



Article

Women's Ageing as Disease

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Abstract: In the medical humanities, there has been a growing interest in diagnosing disease in fictional characters, particularly with the idea that characters in Charles Dickens's novels may be suffering from diseases recognised today. However, an area that deserves greater attention is the representation of women's ageing as disease in Victorian literature and medical narratives. Even as Victorian doctors were trying to cure age-related illnesses, they continued to employ classical notions of unhealthy female ageing. For all his interest in medical matters, the novelist Charles Dickens wrote about old women in a similar vein. Using close reading to analyse Victorian gerontology alongside Charles Dickens's novels *Dombey and Son* (1848) and *Great Expectations* (1861), this article examines narratives of female ageing as disease. It concludes by pointing to the ways that Victorian gerontology impacts on how we view women's ageing as 'diseased' today.

Keywords: disease; ageing; gerontology; Dickens; Victorian; women; narratives; visual diagnosis

1. Introduction

Within the study of medical humanities, there has been much interest in the overlap between literature and medicine, with a growing interest in diagnosing diseases in fictional characters. This article looks at the ways in which women's ageing is constructed as a form of disease in Victorian gerontology and through Charles Dickens's ageing characters, Mrs. Skewton in *Dombey and Son* (1848) and Miss Havisham in *Great Expectations* (1861). To think of women's ageing as a disease may seem contentious, but if disease can be understood as a "deviation from a biological norm" (Boyd 2000, p. 10), then there was sufficient evidence in Victorian literature to establish women's biological processes as unhealthy. Victorian literature has long made a connection between women and psychological illnesses, using "obsessive depictions of diseases like anorexia, agoraphobia, and claustrophobia" (Gilbert and Susan 2000, p. xi). These psychological illnesses have been interpreted as metaphors for wider social concerns, spelling out the limitations of "gender-specific roles, and the moral meanings which are attached to those roles" (Wood 2001, p. 9). Equally, the female body long been positioned as different. In seventeenth-century medicine, "a woman's body was held to be an under-formed version of a man's body". Then, by the early nineteenth century, a woman's body was viewed as a binary model of a man's body. As a result, a woman went from being "a lesser human" to "a different human" (Hrady 1989, p. 356) and the Victorian theory of the separate spheres encouraged biological belief in emotional and physical opposition between genders. Victorian doctors thought male bodies were mostly "rational and civilised" (Shoemaker 2013, p. 21), so there was more medical interest in women's bodies and their "supposed disabilities" (Shoemaker 2013, p. 20).

2. Victorian Gerontology

Gender difference played a large part in shaping Victorian gerontology. Although care for the elderly progressed from the middle to the end of the nineteenth century, and much of what was achieved helped to inform modern practice, women were believed to get old before men. This theory,

while incorrect, found fertile ground in the Victorian imagination. The idea of accelerated female ageing was aided by the working out someone's age was often a matter of conjecture. This guesswork was the down to the fact that in the nineteenth century, "many people did not know their own or their relatives' ages, or at certain times in their lives they deliberately gave false ages" (Woods 2000, p. 68). There was also a degree of scepticism about the "stability of the meanings of age" (Looser 2011, p. 133). As a result, the "Victorians were far less committed to chronology when they defined aging than we are today" (Mangum 1999, p. 98). For the Victorians, old age was a rather fluid category, informed more by appearance than chronology and they treated an individual as old when they looked old (Chase 2009). However, when it came to guessing age, it was usually women who were more likely to be "considered elderly sooner" (Heath 2009, p. 12). Visual interest in women's ageing was not unique to the Victorians, it has its legacy in ancient medicine, but it seems anachronistic when aligned with Victorian gerontology. The belief that women naturally aged before men was written down in the medical theories of the first gerontologist Sir George Edward Day. Day stated that women aged approximately five years ahead of men, and that this ageing was evident by looking at physical deterioration. Day's progressive medical research was underpinned by ancient ideas about gender and the ageing process. In his treatise, Day notes that the process of decline could be observed in women when they were forty, but that men did not look old until they were forty-eight or even fifty, thereafter, Day recognised:

[d]eclining age, [as] extending in women to about the fifty-second year, and in men to about the sixtieth. Advanced age, or incipient old age, extending in women from fifty-three to about sixty-five, and in men from sixty to seventy. Mature or ripe old age, dating from the preceding period, and extending to about seventy-five in the female, and eighty in the male. (Day 1849, p. 26)

