

Ford Madox Ford's *The Good Soldier*

Centenary Essays

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CARING TO KNOW: NARRATIVE TECHNIQUE AND THE ART OF PUBLIC NURSING IN *THE GOOD SOLDIER*

Barry Sheils

Abstract

John Dowell's narrative voice in *The Good Soldier* is suffused with the language of professional care. Not only do many of the novel's major scenes take place in the vicinity of a health institution, but Dowell also designates himself a sick nurse or carer several times throughout the text. In one respect, this conforms to his role as onlooker and cuckold: Dowell is a perennial third party whose dramatic power resides in his apparent facility for abidance and observation. However, as this essay suggests, the nursing metaphor extends beyond Dowell-as-character, to Dowell-as-narrative-device. Through a close reading of Florence Nightingale's 1859 seminal handbook *Notes on Nursing: What it is and what it is not*, I show the remarkable extent to which Nightingale's healthcare prescriptions for nurses were also directed at novelists. The Victorian novelists had got illness completely wrong as far as Nightingale was concerned; and since nursing was equally a question of representing illness, it behoved a good nurse to record and, where necessary, revise in writing whatever the patient or the 'Victorian' figure of the doctor might say. I argue that Dowell's narrative reflects the hermeneutic predicament as well as the power of Nightingale's modern nurse. Within the context of an historical affiliation between novelistic technique and the social technologies of care, this essay examines the tight bond between nursing and writing as it is identified in Ford's novel.

It is a critical truism that the narrative technique of *The Good Soldier* cultivates a sense of epistemological uncertainty. While narrator John Dowell's not-knowing *then* but knowing *now* establishes the basic retrospective framework for the novel, the reader is simultaneously confronted with the possibility that Dowell retains his ignorance up to the present moment of his 'actually writing'.¹ 'I don't know', he tells us, or warns us, several times in the opening few pages of the novel: he doesn't know whether at Nauheim he was stepping out a minuet or standing in 'a prison full of screaming hysterics' (*GS* 13); or whether, when 'only this afternoon' she recounted to him her abortive affair (14), Leonora spoke with the exceptional boldness of a harlot or with ordinary hypocrisy. 'And, if one doesn't know as much as that about the first thing in the world, what does one know and why is one here?'

he concludes in exasperation (15). Dowell's apparent difficulty knowing the meaning of Leonora's words can only anticipate the reader's difficulty knowing the meaning of his narrative; and in this fashion, his self-confessed obtuseness demonstrates the reflexivity of a narrative device. His succeeding questions, sliding from the epistemological 'what does one know?' to the existential 'why is one here?', accord with this witting unreliability, since they remind us of the perils of pure invention. Indeed, 'why is one here?' echoes the 'you may well ask why I write' of just three pages earlier (12), which Dowell attempts to answer several times over the course of the novel, but most memorably in its enigmatic opening line: 'This is the saddest story I have ever heard' (11). Here we have the formative attempt to justify on affective grounds what cannot be justified epistemologically.

In this essay I want to consider why John Dowell's unreliable narration in *The Good Soldier*, most often considered as a technical and meta-fictional device, also exemplifies a problem of care. I suggest that as we address our epistemological queries to the novel – do I know the truth of what happened or not? – a further question is implied: why do I care to know? But care in this context is both the care to know the truth of what happened and, notwithstanding truth content, the care to know what Dowell will write next. Novelistic affect can *make* the reader care – to a fault: a fact reflected within *The Good Soldier* through serial philanderer Edward Ashburnham's promiscuous reading habits. Ashburnham, we recall, is 'a sentimentalist, whose mind' according to Dowell, 'was compounded of indifferent poems and novels' (*GS* 193). On the one hand we can allow that the essential difficulty of Dowell's narrative, torn by interjections and ambivalences, is a strategic disavowal of Ashburnham's sentimentality. Although Dowell's legend 'this is the saddest story' certainly promises sentimental satisfactions, as a discursive, even moralistic, exaggeration, it is hardly in itself a spur to strong feeling. Consequently, the irony of a reader not being able to feel sad once she knows she is expected to feel sad might be deemed a performative feature of *The Good Soldier's* various prevarications and, indeed, indicative of its difference from definitively sentimental poems and novels. On the other hand, the longer Dowell's narrative remains unstable, at varying degrees of remove from 'actual' events and knowable characters, the longer it remains open to the accusation of novelistic unreality. In this light it is significant that Dowell ends

his narrative by considering the admission that he too, like Ashburnham, *is* a sentimentalist (193). Dowell's unreliable narration, so-called, is a device through which the modernist novel can reflect on its novelistic heritage and comment on the history of sentiment as it attached itself to the writing of fiction. In this vein, it also reveals the novel form as an intricate structure of care, even when it is not clear what or who is being cared about.

