

THE “AFTER-LIFE” OF ILLNESS: READING AGAINST THE DEATHBED IN GASKELL’S *RUTH* AND NINETEENTH-CENTURY CONVALESCENT DEVOTIONALS

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NINETEENTH-CENTURY RELIGIOUS IDEOLOGY is adamant about the spiritual outcome that should arise from the experience of illness: “The time of sickness is a season when every afflicted person should resolve, with the assistance of God’s grace that if his health be restored, he will ever afterwards live a truly religious life” (Church of England Tract Society, *Manual of Instructions* 8). However, sickroom visitors consistently report that, even when a patient makes such a resolution, physical recovery often coincides with a spiritual relapse. As one writer laments, “The friends of religion, whose warning and consoling voices are heard at the bed of sickness, are often compelled to witness the dispersion of their fairest prospects of good, at the period of returning health” (Fry, *A Present for the Convalescent* vii–viii).

In viewing spiritual recidivism as connected to – and even caused by – this “period of returning health,” an emergent nineteenth-century genre of devotional manuals addresses itself to an audience of convalescents rather than to the acutely ill. One such devotional explains this shift: “[T]he character of our after-life is generally determined more by the way in which we spend our Convalescence than the way in which we use our Sickness” (Lowry 1). The term “after-life” in this context – though it may still hold resonances of eternal futures – refers to the lifespan following a survived illness episode. Convalescence, itself an indeterminate period of time after the crisis of disease, continues to influence how patients experience both their worldly after-lives and their eternal ones. As I will show here, the devotionals’ tactical shift of addressing convalescents, though ostensibly designed to reinforce sickbed conversions, produces an alternative temporality and narrative form for spiritual transformation. Rather than encouraging the patient to make a heroic resolution during acute illness, these devotionals advocate for “spiritual convalescence” – a prolonged and even sporadic rehabilitation of the soul (Spurgeon 349).

In this essay, I juxtapose the ideological work of nineteenth-century convalescent devotionals with Gaskell’s *Ruth* (1853). Since *Ruth*’s earliest reviews, critics have voiced dissatisfaction with the novel’s notorious deathbed scene. Ruth, the “fallen woman” whom the novel gradually redeems, ultimately dies from a case of typhus contracted while nursing her former lover. Audrey Jaffe’s assessment of this trajectory is severe: “[I]n the most conventional of narrative fulfillments [Ruth] atones for, and dies as a result of, her seduction

by Bellingham” (56). In contrast, I argue that the novel itself systematically subverts a causal analysis of Ruth’s death through its many portrayals of prolonged convalescence. Much of the middle of *Ruth* uses the figure of sustained physical rehabilitation to construct an alternative narrative logic that remains ambivalent about ascribing spiritual or moral meanings to physical states – a narrative logic which, as I will show, the novel shares with the contemporary genre of convalescent devotionals. The many portrayals of recuperation – including those following Benson’s spinal injury, Bellingham’s brain fever, Ruth’s childbirth, Leonard’s measles, and Richard Bradshaw’s coach accident – reveal how deeply the novel is invested in the unique hermeneutic challenge posed by the after-life of illness, as well as the spiritual care that such an after-life requires.

Yet to engage with the discourse of nineteenth-century convalescent spiritual care, scholars need to better understand the medical category of Victorian convalescence. Maria Frawley has thoroughly examined the identity politics surrounding Victorian invalidism – a label that often “subsumed other determinants of identity” (12). Convalescence, in contrast, was a temporary condition that signaled a transition between acute illness and more enduring health outcomes, including categories of recovered health, invalidism, and disability. Convalescence in nineteenth-century medicine was described as “an intermediate state,” in which a patient remains for some time “neither ill, nor yet quite well” (Strange 224). A patient could persist in this liminal condition anywhere from a week to several months, before eventually experiencing a full recovery, or recuperating to a level of disabled health, or transitioning into chronic invalidism. Moreover, as one devotional warns, “[L]ong Convalescence, ending in relapse and death, is by no means unfrequent” (Granger 12). Because of the uncertainties surrounding this anomalous condition, convalescent devotionals shift between two seemingly incompatible interpretive stances. On the one hand, these texts sometimes emphasize a single trajectory for their readers: the looming judgment of the Afterlife so often referenced in the religious exhortation of the acutely ill. On the other hand, they also periodically encourage readers to attend to the environmental factors influencing the progress (and the delays) of their own physical and spiritual recuperations, an interpretive stance drawn from the discourses of convalescent caregiving.

I find that the context of nineteenth-century religious conceptions of convalescence subverts the hermeneutic primacy that many scholars attribute to the deathbed in Victorian culture and fiction. Frawley discusses at length the nineteenth-century religious scripts for invalids, noting that “[d]eathbed behavior was arguably the most overdetermined part of the [religious] performance” (178). Critics often cite Gaskell’s own works – particularly the scene in *Mary Barton* (1848) where the penitent John Barton dies in the arms of his nemesis – as evidence that Victorian culture valorized deathbed repentance. Evangelicals, in particular, saw the deathbed as “an unparalleled opportunity for reconciliation and spiritual rebirth” (Kennedy 116). However, far from endorsing the logic behind such scenes, contemporary convalescent devotional writers cite cases of morally-relapsed convalescents as disturbing indicators that all religious expression in the face of death is likely specious. Even Evangelical tomes on convalescence concur on this point. One Evangelical writer confesses that she hears all such stories of deathbed repentance with dismay, “so often are they proved, by unanticipated recovery, to have been but a delusion” (Gilbert 12). These writers conclude that convalescence, as a structural delay between a patient’s experience of religious angst during illness and his or her eschatological Afterlife, provides a more reliable occasion for informed decisions about one’s spiritual conduct.

In order to foster spiritual progress during physical recuperation, nineteenth-century convalescent devotionals tutor readers in what I call a “convalescent logic,” an interpretive stance that abstains from projecting the outcomes of spiritual and physical states. Drawing from the interpretive postures used to foster physical recovery within convalescent ideology, these writers maintain that perpetually forecasting outcomes – whether positive or negative – is often an inappropriate way to assess one’s spiritual progress. In both spiritual and physical rehabilitation, such predictions inevitably disregard the complexity of the environmental factors surrounding one’s own attempts at progress. Thus the devotionals counsel readers to oscillate between two interpretive paradigms: one that forecasts potential futures and one that adopts a convalescent logic to identify the mitigating circumstances that undermine the appropriateness of such forecasting.