Day was not alone in relying on sight to work out a patient's health. The Victorian physician Thomas Laycock also advocated advised a method of spontaneous diagnosis. He encouraged trainee doctors to note the details of diseases and to "associate" them "with other phenomena" (Laycock 1857, p. 41). In other words, Laycock encouraged association of ideas as a method of medical enquiry. It is little wonder, then, that physical symptoms of disease were open to broad interpretation in the period. Peter Stearns (1977), writing about geriatric practices in nineteenth-century France, notes that it was women rather than men who became the preferred subjects for medical scrutiny. At the Salpêtrière hospital in Paris, the celebrated geriatrician Jean-Martin Charcot was also a proponent of visual diagnosis. Charcot made his assessment by eye and he was proud to demonstrate diagnosis by sight, "even describing himself as a camera" (Science Museum 2018). Charcot was responsible for looking after the geriatric women in the Salpêtrière. Charcot separated female patients into groups according to their physical appearance. He divided them along the lines of apparent age and state of health, to work out the medical care they required. This method of assessment probably produced errors. Indeed, more than half of those for whom Charcot was responsible were "lumped together in one or two categories indiscriminately" (Millon 2004, p. 210). The stories that come out of Charcot's work indicate a fascination with the old women of the Salpêtrière hospital that was lacking in the fate of the old men of the parallel Bicêtre Hospital. Stearns argues that this interest in what happened to the old women was a particular product of cultural negativity towards these women, occurring mainly out of "aesthetic contempt" (Stearns 1977, p. 45). Indeed, the Parisian doctors carried out many more post-mortems on the bodies of old women, than men, a point which suggests that these ageing females were victims of "manipulative feelings" (Stearns 1977, p. 85). Vision can obfuscate. In fact, it is not beyond the scope of the imagination to ascribe properties of disease to natural processes, especially for the Victorians who relied on observation and speculation in their diagnoses.

3. Dickens's Medical Authority

Dickens was well-regarded among doctors¹ and “[h]e mingled with members of high-society, including several prominent physicians of the time” (Schoffer and O’Sullivan 2006, p. 898). Dickens has been singled out for his medical authority² and his popularity ensured his world view reached a broad audience. Dickens was well-regarded among doctors and “[h]e mingled with members of high-society, including several prominent physicians of the time” (Schoffer and O’Sullivan 2006, p. 898). Dickens has been singled out for his medical authority, and his popularity ensured his world view reached a broad audience. There is evidence of considerable overlap in approach between literature and medical case studies in the period, as Victorian physicians and novelists were given shared writing spaces within journals including *The Athenaeum*, *The Cornhill* and *Macmillan’s* (Kennedy 2010, p. 86). Victorian physicians analysed symptoms and diagnosed illness, based on the exterior symptoms of their patients, while novelists created characters with observable symptoms and physical shortcomings. Diagnosis by looking at the patient relied on external guesswork, but the Victorians believed they could read “the body [. . .] as a legible text, with physical features spelling out the story of a person’s identity” (Lennox 2016, p. 10). By looking at two of Dickens’s infamous old female characters, Mrs. Skewton and Miss Havisham, it becomes evident that Dickens had ideas about women’s ageing as a broader form of physical corruption that he wanted to communicate.

4. Mrs. Skewton in *Dombey and Son* (1848)

If gerontological medical diagnosis could offer broad and potential biased interpretation, then the same could be said about Charles Dickens and his attitude toward his ageing female characters. Dickens wrote about female ageing as a form of contamination, in his depiction of the ancient Mrs. Skewton in *Dombey and Son* (1848). Mrs. Skewton is not just old, she is “[d]evlish” (Dickens 1995, p. 271) and devoid of the ability to recognizing her own ageing, dressed as she is in clothes which would have “been youthful for twenty-seven”. (Dickens 1995, p. 268). An aged widow, with an immoral past, Mrs. Skewton is preoccupied with trying to preserve an appearance of youth. She is also dangerous anywhere near youth, working as she does to offer her beautiful daughter Edith, to the highest bidder. So unhealthy is Mrs. Skewton’s appearance, that there is even the suggestion that it might be possible to “catch” old age from her. When young Florence Dombey is instructed to kiss her aged step-grandmother, there is reluctance as she tries to pick “out a place in the white part of Mrs. Skewton’s face” (Dickens 1995, p. 393). Florence appears relieved when she gets Mrs. Skewton’s ear instead. This failed kiss is meant to show repugnance at the sight of Mrs. Skewton’s aged skin, while also showing the lack of “white” skin available to kiss. Mrs. Skewton’s corrupted skin hints at a corruption beyond normal ageing how normal skin has ages. Mrs. Skewton is a wholly unpleasant character and Florence’s reticence towards kissing her suggests that youth may be contaminated by going anywhere near old diseased skin.

