

THE LIFE, WORK AND GENDER OF DR JAMES BARRY MD (1795–1865)

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INTRODUCTION

The intriguing accounts of the life and career of Dr James Barry have captured the imagination of historians, medical practitioners and members of the public alike. This has come about not only because of his medical achievements and prestigious career but because of uncertainties regarding his gender. A number of books, articles, at least four novels,¹ plays,² radio and television programmes – based on some facts, and much fiction – surrounding his extraordinary career and the revelations about him that came after his death, exist. The vast majority of some 200 items written regarding the doctor refer to James Barry as 'she'.

It is not known who the parents of James Barry were, and this has given rise to wild speculation. Among the possibilities were that he was the son of the 11th Earl of Buchan (David Erskine) of Dryburgh (south of Edinburgh) or that he was even the son of the Prince Regent. In fact, he was probably the nephew of the famous Irish painter James Barry R.A., from County Cork in the south of Ireland.³

When he entered Edinburgh University in 1809, Barry stated that he was born in London in 1799.⁴ It is worth noting that at that time there was no minimum age of entry to the University. It was not unknown for bright pupils to enter Edinburgh University from as young as ten years of age, Sir Walter Scott being one such example.⁵ However, the Army records, which are taken from application forms completed by the applicants, states that Barry was born in 1795. Since the Army has a lower age-limit entry requirement of 16 years, it is likely that Barry submitted an age to suit his career needs (Figure 1).

His main sponsors and guardians were two of his uncle's friends – General Francesco Miranda (1754–1816) and the Earl of Buchan. In October 1809 (aged 14), he travelled to Edinburgh with his aunt Mrs Bulkeley (who, it was speculated, could have been Barry's biological mother), matriculated at Edinburgh University as a 'literary and medical student' and lived at 6 Lothian Street. In 1812, he submitted his thesis 'On hernia in the groin' and qualified with an MD (the thesis has the much quoted sentence, penned by the Greek poet Menander, in the introduction: 'Do not consider my youth, but consider whether I show a man's wisdom.').⁶ The speed with which Barry obtained his MD was outstanding but not unknown.

In October 1812, he joined Sir Astley Cooper's team as 'pupil-dresser' (Senior House Officer, in today's world) at Guy's Hospital Medical School. By June 1813, Barry had passed the Army Medical Board examination. A physical examination was necessary to enter the Army but a doctor would probably have been exempt simply by an assurance that his state of health was good. Barry was stationed at an Army base in Plymouth and remained there until August 1816 when he was posted as an Assistant-Surgeon (Registrar) to the garrison at Cape Town (South Africa) (Figure 2).



FIGURE 1

Dr James Barry as a young man.

In South Africa, he came into conflict with the authorities, mostly due to his reforming zeal. This included the regulation and certification of private medical practitioners, the licensing of the sale of privately imported and manufactured drugs, the care of those with leprosy, smallpox and disorders of nutrition, the condition of those in prison and mental asylums, and many other issues of public health.⁷

His friendship with the Governor-General (Lord Charles Somerset) was of great help to him in pursuing his daring innovations and plans. In December 1817, he became physician to the Governor's household. Their relationship became closer when Barry was accredited with saving Lord Charles's life after a serious illness (possibly typhus or dysentery).



FIGURE 2

Dr James Barry, Cape Town, c. 1818.

In 1819, Barry was ordered to Mauritius where there was an outbreak of cholera. He was instrumental in tackling this problem and returned to Cape Town in February 1820. His relationship with Lord Somerset became the subject of public suspicion and ridicule; it was suggested that the two may have had an inappropriate relationship. This was probably propagated by Barry's enemies in the Cape. He made many enemies due to his difficult personality, eccentricity and habit of challenging the establishment. Barry and the Governor survived the rumours and Lord Somerset left for England in March 1826. Barry stayed on in the Cape, where he was accredited with performing, on 25 July 1826, the first Caesarean section in Africa and some argue in the English speaking world.^{3, 4, 8, 9}

At the end of 1827, Barry was promoted to Staff Surgeon and again posted to Mauritius. In 1829, he suddenly, and without obtaining permission, sailed for England. The reason behind his sudden departure was unknown; it was speculated that he may have decided to go to the aid of his friend Lord Somerset who was ill and who died in February 1831.

