mobilities paradigm in 2006, they sought to challenge "the ways in which much social science research has been 'a-mobile'" because they saw at the core of this research a sedentarist logic that "treats as normal stability, meaning, and place, and treats as abnormal distance, change, and placelessness" (208). As a result of the new paradigm, mobilities have been studied in ways that mean they no longer "appear as […] functional tasks to simply overcome spatial detachment" but instead are "acknowledged as part of the energetic buzz of the everyday […] and seen as a set of highly meaningful social practices that make up social, cultural and political life" (Adey et al. 2014, 3). In this context, Tim Cresswell's notion of the production of mobilities has been influential. Cresswell differentiates between "movement" as a neutral form of material "displacement—the act of moving between locations" (2006, 2) and "mobility" as "socially produced motion" (3), that is, its cultural, social, and political dimensions and

manifestations. Accordingly, mobility studies go beyond mobility as an empirical fact, scrutinising how it "is invested with particular values, and [how] those values come to matter" (Adey 2017, 34; see also 66). This constructivist perspective acknowledges that "unequal relations of power shape, and are shaped[,] through mobility" (Nicholson and Sheller 2016, 5), be it with respect to race, gender, sexuality, class, age, or (dis-)ability, implying that as a social phenomenon, mobility is far from universal.

Given this emphasis on the contingent cultural meanings of and accesses to mobility, it comes as no surprise that mobility studies have become a vibrant field of enquiry in the humanities too, especially in literary and cultural studies and history, the disciplines represented in this volume. As Merriman and Lynne Pearce outline, in the humanities, a distinct focus has been the "concern with tracing the historical emergence, transformation and significance of practices, sensations, spaces and experiences of movement and mobility" (2017, 499). The humanities have embraced a deliberately broad and inclusive notion of mobility, which "encompasses a wide range of movements, from the largescale technologies of global travel, to transnational interconnections, to everyday local mobilities—including journeys by foot, road, rail, air, and sea, at local, regional, national and transnational levels" (Aguiar et al. 2019, 2). The principles of the production, historicity, and inclusivity of mobilities also inform our volume, which examines a wide range of mobilities—including walking, horse riding, and railway and steamship travel—and their contingent literary, historical, and cultural meanings while always also considering the discursive and material circumstances in which they evolved.

Just like mobility studies, the medical humanities have undergone epistemological shifts. Coined by George Sarton in the late 1940s, the term "medical humanities" "stems from a desire to situate the significance of medicine as a product of culture" (Hurwitz 2013, 672). Although Sarton envisioned the medical humanities as concentrating "on the task of understanding science and medicine in all cultures and all periods through a disciplined study of its working methods, assumptions, language, literature and philosophy" (672), medical humanities initially reflected upon medical practices and their ethical implications in educational contexts (672). Its core focus was "the human side of medicine", i.e. "the nature, importance and role of human experience on the part of the patients and practitioners alike, including their experience of the patient-practitioner relationship" (Arnott et al. 2001, 104–105; see also Whitehead and Woods 2016, 3–4). As a counterpoint to the empirical orientation of medicine,

the medical humanities originally foregrounded the doctor's responsibility and, conversely, the patient's dignity, vulnerability, and subjectivity. The first wave of medical humanities research was thus more exclusive than inclusive in its undertaking, working along traditional disciplinary frameworks and focusing on individuals and their relationships in a humanist tradition.

While this early ethical impetus has its own raison d'être and continues to be influential, it was recently criticised for neglecting the contingent cultural and historical dimensions of medicine and the decisive factors of class, race, gender, and sexuality. Encouraging inter- and transdisciplinary exchange, the second wave of medical humanities research recognises the "intersections, exchanges and entanglements between the biomedical sciences, the arts and humanities, and the social sciences" (Whitehead and Woods 2016, 1). As such, "critical medical humanities"[7] "follow social constructionist orthodoxy in promoting multiple, complex and sophisticated examples of how science 'facts' are historically and socially produced, manipulated and framed" (Bleakley 2020, 14). This inclusion of historical and cultural dimensions is another productive vantage point for this collection because it stresses that just as culture informs discourses on health and illness, medicine and its practices and proposed cures are also socially constructed "products of a particular time and space" (Brunton 2019, 4). In tune with Cresswell's notion of the production of mobilities, medical humanities conceive of medicine, health, and illness as empirical phenomena invested with cultural meanings that need to be critically unpacked.