While critics have long critiqued the punitive outcome of *Ruth*, the novel’s participation in the discourses of convalescence – a state not defined by its outcomes – helps to address a much-discussed formal division in *Ruth*. As Jaffe explains, the expansive middle of Gaskell’s novel supplies multiple caveats that seem to “mitigate [Ruth’s] culpability for her situation” (54). However, the ending seems to reverse this attention to Ruth’s circumstances: “But the force of these details is countered by the story’s reproduction of the familiar cultural narrative in which a sexual transgression results in the woman’s punishment” (54). Noticeably, this analysis implicitly prioritizes outcomes over middles; the concrete “results” of the ending seem to trump the diffusive “force” of earlier narrative details. I claim that, more than delaying the ending’s judgment, *Ruth*’s dilatory middle interrogates the ethics of forecasting outcomes through its portrayal of both physical and spiritual convalescence. In this argument, I join a recent scholarly movement that reevaluates the novelistic middle as having a greater function than merely delaying “an ending that will bestow it, retrospectively with meaning” (Levine and Ortiz-Robles 6). However, in adding the history of convalescence to this conversation, I locate a historical precedent for destabilizing the interpretive primacy of narrative endings, particularly that of the deathbed.

Throughout the narrative middle of *Ruth*, characters’ recuperating physical states present seemingly legible spiritual meanings that, on closer inspection, do not quite fit the evidence: Bellingham’s prolonged recovery seemingly illustrates his irritable character; Benson’s physical disability possibly causes his morbid ethical quandaries; Richard’s survival of an accident appears to prompt his repentance. Repeatedly, the narrative form undercuts these interpretations even as it presents such readings as plausible. While critics have read such apparent retractions as signs of Gaskell’s “somewhat unclear” moral message (Jaffe 56), I argue that the novel’s dual movement – alternating between assigning ultimate consequences and demurring into contextual caveats – is evidence of a complex dialectic that the novel in fact shares with other discourses of spiritual rehabilitation. Moreover, I posit that the novel, in tutoring the reader to shift between these two interpretive stances, ultimately supplies the reader with a hermeneutic tool for interpreting its contentious ending: a convalescent logic that resists the necessity of Ruth’s death.

1. *A History of Convalescent Devotionals*

OFTEN DESIGNED TO BE BESTOWED as gifts by a religious visitor or clergyman,¹ convalescent devotionals offer spiritual advice keyed to the particularly fraught period of rehabilitation. As a genre, convalescent devotionals transcend denominational divides. Some texts, including

John Fry's *A Present for the Convalescent* (1823), Anne Taylor Gilbert's *The Convalescent: Twelve Letters on Recovery from Sickness* (1839), and Jane Ellice Hopkins's *Sick-Bed Vows, and How to Keep Them* (1869), are explicitly Evangelical in their calls for readers to experience a sudden conversion or to be "born again" (Hopkins 2).² In contrast, Mary Ethel Granger specifies that her handbook, *Life Renewed: A Manual for Convalescents* (1891), is a Catholic work, and she even includes an endorsement from her Bishop in the preface. Mainline Anglicans, often ordained priests, also contribute to the genre. For example, Robert Milman wrote *Convalescence: Thoughts for Those Who Are Recovering from Sickness* (1865) two years before becoming the Bishop of Calcutta, and Somerset Lowry based his tome, *Convalescence: Its Blessings, Trials, Duties, and Dangers* (1895), on his experience as a priest in a parish with "a well-known Health Resort" (4). In addition to the texts with legible denominational affiliations, several devotionals specify that they intentionally avoid sectarian identifiers, in the hopes of addressing readers "of various Christian communions" (Sheppard xiv).³

Even in the midst of multiple doctrinal differences, nineteenth-century convalescent devotionals speak with remarkable unity about the spiritual state of convalescence. Notably, the writers differ on the specific religious practices they encourage the reader to undertake in the event of full recovery: the Evangelical texts exhort the reader to practice evangelism and to abstain from alcohol, mainline Anglican works invite readers to invest financially and socially in the community life of their local parish, and Granger's Catholic text focuses on spiritual disciplines of prayer and self-renunciation. However, in spite of these divergent visions of the religious practices required for the Christian in full health, these writers are unanimous on what is needed during the liminal period of convalescence. Convalescence offers a productive pause between the harried experience of illness and the routines of everyday life. Yet this pause has its own aggravations; the devotionals describe the unique affective life of the convalescent, which includes feelings of boredom, fretfulness, irritability, and ingratitude. These negative emotions, while common to the experience of convalescence, threaten to obfuscate readers' aspirations towards spiritual growth; thus the devotionals seek to help convalescents balance their pretensions towards piety with their daily aggravations and setbacks.

Notably, the emergent genre of nineteenth-century convalescent devotionals is only one instantiation of a larger Victorian cultural investment in the religious life of convalescents. Advice on appropriate convalescent behaviors regularly appear in tracts, printed sermons, and self-help health manuals. If patients recovered in their own homes, they would often receive visits from the clergy or lay religious visitors. If recuperating in a convalescent institution, patients would often be required to attend religious services. One patient's autobiography even recounts that, in the process of discharging patients from Charing-Cross Hospital, the chaplain gave patients a form letter to submit to their parish priest expressing gratitude to God for their recovery.⁴

In exhorting their audience to religious reform, the convalescent devotionals offer advice tailored to the reader's convalescent condition. Several writers cite their own convalescent experience as evidence that this condition requires a genre of religious writing distinct from that addressed to acutely ill patients. In *Convalescence: Thoughts for Those who are Recovering from Illness*, Milman states: "There are many excellent books for the sick while they are ill. I have, myself, felt a want of a distinct and separate book for those who are recovering" (i). In *Life Renewed*, Granger also cites her own experience with a "very

lengthened" convalescence and argues for the uniqueness of this physical state: "Though allied to sickness, there are more temptations and trials, short-lived though they may be, than to the confirmed invalid" (x, 3). These trials include such unique difficulties as the social repercussions of convalescents' irritable tempers, the physical setbacks produced by over-exertion, the aggravations of having visitors, the inverse loneliness of being neglected after the crisis of illness, and one's inevitable disappointment following "the short-lived hope of speedy recovery" (Granger 93).

The devotional writers generally assume that their readers made some kind of spiritual resolution during the experience of illness. However, they urge readers to distrust to this feeling of renewal. More often than not, as Gilbert writes in *The Convalescent*, "There is no change, – no permanent benefit" (iv). In *Sick-Bed Vows*, Hopkins recounts the story of a doctor who tracked the "after lives" of a hundred patients. Though "they had all expressed repentance on what they considered their deathbed," the doctor found that only three experienced an enduring transformation (Hopkins 18). If religious vows made in the crisis of illness are always dubious, convalescence offers a new opportunity: "It is different with the resolutions formed in Convalescence. They are more real, more practical, and more permanent" (Lowry 2). However, as the convalescent faced an after-life of unknown duration, these writers adapt their rhetoric away from emphasizing one momentous resolution to describing multiple ways that the convalescent's best religious intentions can be fostered during recovery.