In April 1831, Barry was posted as Staff Surgeon to Jamaica and remained there until early 1835, when he returned to England and was later posted to St Helena as Principal Medical Officer. His recurrent conflicts with the authorities regarding prisoners' and soldiers' welfare, sanitation and mental health reforms resulted in his being ordered home under arrest by General Middlemore (the Governor of St Helena). He was demoted to Staff Surgeon and sent to the West Indies (the Windward and Leeward Islands). Less than two years later he was promoted and sent as Principal Medical Officer to Trinidad, where he remained until 1845. Having contracted yellow fever, he was on sick leave for a year before being posted to Malta as Principal Medical Officer. He stayed there for four and a half years. He spent 1850 on sick leave due to infectious diarrhoea and in 1851 was posted as Deputy-Inspector General to the island of Corfu.

When the Crimean war started he sought an appointment there but no vacancy became available, therefore he decided to go at his own expense for three months. The Senior Medical Officer at the Barrack Hospital in Scutari wrote to Sir John Hall (the chief Medical



FIGURE 3

Inspector General Dr James Barry with his dog, Jamaica, c. 1859.

Officer of the forces in the Crimea) to warn him of Barry's imminent arrival.¹⁰

I may as well warn you that you are to have a visit from the renowned Dr Barry. He called on me yesterday and as I never met him before, his appearance and conversation rather surprised me. He appears to be in his dotage and is an intolerable bore . . . He will expect you to listen to every quarrel he has had since coming into the service. You probably know that there are not a few.

In fact, Barry and Hall became friends. Later, Hall sent Barry a copy of his report to the Crimean Sanitary Commission, which had been orchestrated by Florence Nightingale. Nightingale was later to recall her encounter with Barry with some bitterness:

I never had such a blackguard rating in all my life – I who have had more than any woman – than from this Barry sitting on his horse, while I was crossing the Hospital Square with only my cap on in the sun. He kept me standing in the midst of quite a crowd of soldiers, Commissariat, servants, camp followers, etc., etc., every one of whom behaved like a gentleman during the scolding I received while he behaved like a brute . . . After he was dead, I was told that (he) was a woman . . . I should say that (she) was the most hardened creature I ever met.¹¹

It is obvious the two did not get on and were rather unpleasant to each other.

In 1857, Barry was posted to Canada as Inspector General of Hospitals. Throughout his time in Canada, and especially during 1859, Barry suffered from exacerbations of his bronchitis with recurrent respiratory track infections and was frequently treated by Professor G.W. Campbell of McGill University. His state of health caused him to return to England where he was examined by a military medical board who decided to retire him on grounds of poor health on half-pay.

James Barry wrote a memorandum on his attempt to get the army to re-instate him in 1860. This was published in 1970 in Kirby's authoritative paper on Barry.⁴

During the last four years of his life, Barry lived in London and visited Jamaica (Figure 3); he died at 14 Margaret Street, Cavendish Square, Marylebone, London at 4 a.m. on 25 July 1865. The death certificate was written and signed on the same day by Staff Surgeon (Major D.R. McKinnon). The cause of death was reported as 'diarrhoea'. He was buried at Kensal Green cemetery (northwest London) (Figure 4). He was registered on his death as a male person. Two weeks later a Dublin newspaper (14 August 1865) reported the suggestion that Barry was found to be a female person after his death.

On 21 August, the *Manchester Guardian* published a similar report:

An incident is just now being discussed in military circles so extraordinary that were not the truth capable of being vouched for by the official authority, the narration would be deemed absolutely incredible. Our officers quartered at the Cape between 15 and 20 years ago may remember a certain Dr Barry attached to the medical staff there, and enjoying a reputation for considerable skill in his



FIGURE 4

Kensal Green cemetery – grave number 19301/67/6.

profession, especially for firmness, decision and rapidity in difficult operations. This gentleman had entered the Army in 1813, had passed, of course, through the grades of assistant surgeon and surgeon in various regiments, and had served as such in various quarters of the Globe. He died about a month ago, and upon his death was discovered to be a woman. The motives that occasioned, and the time when commenced this singular deception are both shrouded in mystery. But thus it stands as an indisputable fact, that a woman was for 40 years an officer in the British service, and fought one duel and sought many more, had pursued a legitimate medical education, and received a regular diploma, and had acquired almost a celebrity for skill as a surgical operator. It was a supreme deception. How could it happen?

SEX

In the light of the available evidence can we conclude that Barry was a woman?