Dowell advertises the fact that he *cares* – in the first instance for Florence, but also for Edward, Leonora and Nancy – most flagrantly by using the language of nursing. He fulfils several times over the function of a nurse. In Part One, chapter one, recalling Florence's infidelities, he describes himself as leading the life of 'a sedulous, strained nurse' (GS 14). In chapter six, after revealing the intricacies of Florence's early involvement with the Ashburnhams over the Maisie Maidan affair, he complains: 'For all that time I was just a male sick nurse' (57). And again, a page later, developing the extent of Florence's infidelity with Edward Ashburnham, he excuses his historical obtuseness as follows: 'You cannot, you see, have acted as nurse to a person for twelve years without wishing to go on nursing them, even though you hate them with the hatred of the adder, and even in the palm of God' (58). Finally, in the fifth chapter of Part Four, after concluding that none among the Ashburnhams and Dowells had gotten what they wanted, he sums up his own case – looking after Nancy – with a precision note of pathos: 'what I wanted mostly was to cease being a nurse-attendant. Well, I am a nurse-attendant' (181).

In fact, Dowell's whole narrative is suffused with the language of professional care. Many of the novel's major scenes take place in the vicinity of a health institution, albeit a resort frequented almost exclusively by haut-bourgeois decadents of the kind found in a Thomas Mann or Arthur Schnitzler story. In Bernard Bergonzi's memorable coinage, Nauheim is the perfect scene for the 'consumptive cosmopolitans' of the early twentieth century to register with appropriate foreboding the imminent catastrophe of the First World War.² On the group's famous outing from Nauheim to M[arburg], as Dowell witnesses from the window of the train a black and white cow doing 'just what one doesn't expect of a cow' and uncharacteristically laughs, he describes himself as 'relieved to be off duty' (GS 38). His duty, we infer, is to nurse his wife Florence. Florence, he describes elsewhere, as 'a thin-shelled pullet's egg' which he has been charged

to carry on his palm. Dowell also presents a reflective affinity with other auxiliary staff in the novel, noting ‘the authority’ of the bath-attendants and remarking on how correct his first impressions of waiters and chambermaids have generally been (*GS* 120); after all, they lack the deceptive complexity of a character with ‘a heart’, of a patient like Edward Ashburnham. The most peculiar instance of this kind of identification between Dowell and the auxiliary class is the one he makes with his ‘darky servant’, Julius. Dowell is so enraged at Julius having dropped the leather grip, containing – we are told – Florence’s medication, that he determinedly takes on Julius’s nursing duties himself. The manner of this exchange is most telling however since it reveals the coincidence between his subservience to Florence’s needs and the menacing extent of his desire for control:

I saw red. I saw purple. I flew at Julius. On the ferry, it was, I filled up one of his eyes; I threatened to strangle him. And, since an unresisting Negro can make a deplorable noise and a deplorable spectacle, and, since that was Florence’s first adventure in the married state, she got a pretty idea of my character. (*GS* 75)

The plot point, most simply, is that henceforth, having seen the occasion of Dowell’s murderous rage, Florence will exercise extreme caution when trying to conceal from Dowell her affairs. This provides a convenient excuse for Dowell’s subsequent ignorance. But the language is more interesting than this – reminding us that it is only ever a plot point plotted by Dowell – especially the phrase ‘an unresisting Negro can make a deplorable noise’ which strikes the reader as critically ambiguous. Even allowing that the subject here is supposed to be Julius, who on account of his loyalty refused to fight back, or even protect himself from Dowell’s punches, it is surely the ‘unresisting’ Dowell who was actively responsible for the deplorable spectacle as Florence witnessed it. There is a brief moment of linguistic confusion in which Dowell can be read as ‘an unresisting Negro [. . .] [making] a deplorable spectacle’ at the same time as he is pummelling ‘an unresisting Negro’ – a confusion which briefly formalises his character’s identification with Julius’s nursing duties, as well as the power he expects such duties to confer, namely the power of holding the leather grip and whatever it contains. The spectacle of Dowell’s aggression born of his desire to serve is transferred from the revelation of his character to the organisation of his narrative through the double edge of a linguistic ambiguity.

All of these various incidents give Dowell visibility as a nurse through his apparent subordination to the medical requirements of Florence and Nancy. But nursing also helps account for his psychological condition. Readers of the novel often point out how unlikely it is that Dowell truly knows so little of the sex-instinct as he claims, how unlikely that a man so betrayed by the passions of others would render his tale in such extraordinarily passionless terms, averring that he 'feels just nothing at all' (GS 58). And yet, in all of this, Dowell only conforms to a behaviour pattern which Freud in *Studies on Hysteria* found to be typical among those who nursed the sick: a condition he termed the 'retention hysteria' in which the nurse's identification with the patient's suffering is so complete that he inhibits or actually cedes his own affective existence.³ It seems safe to say that Dowell's nursing function is not only basically descriptive of what he does, but that it also helps to explain the psychological motivations of his character; that is, as long as we choose to believe that Dowell remains readable as a character in the traditional sense, his incapacity for feeling anything over Florence's betrayal or his understanding of himself as a 'eunuch' can indeed be characterised as pathologically hysterical (16).⁴ There is, however, a broader claim to make, namely that his status as nurse with its implications of gender confusion is inextricable from the narrative ambitions of *The Good Soldier*: the novel's formal and technical accomplishment is somehow consonant with the gendered techniques of nursing. Although it may appear as little more than a felicitous metaphor designed to indicate his auxiliary status behind the principal actors of the sad drama, I suggest that Dowell's peculiar and repetitive self-designation as a 'male sick nurse', especially given the surrounding language of duty, observation and abidance, attributes a particular cultural power to the role of his narration which, in turn, helps determine the complexity of the novel's narrative technique.

