

BOXES, BOTTLES AND DEATH:

COLLECTING AND MEDICAL REFORM IN *THE MILL ON THE FLOSS*

JENNIFER DIANN JONES

This article examines Mr and Mrs Pullet's collections of medicine bottles and pill boxes in George Eliot's *The Mill on the Floss*. It first establishes how the Pulletts use their collections to stave off their fear of her death, using theories of the pathology of collecting developed by Jean Baudrillard and Mieke Bal. It then demonstrates how the items in the Pulletts' collections bring, to borrow Elaine Freedgood's term, "fugitive meaning" into the text by showing that they reveal implicit criticisms of the nature of manufacturing and the problem of medical reform. Finally, it shows that the collections disrupt the plot of the novel, creating what Amanpal Garcha calls a sketch; both the collections and the illness that fuels them defy the diachronic plot of the novel, and are instead synchronic fragments. Ultimately, the collections work to contain the narrative of illness.

"Pullet keeps all my physic-bottles—did you know, Bessy?" said Mrs Pullet. "He won't have one sold. He says it's nothing but right, folks should see 'em when I'm gone. They fill two o' the long store-room shelves a'ready—but," she added beginning to cry, "it's well if they ever fill three. I may go before I've made up the dozen o' these last sizes. The pill-boxes are in the closet in my room—you'll remember that, sister—but there's nothing to show for the boluses, if it isn't the bills."

George Eliot, *The Mill on the Floss* (102)

Collections, the items that make up collections, and the act of collecting have important and complex narrative repercussions in nineteenth-century novels. The above quotation from chapter 9, volume I of George Eliot's *The Mill on the Floss* (1860) is taken from a conversation between Mrs Pullet and her sister Mrs Tulliver. It presents and implicitly ridicules the idea that anyone would want or expect to see Mrs Pullet's empty physic bottles and pill boxes after she dies; the fact that the characters involved in this scene, the Pulletts and Mrs Tulliver, take the comment seriously only adds to the comedy. However, if we as readers take Mrs Pullet seriously and pause to examine the bottles and boxes and consider why the Pulletts collect these things in particular, it becomes clear that the collections take on an excess of meaning. On the surface, they are simply evidence of Mrs Pullet's health problems, her suffering, and her husband's willingness to call in the doctor to prescribe the medicines the containers are designed to hold. Thus far, the collections seem to serve primarily as part of the characterization of the Pulletts as they reveal both characters to have the psychological compulsions associated with being collectors (see, for example, Mieke Bal's "Telling Objects" and Jean Baudrillard's *The System of Objects*), but I want to move past this kind of reading to show that, as Elaine Freedgood argues in *The Ideas in Things: Fugitive Meaning in the Victorian Novel*, these collections hold "fugitive meaning." In addition to representing Mrs Pullet's suffering, they bring into the novel the suffering of workers who made such containers in nineteenth-century Britain as well as the suffering implied in Eliot's earliest fictional critique of the movement for medical reform. Moreover, the containers the Pulletts collect serve to contain narrative, or create narrative stasis. In this essay I will first establish how the Pulletts use their collections to stave off their fear of death; I will then move on to demonstrate how they reveal implicit criticisms of the nature of manufacturing and the problem of medical reform; finally, I will show that they disrupt the narrative and create what Amanpal Garcha, in *From Sketch to Novel: The Development of Victorian Fiction* (2009), calls 'repetitive stasis' (231).

Collections, Characterization, and the Trauma of Death

The Mill on the Floss treats seriously, among other issues, the emotional attachments individual characters have to the things around them. It is filled with characters who save particular things: Mrs Tulliver means to keep her best household goods to leave to Tom (the second best will do for Maggie) (213-14), while Mrs Glegg saves her best fronts for special occasions and meetings with favored people and her “more fuzzy and lax” fronts to express her disdain for family members who have fallen into disfavor (58). Critics such as Aeron Hunt and Deborah Wynne have fruitfully explored characters’ possessions in terms of Eliot’s treatment of social and economic values, paying particular attention to the intersections between them in the novel.¹ The relationships between characters and their possessions are famously comical and idiosyncratic, but only the Pullets’ possessions, their medicine containers, function as collections.

The Pullets’ relationship to their collections is marked out by its stark contrast to the other characters’ relationships to possessions. Throughout the novel, the three surviving Dodson sisters (Jane Glegg, Sophy Pullet, and Bessy Tulliver) present the Dodson way of doing things as the only correct way. The fourth sister, Susan Deane, is said to like having nice things, mostly by those who are jealous of her husband’s rise in the world, but does not seem to share her sisters’ attitudes toward property; by the time she dies, it seems Mrs Glegg may have been right to say Mrs Deane had “little of the true Dodson spirit” (217). Her assessment stems largely from Mrs Deane’s preference for the new luxuries afforded by her husband’s wealth over the items she bought, marked, or made prior to her marriage.² As Wynne argues, the other sisters hold on to “the true Dodson spirit,” long after they marry, and they sustain it largely through their relationships to the things around them and their attitudes toward death and mourning (43). In their different ways, each of the three sisters strives to preserve property so she will be

thought well of by her beneficiaries. For Mrs Glegg and Mrs Tulliver this takes on the expected form of a desire to leave something for the younger generation and to have a proper burial. Their discussions of these issues make up much of the novel's comedy, as when Mrs Tulliver tries to persuade her husband to take comfort in knowing she has the "best Holland sheets" ready at any moment to lay him out in when he dies (13), or the many times Mrs Glegg takes comfort in knowing that after her death people will know her as a rational person because she left a rational will. (See Wynne for a discussion of what it means for a woman to leave a will in this period.) For Mrs Pullet, however, her identity as a Dodson is subsumed by her identity as an invalid. Much to her sister Glegg's chagrin, she spends her time consulting Dr Turnbull, her surgeon-apothecary, and talking about both her own illness and impending death and those of her distant relations, friends, and acquaintances. Mrs Pullet's illness also affects her relationship to objects and possessions. Whereas Mrs Glegg and Mrs Tulliver preserve wealth and household goods to pass on to their descendants, Mr and Mrs Pullet collect medical packaging to serve as memorials for Mrs Pullet.