In adulthood, he was described as being of about five feet in height, pale, delicate, with high cheek bones, tiny hands and feet, a high shrill voice, large blue eyes, sandy curls, a long Ciceronian nose, of appearance and manners most singular, destitute of all characteristics of manhood and his voice was that of an aged woman.⁴

Edward Bradford (Deputy-Inspector General of Hospitals, Sandhurst), who was speaking on behalf of the Army and had met Barry in 1832 in Jamaica, described his knowledge of Barry:

He was born prematurely and his mother died at birth . . . The stories which have circulated about him since his death are too absurd to be gravely refuted. There can be no doubt among those who knew him that his real physical condition was that of a male in whom sexual development had been arrested about the sixth month of foetal life . . .⁴

Bradford knew Barry, but was by no means a close friend, and his comments can be seen as a mixture of his personal knowledge of Barry, the Army's muddled reaction to his death and subsequent revelation, a repeat of circulating rumours at the time and what Barry may or may not have divulged of his background to Bradford.

It seems obvious that although Barry had an effeminate appearance, he was considered a male person throughout his career. Shortly after arriving in the Cape, Captain William

Dillion (a Naval Officer) consulted Barry at Simon Bay (Cape Town) because of an inflammatory eye condition. He recalled his encounter in a letter in which he stated:

As I suffered so much, I applied to the family physician of Lord Charles Somerset. This gentleman was in the Army and considered extremely clever. Many surmises were in circulation relating to him; from the awkwardness of his gait and the shape of his person, it was the prevailing opinion that he was a female.⁶

In 1824, a scurrilous placard was affixed to one of the posts on Hout Street Bridge in Cape Town, which was apparently only seen by one man who removed it. It suggested an immoral sexual relationship between Barry and the Governor General of the Cape (Lord Somerset).¹² Barry himself and many commentators referred to his peculiar habits, for example: in a novel published in 1881, *A Modern Sphinx*,¹³ written by Ebenezer Rogers who once met Dr Barry many years earlier, the following story was reported.

In 1841, while Barry was ill with yellow fever in Trinidad two of her medical subordinates entered the sickroom to pry and finding Barry asleep turned back the bedclothes. At that moment the P.M.O. awoke to consciousness and gazed bewilderingly. But she quickly recovered presence of mind and asked us in low tones to swear solemnly not to disclose her secret as long as she lived.

This appears to be a fanciful, unsubstantiated story which is probably entirely fictional and written for this novel, we believe it can be safely dismissed. Rogers (who apparently had once shared a cabin with Barry) stated in a letter to *The Lancet*,^{14, 15} 'I well remember how in harsh and peevish voice, she ordered me out of the cabin – blow high, blow low – while she dressed in the morning, "Now then youngster, clear out of the cabin while I dress" she would say.'

The first concrete suggestion that Barry was female came from a charwoman (Sophia Bishop) who was called upon to lay out the doctor's body after his death in 1865. Soon after the publication of the *Manchester Guardian* article, Mr Graham of the General Register Office wrote to Barry's doctor (Major D.R. McKinnon) and the clinician who issued Barry's death certificate. We now quote from this correspondence:

Sir,

It has been stated to me that Inspector-General Dr James Barry, who died at 14 Margaret Street on 25 July, 1865, was after his death found to be female.

As you furnished the Certificate as to the cause of his death, I take the liberty of asking you whether what I have heard is true, and whether you yourself ascertained that he was a woman and apparently had been a mother?

Perhaps you may decline answering these questions; but I ask them not for publication but for my own information.

Your faithful servant
George Graham

Major McKinnon replied to this letter the next day:

Sir,

I had been intimately acquainted with the doctor for good many years, both in London and the West Indies and I never had any suspicion that Dr Barry was a woman. I attended him during his last illness, (previously for bronchitis, and the affection for diarrhoea). On one occasion after Dr Barry's death at the office of Sir Charles McGregor, there was the woman who performed the last offices for Dr Barry was waiting to speak to me.

She wished to obtain some prerequisites of her employment, which the Lady who kept the lodging house in which Dr Barry died had refused to give her.

Amongst other things she said that Dr Barry was a female and that I was a pretty doctor not to know this and she would not like to be attended by me. I informed her that it was none of my business whether Dr Barry was a male or a female, and that I thought that he might be neither, viz. an imperfectly developed man.