The case is strengthened when we consider that Ford had nursed his wife Elsie in the years following 1902; in other words, in the period when much of the action of *The Good Soldier* takes place. As well as biographically foreshadowing an important theme in the novel, several consequences of dealing with Elsie's illness – frequent separations, European travel in search of rest cures, and mutual suspicion between the carer and the cared-for – percolated for Ford as problems of novelistic representation. Before Elsie was diagnosed with a tubercular kidney in 1908, he had suggested that her symptoms might be

‘purely hysterical’.⁵ But as a writer, whose care was seldom administered without an accompanying reflection on whatever animosity or desire it concealed, he had equal cause to question the sincerity of his altruism. Max Saunders has pointed out that in his 1905 novel *The Benefactor* Ford used ‘the idea of altruism as a means of exploring the nature of his own art’.⁶ George Moffat, the protagonist of that novel, is, like Ford, a writer; and George’s altruism, like his writing – and for that matter Dowell’s writing in *The Good Soldier* – is a drug: palliative perhaps, but also addictive, and, at certain dosages, toxic.

Nursing: What It Is and What It Is Not

Nurses have long been judged indicators of cultural as well as physical health. Goethe’s neatly expressed fear that ‘in the long run [. . .] the world will have turned into one big hospital and everybody will be everybody else’s humane nurse’ is by no means untypical in the annals of cultural criticism for its association of the primitive, nutritional ministrations of the mother substitute with a futuristic state of sinister dependency.⁷ Goethe was writing in the 1780s, before the advent of nursing as a public profession. His decadent nurses therefore, heralding a culture gone in the tooth, could only have been modelled on private volunteers or adjuncts to private households: nursemaids, nannies, wet nurses and such like. By contrast, when Ford was writing *The Good Soldier* in 1913 there was a standing reserve of public nurses – Voluntary Aid Detachments – numbering over fifty thousand in Britain alone.⁸ The development of nursing as a public practice in the mid-to-late nineteenth century had two necessary conditions. The first was the emergence of women into the public sphere and the work of public service. Most prominently, it was the profession of ‘typist’ which, well in advance of suffrage, provided a means of social legitimisation for the ‘new’ women in Britain around the turn of the century; but social histories suggest that the service of public nursing may have played an equal role in encouraging middle-class women to take up, or demand, visible work roles outside the home. The second condition for the development of nursing was the progressive militarisation of civil society. It is indisputable that public nursing and modern warfare went hand in hand, and that the military escalations from the Crimean war to the Boer wars and then to the First World War were in direct proportion to the growth of the nursing infrastructure of Britain – a trend reflected across Europe. If we wish to celebrate the emancipation of women into Victorian and Edwardian

workplaces, we must also acknowledge the imperial ideology such emancipation inevitably served. Indeed, we should emphasise the exemplary modernity of nursing in this respect: a standing reserve of fifty thousand nurses was equivalent to a standing reserve of fifty thousand good soldiers, their ‘goodness’, much like Edward Ashburnham’s, derived from their placement at one remove from the act of killing. The military nurse – the auxiliary – was an exemplary sign of the modern bureaucratic state in action.

This bureaucratic character is exemplified in one of the seminal texts of modern nursing practice, Florence Nightingale’s *Notes on Nursing: What it is and what it is not* (1859).⁹ The historical importance of this work for understanding the construction of gender roles in Victorian Britain needs hardly to be stated – it provides a view of nursing productively at odds with one based upon the mothering instinct or a woman’s natural kindness. However, the literary character of its prescriptions has seldom been acknowledged. Not only does Nightingale delight in exposing the fallacies of her novelist contemporaries in the 1850s – how they get it wrong when it comes to matters of reading character or narrating death – but she also proposes a nursely guardianship over modern narrative. For Nightingale, care is foremost a principle of composition in which the air, the light, the ambient sound of the room, and the nutritional intake of the patient, are all to be perceived and reordered; not shy of correcting cooks, architects or town planners, she conceives the hospital ward as an aesthetic totality (*NN* 12-34). Her oft-quoted boast that nursing is ‘the finest of Fine Arts’ may justly be complemented by the remark that it is the most total of all total arts, being the artwork of the everyday conditions of life. The aesthetic practices which comprise a nurse’s routine are not reliant upon natural sympathy, but rather on the demand for a hermeneutic capacity to read and re-interpret given scenes of suffering. Indeed, Nightingale considers defects of novelistic representation as failures in the kind of readerly aptitude she demands of her ideal nurse.