Combining these paradigms of mobility studies and medical humanities allows us to untangle the complex meanings of journeys like that of Mary Barton in Gaskell's novel, which pathologises the heroine's mobility, sanctions it with illness, and presents her time of stasis in the sickroom as a rite of passage, preparing her physically and ideologically for her future domestic role as Jem's wife.[8]

Dissecting Medicine and Mobility in Nineteenth-Century Britain: The Contributions

The proliferation of the medical humanities and mobility studies has led to a growing number of studies on representations of medicine and mobility in nineteenth-century Britain and its empire. Complementing earlier works by Rothfield (1992), Miriam Bailin (1994), and Athena Vrettos

(1995), further comprehensive studies of illness and medicine in Romantic and Victorian literature and culture followed in the 2000s by Janis McLarren Caldwell (2004), Kennedy (2010), and most recently by Clark Lawlor and Andrew Mangham (2021), for example. Scholars have also examined the literary, historical, and cultural dimensions of individual illnesses, including cholera, smallpox, tuberculosis, syphilis, and malaria,[9] as well as a range of medical phenomena like pain, contagion, hygiene and sanitary movements, and anatomy,[10] to name but a few examples.

Scholarship on mobilities in nineteenth-century Britain has been equally vibrant. Following seminal studies on travel, tourism, and transport,[11] literary critics and cultural historians began working with the contentions of the new mobilities paradigm in the late 2000s. Mathieson (2015), Ruth Livesey (2016), and Chris Ewers (2018) have delivered readings of mobilities, including walking, seafaring, carriage and stage coach rides, and railway travel, in early and mid-nineteenth-century British literature. Focusing on women's empowering yet precarious movements, Wendy Parkins (2009) and Ingrid Horrocks (2017) have devoted attention to the ways in which mobilities intersect with gender, while Alistair Robinson (2022) has stressed the impact of social class and economic capital on mobilities.

This body of criticism demonstrates how productive mobility studies and the medical humanities have each been individually. A rare exception that interwove the two perspectives prior to Sheller and Urry's famous essay was Richard Wrigley and George Revill's edited collection *Pathologies of Travel* (2000), which discusses the medicalisation of travel against the backdrop of the transport revolution. Most other research to date has centred either on the intersections of medicine and mobility in colonial contexts and colonial contact zones[12] or on domestic travel for health, medical tourism, spa culture, and the cultural construction of physical exercise and health, as well as disability, (im-)mobility, and protheses.[13] The case studies and close readings in our collection complement and expand upon existing research with new perspectives and insights on the entanglements of medicine and mobility in British literature, history, and culture.

The volume opens with a section on "Travel and Health", which assembles contributions on domestic and international medical tourism in the nineteenth century, ranging from stays at spas and seaside resorts to transnational journeys to America and Australia. Its four chapters explore nexuses of travel, (im-)mobility, illness, and health in a variety of texts and revisit the century's growing emphasis on the benefits of slow and mindful

travel to escape, prevent, or cure a variety of ailments associated with modernity. They also register the ambiguities resulting from the institutionalisation and commodification of medical tourism, including xenophobia, the power of medical authorities, and the limitations of travellers' agency and scopes of mobility.

The section starts with Sally Shuttleworth's contribution "Doctor's Ships: Voyages for Health in the Late Nineteenth Century", which investigates how the ocean was used as a health resort. Invalids suffering from consumption, nervous disorders, and the pressures of modern life were encouraged by their doctors to go on lengthy sea travels prophylactically and as a cure for existing ailments. Focusing on first-hand accounts, diaries, and ship-board newspapers from the most famous of the "Doctor's Ships", the *Sobraon*, a luxury clipper which sailed from Britain to Australia between 1866 and 1891, Shuttleworth explores life within this floating community of invalids, thereby honing in on slow travel, a form of mobility that has rarely been discussed in nineteenth-century studies, where the focus still lies on the acceleration of mobility in the wake of the transport revolution.