At the level of form, the devotionals attempt to foster the reader's religious resolve by adjusting their length to the temporality of a convalescent attention span. While Krista Lysack has shown how nineteenth-century devotional reading often caters to "the time-sensitive reader," this formal constraint is particularly crucial in addressing the convalescent (458). On the one hand, the manuals seek to engage the convalescent in deeper self-reflection than was possible during illness. In *Convalescence: Its Blessings, Trials, Duties, and Dangers*, Lowry describes the convalescent's newfound ability to analyze his or her spiritual state: "What was impossible a few days back is possible now. You can think, you can read, you can pray, as you could not then" (2). On the other hand, several manuals deliberately shorten their entries, as convalescents "are wearied by the least exertion. For them it is a matter of necessity that their prayers should only last while they can concentrate their attention" (Granger 191).

Such brevity is necessary because the reader's spiritual and physical well-being are seen as particularly interconnected during convalescence. One non-sectarian guidebook, *Mother's Sabbath Month* (1864), structures its devotions around a month-long recovery from childbirth, including entries for morning and evening, seven days a week, for four weeks. The anonymous author writes, "Those [entries] for the first week I have purposely made exceedingly brief, knowing how, in much weakness, a few lines may comfort and strengthen, while longer passages would weary and fatigue; I have gradually lengthened them, endeavouring to suit them to the return, little by little, to the duties of daily life" (iii-iv). In order to intervene in patients' spiritual future, the devotional writers thus have to first discuss their readers' immediate context – including their very ability to read the devotionals' exhortations towards reform.

In attending to the convalescent's ability to read their texts, the devotional writers manage the spiritual care of convalescents much as contemporary caregivers approach the physical condition of convalescence. Nineteenth-century domestic caregiving manuals advise constructing a holistic environment that would potentially contribute to a convalescent's

successful physical recovery. Unable to predict the outcomes of convalescence, doctors, nurses, and domestic handbooks recommend an array of environmental aids: not only healthy food, fresh air, and rest but also freedom from social responsibilities, novel entertainments, and new delicacies to eat. Such treats and surprises are not thought to cause full recovery; they are seen as contributing – even in untraceable ways – to the positive circumstances from which a full recovery could arise. In much the same way, these devotional writers attempt to intervene at the level of the mundane frustrations of convalescence in order, ultimately, to save souls.

While the devotional writers continue to anticipate an eternal outcome, a heavenly Afterlife, for their audience, they commiserate with their convalescent reader about the daily vagaries of the after-life of illness. The erratic temporality of convalescence itself might be a spiritual trial: “But the progress is slow, painfully and wearisomely slow; there is often a long period of continued weakness and inactivity, wherein one day succeeds another in dull and unvarying monotony; or there are relapses, where suddenly and unexpectedly we seem to have lost all the ground we thought we had gained” (Lowry 14–15). Lowry empathizes, “Such delays in recovery are a severe trial to faith” (15).

The devotionals acknowledge that the unpredictable progress of convalescence is, in a word, irritating. Whole sections are devoted to managing one’s own affects of irritability, fretfulness, and sensitivity. However, the devotionals’ attention to the legitimacy of such negative feelings simultaneously complicates their insistence on spiritual change. One popular mainline Anglican manual, Priscilla Maurice’s *Sickness: Its Trials and Blessings*, narrates the compounding frustrations of the convalescent state: “You have not recovered your full strength, – every little thing takes hold, and fastens upon you, – each little fatigue is a very great one to you, – you become irritable and fretful, – dissatisfied with yourself and all around” (298). Maurice sympathizes with the reader’s spiritual disappointment, “You thought that you were much more changed and renewed by illness than it now appears to you is the case” (297). But in acknowledging such feelings of spiritual failure, she reassures her readers, “Much of this discouragement is physical, and arises from the returning to the duties and fatigues and wear of life, with a weakened body and shattered nerves” (299).

In such passages as these, it is clear the convalescent devotional manuals face a highly specific dilemma. On the one hand, the entire genre emerges as a response to the phenomenon of convalescent spiritual recidivism. On the other, once the writers identify the contingent contributing factors of this backsliding, they invite readers to abstain from interpreting their own aggravation as necessarily a sign of recidivist tendencies. *Life Renewed* absolves its reader from the guilt of an apparent moral lapse: “If you are the victim of a fretful temper during your recovery, remember that it is not always entirely your own fault. Bodily weakness, and the unstrung state of the nerves have often much to do with it” (Granger 68). Lowry even consoles the reader whose attention wanders while reading his manual: “Many invalids are sorely troubled on this point, and attribute to moral causes what is only physical weakness” (46). He adds, “Do not be too much distressed if this difficulty is yours.” The genre thus at once invokes and abjures a hermeneutic of spiritual forecasting. In shepherding their audience into spiritual progress, the convalescent devotionals have an additional task of leading readers to identify the physiological and social factors that thwart a simplistic assessment of moral failure.

In *Ruth*, Bellingham’s moral inveteracy – in spite of his recent recovery from brain fever – proves to be an ethical and interpretive conundrum for the novel. Mirroring the devotional

writers' dismay over dubious deathbed conversions, several characters find Bellingham's chronic amorality difficult to comprehend. Not only does Bellingham *not* experience any sort of repentance during illness, but even in convalescence he expresses only slight regret over seducing Ruth: "[I]t's a bad business, and I can hardly avoid blaming myself in the matter; I don't want to dwell on it" (Gaskell 77; ch. 8). His mother, however, takes this slight admission of wrongdoing as complete contrition. Writing to the now-abandoned Ruth, she states, "My son, on recovering from his illness, is, I thank God, happily conscious of the sinful way in which he has been living with you" (78).

Even if Mrs. Bellingham's conflation of physical and moral recovery is disingenuous, the novel repeatedly insists that this mode of thinking is difficult to resist. Having never met Bellingham, the minister Mr. Benson wonders about the possibility of a full recovery for such a sinner: "Could he grow into perfect health, with these great sins pressing on his conscience with a strong and hard pain? Or had he a conscience?" (98; ch. 11). While entirely ignorant of the actual trajectory of Bellingham's convalescence (which in fact is slow), Benson attributes Bellingham's supposed perfect recovery to a moral deformity: if he does not lack health then he must lack a conscience. Yet the narrator cautions that, from this inference, "[i]nto whole labyrinths of social ethics Mr Benson's thoughts wandered" (98). Indeed, the novel itself explores these very labyrinths in portraying the various physical contexts and spiritual outcomes of several convalescences.

Bellingham's convalescence stages the interpretive conundrum that the devotional writers face. In his laborious recovery, Bellingham experiences precisely the negative affects described by the convalescent devotionals, including "peevish loathing," "impatient despair," and "nervous annoyance" (Gaskell 75; ch. 8). While there is an easy connection between Bellingham's protracted convalescence and his moral failings, the novel insists that it would be inappropriate to infer a direct causal relationship between his moral and physical conditions. Instead the narrator points to a different cause of the man's slow recovery: "If Mr. Bellingham did not get rapidly well, it was more owing to the morbid querulous fancy attendant on great weakness than from any unfavourable medical symptom" (75). This "querulous fancy" is neither a symptom of disease nor a sign of bad character; it is merely a fact of the "great weakness" of convalescence.