In what follows, I shall determine a resemblance between the nursing strategies as delineated by Nightingale and the narrative strategies of *The Good Soldier* on the grounds that there is a necessary relation between the development of cultural technologies and that of literary technique.¹⁰ More specifically, because the nurse strikes such an anomalous figure within the canon of modernist writing – doubling as a notionally contemptible and feminised figure of sentimental care

and as a paragon of bureaucratic record keeping – developing this relation will help account for the archly veiled registers of Dowell's voice, which shifts from the elegiac, to the stoically realist, to what Saunders has termed the 'futurollogical'.¹¹ This is not to make the claim that Ford paid any particular attention to Nightingale's work, or indeed to the Victorian art of nursing; rather it is to isolate one hitherto under-examined means by which the novel concretises its own representational predicaments.

The Relation Between Nursing and Narrative

The nurse orders space in the service of discretion, insists Nightingale, yet importantly this is a discretion facilitated by overhearing other peoples' indiscretions. So, for example, nurses should be careful to listen in to what visitors say to patients: if the visitor is giving the patient false hope or an excessively grim prognosis, then the nurse should ready herself to intervene. In fact, she should be suspicious of everything that is said on the ward, including that which is said by the patient himself, since he is almost certainly the least reliable witness to his own illness. This obligation to observe and overhear means that the nurse confronts head on, and often, the problem of fabrication, a subject upon which Nightingale provides the following acute disquisition:

It is a much more difficult thing to speak the truth than people commonly imagine. There is the want of observation, *simple*, and the want of observation compound, compounded, that is, with the imaginative faculty. Both may equally intend to speak the truth. The information of the first is simply defective. That of the second is much more dangerous. The first gives, in answer to a question asked about a thing that has been before his eyes perhaps for years, information exceedingly imperfect, or says, he does not know. He has never observed. And people simply think him stupid.

The second has observed just a little, but imagination immediately steps in, and he describes the whole thing from imagination merely, being perfectly convinced all the while that he has seen or heard it; or he will repeat a whole conversation, as if it were information which had been addressed to him; whereas it is merely what he has himself said to somebody else. This is the commonest of all. These people do not even observe that they have not observed, nor remember that they have forgotten. (NV 106)

That modern nurses are tasked with considering such epistemological old chestnuts as these has consequences for the kind of narrative they are obliged to present: one in which each reported speech act is necessarily italicised, re-interpreted, and scribbled over with marginal

notes. The relevance of the final sentence of this passage in particular to Dowell's narration is striking; 'one goes back, one goes forward', he tells us while excusing the 'rambling way' of his narration: 'One remembers points that one has forgotten and one explains then all the more minutely since one recognises that one has forgotten to mention them in their proper places and that one may have given, by omitting them, a false impression' (GS 143). As his own first reader, Dowell begins to suspect his capacity for communicating the truth: this while professing, both that his is 'a real story' and that his digressions and doubts will make his story '*seem* most real' (143: my italics). Consequently, the reader can only share Dowell's suspicions: does he endeavour to tell a difficult truth or only an imagined 'truth' we are liable to believe? Has he truly remembered what he has forgotten? This bind is given another twist as his self-professed unreliability becomes a paradoxical spur to narrative rigour. He has 'explained everything' he assures us, 'from the several points of view that were necessary' (143). This accumulative, multi-perspectival, if not quite tireless (Dowell admits to his exhaustion) work of narration stands in stark contrast to the two major incidents he has attempted to recount: the apparent suicides of Maisie Maïdan and Florence. It is only to be expected that Dowell does not 'know' for certain that these were indeed suicides – 'Who knows?' (96) he asks with typical knowingness. Nevertheless, both scenes, as he depicts them, involve a betrayal of intimacy: Maisie Maïdan overhears Edward refer to her by her pet name 'poor little rat' when talking to Florence (60); Florence sees Edward with Nancy 'under the dark trees of the park' adjacent to the Casino (89). In both, it is an unfortunate proximity which allows the indiscretion to be perceived and the illusion of a privileged intimacy to be dispelled. Maisie and Florence fall into suicidal distress because neither is equipped to occupy the position of the third person – the one who overhears or observes. Dowell, by contrast, appears as an expert *third*, a strategic cuckold we might say, whose most remarkable characteristic is his seeming lack of expectation for true intimacy. Where Maisie and Florence confront what they see or hear with an effective lack of suspicion – it is their sincerity (their 'heart') which kills them – Dowell, the eternal survivor, is suspicious at all times, even of himself, his apparent aptitude for the role of onlooker or eavesdropper due to his nurse's eye and ear for prolonged indeterminacy.