For the Victorians, skin was a barometer of health. Its depiction in Victorian narratives provides insight into concerns about clean living, social categorisation, and the causes of ill-health. If white skin is associated with health and purity, Skewton’s ageing skin reflects the contamination of her past. There is an argument made in evolutionary senescence that old age makes people pay for what has been expended in youth. Helen Small (2007) argues that this is a form of “moral consequentialism” (p. 252). Certainly, Dickens’s narrative suggests that Mrs. Skewton has a price to pay. What Mrs. Skewton has used up in her past has been paid for in old age. In Skewton’s case, the absence of whiteness in her skin, denotes spent purity from. These “sins” of her past are evident by the diseased elements of ageing, as if ageing is the physical manifestation of what has been spent Her diseased

¹ When Dickens died, his obituary appeared in *The Lancet* (1870).

² Critics like Wendy Moore argue that Dickens’s “depictions of medical conditions were not only acutely observed but also sometimes pre-empted professional recognition” (Moore 2018, p. 204).

skin is identified with her behaviour in her youth, rather than the product of lost collagen in her old age. In his depiction of Mrs. Skewton's skin, Dickens seems to be encouraged by the work of the Victorian dermatologist, Erasmus Wilson. A specialist in the structure of the skin, Wilson combined science with somewhat religious conviction that skin held memory of a person's past. Wilson believed that more commendable citizens could look beyond the usual lines and creases in the skin and instead look forward to ageing more gracefully. By Wilson's argument, the damage was done in youth, rather than later. Wilson places the ageing process in skin beyond gerontology and into the realms of wicked youthful behaviour, when "the softened wax receives the impression which must endure in later days" (Wilson 1855, p. 9). Wilson's version of diseased ageing is subjective and relies upon reading moral corruption in appearance, regardless of actual chronology. Dickens's narrative suggests that the state of Mrs. Skewton's skin may be related to more than just her age. Mrs. Skewton once had "beauty" and "bucks" throwing wine-glasses "in her honour" and her moniker was "Cleopatra" (Dickens 1995, p. 268). This comparison works in several ways to undermine Mrs. Skewton. It calls into question what has been lost—"honour", "beauty" and "bucks"—and it implies lost physical attraction. It also produces a level of physical incongruity, with a picture of Cleopatra's black hair and an aged face. Cleopatra's sexual reputation is aligned with Mrs. Skewton's, raising the question about the number of lovers Mrs. Skewton may have had. The narration describes Mrs. Skewton's complexion as "wrinkled" and "patched" (Dickens 1995, p. 270). Mrs Skewton's complexion is "wrinkled" and "patched" with make-up (Dickens 1995, p. 270) and made more horrible by being seen in the sunlight. The implication is that such old age should be kept out of the sunlight for the benefit of the observer, rather than for Mrs. Skewton. Dickens goes further, as it becomes apparent that Dickens wants to connect Mrs. Skewton's ageing appearance with judgement in the next world. Writing about her bedtime ritual, Dickens does not stop at her make-up. She is stripped away of false adornment, as through the work of her maid, the core of Mrs. Skewton is revealed:

Thus they remained for a long hour, without a word, until Mrs. Skewton's maid appeared, according to custom, to prepare her gradually for night. At night, she should have been a skeleton, with dart and hour-glass, rather than a woman, this attendant; for her touch was the touch of Death. The painted object shrivelled underneath her hand; the form collapsed, the hair dropped off, the arched dark eyebrows changed to scanty tufts of grey; the pale lips shrunk, the skin became cadaverous and loose; an old worn, yellow, nodding woman, with red eyes, alone remained [...]. (Dickens 1995, p. 431)