Collections, unlike unstructured or unmethodical groups of objects, can be seen as complete or incomplete, and the need to complete a collection can become pathological, as John Elsner and Roger Cardinal explain (1). For example, Elsner and Cardinal posit that the biblical "Noah represents the extreme case of the collector: he is one who places his vocation in the service of a higher cause, and who suffers the pathology of completeness at all costs" (1). Eliot's flood imagery aside, the Pullet's situation is not nearly so extreme; they do not see collecting as a vocation or a higher calling, but in a sense Mrs Pullet is compelled to complete sets of medicine bottles. She cries as she tells her sister that the collection of bottles "fill[s] two o' the long store-room shelves a'ready—but . . . it's well if they ever fill three. I may go before I've made up the dozen o' these last sizes" (102). Achieving this goal requires more illness and more medicine, entailing the kind of danger Mieke Bal identifies as characteristic of collecting:

If completion is possible, perfection is dangerous. Completion may be a simple way of putting an end to a collecting narrative—defining it, so to speak, as a short story—in order to begin a new one. The collection that harbours all items in a given series will have no trouble extending itself laterally, and will start a new one. (113)

The Pulletts have demonstrated a propensity for this sort of lateral expansion: Mrs Pullet desires a set of twelve bottles of “these *last* sizes” (emphasis mine), suggesting she has sets of other sizes, while the collection expands laterally onto a second and potentially third shelf. The expansion of the collection, though, functions not as a “short story” as Bal suggests, but as a sketch; Garcha argues sketches are “fragmented or static form[s]” while the plots of short stories or novels “create a sense of directed motion” (121). The Pulletts repeat the static, synchronic narrative of compulsion rather than find any resolution through a diachronic plot and move on to something else (Garcha 8).

Likewise, Mrs Pullet’s collection of pill boxes, which do not seem to be kept in sets, expand the static sketch, and her lament that “there’s nothing to show for the boluses, if it isn’t the bills” demonstrates her compulsion to expand the collection beyond the bottles her husband keeps. This suggests a propensity for finding a way to organize other kinds of medical packaging into sets should completing sets of bottles fail to satisfy her, as well as a need to keep evidence of all the medicine she has taken (102). This compulsion on her part reveals a need to have personal control over a part of their collections; she makes a point of telling Mrs Tulliver, her most sympathetic sister, that the “pill-boxes are in the closet in my room” (102). She has sequestered these objects in a doubly feminine space, for presumably Mrs Pullet has secreted the pill boxes away in a similar fashion to the new bonnet she shows Mrs Tulliver earlier in this visit to the Pulletts at Garum Firs. In this scene, once Mrs Pullet has been

persuaded to show her sister her new bonnet, the narrator reveals “the habits of the Dodson family” in regards to keeping personal possessions safe:

Mrs Pullet rose with a melancholy air and unlocked one wing of a very bright wardrobe, where you may have hastily supposed she would find the new bonnet. Not at all. Such a supposition could only have arisen from a too superficial acquaintance with the habits of the Dodson family. In this wardrobe Mrs Pullet was seeking something small enough to be hidden among layers of linen—it was a door-key. (95)

Mrs Pullet then leads Mrs Tulliver, Lucy, and Maggie “in procession” down a dark corridor where she “unlock[s] a door which opened on...a darkened room” where, finally, she “unlock[s] the wardrobe” and then removes the countless sheets of silver paper wrapped around the new bonnet (96). This scene enacts at sentence level the delay in finding the desired object. For example, instead of simply stating that Mrs Pullet is looking for a key in the first wardrobe, Eliot compels the reader to engage in the search for the “something small” that is only revealed at the end of the sentence (the reader must pass through the dash that acts as a barrier in the same way as the wardrobe door). The solemnity of the ritual of unlocking and unwrapping the bonnet is as important to Mrs Pullet’s enjoyment of her possession as the bonnet itself and bears a striking resemblance to the Pullet’s manner of keeping their collections.

The hidden nature of both Mr Pullet’s physic-bottle collection and Mrs Pullet’s collection of pill boxes, neither of which will be looked at until after her death, reflects the kinds of collecting Baudrillard discusses in *The System of Objects* when he argues that collectors, “without exception—even where the perversion of fetishism plays no part—cloak their collection in an atmosphere of clandestineness and concealment, of secrecy and sequestration, which in every way suggests a feeling of guilt” (93-94). Examining Mr and Mrs Pullet’s relationships with one another and with their separate but related collections

demonstrates their displacement of uncomfortable or unacceptable feelings onto the objects in their collection. The relationship of these collections to Mrs Pullet's health, both characters' seeming certainty Mr Pullet will survive his wife, and his expectation of showing the bottle collection to others after her death all suggest that the feelings they are displacing onto their collections are fears about her impending death. This connection between collections and death is to be expected; Baudrillard uses the example of the "*Fort! Da*" game Freud watched his grandson play (as described in *Beyond the Pleasure Principle* [1920]) to explain how we use objects to cope with anxiety about death and loss:

[T]he object represents our own death, but that death is transcended (symbolically) by virtue of the fact that we *possess* the object; the fact that by introjecting it into a work of mourning—by integrating it into a series in which its absence and its re-emergence elsewhere “work” at replaying themselves continually, recurrently—we succeed in dispelling the anxiety associated with absence and with the reality of death. (104)

Thus, while Mrs Pullet is alive both she and her husband play with their collections to manage their anxiety; they keep the collections safe and largely secret and both (though especially Mrs Pullet) have control over the size and completeness of the collections. Bal, in a similarly Freudian vein, argues that the need to have control over a collection in the way the Pulletts do is “[i]n accordance with Freud’s concept of the death instinct” (112). Collecting acts as an “endless deferral of death” because collectors use the collection to “work their way through the difficulty of constituting themselves by re-enacting a primal scenario of separation, of loss and recovery, in order to defer death” (112). Therefore, while Mr and Mrs Pullet conceive of their collections as future memorials to her and her suffering that will enable her survivors properly to mourn her death, their collections’ real function is to allow both characters to pretend her

death will never come, that it can be endlessly deferred, and their refusal to accept the inevitable exacerbates rather than relieves their suffering.