Moving on to spa and seaside tourism, Pamela K. Gilbert's "Watering Holes: Healthy Waters and Moral Dangers in the Nineteenth-Century Novel" examines another popular mode of medical mobility. While many Victorians visited spas and seaside resorts for health benefits, "taking the waters" made their bodies vulnerable to external harm. Offering plenty of opportunities for gambling and flirtation, spa towns were often imagined as dubious places, a view which perpetuated xenophobia and antisemitism. Gilbert's chapter shows how these dynamics pervade the Victorian novel. After an analysis of sensationalist representations of spas and seaside resorts in Mary Elizabeth Braddon's *Lady Audley's Secret*, Ellen Wood's *East Lynne*, and Ouida's *Moths*, Gilbert considers how George Eliot and Guy de Maupassant critique the xenophobic association of spas with Jewishness in their novels *Daniel Deronda* and *Mont-Oriol*.

In the following chapter, "Embodied Interdependencies of Health and Travel in Henry James's *The Portrait of a Lady* and Thomas Hardy's *Tess of the d'Urbervilles*", Natasha Anderson draws attention to Isabel Archer's and Tess Durbeyfield's travels, reconstructing striking parallels between Isabel's transnational and Tess's local mobilities, which both operate as complex nexuses of health and illness and agency and dependency. Even if the two protagonists may not seem to have much in common at first sight, their motions, Anderson argues, connect as they are similarly determined

and limited by their relatives' illnesses, their children's premature deaths, and their own mortality. Anderson's close readings of Hardy's and James's novels—which could also be compared with the episode in Gaskell's *Mary Barton*—outline how gender, medicine, and mobility were conflated in nineteenth-century literature and culture.

Like Shuttleworth, Heidi Lucja Liedke examines the contexts and representations of an alternative slow form of mobility discovered, practiced, and represented by British writers of the nineteenth century: idling. Her chapter, "(Mental) Health and Travel: Reflections on the Benefits of Idling in the Victorian Age", discusses Mary Shelley's *Rambles in Germany and Italy, 1840, 1842, and 1843*, Wilkie Collins and Charles Dickens's *The Lazy Tour of Two Idle Apprentices*, and George Gissing's *By the Ionian Sea* concerning their varying attitudes towards idling and its potential effects on mental and physical health. While all four authors recognise idling as a form of self-care, their writings differ in objective and tone. Whereas Shelley employs idling as a mode of social critique, Collins and Dickens present a humorous account of idling that nonetheless acknowledges the necessity of rest at a time when discourses of efficiency were gaining authority in the wake of industrialisation. Gissing, in turn, embraces idling as allowing him to reach a state of mental peace.

The second section, "Pathologising Mobilities", centres on the social norms placed on the (gendered) body and its posture, mobility, and stasis in the nineteenth century. The chapters explore narrative and poetic representations as well as medical documentations of health and disease in the context of orthopaedics, health and sanitary reforms, discourses of decadence, and expanding asylum systems. While all of the chapters emphasise how medical discourse pathologises and regulates certain motions, thereby frequently producing "deviant" mobilities, they also accentuate subversive moments of bodily resistance. These contributions show that although the body is a vulnerable and fragile construct, constantly juggling between losing and (re-)gaining control, it has the potential to disrupt disciplinary power.

The first chapter, Monika Class's "Upright Posture and Gendered Styles of Body Movements in *The Mill on the Floss*", is concerned with George Eliot's complex narrative engagement with gendered norms of bodily movement and posture. Analysing the ways in which the protagonists Tom and Maggie Tulliver hold and move their bodies when they row, walk, or run as children and young adults, Class demonstrates that Eliot's novel represents and occasionally affirms the disciplinary effects of these

norms yet also questions them, particularly by showcasing how Maggie's "deviant" mobilities defy hegemonic femininity and Tom's posture perpetuates masculine violence.