Significantly, for Nightingale, it is not only a patient's speech acts which are to be suspected, a patient's physiognomy can also mislead. Like Joseph Conrad in his Preface to *The Nigger of the 'Narcissus'*, she wants to *make* her reader see. But to see is to see as a nurse; and part of seeing as a nurse is to learn of the human face's essential unreliability. '[P]eople never, or scarcely ever, observe enough to know how to distinguish between the effect of exposure, of robust health, of a tender skin, of a tendency to congestion, of suffusion, flushing, or many other things' she instructs, adding the warning that 'the face is often the last to shew emaciation. I should say that the hand was a much surer test than the face, both to flesh, colour, circulation, &c.' (NN 116). The menace of literary cliché, Nightingale suggests, is that it privileges the complexion of the face, to the extent of fixing both character and incident to what can be seen there: 'it is generally supposed that paleness is the one indication of almost any violent change in the human being, whether from terror, disease, or anything else. There can be no more false observation [. . .] de rigueur in novels, but nowhere else' (120). There is an element of the nurse's training, then, in Ford's celebrated technique, developed along with Conrad, of using a character's face as a palimpsest, something which can be noted by the narrator, but then written over, revised and contradicted by further acquaintance, and brought into relief by different physical signs. The Ashburnhams look like 'quite good people', Edward's face is 'light brick-red', his moustache 'yellow as a tooth brush' and so forth (GS 26-7); Dowell's narrative comes and goes from these initial observations, and in particular goes nurse-like in pursuit of the hands – knowing full well that hands are always chattering – but finds in his way those 'three hardened gamblers' as he calls them determined to prevent him from seeing their cards.¹² The shift from accepting the conceit of the face to interrogating the parapraxes of the hands is suggestive of a corresponding move from novelistic self-evidence (sentimentalism) to the self-conscious task, constantly imperilled by the problems of dissemblance, of reconstructing 'actual' events.

Time is an important factor in this work of reconstruction. Nightingale's nurse is concerned with recording everyday reality, noting the small inconsistencies of a patient's character, and understanding the vicissitudes of disease: 'I have often seen really good nurses distressed, because they could not impress the doctor with the *real* danger of their patient; and quite provoked because the patient

‘would look’ either ‘so much better’ or ‘so much worse’ than he really is ‘when the doctor was there’ (*NN* 123 my italics). The doctor who does not listen to the nurse is liable to be fooled by semblance; his surgical interventions and punctual consultations are necessarily fallible without the supreme managerial competence of the nursing project to patiently observe and record pathologies. This same preference for reading the character of illness across time underlies Nightingale’s suspicion of climactic death-scenes: ‘In writings of fiction, whether novels or biographies, these death-beds are generally depicted as almost seraphic in lucidity of intelligence [. . .] Indifference, excepting with regard to bodily suffering, or to some duty the dying man professes to perform, is the far more usual state’ (99). In accordance with Dowell’s nursely character, the deaths in *The Good Soldier* present open enigmas in the place of the sentimental spectacle. Maisie, trapped by her own portmanteau as if by ‘the jaws of a gigantic alligator’; Florence, ‘looking with a puzzled expression at the electric-light bulb that hung from the ceiling’; and Ashburnham, encountered in postscript in the stables with ‘a little neat penknife’ with which to kill himself, are all far from the copybook of Dickens’s Little Nell in *The Old Curiosity Shop*, whose climactic death, according to Ada Leveson, could make Oscar Wilde cry only tears of laughter (*GS* 62, 96, 193).¹³ Anti-climax is both a subversion of those Victorian novelistic tropes critiqued by Nightingale, and the consequence of a narrative logic which attempts to explicate a character’s death across the extent of his or her life. Such a representational motive, working ‘backwards and forwards’ over a character’s past, necessitates a generalisation of the fatal malaise, as clues to its aetiology are sought out in conditions of apparent health. This is a telling example of how the modern practices of medical care, including the pathologisation of everyday life, and the aesthetic developments of modernism were to converge.

Ford writes appositely in the following well known passage on literary impressionism:

You meet an English gentleman at your golf club. He is beefy, full of health, the moral of the boy from an English Public School of the finest type. You discover, gradually, that he is hopelessly neurasthenic, dishonest in matters of small change, but unexpectedly self-sacrificing, a dreadful liar but a most painfully careful student of Lepidoptera and, finally, from the public prints, a bigamist who was once, under another name, hammered on the stock

exchange... Still, there he is, the beefy, full-fed fellow, moral of an English Public School product.¹⁴

If the heroic and punctual figure of the Victorian doctor would likely have proclaimed this gentleman fit as a fiddle and left it at that, thus preparing the way for an unexpected reversal of fortune in the form of the gentleman's tragic demise, Ford's nurse-like narrator, for whom the gradual unfolding of character in all of its many facets is imperative, can only diminish the possibility of any such turn of events. While not absolutely precluding the unexpected incident (there is still room for 'just exactly what one didn't expect' (*GS* 38)), the duty to care for the complexity of a character over time emphasises processes of narrative revision over and above the clear chronology of a tragic arc. At the same time, however, the implied claim to verisimilitude which accompanies such scrupulous revision – this is how people really strike us, first with a strong impression then with a plethora of supplementary and contradictory details – does not remain solely as a faithful rendering of subjective perception, but is also 'an account' of character, and beyond that points to a generalising record of human characteristics. Through this double sight (subjective *and* objective) we find not only the paradoxical link between impression and abstraction in modernist art, but also the further connection between artistic abstraction and the bureaucratic forms of modern care.