Fugitive Narratives of Suffering

The Pullets' act of collecting physic bottles and pill boxes brings pathology into the text, as does their materialism. By both refusing to sell the bottles and demanding ever more medicine the Pullets necessitate the manufacture of yet more packaging, thus bringing into the text the fugitive narratives of the pathological problems faced by the workers who made such containers. Liquid medicines were dispensed in glass bottles of various sizes³; often, as Eliot's narrator notes, this was determined in inverse proportionality to the strength of the medicine, with large bottles for "weak stuff" and small ones for "strong stuff" (64). Yet as Dorothy Porter and Roy Porter note, small bottles would also have been used when a doctor needed to adjust the quantity or strength of a medicine as the patient's condition changed; this led to prescribing small amounts "extremely frequently—a habit patients thought led to profiteering" (160), since each prescription incurred a separate charge.⁴ Powdered medicines were dispensed in folded paper envelopes, while pills were dispensed in small paper boxes.

The Pullets seem to be particularly proud of their collection of empty medicine bottles, yet just as the characters fail to recognize that they collect medical packaging as a way of fending off a fear of death, they also fail to recognize the very real risk of injury or death faced by those who made the kinds of materials they collect. *The Mill on the Floss* is set at a period when writers, politicians, philosophers, and doctors were starting to examine the risks associated with an economy increasingly moving towards industrial manufacturing. For example, in 1831 Charles Turner Thackrah, a surgeon from Leeds, wrote the first comprehensive study of the risks of the various occupations; in *The Effects of the Principal Arts, Trades, and Professions, and of Civic States and Habits of Living on Health and*

Longevity, he discusses the working conditions for glassworkers and papermakers. Yet even those with medical training and extensive experience of evaluating the risks associated with the various trades, such as Thackrah, failed to appreciate fully the dangers associated with glassmaking. He sees glasswork as a fairly healthy occupation, and though he notes that workers are exposed to extreme heat and “[c]atarrhs and coughs are frequent” amongst them, he is only alarmed by the workers’ immediate response to the heat: they cope with the heat by “drinking large quantities of public-house beer; and individuals among the most intemperate are known sometimes to take as much as two gallons in the day” (75). Later writers on occupational health raise grave concerns about the safety of making glass; for instance, in *Dangerous Trades* (1902) A. P. Laurie names glass-workers as the fourth most likely group to die of pulmonary diseases, after cutlers, earthenware makers, and manufacturing chemists (596). Unlike the first three groups, glass-blowers are not “exposed to dust or injurious fumes,” so Laurie surmises “the natural cause for diseases of this character must be the exposure to the heat of the glass furnace and to the cold of the open sheds, while engaged in an arduous employment” (596). Meanwhile, John Tatham, also in *Dangerous Trades*, notes that glassworkers’ “mortality from alcoholism and from nervous disorders is nearly double that experienced by operatives in other trades” (139). Other health problems associated with glasswork include cataracts caused by exposure to extreme heat (Snell 773), “congestion of lungs or kidneys” possibly caused by walking out into the cold winter air from the overheated workshop (Thompson 46), and the risk of arsenic poisoning, since arsenic was used to polish newly blown glass bottles (Thompson 14, 31).

Similarly, paper making could endanger the workers at every stage. The first stage is sorting the rags for making the paper. The dust from sorting and cutting the rags used to make paper could cause congestion (Thackrah 39), and the dust posed the added risk of being “a frequent source of smallpox infection” (Stuart 644). After the rags were cut, they were “shaken

in a cylindrical wire cage, so enclosed as to prevent the escape of any considerable portion of dust” (Thackrah 65). This stage of the process was likely less dangerous, if Thackrah is correct, and most of the dust was contained, but not wholly without the risks of the earlier two stages of paper-making. In the next stage, “preparing or washing the rags, the arms and feet [of the workers] are exposed to cold water; and at the vats, the arms are alternately dipped in warm water and exposed to the air, while a dense steam generally fills the room during the process of forming and pressing the paper” (Thackrah 64-65). Working in these extremely humid conditions can put a strain on workers’ general health and when the skin is constantly wet it is prone to damage and irritation (Thompson 46). Finally, the most dangerous aspect of preparing the rags is bleaching them. Thackrah notes that the bleach “distresses the lungs of the workmen” and that the work sometimes causes asthma (65). Thus, both glass making and paper making had long-term detrimental effects on the workers’ health and wellbeing. These, therefore, are the kinds of narratives of risk and suffering embodied in the Pullets’ physic bottles and pill boxes. While many commodities to some extent embody suffering, medicine containers provide a particularly self-reflexive narrative of suffering because they are made to contain substances meant to relieve suffering. Furthermore, the fact that these containers are represented as part of a collection born of a fear of death foregrounds Baudrillard’s characterization of collecting as a marginal, pathological behavior.

The Implied Narrative of Medical Reform

My focus on the Pullets’ collections also raises questions about the wider medical system. *The Mill on the Floss* makes the case for reform implicitly through characters who are either directly or indirectly harmed by unreformed practice, and this is where I identify what is perhaps the most significant form of “fugitive meaning,” in the Pullets’ collections of bottles and boxes. Attitudes toward doctors and medicine were constantly shifting in the late