2. *Interpreting Spirituality during Convalescence*

NINETEENTH-CENTURY CONVALESCENT DEVOTIONALS repeatedly gesture toward the potential consequences of readers' irreligious behavior, only to invite their readers to factor in their own unique circumstances that thwart such predictions. In much the same way, *Ruth* subjects its readers to narratorial retractions: it proposes a legible teleology or causal relationship, but dismisses the applicability of this attribution in the specific circumstances. Thus Benson imagines that a corrupt conscience is the impediment to Bellingham's recovery, and in fact Bellingham's recovery is impeded, but not apparently for the reason Benson conjectures. I argue that, in such explicit incongruities, both the devotionals and *Ruth* train their readers to exercise an interpretive independence that is able to discern when to shift between hermeneutic stances.

Across several denominations, convalescent devotionals urge their readership to adopt a dual hermeneutic that can shift between forecasting future outcomes and recognizing present complications.⁵ Admittedly, as a Unitarian, Elizabeth Gaskell's religious beliefs would have

differed greatly from the theological views of many of the devotional writers I profile here. However, within the context of convalescent spiritual care, a central tenet of Victorian Unitarianism actually becomes endorsed in several other Christian traditions: the value of interpretive independence. As Mark Knight and Emma Mason have argued, nineteenth-century Unitarianism prized “the right of the individual to employ rational inquiry in order to arrive at a set of personal conclusions” (53). In the face of the epistemic uncertainties of convalescence, devotional writers of several creeds voice a similar value: successful spiritual growth depends on the convalescent’s ability to discern the applicability of the devotional writer’s multiple, conflicting pieces of advice. I argue that Gaskell takes up this convalescent hermeneutic – as a recognizable cultural form that spanned several creeds – in order to structure her reader’s relationship to the unfolding events of her novel.

Like Bellingham, Benson is also the target of narratorial retractions in *Ruth* – though for him, the question is how far his physical disability affects his mental state, rather than vice versa. The narrator relates, “[I]n all probability, it was that early injury to his spine which affected the constitution of his mind as well as his body, and predisposed him, in the opinion of some at least, to a feminine morbidness of conscience” (310; ch. 29). While offering up his disability as the presumptive source of Benson’s moral quandaries, the narrator frames this assessment with a series of contingencies: it is a distinct likelihood that Benson’s bodily state “predisposed” him to a thought process which, according to some in his social circle, amounts to “a feminine morbidness of conscience.” It is no mere equivocation to note the difference between this construction – even if it is “in all probability” – and an outright causal attribution. In attending to the circumstances surrounding Benson’s disability, the narrator aligns her project with Benson’s own tendency, as his sister puts it, of “sophistry” (100; ch. 11).

The narrator’s rhetorical feint of offering and then thwarting legible causal relationships between mental and physical states mirrors a dialectic that nineteenth-century religious writers use to promote spiritual growth amidst the radical uncertainty of the convalescent condition. The devotionals repeatedly offer seemingly contradictory advice. *Convalescence: Its Blessings, Trials, Duties, and Dangers*, perhaps falling prey to the labyrinthine social ethics of Benson, hints that it would be better to jeopardize one’s physical convalescence than to risk insufficient moral reform: “Oh, better, far better, to go down into the very dust of humiliation and penitence, better even to retard one’s recovery by the distress and misery which such introspection may cause to a guilty soul” (Lowry 34). However, several pages later, this writer instead counsels that “it is not healthy to be *perpetually* weighing yourself” (48).

These tonal shifts may appear jarring, but they have a certain logic. Convalescence, as a lower-case “after-life,” opens a gap between the two crises that acute illness had previously aligned: the crisis of a religious resolution and that of looming eternal judgment. During severe illness, these two momentous events are one and the same – a religious resolution is necessary in the face of death. But in convalescence these points diverge again: the religious resolution and the crisis of illness are in the recent past, and eternal outcomes are relegated to an unspecifiable future. In their incongruous advice, the devotional writers urge their readers to shift between a model of spiritual crisis and a model of gradual transformation. In the crisis model, the devotionals seek to invoke the memory of urgency felt during illness – and the looming entrance into the Afterlife – in order to plead with the convalescent to make a momentous resolution. However, they find that such urgency is impossible to maintain. The

spiritual angst that led to such a resolution in the first place could damage one's physical health in the after-life of illness. Thus they vacillate between such exhortation and an emphasis on the lived experience of convalescence.

Notably, these timescales of gradual versus sudden change are a familiar formal dichotomy characteristic of many ideological debates in the nineteenth century.⁶ However convalescent devotionals find a very specific point of congruity for these two temporal forms: they insist that both the crisis and the gradual models are not so much descriptors of reality as they are interpretive acts that each lend partial meaning to the uncertainty of convalescent spirituality. The devotional writers readily acknowledge that the convalescent's physical prognosis is often indeterminate; a convalescent could suddenly relapse, or fully recover, or experience something in between. In *A Present for the Convalescent*, Fry concedes that his own forecasting – both of worldly futures and eternal outcomes – may not apply to his reader: "We cannot indeed, presume to know the determination of the Almighty in your individual case" (4).

Admitting this uncertainty, the devotional authors sometimes call upon convalescents to construe their entire illness experience as both a spiritual crossroads and a narrative tipping point. Fry appeals to his reader to sense intuitively the narratological importance of his or her choice, writing: "We hope you are aware of this, and have an inward *perception*, not to be described, of the reality of divine teaching and that this, in fact, is the important, the grand turning point" (16-17). One Church of England Tract Society pamphlet, written in the voice of a convalescent priest, harnessed the open-endedness of convalescence as the impetus to see this moment as a narrative watershed. The speaker relates:

My life has been mercifully spared for the present, though I know not for how long or short a period, I may be again speedily visited by sickness which may bring me down to the grave; or my days may be suddenly cut short. The present moment may be one of inconceivable importance. It is a CRISIS in my life, on which may depend an eternity of bliss or of woe. (*The Convalescent* 9)

While the speaker admits that the duration of his future life is uncertain, the resolution prompted here looks toward an eschatological future – "an eternity of bliss or of woe" – that appears to hold no such ambiguity.

Notably, however, the speaker in this passage admits that the present moment – though "a CRISIS in my life" – is only potentially significant: it "*may* be one of inconceivable importance" (my emphasis). Hopkins's *Sick-Bed Vows* similarly asks readers to see the present moment as a "turning-point"; however she concedes that such crossroads may in fact occur multiple times in a person's life. Still she urges, "These great turning-points do not come often; in most lives, they come but once, or at most twice or thrice. Whichever your choice may be henceforth, to all human probability, it will be one way with you" (11). Just like Gaskell's narrator's construction of the hypothetical cause – "in all probability" – of Benson's morbidity, Hopkins's prediction is based on an inference: "to all human probability."