What emerges from analysing this extract is its construction of silence. There is no conversation between the maid and Mrs. Skewton and the "long hour" spent in preparation for bed, might be read as silent preparation for "Death". In stripping away Mrs. Skewton's vanity—her "hair", "eyebrows" and paint—, her body "collapses". The narrative is about stripping away more than the cosmetics that she uses to try to hide her age. Dickens in his revelation of what is under the Mrs. Skewton's dress, reveals something akin to a dead body "cadaverous and loose". Dickens's biological interest in the uncovering the woman goes passed the nightdress and into her bones themselves. That Mrs. Skewton "should have been a skeleton" may be read two ways: the first as an example of what cosmetics can cover, the second seeming to condemn Skewton for staying alive. While there is much to suggest that Mrs. Skewton deserves her eventual fate, it is clear that Dickens has ways of communicating Mrs. Skewton's sickness. *Cassell's Household Guide* (1869) might have pointed out what was wrong with Mrs. Skewton's skin. She is a walking definition of jaundice. Jaundice was explained in this journal as an unfavourable disease that occurs in "[...] older people, and especially in those who have lived very hard, or very anxiously; and in which, notwithstanding the use of means, the jaundice persists" (Cassell et al. 1869, p. 335). Mrs. Skewton's "old worn, yellow skin" (Dickens 1995, p. 431) offers this interpretation.

More than just hardness, the application of the colour yellow to Mrs. Skewton's skin has its origins in much earlier medical thinking. Yellow corresponds to early medical theory of the bodily humours, which saw the colour yellow applied to choleric people. An excessively choleric complexion

was one dominated by yellow bile and these individuals were believed to be bad-humoured and easily angered, because of an excess of yellow bile in the body. Galen's humoral theory goes back to the second century and it was long held to explain "diseases as resulting from an imbalance of the body's four humours: blood, phlegm, black bile, and yellow bile" (Refractor 2002, p. 268). This theory could hardly have been interpreted as new medical theory in the nineteenth-century, yet it is a convenient short-hand for a bilious personality. Additionally, Steven Connor (2004) reminds us that the vision of skin changing colour as it ages is not purely scientific. In the same way as, darkened skin stood for impurity, the Victorians saw yellow skin as tainted Connor notes how the colour yellow is used not only represents the loss of vitality from human tissue, but it is also the colour of "many substances expelled or exuded from the body" like "earwax, pus, urine". (pp. 206–7). Even faecal matter can be thought of as yellow, according to Connor. Old age is, therefore, tantamount to human waste. Through Dickens's use of yellow, he seems also to offer these old women as a by-product of life, and possibly, as a form of excreta.

Not totally exuded, Mrs. Skewton re-appears, or at least her name does, to be used as an insult to other ageing women in the Victorian periodical, *All the Year Round*, (1862). Although Dicken edited this journal, he did not write the short story entitled "A Terrible Old Woman". In this story of historical old women, the name "Skewton" becomes a generic term for an unhealthy-looking ancient woman who is "snuffy, double-chinued, rouged, patched to the eyes" (p. 498). The use of make-up to hide the effects of ageing, becomes synonymous with a stereotype that is a "Skewton". The author of "A Terrible Old Woman" queries why such a Skewton "remains". This line puns on an old woman's tenacity in staying alive longer than needed, and hints that such Skewton figures have already started to rot.

5. Miss Havisham in *Great Expectations* (1861)

Mrs. Skewton is not alone in her decaying, jaundiced appearance. Another of Dickens's ageing character is typified by her yellowing skin and embittered outlook. Moving on from Mrs. Skewton and her aged sexuality to the menopausal old maid, Miss Havisham. Dickens employs similar motifs of disease and ageing. Dickens's pathological interpretation of her ageing menopausal body seems to be influenced by the medical narratives attached to menopause in the Victorian period. Outwardly menopause was thought to turn a woman's appearance into "something dead, dull, barren and sour" (Mangham 2007, p. 43). The connection between reproduction and loss of colour is found in Miss Havisham's blanched attire, despite occurring naturally, menopause was believed to be a great shock to the body. In Britain and, in France, "many nineteenth-century medical accounts of menopause saw it as a crisis likely to bring on an increase of disease" (Martin 2001, p. 35). It is easier to make this connection when thinking about the French for menopause. This stage of life translates as "the blow of old age" or "coup de vieux" (Stearns 1977, p. 25). The impact of menopause is framed occurring almost instantaneously in the body of Miss Havisham. Miss Havisham's body appears to have been struck down by the blow that instantly aged her. From reading the narrative, this is the moment when Miss Havisham suffer rejection from her fiancé Compeyson, but there is also the suggestion that this blow equates to the moment old age hit her. This is the point when "the watch [. . .] stopped at twenty minutes to nine" (Dickens 1996, p. 58).