eighteenth and early nineteenth centuries. Before the professionalization of medicine, doctors were only called in as a last resort in part because people had access to the same drugs as doctors (even potent drugs such as opium were available to the lay person), but also because society expected a certain level of self-reliance (Porter and Porter 53, 160-61). This self-reliance was further supported by the ubiquity of ingredients for making mixtures such as purgatives and laxatives. As Roy Porter notes, these were available in “[t]he kitchen garden and the hedgerow...[as well as in] grocer’s shops and general stores” (36); those not interested in making up their own medicines, could, of course, purchase patent or quack cures from the latter two. By the time this novel was set, however, doctors were beginning to be seen as professionals and medicine was beginning to be trusted, not, as “[s]ome might argue,” because medical authority “grew with such scientific innovations as vaccination, [and later in the century] anaesthetics, and antisepsis,” but rather because the increasingly secular environment created “greater concern with physical health, human life, and productivity” (Peterson 3-4). Furthermore, by the 1820s and 30s, calling in the doctor had as much to do with seeking medical advice and relief from suffering as it did with establishing one’s class status (Peterson 28-29); receiving regular visits from the doctor was a sign of the financial security needed to belong to the middle class. The Pulletts are suspicious of those who do not regularly consult the doctor and those who consult doctors practicing according to different principles than their beloved surgeon-apothecary, Dr Turnbull. They see attempts at self-medication as dangerous signs of moral laxity because they have absorbed the ideas of professionalization. Mrs Pullett remarks as follows of her self-medicating sister Glegg: “people playing with their own insides in that way! And it’s flying i’ the face o’ Providence; for what are the doctors for, if we aren’t to call them in?” (102). She can no more understand Mrs Glegg’s insistence on self-sufficiency and reluctance to let professionals make important decisions for her than Mrs Glegg can understand her reliance on Dr Turnbull and his medicines.

Mrs Glegg's lack of understanding is a frequent source of contention between the two sisters. This becomes clear early in the novel when Mrs Tulliver sees the signs of an argument brewing between Mrs Pullet and Mrs Glegg, after Mrs Pullet describes an acquaintance's illness and his ready sympathy with her about doctors and Mrs Tulliver heads it off by changing the subject. She prompts everyone to go upstairs to remove their things, thereby stopping Mrs Glegg from upbraiding Mrs Pullet, again, for "being the first Dodson who ever ruined her constitution with doctor's stuff" (64). Mrs Glegg and Mrs Pullet's habitual argument regarding the latter's frequent use of medicine points to another type of suffering and conflict inherent in the Pullet's collections. As stated above, these collections do not serve the typically Dodsonian function of preserving the family identity and they are in every way a strange legacy to Mrs Pullet's survivors. Moreover, they represent more than the suffering of the fictional collectors and of the workers who made such containers; their existence and their abundance suggest an implicit criticism of medical practice and policy in the early nineteenth century.

The Mill on the Floss is the second of four novels Eliot wrote about the years leading up to and immediately following the 1832 Reform Act and the first of four novels dealing with agitation for medical reform. While Eliot's treatment of political reform has been widely discussed,⁵ the Pullet's collections foreground a reform question not yet fully treated by critics: medical practice. Writing after the passage of the first Medical Act, Eliot's novels implicitly criticize that Act's failure to address what she sees as patients' and practitioners' most urgent concerns. In *Silas Marner* she briefly addresses the professional jealousy of doctors when their patients turn to irregular practitioners or to the practices of wise men and women.⁶ In *Felix Holt*, she criticizes the rise of quackery and implicitly endorses the rise of scientific medicine and professionalization by having Felix express the desire to stop untrained quacks from poisoning the populace with patent medicines (61-63). In *Middlemarch*, through the character of Tertius Lydgate, Eliot more explicitly states that reform is needed because too many doctors

are underqualified and the structure of the profession encourages them to overmedicate their patients, while in *The Mill on the Floss* she highlights some of the problems caused by an unreformed medical system.

Eliot began writing *The Mill on the Floss* in January 1859, only six months after Parliament, after fifteen failed attempts, finally passed the first Medical Act (Loudon 297). Like nineteenth-century political reform, medical reform was legislated in multiple phases, but Eliot did not live to see the passing of the second Medical Act in 1886. The arguments for further reform between the first two medical reform acts, like those between the first two political reform acts, show that many felt the first attempt at reform did not go far enough. Critics of the Act wanted, amongst other things, more emphasis on proper training and licensing of professional practitioners, reform of billing practices, and some way of restraining the practice of quacks and untrained practitioners.⁷

Eliot's interest in medical training is stated explicitly in *Middlemarch* in the narrator's explanation of Lydgate's attraction to the profession: "it wanted reform, and gave a man an opportunity for some indignant resolve to reject its venal decorations and other humbug, and to be the possessor of genuine though undemanded qualifications" (145). The "venal decorations" Lydgate plans to reject are the kinds of high sounding qualifications then available for purchase (Loudon 35, 38), while "other humbug" refers to other deceptive aspects of medicine, such as practitioners who seem to want to cure their patients but are really more motivated by greed than altruism and thus dispense more drugs than are good for their patients.⁸ However, Eliot first expresses concern with how practitioners made their living and what effect that had on patients in *The Mill on the Floss*. Early nineteenth-century surgeon-apothecaries charged for drugs, not advice; if they made a visit and did not provide any drugs they were not paid for their time. This was a strong incentive to prescribe more medication than patients needed; the collections the Pulletts amass illustrate just how overmedicated some early

nineteenth-century patients were. By the middle of the nineteenth century this practice had changed because surgeon-apothecaries were keen to raise their social and professional status both by changing their title to *general practitioner* and by changing how they were remunerated for their services; when they charged for drugs practitioners were seen as equivalent to shopkeepers, but when they charged only for services rendered they were seen as professionals because they were more on a par with physicians and pure surgeons (Digby 36-37). In *Middlemarch* Eliot shows Lydgate agitating for this reform as he tries, and fails, to persuade the other doctors in town to start giving their patients prescriptions to be filled by an apothecary and to stop charging for and supplying drugs themselves. In *The Mill on the Floss* Eliot implicitly criticizes Dr Turnbull for seeming to make the hypochondriachal Mrs Pullet ever more dependent on him by prescribing so many drugs to her. This practice also feeds the Pullet's pathological need to collect more bottles and boxes, so Mrs Pullet seeks drugs both because she is probably addicted to them and because she wants, or needs, their packaging. Given that Dr Turnbull's income depends on prescribing drugs, he is only too happy to feed Mrs Pullet's twin addictions.