Ironically, having urged her reader to construe the present decision as directing "one way" for the future, Hopkins later pokes fun at the convalescent's anticipation of unqualified success following a spiritual resolution. All too often, new converts "mean to go straight off to heaven like a sky-rocket, with a whiz and a bang, and a long path of splendour" (Hopkins 78). Rather than this meteoric trajectory, she counsels the reformed convalescent to expect "a certain amount of failure." Another writer concurs that the converted convalescent must

be wary – not only of temptation, but of presumption: “We must be on our guard, we must not undertake high things in God’s service, till we have made experience of ourselves, till we have good reason to feel assured that we can keep out of temptation” (Milman 73). Even Lowry, who appends “A Form of Resolution” for the reader to sign, admits that the model of religious commitment as a single, momentous decision will not lead to ultimate success: “Probably you will fall short of your resolves – it is always easier to make promises than to keep them” (Lowry 35).

In counseling the convalescent to cope with failure, the devotional manuals offer an alternative hermeneutic. Just as they at times counsel the patient to construct his or her resolution as a narrative turning point, so they also offer a competing readerly act: interpreting one’s subsequent spiritual transformation as an ongoing convalescence. One calls convalescence “a parable” (Milman 19); another calls it a “simile” (Granger 97). Whichever literary figure one prefers, the application is clear: “Your convalescence may be slow, but yet real; each day there may be sure, though gradual progress, and it is the same with your spiritual life” (Granger 98).

In interpreting spiritual transformation as a convalescence, many devotional writers actually insist that the timescale of spiritual convalescence dwarfs that of physical recovery: “This self conquest is the work of a lifetime, and will not be gained during the few weeks, or, may be months, of Convalescence” (Granger 109). In *Convalescence: Thoughts for Those who are Recovering from Sickness*, Milman dedicates an entire chapter to the extended metaphor of God as “the Physician of thy soul” presiding over one’s spiritual rehabilitation (81). Just as in physical convalescence, the threat of negative outcomes remains: the neglect of the Doctor’s orders could “bring back your disorder, leave you weak for life, or even produce a fatal return of your malady” (85). While the ultimate outcome is unknown, Milman suggests a regimen of ongoing religious practices that would build spiritual strength in order for the convalescent to be “ready and fit to accept God’s calls” (74).

In Victorian discourses, the convalescent can figure two opposing spiritual conditions. First, the convalescent is often positioned as the epitome of the failed convert – one whose initial resolution obviously falls short. One evangelical sermon, entitled “Inadequate Impression of Religion,” takes the spiritually-relapsed convalescent as the iconic case of its theme: “How frequently convalescence and health have been employed so as to brand [the patient] with the guilt of tremendous perjury!” (Parsons 244). However, while the convalescent is often the epitome of religious backsliding, at times, this figure can also serve as an archetype of spiritual renewal. Perhaps the most striking use of this reversal is Charles Spurgeon’s sermon on “Spiritual Convalescence.” Though Spurgeon, a Baptist, is famous for his revivalist model of spontaneous conversion, in this address he uses the figure of the convalescent as an analogy for a prolonged recovery from “soul-sickness” (347). Spurgeon elaborates: “Sick souls shall exhibit the activities of convalescence when the Lord imparts strength to them” (349). Like the convalescent’s physical body, Spurgeon finds, the sick soul’s spirituality must be exercised: “How weak our efforts; how slow our movements! But spiritual vitality is elicited, developed, strengthened by those efforts and movements, slow and weak as they are” (350).

On the one hand, the convalescent’s initial spiritual resolve can be overwhelmed by the recursive effects of weakness and irritation. On the other, a recuperating convert can also eventually experience a positive spiritual outcome as the cumulative result of seemingly insufficient exertion. The convalescent devotionals acknowledge both of these readings of

the convalescent state and thus urge their readership to adopt a dual hermeneutic that can shift between forecasting future outcomes and recognizing present complications. In the remaining pages, I will argue that Gaskell takes up this convalescent form in order to structure the reader's relationship to the moral and physical rehabilitation of Ruth.

3. *Spiritual Convalescence in Gaskell's Novel*

IN *RUTH*, RICHARD BRADSHAW'S coach accident and subsequent convalescence participate in the hermeneutic problem of spiritual recuperation. While the devotional writers describe an ideal scenario in which a momentous resolution and subsequent improvement mutually reinforce each other, Gaskell portrays in Richard's case a moral recovery in which both the moment of crisis and the later improvement may in fact be insufficient. Indeed, in relating Richard's newfound contrition, Farquhar dismisses it precisely because it appears in the midst of physical distress: "Oh, nothing could exceed his penitence. If one had never heard of the proverb, 'When the devil was sick, the devil a monk would be,' I should have had greater faith in him" (342; ch. 32).⁷ Richard achieves "perfect convalescence" physically; however, his repentance for his crime of forgery remains dubious.

Richard's social circle hopes that he will experience a gradual moral transformation – that he will convalesce spiritually – through much careful oversight and a beneficial placement in society. However, after a full year of such convalescent care, Farquhar reports only middling moral health. Richard has been given a job with "clear, defined duties, no great trust reposed in him, a kind and watchful head, and introductions to a better class of associates" (342; ch. 32). However, the outcome of these beneficial circumstances is merely an acceptable level of respectability. Farquhar sums up his condition: "He will never be a hero of virtue, for his education has drained him of all moral courage; but with care, and the absence of all strong temptation for a time, he will do very well" (345). The ambiguity of Richard's reform is never fully resolved: he continues to require constant monitoring and may never fully gain moral fortitude. The novel itself does not hazard a guess as to whether his tepid recovery amounts to a successful transformation.

Like Richard's social recovery, Ruth's spiritual convalescence is aided by a beneficial environment: that of the Bensons' idyllic, pastoral home. Several critics have argued that the Bensons' rehabilitation of Ruth seems unnecessary based on the novel's portrayal of Ruth's unconscious innocence.⁸ But while Ruth's incorruptibility effectively deconstructs contemporary cultural notions of the "fallen woman," according to the novel, this inherent innocence is not enough to prepare Ruth for the spiritual challenges of motherhood.

Like other narratorial retractions in the book, Ruth's spiritual recuperation at first appears to be determined by her pregnancy. Indeed, the novel attributes her physical recovery to this cause: "[T]he strange, new, delicious prospect of becoming a mother seemed to give her some mysterious source of strength, so that her recovery was rapid and swift from that time" (106; ch. 12). In recovering from her nervous collapse, Ruth learns of her pregnancy and impetuously vows, "Oh, I will be so good!" (99; ch. 11). However, Ruth's resolution, like Richard's, is not sufficient to sustain her fortitude. Rather, her later maternal success is the result of her social circumstances. When the Benson siblings take Ruth into their home, they introduce her into a symbiotic system of ethical behavior. The narrator relates the untraceable reciprocal exchanges of the home: "[S]omehow, the very errors and faults of one individual served to call out higher excellencies in another, and so they re-acted upon each other, and

the result of short discords was exceeding harmony and peace” (119; ch. 13). This ecology of reactive affects gives Ruth precisely the environment idealized in convalescent discourses: a network of beneficial circumstances that may foster – though it cannot ensure – a positive outcome.