Petty Management, or Being in More Than One Place at Once

As a narrator who pedantically describes the intimacy of two people as being played-out 'under those four eyes' (*GS* 46), it is hardly a stretch to conceive Dowell in terms of modern bureaucratic surveillance. To be sure, such an imagined multiplication of a private scene into four single-organ perspectives demonstrates a scopophilic's desire for knowledge. But it also coheres with the novel's more impersonal ambition to show how particular scenes are structurally overdetermined. For the critic Michael Levenson, Dowell functions as a 'bare ideal' of narrative generation: his character blends imperceptibly into technique.¹⁵ David Trotter has characterised *The Good Soldier's* search (which is also Dowell's search) for formal abstraction as Cubist in nature, while Saunders has emphasised the impersonality of its formalism.¹⁶ As Levenson suggests, Dowell is a theorist of literary impressionism who embodies the contradictions of his method. In other words, there is understood to be a necessary confusion between

Dowell's voice and Ford's technique, so that even in those cases where Dowell the character seems to err, his narrative capacity is only strengthened.

For example, despite an early boast of competence – of never having let Florence out of his sight ('except when she was safely tucked up in bed') – Dowell subsequently admits that Florence was 'out of his sight most of the time' (*GS* 72). In a fashion unfitting to a nurse, he has allowed a combination of the patient's guile and a doctor's ill-informed advice to stand in the way of his surveillance. However, at the level of narrative technique this only effectuates a powerful duplication of perspective: by first observing Florence, and then observing his failure to observe her, Dowell manages to present and absent himself from the dramatic action at the same time. In this way, he not only engenders what he calls his new world faintness, but also becomes the Fordian subject of literary impressionism for whom seeing is always, at the same time, a form of not seeing – underwritten by the consideration that given time there is always more to see. This is where Dowell's apparent unreliability and the prescriptive reliability of Nightingale's nurse most clearly crossover: they are equally preoccupied with exceeding a single perspective. The following two quotations – the first from Nightingale advising on the techniques of petty management, the second, an excerpt from Ford's essay on literary impressionism – help demonstrate this paradoxical affinity:

All the results of good nursing, as detailed in these notes, may be spoiled or utterly negated by one defect [. . .] by not knowing how to manage that *what* you do when you are there, shall be done when you are not there. The most devoted friend or nurse cannot be always *there*. Nor is it desirable that she should. (*NN* 35)

It is, I mean, perfectly possible for a sensitised person, be he poet or prose writer, to have the sense, when he is in one room, that he is in another, or when he is speaking to one person he may be so intensely haunted by the memory or desire for another person that he may be absent-minded or distraught [. . .] we are almost always in one place with our minds somewhere quite other.¹⁷

Both quotations, we can safely say, are involved with the fantasy of multiple selves, or the dislocated self, though perhaps at first glance they seem to be taking opposite perspectives. Isn't it the case that Nightingale wants eternal presence of mind – managerial vigilance –

while Ford describes the psychological inevitability of absent-mindedness? And yet it is all too easy to overstate this difference as that between the technocratic and the artistic. We should be careful to note, for instance, that though Ford ends this extract with what appears to be a description of ‘our’ natural state – and he says that impressionism exists ‘to render the queer effects of *real* life’ (my italics) – he begins it with reference to a specific class of people: namely the ‘sensitised person, be he poet or prose writer’. In other words, he is at pains to point out that the capture of the impression of a moment requires a special training or sensitisation – a technique. Literary impressionism is not naïve; conversely, nurse management is not without its imagination. Indeed, hidden within Nightingale’s prescription that the nurse think of herself as not there – for it is impossible to be always there – is the demand for a managerial imagination: an imagination capable of thinking of the spaces the self is absent from. The nurse manager when she occupies a single space must think both of all those spaces she is not occupying as well as of the space she is occupying when she is no longer occupying it; otherwise, how can she organise the ward according to her own sensitive standards? The manager duplicates the self in order to be in more than one place at the same time, and to be in the same place for more time than it’s physically possible to be there.

This convergence between literary impressionism and the offices of a modern nurse manager return us to the epistemological ambitions of the modernist novel. Dowell’s ambition ‘to know’, combined with his recurrent doubt that anything can truly be known, surely points the way towards Joyce’s doubt-haunted ambitions to capture a single time period from multiple perspectives in ‘Wandering Rocks’, or to replace personal response with the scientific impersonality of a catalogue of conversations and things in ‘Ithaca’.¹⁸ But it also marks a midway point of literary self-reflection. In his attempt to reconstruct the last day of his ‘absolute ignorance’, beyond his own singular horizon, Dowell incorporates Ashburnham’s perspective, which we are told was delivered to him as part of a ‘final outburst’ (GS 89). On the day in question, 4 August 1913, Dowell had already learnt from Bagshawe of Florence’s past indiscretions with Jimmy in Ledbury; but that was knowledge from *inside* the Casino. Ashburnham’s virtue was that he could explain what was going on *outside* at the same time, and why, in particular, Florence had come running into Dowell’s and Bagshawe’s sightlines ‘with a face whiter than paper’.