Focusing on the mobility of matter in the context of nineteenth-century sanitary reforms, the next contribution, "The Mobility of Water: Aquatic Transformation and Disease in Victorian Literature" by Ursula Kluwick, discusses the roles of water in Wilkie Collins's *The Woman in White* and Jerome K. Jerome's *Three Men in a Boat*. Kluwick contrasts the novels' approaches to the mobility of aquatic matter and disease aetiology. Whereas Collins's novel links disease to nineteenth-century miasmatic discourse, Jerome presents a vision of disease which draws on germ theory. In her analysis, Kluwick uses new materialism and the blue humanities to theorise disease and water as mobile matters, claiming that Victorian writers considered water's inherent mobility and transformability as uncanny and potentially harmful to the human body.

Following on from Kluwick, Stefanie John provides an insight into poetic renditions of dance as an erratic and anti-progressive form of mobility in her contribution "A 'Feverish Restlessness': Dance as Decadent Mobility in Late Victorian Poetry". John outlines the pathological terminology of fin-de-siècle critics such as Max Nordau and Arthur Symons and introduces dance as a form of mobility and trope of "Decadence". Analysing selected poems by Oscar Wilde, Arthur Symons, and Michael Field, she explores the nexus of mobility, the *maladie fin de siècle*, and health as depicted in these poems in both content and form. With their interplay of agitation, paralysis, and circularity, as John argues, these dance poems challenge Victorian paradigms of acceleration, regularisation, and progress.

Catherine Cox and Hilary Marland's contribution takes us to North West England in the second half of the nineteenth century. Bringing together medicine and mobility in the form of mental health and migration, "The Wandering Irish: Mobility and Lunacy in Mid-Nineteenth Century Lancashire" traces how mentally disturbed Irish migrants entered and moved through the asylum system in Lancashire and how their movements were documented and often pathologised across official papers, press reports, and asylum and prison records. Demonstrating how discursive constructions of mobilities informed specific medical practices, Cox and Marland suggest that negative stereotypes of Irish poverty and rootlessness determined medical diagnoses and treatments for patients in the asylums.

"Mobilities and Medical Regimens", the third and final section of the volume, examines how different kinds of mobility in the Victorian era became medically relevant practices that required travellers to actively anticipate, monitor, and manage the medical implications and alleged health risks for their own bodies caused by their travels, be it by adopting or avoiding specific behaviours, purchasing consumer products, or moving in distinct ways. The section's three contributions discuss how these regimens unfolded in Britain and its colonies.

The chapter "Exposure, Friction, and 'Peculiar Feelings': Mobile Skin in Victorian Medicine and Literature" by Ariane de Waal gives an insight into the various ways the emerging discipline of dermatology involved conceptions of mobility. De Waal suggests that with its ability for constant renewal and perspiration, skin was understood as moving matter by the mid-nineteenth century. Moreover, medical experts warned against certain forms of transport such as railway travel, walking, and horseback riding because of their supposedly damaging effects on the skin. Bringing together medical and literary writings, she illustrates that such ideas also pervade the Victorian novel, which alternatingly reproduces and undercuts the dermatological discourses of the age, especially in its representations of mobile women.

Sharing de Waal's emphasis on materiality, Monika Pietrzak-Franger's chapter "White Fluff/Black Pigment: Health Commodity Culture and Victorian Geographies of Dependence" scrutinises a prescriptive regime for Victorians to ensure their health during travels in the "tropics" in Africa. Pietrzak-Franger documents the material and symbolic roles assumed by commodities transported globally in the nineteenth century. Focusing on tropical clothing, Pietrzak-Franger uncovers a hitherto often neglected dimension of health commodity culture; while tropical clothing was usually purchased to ensure travellers' health, comfort, and national superiority abroad, its domestic sites of production, cotton factories in Manchester, for example, often posed health hazards to workers. Approaching health commodity culture with respect to its consumption and production against the backdrop of imperialism, Pietrzak-Franger reminds us how the very same textile materials could simultaneously prevent and cause illnesses.