I argue Mrs Pullet is a hypochondriac for three reasons. Firstly, according to George C. Grinnell, “[h]ypochondria had become pervasive in British culture at the turn of the nineteenth century...the malady became a somatic expression of a culture fascinated by well-being like never before as it increasingly targeted the healthy body as an object of regulation” (1). In other words, Mrs Pullet is a product of her culture. Secondly, hypochondria is peculiarly suited to the point Eliot is making about the need for reform and better understanding of both patient and professional responsibilities regarding illness, for “hypochondria is...a malady of *interpretation*, with far-reaching consequences for the extensive forms and modes of knowledge organized upon a principle of the legible differentiation between states of health and illness” (Grinnell 7). Thus, the nature of the disorder would appeal to Eliot's recurring

interest in the difficulty of telling the truth and explorations of the inherent problem of knowing others or even oneself. Finally, textual evidence suggests Mrs Pullet suffers from hypochondria. This evidence is found in what is not stated rather than in what is; there is a curious lack of information about her complaint.⁹ This lack of information does not seem to stem from an unwillingness to describe illness or treatment, because it only applies to Mrs Pullet's illness. When she discusses her invalid friends' illnesses she gives a fair amount of detail. For example, when she is crying over Mrs Sutton's death we learn that she "had dropsy" in her legs, which the doctor had repeatedly tried to treat by tapping them, but that her legs were "as thick as [Mrs Pullet's] body" a couple of days before she died (62). Of Mrs Pullet's complaint, we know only that she is easily brought to tears and that she takes a great deal of medication. The narrator gives the following list: "pink mixture and white mixture, strong stuff in small bottles, and weak stuff in large bottles, damp boluses at a shilling, and draughts at eighteenpence" (64). This list of medications gives more detail about price than about what they are supposed to treat and it is representative of the descriptions of Mrs Pullet's treatment. The novel does not give any further information about these prescriptions, making it impossible to guess what symptoms they are meant to treat; "pink" and "white" do not narrow the possible ingredients of the mixtures beyond ruling out drugs of other colors, while "damp boluses" describes the mode of delivering the medication, not the medication itself. Furthermore, in mentioning the bottles the narrator gives equal weight to their contents and their size; calling attention to the physicality of the bottles reminds the reader that Mrs Pullet is as interested in the containers as the contents. Mrs Pullet seems to have been treated by Turnbull for some time and she remarks, "there wasn't many months in the year as I wasn't under the doctor's hands" (64). Seemingly, either Dr Turnbull does not understand what is wrong with his patient or he is exploiting her illness; whatever the case, he is very good at keeping his customer happy.

Since Mrs Pullet is as addicted to collecting medicine containers as she is to taking medicine, the collection of containers functions as a sign of drug addiction; this reading is supported by the medical context of the early nineteenth century, when many of the drugs prescribed were highly addictive. We can surmise from Mrs Pullet's criticism that Mrs Glegg "lives too low" that Dr Turnbull promotes living high, or taking a nourishing diet and not relying too heavily on purgatives and emetics (101). Doctors often were not sure the medication they gave their patients would help them and had reliable medications for only a few ailments; they could use digitalis for dropsy, quinine for malaria, and alcohol and opium for pain with some success (Loudon 62-63). While prescription practices had advanced from the poly-pharmaceutical practices of the seventeenth century that saw practitioners mixing together dozens of ingredients and trusting the patient's body would use what it needed and expel the rest, practices were still far less precise than they would be by the end of the century (Lane 2). In the early nineteenth century, many doctors had favorite mixtures they prescribed for a variety of complaints and, unfortunately for their patients, much of what they prescribed did them no good and may have done them great harm. In the context of the novel, and given Turnbull's preference for a raising regimen, it is likely that much of Mrs Pullet's medication is primarily alcohol or opium.¹⁰ Alcohol would have served as an appetite stimulant and opium would have been the most effective pain killer available if she complained of pain. While it is unlikely such a regimen would have cured anyone, it was all too common at the time, whether patients sought medical advice or treated themselves; in the early decades of the nineteenth century "people had easy access to both alcohol and opium" and both were thought to treat a number of conditions from dental pain to the pains of child birth, while opium was thought to treat conditions brought on by alcohol such as gout or delirium tremens (McCormack 8).

It is for this reason I am not inclined to read Dr Turnbull as an unscrupulous practitioner, guilty of preying on his patient's vulnerabilities, and read him instead as a representation of a

doctor very much of his time. But however good his intentions, the fact remains that in Mrs Pullet Eliot gives us the picture of a heavily medicated character whose illness and addictions affect those around her. Her tendency to burst into tears at the slightest provocation suggests she is habitually intoxicated, and demands responses from those around her. From her husband and sister Tulliver she gets sympathy, from her sister Glegg she gets scorn or indifference. Mrs Pullet's illness and its treatment have a constant impact on her husband, as is clear when, at her prompting, Mr Pullet recites her medication schedule: "There's the "pills as before" every other night, and the new drops at eleven and four, and the 'fervescing mixture—"when agreeable,"" rehearsed Mr Pullet, with a punctuation determined by a lozenge on his tongue" (101).¹¹ In his recital, Mr Pullet quotes Dr Turnbull's instructions, indicating how seriously he takes his responsibility for remembering his wife's medicines. Her illness is as much a presence in his life as in hers, both because she is so reliant on him and because the timing of these medications partially regiments their time. Thus, Mr Pullet suffers as a result of his wife's illness and shares her pathological relationship to their collected bottles and boxes. The things in their collections surreptitiously bring narratives of suffering into *The Mill on the Floss*—the suffering inherent in manufactured objects and the suffering associated with unreformed medical discourse—but they also disrupt or impede narrative, as I discuss below.