In the days and weeks of Ruth’s postpartum recovery, the novel portrays both the mundane, durative timescale of convalescence and the surprising ways that spiritual improvement can occur within this temporality. As Ruth recuperates, the narrator notes that her mind becomes depressed by the monotony: “But when there was nothing to decide upon, and no necessity for entering upon any new course of action, Ruth’s mind relaxed from its strung-up state” (144; ch. 16). In the absence of the choices and actions that would further the plot,⁹ Ruth falls “into trains of reverie, and mournful regretful recollections which rendered her languid and tearful” (144). This state precisely mirrors the devotional manuals’ predictions. As Granger declaims in *Life Renewed*, “Convalescents frequently relapse into discontent and repining because they cannot do all they desire! Circumstances conspire to urge them to laxity, to give way to nature, to treat themselves gently, and indulge to the full their tastes and desires” (4).

Ruth’s convalescent emotions then co-mingle unexpectedly with the moral and social interdependence of the Benson household. Both Sally and Miss Benson are infected by Ruth’s depression and “without much reasoning on the cause or reason for such depression, felt irritated at the uncomfortable state into which they themselves were thrown” (144; ch. 16). When this emotional transference threatens to infect the baby as well, Sally scolds Ruth for the bad luck of crying in front of the child, irritably asserting, “[T]hou’rt not fit to have a babby” (145). Ultimately, this ill-tempered exchange has unexpectedly positive outcomes. Sally feels “half ashamed” of her tirade, but Ruth and her infant are benefitted by it: “[H]enceforward Ruth nursed her boy with a vigour and cheerfulness that were reflected back from him” (147).

More than tutoring Ruth in proper maternal behaviors, the portrayal of Ruth’s recuperation centers on her evolving ability to discern appropriately the relationship between physical and spiritual states. Just after giving birth, Ruth’s fervor for reform veers near blasphemy: “‘Ah, my darling!’ said Ruth, falling back weak and weary. ‘If God will but spare you to me, never mother did more than I will. I have done you a grievous wrong – but, if I may but live, I will spend my life in serving you!’” (135; ch. 15). Standing nearby, the censorious Miss Benson warns, “You must not make him into an idol, or God will, perhaps, punish you through him.” Ruth is initially frightened by this forecast of dire outcomes, but then decides that such a judgment is inappropriately invoked: “[W]as there punishment already in store for her through him? But then the internal voice whispered that God was ‘Our Father’, and that He knew our frame, and knew how natural was the first outburst of a mother’s love; so, although she treasured up the warning, she ceased to affright herself for what had already gushed forth” (136).

Like the ideal reader of the convalescent devotionals, Ruth “treasure[s] up the warning” while simultaneously rejecting its applicability. Going even further in her interpretive independence, Ruth later admits feeling a continued affection for her former lover: “And yet, there was a strange yearning kind of love for the father of the child whom she pressed to her heart” (159; ch. 18). While readers, like Miss Benson above, may easily read this lingering affection as a sign of brewing moral relapse, Ruth herself rejects this assessment. Rather, she reads this feeling as an acceptable outpouring of motherly love: “[S]he could not bid it

begone as sinful, it was so pure and natural, even when thinking of it, as in the sight of God" (159). In such moments as these, Ruth gains exactly the hermeneutic authority over her own spiritual states that the devotionals teach as being necessary to the prolonged struggle of spiritual convalescence.

Like any convalescence, Ruth's liminal spiritual state carries with it the structural threat of relapse. Several years later, when Ruth meets her lover (now renamed Donne) in his position as Bradshaw's political protégé, she begins to lose the interpretive authority she had cultivated in her earlier physical rehabilitation. Fearing exposure as an unwed mother, Ruth reverts from considering her own contextual factors to forecasting seemingly inevitable outcomes: "She thought that, if Leonard ever came to know the nature of his birth, she had nothing for it but to die out of his sight" (235; ch. 23). Even in forecasting her own death, Ruth sees this hypothetical necessity as directly opposed to an attention to her own mitigating circumstances. The narrator voices her thoughts: "He could never know – human heart could never know, her ignorant innocence, and all the small circumstances which had impelled her onwards. But God knew. And if Leonard heard of his mother's error, why nothing remained but death" (235). Elsewhere in the novel, such "small circumstances" are precisely what is accessible to human comprehension. Indeed, just one chapter later, Donne attempts to win Ruth back based on his own ability to supply mitigating circumstances for having abandoned her. He pleads, "[T]here were circumstances which, if I could tell you them all in detail, would show you how in my weak, convalescent state I was almost passive in the hands of others" (245; ch. 24). In the passage above, however, Ruth relegates the knowledge of her own circumstances to the sphere of divine omniscience only, and thus imagines that death is the only appropriate outcome of her looming social shame.

Ruth's forecasting of her own death seems to support critical assessments of the overdetermined trajectory of the plot. For example, Hilary Schor reads Ruth's later death as a mechanism meant to shock readers into acknowledging "the excessively plotted lives women lead" (75). Following this analysis, Ruth's prediction here appears to be a moment of metanarrative in which she realizes her own plottedness: she indeed has "nothing for it but to die." However, crucially, Ruth's forecast – though ultimately accurate – is one among several punitive predictions she envisions following Donne's return. She also erroneously forecasts that Donne will take her son away: "She had a firm conviction – not the less firm because she knew not on what it was based" (239; ch. 24). The narrator, however, supplies a physiological basis for her conviction: "Ruth shrank with the cowardliness of a person thoroughly worn out with late contest. She was bodily wearied with her spiritual buffeting" (239). Far from revealing the inevitability of her own plot trajectory, Ruth's insistence that "her doom was certain" is actually a symptom of her spiritual trial itself, and of the physical toll it is taking on her body (239).

Now in a state of profound psychological and physical distress, Ruth hears the news that her son has been taken ill. The narrator relates her frantic thoughts:

For in the Remembrance of the Past there was Remorse, – how had she forgotten Leonard these last few days! – how had she repined and been dull of heart to her blessing! And in anticipation of the Future there was one sharp point of red light in the darkness which pierced her brain with agony, and which she would not see or recognise – and saw and recognised all the more for such mad determination – which is not the true shield against the bitterness of the arrows of Death. (251; ch. 24)

In her beleaguered state, Ruth interprets Leonard's illness to be the judgment of God, the eschatological outcome, for her weakness in the face of Donne's temptation. The "one sharp point of red light" – located not in the future, exactly, but in her "anticipation" of it – is her son's seemingly inevitable death. Only a few pages before, Ruth had predicted her own death as the unavoidable outcome of her sin (or at least, the public exposure of her sin); now she uses the same teleological logic to project her son's demise.