The volume closes with Markku Hokkanen's "From Heroic Exploration to Careful Control: Mobility, Health, and Medicine in the British African Empire". Discussing the writings of British explorers like David Livingstone, Horace Waller, John Buchanan, and Mary Kingsley in travel

books, health advice pamphlets, newspapers, periodicals, and personal correspondence, Hokkanen reconstructs how medicine and mobility became conceptually and materially entangled in colonial contexts and, in turn, informed Western representations of Africa and the British colonisers. He examines how the notion of physical exercise as a therapeutic and prophylactic measure for explorers in a fever-stricken Africa went hand in hand with the idealised image of the enduring, heroic, and risk-taking coloniser during the phase of early settlement and colonisation, which, however, gave way to an ideal of the coloniser as more controlled, disciplined, and careful towards the end of the century.

While the literary, historical, and cultural intersections of medicine and mobility, in nineteenth-century Britain discussed in this volume cover a broad spectrum of texts, genres, and phenomena, it does not offer a complete survey. Nexuses such as that of war, mobility, and medicine, including the mobility and mobilisation of doctors and nurses, patient care, and hygienic precautions on the battlefield or the concept of sacrificing one's health for the empire, could not be considered. Disability and aging studies constitute another promising avenue for future interdisciplinary research on the interconnectedness of medicine and mobility with respect to literary and cultural representations of geriatrics, the lack of mental and physical mobility caused by old age, mental and physical disabilities, and forms of concomitant (temporary) paralysis and immobility. Recognising that more research into the intersections between medicine and mobility remains to be done, we hope that this collection will inspire scholars to investigate the fields' reciprocities not only in the nineteenth century but also in other historical periods and cultural contexts.

Notes

1. "Golden Wasser" is a root and herbal liqueur. The name comes from the flakes of gold leaf suspended in it (Gaskell 2006, 435).
2. This introduction lists only some of the major medical innovations and developments of the nineteenth century. More extensive surveys have, for instance, been provided by Porter (1999, 2004) and Bynum (2008). For medical histories of Britain since the eighteenth century, see Porter (1995, 2001), Lane (2001), Wilson Carpenter (2010), and Brunton (2019).
3. Published between the 1770s and 1870s, Buchan's work went through more than 140 editions. According to Charles E. Rosenberg, no other

"health guide before the twentieth century enjoyed a greater popularity" (1983, 22; see also Brunton 2019, 49).

4. The British Medical Association (BMA), for example, was established in 1832; the General Medical Council (GMC) was formed in 1858 (Porter 1999, 355–356).
5. For more on nineteenth-century British asylums and sanatoria, patients, and therapeutic measures, see, for example, Shepherd (2016), Taylor (2017), and Burtinshaw and Burt (2017).
6. It is beyond the scope of this introduction to include all ramifications of the expansion of the railway and related transport technologies in nineteenth-century Britain. For a succinct summary of these effects, see Thomas (2014, 215–216).
7. For recent discussions on what constitutes the "critical" medical humanities, see, for example, Bleakley (2014, 2020), Viney et al. (2015), and Atkinson et al. (2015).
8. The illness even infantilises Mary. Upon her recovery, her "mind was in the tender state of a lately-born infant" (Gaskell 2006, 302). For a discussion of the entanglements of fever and gender in nineteenth-century literature, see Brunton (2019, 41).
9. See, for example, the works by Gilbert (2009), Shuttleton (2012), Byrne (2011), Pietrzak-Franger (2017), and Howell (2014).
10. For recent scholarship, see Christensen (2005), Allen (2008), Ablow (2017), Gasperini (2019), Nixon (2020), and Chen (2020).
11. Among these early studies are, for instance, Bagwell (1988), Schivelbusch (1977), Wallace (1993), Buzard (1993), Freeman (1999), and Carter (2001).
12. See, for example, the works by Hassan (2011), Foxhall (2012), Howell (2014), and Hokkanen (2017).
13. See, for example, Vertinsky (1990), Hassan (2003), Wood (2012), Marland (2013), and Sweet (2022).

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