Narrative Stasis through Repetition and Containment

Continually deferring Mrs Pullet's death through the collections creates a sort of narrative stasis for both characters involved: they cannot accept the inevitable and move past the fear of the trauma of death, so they focus on medication regimens and their collections. In simply reciting his wife's regimen, Mr Pullet is playing the role of attentive husband rather than trying to understand in any meaningful way what the pills, drops, and mixture are supposed to accomplish. Mrs Pullet's act of cueing her husband to recite his lines and his act

of reciting them are not the acts of a couple actively engaged in curing what ails Mrs Pullet. Rather, they are evidence that the couple is stuck in a pernicious narrative stasis of repeating medicine regimens and reciting the doctor's prescription, or script. Garcha discusses a different kind of narrative stasis; he argues that in their early plotted novels writers such as Charles Dickens, Elizabeth Gaskell, and William Makepeace Thackeray use sketches (such as those in *Sketches by Boz*) in a way that "allowed writers and readers to indulge in fantasies of escape from time's movement" (4). According to Garcha, readers found these aestheticized fragments pleasurable because they allowed them to revel in a sense of timelessness, but at the same time a novel plotted around sketches reminded them that narrative time was passing around the static sketches. He goes on to argue that while later writers such as George Eliot and Walter Pater also use sketches in their fiction, for such writers these sketches or plotless moments "became less a way for readers imaginatively and pleasurably to *escape* from modernity's pressures and more a way for a group of writers aggressively to *reject* modernity's phenomena" (223). While this is certainly true of Eliot's philosophical and aesthetic digressions, such as chapter 17 of *Adam Bede*, I find the sketches of the Pulletts' routines and collections to be similar to what Garcha finds in the sketches of Dickens, Gaskell, and Thackeray in that they allow the Pulletts the "fantas[y] of escap[ing] from time's movement"; the difference is in the nature of their escape. The Pulletts are not crucial to any of the major plots of the novel—Maggie's sexual awakening and suppression, Maggie and Tom's fraught relationship, or Mr Tulliver's questionable choices and bankruptcy. Though the scenes involving the Pulletts do not quite function as sketches in the sense Garcha discusses in that they are not highly detailed, plot-stopping descriptions of a scene, they share many of the other qualities Garcha identifies in the sketch: they are incomplete, synchronic, and they provide a sort of "repetitive stasis" (231). This stasis is found in the reassuringly repetitive actions of both characters. Mr Pullet "ha[s] a programme for all great social occasions, and in this way fenced himself in from much painful

confusion and perplexing freedom of will” (100): he follows the same routine every time he plays his music box (99-100), and he always keeps peppermint lozenges on hand to distract himself and anyone he happens to be talking to when he does not know what to say (99, 101). Mrs Pullet has similar routines and rituals: though there are door mats and scrapers near the front door to her house, she always has the old ones brought out for use (94); the girls and women who visit always have to go up treacherous uncarpeted, “glossy steps” to remove their outerwear (95); and when she has a new bonnet to show her sister, Mrs Tulliver, they go through the same “funereal” ritual to locate and unwrap it (95-96). While these routines serve to protect the Pulletts from “perplexing freedom of will” and provide the reader with respite from the novel’s primary concern with changes to traditional family life wrought by political, social, and industrial changes in the larger world, their habit of collecting Mrs Pullet’s physic bottles and pill boxes provides narrative stasis without providing social protection for the characters, or respite for readers.

I argue above that the Pulletts’ possessions, especially the physic bottles, function as collections because the collection could be complete once Mrs Pullet has “made up the dozen o’ these last sizes” (102). However, one crucial sense in which they do not function as collections significantly contributes to their narrative stasis: they are locked away in a store-room, permanently arresting “their flow within the circuits of production and distribution, consumption and exhibition” (Brown 4). In the Pullet household, the collected items have stopped serving their usual function as containers for medicine; or, in the words of Bill Brown, they have “stopped working,” forcing us “to confront the[ir] thingness” (4). This is made doubly clear in light of how such containers would usually have been treated after the patient had finished the medicine; Mrs Pullet proudly stresses that her husband “won’t have one [bottle] sold” (102). This point is significant because in the early nineteenth century, medicine bottles were expensive owing to the excise tax on glass; therefore most people would have sold

the bottles (Loudon 152-53), and presumably they would either have repurposed or disposed of the empty paper boxes.

Mrs Pullet's boast could be read as proof of the crassness with which she and her husband make clear to others at every opportunity that they do not lack for money, but this only explains why the bottles are not sold; it does not address the issue of why or how the bottles and boxes are kept. To make sense of the Pullet's actions, then, it is important to understand why people keep things that are no longer useful either in a strictly utilitarian sense or in a way that enhances their lives in some other way. Mihaly Csikszentmihalyi and Eugene Rochberg-Halton consider this issue when they examine "how and why people in contemporary urbanized America relate to things in their immediate environment" (x), and their claims are equally relevant to the relationships characters have with things depicted in *The Mill on the Floss*. In the opening chapter of *The Meaning of Things: Domestic Symbols and the Self* (1981), Csikszentmihalyi and Rochberg-Halton posit,

Things contribute to the cultivation of the self when they help create order in consciousness at the levels of the person, community, and patterns of social order. An object that, when attended to, inhibits the pursuit of goals at any of these levels is a hindrance to the development of self. Thus the material environment that surrounds us is rarely neutral; it either helps the forces of chaos that make life random and disorganized or it helps to give purpose and direction to one's life. (16-17)

Above I have suggested that the Pullet's collections seem to help maintain order by allowing them to continually defer her death, but clearly this deferral itself and the collections that allow it are a hindrance to both characters and their relationships with others because they are locked in a static relationship to Mrs Pullet's health. She neither improves nor worsens; her illness lacks any sort of narrative trajectory. The static nature of the Pullet's relationship to their

collections and Mrs Pullet's illness can only be maintained by keeping them locked away. Putting the collections on display would invite scrutiny of both the items in the collections and the illness that fuels the act of collecting. This scrutiny would risk changing the narrative of Mrs Pullet's illness by inviting questions about it, and the Pulletts have too much invested in Mrs Pullet's identity as a sort of model patient to allow such challenges.