She then said that she had examined the body, and was a perfect female and farther that there were marks of her having had a child when very young.

I then enquired how have you formed that conclusion. The woman, pointing to the lower part of her stomach, said 'from marks here [i.e. *striae gravidarum*]. I am a married woman and the mother of nine children and I ought to know.'

The woman seems to think that she had become acquainted with a great secret and wished to be paid for keeping it. I informed her that all Dr Barry's relatives were dead, and that it was no secret of mine, and that my own impression was that Dr Barry was a Hermaphrodite.

But whether Dr Barry was a male, female, or hermaphrodite I do not know, nor had I any purpose in making the discovery as I could positively swear to the identity of the body as being that of a person whom I had been acquainted with as Inspector-General of Hospitals for a period of years.

Yours faithfully,
D.R. McKinnon

We cannot establish categorically that McKinnon examined Barry after death, he may have avoided doing so because there was an epidemic of infectious diarrhoeal disease at the time. However, we can, with great confidence, conclude that McKinnon had examined Barry on more than one occasion during his illness but how thorough this was is completely unknown.¹²

TRUE HERMAPHRODISM

A true hermaphrodite is defined as an individual where both ovarian and testicular tissue is present.¹⁷

Male genitalia, feminine breasts, testicular feminisation syndrome, absence of body hair and considerable variations between individuals exist among hermaphrodites.

The largest review of reported cases of true hermaphrodisism (since 1899) included 409 individuals.¹⁷ In this review an ovary was found on the left side of the body in 62.8% of cases and the testis on the right side in 59.5%. The ovotestes is the most common gonad of the

true hermaphrodite, among 806 gonads in 406 cases it was found in 44.3%. Most of these patients have a uterus. Testicular tissue in true hermaphrodites at puberty is atrophic and unlikely to function.¹⁸ At puberty ovarian tissue achieves considerable development while the testicular tissue regresses, resulting in the dominance of feminine secondary sexual characteristics.

It is worth noting that there are other, rarer, causes of gender ambiguity; interested readers can refer to Grossman's *Clinical Endocrinology* for more information.¹⁶

Dr Barry had no gross physical or mental disabilities; he was short, effeminate and may have had ambiguous genitalia. In view of the above brief review we believe that he was likely to have XY gonadal dysgenesis or was a 46XX male.

DISCUSSION

Because of the large amount of literature on Barry, most of which seems to categorically consider that he was a female, there was a definite need to review the documented facts and to strip away the fiction surrounding Dr Barry's life and sex.

Regardless of Barry's gender, his contribution to health reforms in South Africa and the West Indies had a profound impact upon the health care of millions of citizens of these countries. His pioneering work in introducing Caesarean section to Africa must have saved the lives of many mothers and their babies. For these achievements, Dr Barry must be remembered with affection and gratitude.

Our conclusion is that Barry was not a woman. Concealment of one's sex for a year or two is probably manageable but concealment for over 60 years, including 40 years in the British Army, is simply unbelievable.

Why would Barry take a male disguise? It has been suggested that he did so in order to enter medical school. The argument is made that some women adopted an entirely male identity to achieve success in occupational roles otherwise closed to them.¹⁹ Advocates of this argument refer to an essay written by Lord Buchan (one of Barry's main sponsors) under the pseudonym 'Sophia' on female education, he wrote that 'in denying women education, his countrymen were guilty of cerebral equivalent of Chinese foot binding'.¹² Therefore historians argued that Lord Buchan may even have been aware of this disguise.

If this was so, for Barry to have prolonged the disguise beyond his time in Edinburgh, and indeed for a further 50 years and even after his retirement, would have been both hard and inexplicable. Women who take on male attire almost invariably do so for a short period.

The abdominal wall stretchmarks which were only described by the charwoman (whose intentions have been called into question by many), are not uncommon in older people especially if a history of weight loss has been present, and are associated with a spectrum of other pathological and non-pathological conditions. They are by no means diagnostic of previous pregnancy.

The necessity for concealment of Barry's characteristics must have been a constant burden and source of irritation to him, and this may explain his frequent annoyance and exasperation. We therefore conclude the Dr James Barry was a hermaphrodite of either 46XX or 46XY dysgenesis variety but proof of our theory can only be obtained if a decision were to be made to exhume the body and conduct DNA analysis. This may settle the question beyond further doubt.

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