Immediately after this "mad determination," however, this volume of the novel concludes on a jarringly different note. Despite her own certainty about both the outcome and the origin of Leonard's disease, Ruth arrives home to hear a far more banal assessment of her son's condition. Benson's prognosis for Leonard concludes Volume II: "He is very ill, but we hope he will soon be better. It is what every child has to go through" (252; ch. 24). In this strangely anticlimactic ending of the volume, the narrative stakes of the novel's dual hermeneutic are most clear. If the reader follows Ruth's teleological reading, then Leonard's death is technically as fitting a punishment as her own. If, on the other hand, we take into account the commonness of Leonard's ailment (as something "every child has to go through") then the cliffhanger here is solely a crisis of Ruth's capacity to shift between forecasting potential outcomes and examining the contributing circumstances.

As Ruth nurses her son in Volume III, she continues to interpret Leonard's illness, now identified as the measles, as retribution for her sin: "It seemed to her that his death would only be the fitting punishment for the state of indifference towards him – towards life and death – towards all things earthly or divine, into which she had suffered herself to fall since her last interview with Mr Donne" (255; ch. 25). Like the devotional writers, the narrator interposes to note that Ruth, even more than mistaking Leonard's physical state, has misread her own body. While Ruth reads her "state of indifference" as the sin that caused Leonard's disease, the narrator asserts that this indifference itself has a physical origin: "She did not understand that such exhaustion is but the natural consequence of violent agitation and severe tension of feeling" (255). Ruth's forecasting of punishment is not merely misguided in assigning her own behavior as the origin of her son's illness. Rather, her physiological reactions have helped produce the very lethargic state she identifies as sinful in herself. In my reading, Ruth's spiritual relapse does not happen when she is tempted to return to Donne; the relapse instead occurs here, in her inability to attend to the circumstances that thwart her own predictions of punishment.

4. *Spiritual Outcomes and Narrative Endings*

IN THE PASSAGES ABOVE, the narrator often highlights the circumstantial and physiological factors of Ruth's behavior. Admittedly, however, once Ruth's secret past is revealed, the narrator and Ruth herself embrace a teleological hermeneutic that views Ruth's social shaming as a necessary outcome of her fall. However, ironically and disturbingly, in this assessment they come to share the judgment of the censorious and repugnant Bradshaw. It comes as no surprise that Bradshaw sees his own moral outrage as an ineluctable consequence of Ruth's transgression. When she attests she "cannot bear" his anger, he declares that she should have calculated this effect prior to her youthful seduction: "Before you went into your sin, you should have thought whether you could bear the consequences or not" (279; ch. 26).

More disconcerting than Bradshaw's predictable condemnation, the novel endorses Ruth's piety in her passive acceptance of punishment, particularly her acceptance of her son's

anger. Ruth tolerates Leonard's disrespect; she even "silently admitted the force of the reason that caused" his sullenness (301; ch. 28). Even Benson approves of Ruth's meekness through a teleological inference, though his outcome is positive rather than negative. Observing her submission to Leonard's anger, "he knew that all goodness would follow, and that the claims which his mother's infinite love had on the boy's heart would be acknowledged at last" (301).

After he hears of his illegitimacy, Leonard's "health seemed shaken" (300; ch. 28). While the narrator earlier intervened to distinguish Ruth's culpability from her son's bodily health, here she participates in establishing a teleological connection between the two. Indeed, the line between Ruth's thoughts and the narrator's voice in this moment is blurred. The narrator surmises, "It was what must be; an inevitable consequence of what had been; and Ruth had to be patient, and pray in secret, and with many tears, for the strength she needed" (301). The narrator's prescriptive "what must be" underscores not only the perceived inevitability, but also the apparent appropriateness, of Leonard's reaction.

Intriguingly, several early reviewers echo just this imperative construction in their assessment of the novel's morality and particularly its portrayal of the Bensons' decision to lie about Ruth's origins. The narrator declaims Ruth "had to be patient"; the reviewers declare, "Mr. Benson has to suffer the disgrace of his error, Ruth has to bear the burst of indignant virtue" (Easson 217). Even reviewers who defend the novel's morality do so by referring to the necessarily punitive outcomes of the Bensons' decision. George Henry Lewes argues that the lie is "the one flaw in an otherwise perfect act of Christian charity, and its consequences are ably worked out" (267). Yet in taking the narrator's belated turn toward consequentialism as the full encapsulation of the novel's moral schema, these reviewers elide the fact that the ethics of forecasting outcomes has been interrogated throughout the novel's middle.

Recent critical reevaluations of Gaskell's industrial novels have argued that Gaskell's political vision "valorizes conflict rather than consensus" (Lewis 249).¹⁰ I propose that *Ruth's* ethical vision is similarly vested in a productive discordance between a spiritual attention to eschatological outcomes and a convalescent logic that focuses on the contributing factors of behavior. While the ending of the novel leans more heavily toward the former mode of assessing outcomes, these two stances are in constant conversation throughout the text. Notably, in the latter pages of the novel, some characters continue to interpret events under the hermeneutic of diffusive contextual relationships. Contrary to the narrator's assessment of Leonard's health as being damaged by his mother's shame, Mr. Farquhar reads Leonard's weak health as caused by a confluence of events, namely his grief and his adolescent growth spurt: "He is growing fast; and such a blow as he has had will be certain to make him more thoughtful and full of care than most boys of his age; both these circumstances may make him thin and pale, which certainly he is" (306; ch. 28). It is "certain" that the news of his own illegitimacy will make Leonard thoughtful and it is certain that he is "thin and pale." However, Farquhar contextualizes the relationship between these two certainties as hypothetical: Leonard's paleness "may" be caused by the two "circumstances" of his thoughtfulness and his growth. In such moments this, Gaskell's dialectic ethical vision continues to inform the novel's conclusion.

On one level, the implications of the plot's trajectory do indeed seem incontrovertible: though Ruth nurses an entire hospital of typhus sufferers, she only succumbs to the epidemic herself after nursing Donne. This singular line of disease transmission reads as a "metaphorical reenactment of their sexual relationship" (Jaffe 56).¹¹ But while critics

see Ruth's death as an ideological necessity – as Kennedy starkly puts it, “Ruth, whose transgression was sexual, must die” (116) – they also note that certain circumstantial narrative details continue to play a role in the midst of this seemingly over-determined ending. As Kennedy has extensively argued, the novel portrays many predisposing causes that are congruent with contemporary medical theories of contagion, including the particular danger for caregivers in typhus cases, Ruth's fatigue, and her emotional disturbance in nursing a former lover.¹² Kennedy posits that this portrayal of the predisposing causes of disease reveals that Ruth's decision to nurse Donne “enacts an utter disregard of the calculus of risk that the novel has so carefully laid out” (116). However, the context of convalescent discourses highlights an alternative value in Ruth's decision. Ruth's forecasting of outcomes – her own potential death – is outweighed in this moment by her attention to Donne's mitigating circumstances.