Just above the quotation with which I opened this article, Mr Pullet says, as though illness were some sort of competition, "we've no call to be ashamed,...for Doctor Turnbull hasn't got such another patient as you i' this parish, now old Mrs Sutton's gone" (102). Mrs Tulliver's responses in this conversation suggest that she does not share Mr Pullet's views on the competitiveness of sickness; her responses also suggest that discussion of Mrs Pullet's many medicines and her impending death do not elicit the sort of sympathy that the Pulletts seem to be seeking. For example, when Mrs Pullet implores Mrs Tulliver to look at the pill boxes when she's gone, Mrs Tulliver's response, rather than focusing on her sister's illness and suffering, is about how she does not want Mrs Pullet to die because then there would be "nobody to stand between [her] and sister Glegg" (102). This lament about how her sister's death will affect her life leads Mrs Tulliver to turn the topic of conversation away from Mrs Pullet's illness and collections to her own problems with her husband and children; Mrs Pullet does not seem to notice the shift or the fact that the tear Mrs Tulliver sheds is more for her current family troubles than at the prospect of Mrs Pullet's death.

Even when talking to the most sympathetic member of Mrs Pullet's family, then, the Pulletts are unable to use their collections to elicit a reaction to the collections or what they represent. In claiming that "it's nothing but right, folks should see [the bottles] when [she's] gone" and that Mrs Tulliver should see the pill boxes (102), the Pulletts imply that the collections should mean something to those who view them. However, the medical packaging

they collect no longer signifies the disorders its contents were prescribed to treat; instead, these collections have come to contain a different narrative, one of a pathology of collecting.

UNIVERSITY OF PORTSMOUTH

NOTES

¹ In “The Authoritative Medium: George Eliot, Ruin, and the Rationalized Market,” Aeron Hunt compares Eliot’s treatment of character to that in the discussions surrounding the reform of bankruptcy proceedings in the mid-nineteenth century (167). In *Women and Personal Property* Deborah Wynne examines the ways Eliot both conforms to and subverts property law and social conventions in the 1820s and early 1830s in *The Mill on the Floss*.

² Wynne notes that Mrs Tulliver’s “mistaken belief in the security of her stitched name as a signal of her ownership is symptomatic of her inability to realize the law that frames women’s relationships towards the material world and underpins the fragility of women’s ownership” (101).

³ In the nineteenth century, there was some debate over what sizes dispensing pharmacists should use; for example, Dr Thomas P. Heslop wrote to *The Lancet* (17 July 1858) to suggest that liquid medicines should be dispensed as portions of the newly adopted Imperial pint (20 ounces) instead of retaining the use of the wine pint (16 ounces) (75). Heslop suggested this would make dosing easier and more accurate. However, in the 4 September 1858 issue, a writer who signed himself ‘Scrutator’ disagrees and points out that until the spoons used to administer medicine are standardized dosing cannot be made more accurate (266).

⁴ Irvine Loudon, in *Medical Care and the General Practitioner, 1750-1850*, shows that this practice was still in use in the mid-nineteenth century in his discussion of medical bills (250).

⁵ See Raymond Williams's *Culture and Society: 1780-1950* (106-09); Catherine Gallagher's "The Failure of Realism in *Felix Holt*" (378) and *The Industrial Reformation of English Fiction*; and Daniel Cottom's *Social Figures*. For a reading of Eliot's politics that challenges these, see Evan Cory Horowitz's "George Eliot: The Conservative" in *Victorian Studies* 49.1 (2006).

⁶ Silas's attempts to cure his neighbor and Dr Kimble's jealousy and shortcomings are discussed by Martin Willis in "Silas Marner, Catelepsy, and Mid-Victorian Medicine: George Eliot's Ethics of Care" (2015). Willis argues that Silas's successful treatment of Sally Oates is unsuccessful because it further alienates him from his community (335). While this is true, and a valid point to make in the context of Willis's argument, it is important to note here that Silas's treatment is medically successful; he gives Sally foxglove (digitalis) to treat her heart disease and dropsy (Eliot, *Silas* 16-17).

⁷ For details of these arguments see works such as Anne Digby's *Making a Medical Living: Doctors and Patients in the English Market for Medicine: 1720-1911* (1994), Joan Lane's *A Social History of Medicine: Health, Healing and Disease in England, 1750-1950* (2001), Irvine Loudon's *Medical Care and the General Practitioner 1750-1850* (1986), and Jeanne M. Peterson's *The Medical Profession in Mid-Victorian London* (1978).

⁸ For detailed discussions of Eliot's treatment of medicine in *Middlemarch* see *Literature and Medicine in Nineteenth-Century Britain* by Janis McLarren Caldwell, *Vital Signs* by Lawrence Rothfield, and *Somatic Fictions* by Athena Vrettos.

⁹ It is not unusual for hypochondriacs to be unable or unwilling to discuss their symptoms. In *A Condition of Doubt* (2012), Catherine Belling looks at posts on a website, TheHypochondriac.com; she reports that of the fifty self-identified hypochondriacs she

studies, “about a third do not mention any symptoms at all” and one worries “that she has a disease that is *insufficiently symptomatic*, revealing too little of itself to enable diagnosis” (12).

¹⁰ Kathleen McCormack similarly argues that “[a]lthough Mrs Pullet’s survival attests to her good physical health, the quantity of her medicines indicates that she must remain constantly drunk on mixtures composed substantially of alcohol and opium” (78).

¹¹ I note above the impossibility of identifying most of Mrs Pullet’s medicines; however, a case can be made for identifying the prospective purpose and contents of the “‘fervescing mixture—‘when agreeable’” included in Mr Pullet’s recital (101). Given that Mrs Pullet is encouraged to drink this mixture whenever she pleases, it is likely similar to the “Soda Water [or] *Aqua supercarbonatis sodæ*” described in Samuel Frederick Gray’s *A Supplement to the Pharmacopoeia* (319). Gray says this preparation is “used in large quantities as a cooling beverage in summer; supposed beneficial in calculous complaints” (319). This use of the mixture suggests Mrs Pullet may be suffering from a “calculous” complaint such as kidney stones brought on by the rich diet prescribed by practitioners, such as Turnbull, who favor a raising or strengthening regimen; this would be a case of a physical complaint caused by a doctor’s treatment of an imagined illness.