‘But the fellow talked like a cheap novelist’ he says of Ashburnham’s report, ‘Or like a very good novelist for the matter of that if it’s the business of a novelist to make you see things clearly’ (89). Ironies abound in this statement, not least in the fact that as Ashburnham makes him see things clearly, Dowell tells us he was yet unaware that Ashburnham was having an affair with his wife. But more significant than this further example of Dowell’s strategic obtuseness is how ‘the cheap novelist’ becomes in the space of a single sentence ‘the very good novelist’: the literary impressionist who makes you see things clearly is offered no categorical protection from the sentimentalist. We can read Dowell’s uncertainty here as expressive of a greater Fordian ambivalence with respect to the fate of sentimental fiction, and of those ‘hearts’ with which Dowell seems constitutionally incapable of connecting.¹⁹

It is paradoxical that Ashburnham’s taken-for-granted ‘English’ masculinity is attached to his sentimentalism, a quality often associated with the feminised consolations of reading fiction, while Dowell’s handmaid qualities determine his qualified distance from sentimentalism and his obdurate survival as the narrator of this ‘saddest story’. Although standing on the cusp of joining Ashburnham in the ranks of the sentimentalists, Dowell ends the novel with a strategic discretion, by holding his tongue and ‘trotting off’ with a telegram for Leonora, with which we are told she was ‘quite pleased’ (GS 193). The displacement effect of the telegram moving away from the *mise en scène* of Ashburnham’s suicide into the non-dramatic register of a qualification – the ironic emphasis on ‘quite’ – contradicts the sentimental imperative for emotional identification. And yet, if this suggests a superior measure of realism above and beyond the conventions of sentimental fiction, it also indicates a further pathos based on equivocation, displacement, deferral, and a demand for knowledge that can never be fully satisfied. This is reflected by the novel’s abrupt shifts in register from the elegiac reconstruction of the past into open ‘futurology’; from Dowell’s apparent attempt to render character and event in all of its living complexity we are led into an indeterminate image of life support:

No one visits me, for I visit no one. No one is interested in me, for I have no interests. In twenty minutes or so I shall walk down to the village, beneath my own oaks, alongside my own clumps of gorse, to get the American mail. My tenants, the village boys and the tradesmen will touch their hats to me. So life

peters out. Nancy will sit opposite me with the old nurse standing behind her.
(GS 192)

Dowell's recurring fantasy of telling his story beside a fire in a country cottage to a sympathetic listener is conspicuously inadequate cover for this futural scene of his 'actually writing', where it is clear that there are no such sentimental givens. The abstract, even catastrophic, weather – 'the great black flood of wind', the 'bright stars', 'the great moon' (18) – with which he imagined at the beginning of his writing project, combines now perhaps two years later with the distant transmissions of an American mail system to render the familiar pastoral of the English countryside (tenants, village boys, tradesmen) as little more than a kitsch apparition. In addition, it is telling that his peregrinations return him to an image of 'the old nurse'. It is not only that the nurse is a reflection of Dowell himself, but also that she *engenders*, dialectically, both the past convention of novelistic consolation in which a character is nursed carefully to his death *and* the bureaucratic and technological structures of care designed to prolong life, no matter how dismal that life is.

Friedrich Kittler has pointed out an almost too-perfect cultural parapraxis of the late nineteenth-century in which a futuristic machine and the woman who operated it were given the same name: 'the typewriter'.²⁰ What this betrayed – and it was betrayed once more by T. S. Eliot in 1922 when in *The Waste Land* he had his typist become her gramophone 'with automatic hand' – is just how odd an idea it seemed that femininity and the material forces of modernity could be deemed identical, and that the new woman could engender the spirit of technology, of supplementation itself, rather than remain the measured effect of a series of stage-managed political concessions.²¹ I suggest that the nurse, as much as the typist, is capable of provoking such a profoundly gendered anxiety: that within the consoling image of an auxiliary who *cares* for a human character resides the germ of a dystopian prosthesis with the capacity to supplant human character altogether. In this respect, writing and nursing have a historically structured bond. Accordingly, it is more than adventitious that Dowell, 'the eunuch' (16), the enduring supplement to others' passions, a character-becoming-technique who has never been a patient or had a 'heart' (24), but who nonetheless strives to write attentively from multiple perspectives, should refer to himself with frequency as someone who *nurses*.