Ageing and marital rejection combine to leave a physical impact on Miss Havisham, as her frame caves inwardly, with the "appearance of having dropped body and soul [. . .] under the weight of a crushing blow" (Dickens 1996, p. 61). Miss Havisham seems to have fallen in on herself physically and mentally. Women's ageing was also thought to begin in an instant; just as an infection might, this did not dispel the myth of "sudden change [. . .] with the onset of menopause" (Stearns 1977, p. 25). Sally Shuttleworth has explained how Victorians thought menopause could even be at risk with the ending of a woman's [l]ife itself" (Shuttleworth 1998, p. 166). The strength of these claims lay in the fact that they could not be proved or disproved, at the time. Dickens's employment of a wedding dress all but propping up by the skeleton inside it, is reminiscent of the terms used by Victorian doctors to describe

menopause. The internal change to the menopausal body is described by the anonymous author of “Woman in her Psychological Relations” (1851), who notes how:

[w]ith the shrinking of the ovaria and the consequent cessation of the reproductive nusus, there is a corresponding change in the outer form. The subcutaneous fat is no longer deposited, and consequently the form becomes angular, the body lean, the skin wrinkled. (Anon 1851, p. 35)

The physician Edward Tilt (Tilt 1870) was also concerned with the internal ravages of menopause, or those symptoms “less frequently observed” (p. 9). For Tilt, the true nature of menopause was in these insidious changes, largely synonymous with physical reduction. Dickens creates in Miss Havisham, a memorable menopausal character who bears the signs of rapid, diseased ageing. Youth is confused by age, as Miss Havisham’s appearance confuses the young Pip when he first sees her. Pip notes that:

It was not in the first few moments that I saw all these things, though I saw more of them in the first moments than might be supposed. But I saw that everything within my view which ought to be white, had been white long ago, and had lost its lustre and was faded and yellow. I saw that the bride within the bridal dress had withered like the dress, and like the flowers, and had no brightness left but the brightness of her sunken eyes. I saw that the dress had been put upon the rounded figure of a young woman, and that the figure upon which it now hung loose had shrunk to skin and bone. (Dickens 1996, p. 58)

Despite Pip’s age and general lack of understanding about what he can see, Pip is sure that everything that “is yellow” is wrong and that it “ought to be white”. Pip can read where a change has taken place even in “the first few moments” and within his brief vision of “things”, he recognises great change in “everything” from “long ago”. This combination of innocence and experience implies that such change is obvious even to his young eyes. Moreover, it becomes difficult to establish if Miss Havisham is distinct from, or part of the fabric of these “yellow things”. Moving on from analysis of Miss Havisham’s external appearance, Dickens hints at the damage that time has inflicted on her body. Dickens’s narrative also focuses on Miss Havisham’s shrinking form. Pip can see the body of the young, and the old Havisham at the same time, by looking at the contours of the dress. Miss Havisham’s body also displays internal loss of substance, as Pip’s vision begins to confuse skin with fabric, so it is not clear what exactly is hanging loose and what is “skin and bone” (Dickens 1996, p. 58). Pip’s inability to distinguish Miss Havisham from the objects in her room, demonstrate the fusion of material objects that are plumping up and supporting her form; all the while her dress and body are undergoing the same disintegration, but the dress conceals the suggested horrors beneath. Dickens’s image of Miss Havisham references early modern medicine which had come similar ideas about the surface of ageing skin, pronouncing it “dry and cold” (Aristotle 2013) and akin to “the autumnal drying out of various plants and leaves” (Schäfer 2011, p. 58). In the play *Plutus: Or, the World’s Idol* (Theobald 1715), Aristophanes includes a joke about an old woman resembling an olive branch—dried out and likely to catch fire. Employing such antique metaphor recalls not only Dickens’s intentions for Miss Havisham’s death, but also reinforces this primitive medical idea about the dehydrated older woman. Loss of water was not the reason that skin appeared wrinkled, but it was a useful metaphor for the aridity and frailty. It is also a way of connecting Miss Havisham with the dust of her own mortality.