WORKS CITED

- Bal, Mieke. “Telling Objects: A Narrative Perspective on Collecting.” *The Cultures of Collecting*. Ed. John Elsner and Roger Cardinal. London: Reaktion, 1994. 97-115.
- Baudrillard, Jean. *The System of Objects*. Trans. James Benedict. London: Verso, 2005.
- Belling, Catherine. *The Condition of Doubt: The Meanings of Hypochondria*. Oxford: Oxford UP, 2012.

- Brown, Bill. "Thing Theory." *Critical Inquiry* 28.1 (2001): 1-22.
- Csikszentmihalyi, Mihaly, and Eugene Rochberg-Halton. *The Meaning of Things: Domestic Symbols and the Self*. Cambridge: Cambridge UP, 1981.
- Digby, Anne. *Making a Medical Living: Doctors and Patients in the English Market for Medicine: 1720-1911*. Cambridge: Cambridge UP, 1994.
- Eliot, George. *Felix Holt: The Radical*. Ed. Lynda Mugglestone. London: Penguin, 1995.
- . *Middlemarch*. Ed. Rosemary Ashton. London: Penguin, 2003.
- . *Silas Marner: The Weaver of Raveloe*. Ed. Terence Cave. 1996. Oxford: Oxford World's Classics, 2008.
- . *The Mill on the Floss*. Edit. A. S. Byatt. London: Penguin, 2003.
- Elsner, John, and Roger Cardinal. "Introduction." *The Cultures of Collecting*. Ed. John Elsner and Roger Cardinal. London: Reaktion, 1994. 1-6.
- Freud, Sigmund. *Beyond the Pleasure Principle*. Ed. and trans. James Strachey. London: Norton, 1989.
- Gallagher, Catherine. "The Failure of Realism: *Felix Holt*." *Nineteenth-Century Fiction* 35.3 (1980): 372-84.
- Garcha, Amanpal. *From Sketch to Novel: The Development of Victorian Fiction*. Cambridge: Cambridge UP, 2009.
- Gray, Samuel Frederick. *A Supplement to the Pharmacopoeia: Being a Treatise on Pharmacology in General*. London: Thomas and George Underwood, 1821.
- Grinnell, George C. *The Age of Hypochondria: Interpreting Romantic Health and Illness*. Basingstoke: Palgrave Macmillan, 2010.
- Heslop, Thomas P. "Medicine Bottles." *The Lancet* 72.1820 (1858): 75.
- Hunt, Aeron. "The Authoritative Medium: George Eliot, Ruin, and the Rationalized Market." *Journal of Victorian Culture* 17.2 (2012): 164-82.

- Lane, Joan. *A Social History of Medicine: Health, Healing and Disease in England, 1750-1950*. London: Routledge, 2001.
- Laurie, A. P. "The Chemical Trades." *Dangerous Trades, the Historical, Social, and Legal Aspects of Industrial Occupations as Affecting Health, by a Number of Experts*. Ed. Thomas Oliver. London: John Murray, Ablemarle Street, 1902. 568-98.
- Loudon, Irvine. *Medical Care and the General Practitioner 1750-1850*. Oxford: Clarendon, 1986.
- McCormack, Kathleen. *George Eliot and Intoxication: Dangerous Drugs for the Condition of England*. Basingstoke: Palgrave Macmillan, 2000.
- Oliver, Thomas, editor. *Dangerous Trades, the Historical, Social, and Legal Aspects of Industrial Occupations as Affecting Health, by a Number of Experts*. London: John Murray, Ablemarle Street, 1902.
- Peterson, M. Jeanne. *The Medical Profession in Mid-Victorian London*. Berkeley: U of California P, 1978.
- Porter, Dorothy, and Roy Porter. *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England*. Oxford: Polity, 1989.
- Porter, Roy. *Health for Sale: Quackery in England 1660-1850*. Manchester: Manchester UP, 1989.
- Scrutator. "Medicine Bottles." *The Lancet* 72.1827 (1858): 266.
- Snell, Simeon. "Eye Diseases and Eye Accidents in Relation to Industrial Occupations." *Dangerous Trades, the Historical, Social, and Legal Aspects of Industrial Occupations as Affecting Health, by a Number of Experts*. Ed. Thomas Oliver. London: John Murray, Ablemarle Street, 1902. 761-88.
- Stuart, John A. E. "Rags and Their Products in Relation to Health." *Dangerous Trades, the Historical, Social, and Legal Aspects of Industrial Occupations as Affecting Health,*

by a Number of Experts. Ed. Thomas Oliver. London: John Murray, Ablemarle Street, 1902. 644-49.

Tatham, John. "Dust-Producing Occupations." *Dangerous Trades, the Historical, Social, and Legal Aspects of Industrial Occupations as Affecting Health, by a Number of Experts*. Ed. Thomas Oliver. London: John Murray, Ablemarle Street, 1902. 134-65.

Thackrah, Charles Turner. *The Effects of the Principal Arts, Trades, and Professions, and of Civic States and Habits of Living on Health and Longevity: With a Particular Reference to the Trades and Manufactures of Leeds; and Suggestions for the Removal of Many of the Agents, which Produce Disease, and Shorten the Duration of Life*. London: Longman, Rees, Orme, Brown, and Green, 1831.

Thompson, William Gilman. *The Occupational Diseases; Their Causation, Symptoms, Treatment and Prevention*. New York and London: D. Appleton and Company, 1914.

Williams, R. *Culture and Society 1780-1950*. Columbia: Columbia UP, 1983.

Willis, Martin. "Silas Marner, Catalepsy, and Mid-Victorian Medicine: George Eliot's Ethics of Care." *Journal of Victorian Culture* 20.3 (2015): 326-40.

Wynne, Deborah. *Women and Personal Property in the Victorian Novel*. Burlington, VT: Ashgate, 2010.