In a brief but pointed return of her interpretive independence, Ruth admits that her feelings for Donne emerge particularly on account of his unfortunate predicament. In response to Davis' query, “[D]o you love him?,” Ruth responds, “I have been thinking – but I do not know – I cannot tell – I don't think I should love him, if he were well and happy – but you said he was ill – and alone – how can I help caring for him?” (361; ch. 34). Much like the narrator's hedging elsewhere, Ruth's equivocation is not merely coy. Though Mr. Davis takes her admission as evidence of her being “heart-broken” like his own unwed mother, readers may assess Ruth's acknowledgment under a different rubric. After all, Ruth admits to feeling for one who is ill and isolated – precisely the same circumstances that had won her the sympathy of Mr. Benson in the beginning of the novel. Thus in her attention to Donne's circumstances, as well as to her own affective response to them, Ruth regains an interpretive authority that refuses to operate solely under the Bradshawian insistence that sin be required to reap its consequences.

Ruth of course does contract typhus from Donne and abruptly succumbs to the disease herself. Kennedy argues that this ending is ideologically necessary: “Indeed, the logic of the mid-Victorian novel makes it necessary that Ruth's nursing endangers her; the medical fact of her vulnerability allows her to expiate her sin” (116). I however find that this seeming inevitability – even if it is intentionally hyperbolic, as Schor argues – is not the sum of the novel's claim. Rather, the seeming summary judgment of Ruth's death continues to be a subject of debate within the novel itself.

If readers locate a teleological connection between Ruth's sexual transgression and her death, they will find themselves in agreement with none other than Donne himself. Donne confides to Benson: “I cannot tell you how I regret that she should have died in consequence of her love of me” (370; ch. 36). However, given Ruth's ambivalent admission of affection, Donne's interpretation of her death is rendered ironic. In having Donne voice this consequential attribution between illicit love and self-sacrifice, so often reiterated in criticism on *Ruth*, Gaskell once again performs the familiar rhetorical feint. Just like the causal attributions of Bellingham's slow recovery and of Benson's mental morbidity, here Gaskell simultaneously acknowledges the easy legibility of this connection and positions such an interpretation as ethically suspect.

I propose that, in having Donne perform the first half of its hermeneutic dialectic, the novel solicits the reader to perform the second interpretive move it has modeled all along: to use a convalescent logic to abstain from attributing the proposed causal sequence in light of the specific circumstances. Intriguingly, both Charlotte Brontë and Elizabeth Barrett

Browning enacted this kind of readerly opposition in personal letters to Gaskell. These authors write to voice their discontent with the ending. Brontë asks, "Why should she die? Why are we to shut up the book weeping?"; Browning protests, "What it quite impossible but that your Ruth should *die*?" (Easson 200, 316). Such readerly resistance, I posit, is precisely what the novel hopes to evoke. Even in the text itself, Benson models this resistance to interpretation in his funeral homily. Initially Benson attempts to create a lesson out of Ruth's story: "[I]t was possible that the circumstances of her life, which were known to all, might be made effective in this manner to work conviction of many truths" (372; ch. 36). But whatever these truths may be, we never hear them. As he looks out at the congregation, "listening, with wet eyes, to hear what he could say to interpret that which was in their hearts, dumb and unshaped, of God's doings as shown in her life" (373), Benson decides to abstain from interpretation. Instead of preaching, he reads a passage from the book of Revelations describing an eschatological vision of heaven.

In asking the reader to resist its own ending, the novel, like the convalescent devotionals, admits that neither of the two oppositional hermeneutics can maintain interpretive authority: they can only correct the excesses of each other. While death would seem to punctuate or even invalidate the processes of convalescence, the liminal state of spiritual transformation can even permeate death itself. As one manual suggests, "The soul may be made perceptibly convalescent while the body sinks in its last anguish" (Sheppard 263). Ruth, in the end, is ushered off into an Afterlife to which readers do not have access. Thus the ongoing process of spiritual convalescence – and its hermeneutic paradox – cannot be resolved by the deathbed; rather, the quandary of forecasting outcomes continues for those who, like Benson and the reader, continue on in the after-life of illness.

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NOTES

1. Notably, one late-century writer mocks this seemingly common mode of distribution. He notes that one frustration of convalescence is sanctimonious visitors, who "insist on lending you 'improving' books (possibly the one you are now reading) which tire and bore you" (Lowry 19). If this is the case, Lowry advises, "You are not obliged to read every book that is lent to you."
2. Of these Evangelical texts, most do not specify whether their writers operate inside or outside the Church of England. The one exception is Gilbert's *The Convalescent*, which reveals its Protestant affiliations when describing the writer's discussions with "pastors" and "ministers" on the topic of failed deathbed conversions (10).
3. Other convalescent devotionals that specifically avoid sectarian language and theological debates include *Mother's Sabbath Month* and Gardner's *Hymns by a Physician*.
4. Cooley reports on this practice: "This ticket simply expresses the desire of its holder to return thanks to Almighty God for the cure or benefit which he has received during his residence in the hospital" (205). However, he also specifies that "the subsequent use of the chaplain's ticket is of course optional."
5. While I have not discovered a convalescent devotional that professed a Unitarian affiliation in British sources, a tract entitled "A Few Words with a Convalescent" was published by the American Unitarian Association for soldiers recuperating in army hospitals during the American Civil War. This text makes many similar claims to the British devotionals I have profiled. It exhorts readers to have patience during the aggravations of convalescence, concluding, "You may never come to health of body here, but you must come to health of soul, which shall make all right in the hereafter!" (Ware 15).

6. These debates include ideas of religious conversion, geological change, and even associationist cognition (see Buckland 20 and Zemka 42).
7. In full, the proverb reads, “The Devil was sick; the Devil a monk would be;/ The Devil was well; the devil a monk he’d be.” As Easson notes, “The sense of penitence in adversity, forgotten in prosperity, is neatly caught in the idiomatic use of ‘the devil’” (Gaskell 392, ch. 32n1). This proverb is also cited in nineteenth-century convalescent devotionals (see Hopkins18).
8. See Malton 189 and Jaffe 56.
9. For a broader interpretation of Gaskell’s political project in including such “hypodiegetic” side stories, see Fenton-Hathaway 237.
10. In addition to Lewis’s essay, Gaskell’s emphasis on productive conflict has been noted by Amanda Anderson in “Dickens, Charlotte Brontë, Gaskell” and by Jon Singleton in “The Dissonant Bible Quotation.”
11. Malton even argues that the disease is contaminated by its association with Bellingham, saying typhus “surely has sexual overtones, which are reinforced by Bellingham’s connection to the disease” (197).
12. See Kennedy 107–16.

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