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*Reading for Health: Medical Narratives and the
Nineteenth-Century Novel* by Erika Wright (review)

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in Victorian culture, and demonstrating the shared history of the rise of the cellular prison and the emergence of feminist advocacy.

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Reading for Health: Medical Narratives and the Nineteenth-Century Novel

by Erika Wright; pp. 229; Athens:

Ohio UP, 2016. \$79.95 cloth.

AS EARLY as 2005, Diane Price Herndl lamented the “disciplinary divide between the medical humanities and disability studies” that exists in spite of obvious overlaps between the two fields (593). Though it makes a valuable contribution to Victorian medical humanities, Erika Wright’s *Reading for Health* reveals the continued lack of engagement between the two fields. As Wright acknowledges, her book focuses on the notion of health rather than disease or disability, unlike most corporeality-centred Victorian studies since the late twentieth century. Opening with an analysis of John Ruskin’s “call for ‘healthy literature’” in *Fiction, Fair and Foul* (1880–81; 4), *Reading for Health* analyzes health as a “persistent, if often overlooked” (15) thematic and formal defining feature of the nineteenth-century novel. Historicizing her approach through readings of early nineteenth-century medical texts that emphasize what she calls the “hygienic” model of health—that is, one of maintaining health and preventing disease rather than of curing and recovering from ill health—Wright traces narrative patterns of prevention that counter those of cure in nineteenth-century novels by Jane Austen, Charlotte Brontë, Charles Dickens, Harriet Martineau, and Elizabeth Gaskell. Moreover, *Reading for Health* shows us these narrative patterns with a clarity that makes their presence undeniable.

However, as someone working in disability studies, I could not help but notice a want of dialogue with disability scholarship in Wright’s book (apart from its brief drawing on Maria Frawley’s *Invalidism and Identity in Nineteenth-Century Britain* for one chapter). The book would have benefited greatly from further attention to the discourse of disability studies, especially that which focuses on narrative. For example, I was surprised to find that *Reading for Health*’s discussion of the crisis and cure plot, “which imagines health as the end or beginning” (5) of narrative, made no mention of David Mitchell and Sharon Snyder’s *Narrative Prosthesis*, a major work that theorizes at length about this exact type of plot’s use of disability. Additionally, when discussing readers’ reluctance to appreciate the prevention narrative, explaining that

they “prefer disaster, always needing the fix of a ‘cure’ to keep them interested” (44), Wright would have profited from a familiarity with disability studies to theorize why readers “need” that cure. As Lennard Davis explains in *Bending Over Backwards*,

the quick fix, the cure, has to be repeated endlessly, like a patient medicine, because it actually cures nothing. Novels have to tell this story over and over again, as do films and television, since the patient never stays cured and the disabled, cured individually, refuse to stop reappearing as a group. (99)

Moreover, the field of disability studies addresses how a prevention model of health is actually a model of cure—but on a wide scale that seeks to rid illness and disability at large in a quasi-eugenic impulse.¹

Just as Ruskin’s disparagement of the focus on disability and illness in Victorian fiction is a political move (in his case, an elitist, anti-industrialist one), so is *Reading for Health*’s focus on health while neglecting disability, whether it was meant to be or not. By ignoring disability scholarship in a book on health, Wright risks contributing to the marginalization of disability and risks implying that disability is inherently not a part of health. She does escape that risk, however: the book does not locate disability and disease in the body but instead consistently recognizes the social construction of health and illness, especially in the chapter arguing that invalid writers and narrators redefine health to include themselves and their bodies. With this reservation in mind, I want to emphasize that the lack of disability discourse in *Reading for Health* is part of a larger problem caused by the persistent divide of medical humanities and disability studies (particularly in North American scholarship) and not a problem of Wright’s book alone. Indeed, in spite of this lack, *Reading for Health* makes an essential intervention in Victorian studies and narrative theory.

Notes

- 1 See, for example, the vast amount of work done on pre-implantation genetic diagnosis and disability rights.

Works Cited

- Davis, Lennard. *Bending Over Backwards: Disability, Dismodernism, and Other Difficult Positions*. New York UP, 2002.
- Herndl, Diane Price. “Disease versus Disability: The Medical Humanities and Disability Studies.” *PMLA*, vol. 120, no. 2, 2005, pp. 593–98.

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