NOTES

- 1 Ford, *The Good Soldier*, Oxford World's Classics ed. Max Saunders, Oxford: Oxford University Press, 2012 – henceforth *GS*; p. 12.
- 2 Bernard Bergonzi, 'Fiction and History: rereading *The Good Soldier*' in Robert Hampson and Max Saunders (eds), *Ford Madox Ford's Modernity*, IFMFS 2, Amsterdam and New York: Rodopi, 2003, pp. 149-58 (p. 151).
- 3 See Sigmund Freud, 'Fräulein Elisabeth von R', in *Case Histories from Studies on Hysteria* in James Strachey, Anna Freud, Alix Strachey and Alan Tyson (trans. and eds) *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. II, London: Hogarth Press and the Institute for Psychoanalysis, 1955, pp. 135-181. As well as attributing a large degree of importance to sick nursing as a cultural pathology, Freud's following remarks in *Studies on Hysteria*, questioning what it means to have 'an impression', anticipate the critical problem throughout *The Good Soldier* in which Dowell's pathological character proves indistinguishable from Ford's narrative technique:

Anyone whose mind is taken up by the hundred and one tasks of sick-nursing which follow one another in endless succession over a period of weeks and months will, on the one hand, adopt a habit of suppressing every sign of his own emotion, and on the other, will soon divert his attention away from his own impressions, since he has neither time nor strength to do justice to them. Thus he will accumulate a mass of impressions which are capable of affect, which are hardly sufficiently perceived and which, in any case, have not been weakened by abreaction. He is creating material for a 'retention hysteria.' (p. 162)

- 4 For a smart discussion of the fate of 'character' in *The Good Soldier*, see Michael Levenson, 'Character in *The Good Soldier*' in *Twentieth Century Literature*, 30:4, 1984, pp. 373-87.
- 5 Max Saunders, *Ford Madox Ford: A Dual Life*, 2 vols., Oxford: Oxford University Press, 1996, I, p. 235.
- 6 Saunders, *op. cit.*, p. 201.
- 7 Goethe, Johann Wolfgang von, *Italian Journey* in T. P. Saine and J. L. Sammons (eds) and R. R. Heitner (trans.), *Goethe: The Collected Works*, vol. 6, New Jersey: Princeton University, 1989, p. 262.
- 8 Anne Summers introduces the historical relation between public nursing and the military in *Angels and Citizens: British Women as Military Nurses 1854-1914*, London: Routledge, 1988, pp. 1-11; 237-91.
- 9 Florence Nightingale, *Notes on Nursing: what it is and what it is not*, New York: Dover Publications, 1969 – henceforth *NN*.
- 10 What Michel Foucault calls the 'apparatus' [*dispositif*] denotes this interaction, between heterogeneous technologies, techniques and discourses, which produces modern subjectivity. See Graham Burchell (trans.) *Security, Territory, Population: Lectures at the Collège de France: 1977-78*, Basingstoke: Palgrave Macmillan, 2009.
- 11 Saunders, 'Empire of the Future: *The Inheritors*, Ford, Liberalism and Imperialism' in Laura Colombino and Max Saunders (eds), *The Edwardian Ford*

- Madox Ford*, IFMFS 12, Amsterdam and New York: Rodopi, 2013, pp. 125-40 (p. 128).
- 12 Dowell exemplifies another Freudian wisdom here: namely, that '[i]f [someone's] lips are silent, he chatters with his finger-tips; betrayal oozes out of him at every pore.' Freud, 'Fragment of an Analysis of a Case of Hysteria', in *A Case of Hysteria, Three Essays on Sexuality and Other Works*, in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. VII, 1953, p. 88.
 - 13 Wilde's quip as recorded by Leveson has no tears in it: 'One must have a heart of stone to read the death of Little Nell without laughing'. Ada Leveson, *Letters to the Sphinx from Oscar Wilde and Reminiscences from the Author*, London: Westminster Press, 1930, pp. 39-40.
 - 14 Ford, *Joseph Conrad: a Personal Remembrance*, London: Duckworth and Co., 1924, pp. 129-30.
 - 15 Levenson, *op. cit.*, pp. 383-5.
 - 16 David Trotter, *Paranoid Modernism: Literary Experiment, Psychosis and the Professionalisation of English Society*, Oxford: Oxford University Press, 2001, p. 218; Saunders, *Ford Madox Ford: A Dual Life*, I, pp. 429-38.
 - 17 Ford, 'On Impressionism' in Frank MacShane (ed.) *Critical Writings of Ford Madox Ford*, Lincoln: University of Nebraska Press, 1967, pp. 40-1.
 - 18 James Joyce, *Ulysses*, London: Penguin Books, 1992, pp. 280-328; 776-870.
 - 19 Although enduringly associated with the masculinist masquerade of those writers including T. E. Hulme, Ezra Pound and Wyndham Lewis who denigrated sentimental fiction for its soft, consoling qualities, in *The Good Soldier* Ford seems less disposed to jettison sentiment than to hold it close in dialectic relation to his own writing. See Jeffrey Mathes McCarthy, 'The Good Soldier and the War for British Modernism', in *Modern Fiction Studies*, 45:2 (1999), 303-39.
 - 20 Friedrich Kittler, *Gramophone, Film, Typewriter*, Geoffrey Winthrop-Young and Michael Wutz (trans.), Stanford, CA: Stanford University Press, 1999, pp. 183-265.
 - 21 T. S. Eliot, *Selected Poems*, London: Faber and Faber, 1964, p. 60.