Elizabeth Barry (2015), uses the character of Miss Havisham to illustrate the problems that arise when differentiating between “the physical diseases” that occur in the old and “‘old age’ itself” (p. 134). For Barry, Miss Havisham represents a compelling cultural figure of ageing, with her shrunken form, white hair and waxy skin. As a result of Miss Havisham’s literary impact, Barry argues, we “[...] may [...] fear even the ‘normal’ signs of ageing because they can seem like the portents of death” (p. 134). If this is how they strike us, then we are likely to be female. Roya Nikkhah (Roya 2012), reports that when the actress Helena Bonham Carter was asked to play Miss Havisham, in Mike Newell’s 2011

adaptation of *Great Expectations*, Bonham Carter felt shocked at the suggestion, as the character is associated with advanced ageing, Bonham Carter believed that it was too soon for her to play the part of Miss Havisham. However, while she was in conversation with the director, the actress realised that Miss Havisham was aged about forty in the novel, which was Bonham Carter's age at the time. Helena Bonham Carter also worked out that not only was she the same age as Miss Havisham, but that both she, and Havisham were the same age as Charles Dickens when he wrote the novel. In this contemporary context, it is possible to recognise the impact of George Edward Day's theories about the different rates of ageing apparently experienced between men and women.

6. Conclusions

Achievements were made in the period and Victorian gerontology did create "expansion of medical facilities and approaches that surely had some effect on the treatment of the aged" (Ottaway 2011, p. 8). The Victorians were the first to study ageing as a separate branch of medicine, yet the outlook for old people in Victorian period remained largely unchanged from the eighteenth-century, with doctors still relying on the wisdom of Hippocrates, Galen and Seneca. Dickens read the medical journals of the period that still promoted these early medical theories. which in turn, informed Dickens's presentation of unpleasant ageing females in his novels. Charles Dickens's great success ensured that there would be continued interest in his grotesque caricatures. However, Featherstone and Hepworth (2001), argue that characters like Mrs. Skewton illustrate not just Dickens's humour, but also his employment of "socially constructed sexist stigma" (p. 380). Dickens makes his characters "responsible for [their] own old age" (Chase 2009, p.11). The moral presumptions behind ageing matters, because while the body may be just an "organic entity", it also has "social meaning" (Zita 1997, p.109). This informs how we respond to the appearance of the ageing body. By portraying female old age as unhealthy and out of control, it creates an impetus to stop this process, with the possibility that for some women the fear of looking old can become a form of disease in its own right (Chonody and Barbra 2016). Indeed, narratives of diseased female ageing continue in modern anti-ageing processes and they are highly persuasive. Contemporary online anti-ageing websites use pictures of ageing women to play with the fear that that if you have failed to look after yourself, it will show in your appearance. Skin is still the focus for measuring health and according to some anti-ageing websites, "[i]f someone is sick, it often shows in their skin". (Better Health 2019). This link between skin and sickness is not far removed from Erasmus Wilson's theories on ageing skin and morality. Additionally, more general websites create concern about ageing too quickly. *The Reader's Digest* webpage, titled "16 Signs Your Face Is Aging Faster Than You Are" targets women, with the advice that "[...] fine lines around your eyes may be the first sign that your skin is starting to age early". (Donvito 2019). This directly recalls Day's theory of accelerated female ageing.

Simone de Beauvoir, writing in *The Second Sex* (1949), reminds us that something is always at stake where conscious or unwitting division allows men to "profit in many [...] subtle ways from woman's alterity" (De Beauvoir et al. 2009, p. 34). In other words, whether through intention or unconscious belief, the Victorian projection of pathologised ageing onto women, may have helped to alleviate the fear of ageing in the male mind. As Simon Biggs argues, such behaviour occurs because "the threatened ego can respond by projecting the unacceptable in the Self on to other people" (Biggs 1994, p. 23). By seeing ageing in another person, it is possible perhaps, to remain a little further from the process of our own mortality. It was Hippocrates who put forward the theory that women aged faster than men, but Victorian gerontology did not overturn this concept. George Edward Day continued this classical belief, basing his gerontological work around gender binaries. This offered the possibility that men aged more slowly and, therefore, they had longer to live. Literature has the power to adhere negative metaphors to the life cycle. In doing so, whether for amusement or morality, it can instil bias. Charles Dickens has been singled out for his medical authority, but both he and Victorian physicians, employed antiquated notions of unhealthy female ageing. The Victorian injustice of portraying old women in a pathologised manner is magnified, as this was a period of medicine that was beginning to challenge

“[d]eath as a consequence of specific diseases” (Featherstone and Wennick 1995, p. 66). The study of medical humanities continues to look at the relationship between medical diagnosis and literature, but the portrayal of ageing as disease continues to impact on contemporary interpretation of women’s ageing. The belief that is unhealthy for a woman to look older remains an influential narrative.

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