

A novel approach to the history of medicine: a look at the relationship between fiction and medical history

Allan Beveridge¹

History & Humanities



This paper examines the recent upsurge in novels concerned with the history of medicine. It selects a range of different novels and asks how they relate to the work of the professional medical historian. Do these novels stimulate interest in the history of medicine or do they distort historical events? It is concluded that although writers often take liberties with the historical record, on balance, their work helps us to engage with the past and is likely to inspire readers to find out more about the history of medicine.

Correspondence to:

Allan Beveridge
Royal College of Physicians
of Edinburgh
11 Queen Street
Edinburgh EH2 1JQ
UK

Keywords: fiction, history of medicine, the novel

Financial and Competing Interests: AB is the History and Medical Humanities Editor of the *Journal of the Royal College of Physicians of Edinburgh*. This paper has undergone peer review in accordance with JRCPE's policies.

Email:

allanwbeveridge@outlook.
com

Introduction

In recent times we have seen the publication of numerous novels concerned with medical history. Some writers like ES Thomson and Kaite Welsh, who have a background in medical history, use their knowledge of historical sources to create fiction. Their novels are primarily murder mysteries set in the context of nineteenth-century medicine. Likewise, Ambrose Parry's *The Way of All Flesh*¹ is a murder mystery but includes real historical figures, such as Sir James Simpson. In his novel, *Poor Things*, Alasdair Gray² also includes real doctors, such as Jean-Martin Charcot and Emil Kraepelin, but, in addition, he spoofs the medical texts of the time and his ambitions are more literary than that of the straightforward whodunits. *Fleshmarket* by Nicola Morgan³ uses the background of Dr Knox and the Burke and Hare scandal to tell a coming-of-age story of a young boy who eventually resolves his grief for his mother, who died whilst undergoing a mastectomy, by training to be a surgeon.

James Miranda Barry by Patricia Duncker⁴ attempts to fictionally re-create the life of the famous Edinburgh graduate who adopted the male persona in order to practise as a doctor. In *His Bloody Project*, Graeme Macrae Burnet⁵ attributes a fictitious medical memoir to a real historical figure, Dr James Bruce Thomson and also provides him with a personality entirely imagined by the author. Pat Barker's *Regeneration*⁶ is an attempt to re-create Dr Rivers' treatment of shell-shock victims, including the poet Siegfried Sassoon, at Craiglockhart Hospital in Edinburgh during the First World War. In *The Vanishing Act of Esme Lennox*, Maggie O'Farrell⁷ draws on the psychiatric

theories of RD Laing to depict the wrongful incarceration of a young Edwardian woman whose family judge her mad because of her lively independence of mind.

Why has there been this recent upsurge in novels about the history of medicine? What are the implications for the study of medical history? Does it stimulate interest in medical history, encouraging readers to explore more about the past? Does it help to bring alive events from bygone times in the way an academic paper cannot? Does it help us to get inside the minds of the historical actors and better understand their actions?

Or are these novels misleading? Do they present a distorted and inaccurate account of the past? Do they take artistic liberties with historical events? Do they foster confusion by mixing up real historical characters with fictitious ones? Are they merely exercises in historical mimicry and pastiche, which add nothing to historical knowledge? Do they simplify and sensationalise complex historical issues?

In examining these questions, we will consider a selection of novels, taking them in broadly chronological order, beginning in the late eighteenth century with *James Miranda Barry* by Patricia Duncker and concluding in the twentieth century with *The Vanishing Act of Esme Lennox* by Maggie O'Farrell (Figures 1 and 2). Many of these questions apply to literature generally, not just medical fiction, and have been addressed, for example, in the pages of *Neo-Victorian Studies* (www.neovictorianstudies.com). Of course, the aims of the writers under discussion in this paper vary. Some make use of history

¹History and Medical Humanities Editor, Royal College of Physicians of Edinburgh, Edinburgh, UK

to provide a dramatic backdrop to the main story, others have tried to authentically recreate the past, whilst still others have employed an historical lens to shed light on political issues relating to gender, sexual orientation and medical power. In contrast to those writers who conduct historical research, some novelists rely on popular mythological versions of the past, such as the asylum as a Gothic horror institution, or surgeons as blood-thirsty sadists. Such novels serve to reinforce these popular stereotypes, rather than challenge them. Inevitably novelists are drawn to the dramatic events in medical history such as those relating to obstetrics, surgery and psychiatry. By contrast, there are few if any novels about urine analysis.

The differing aims of the novelist and the historian

Novelists are free to make things up, to conflate different historical periods. Their aim, after all, is to create a good story, not to provide heavily footnoted academic texts. On the other hand, does academic writing on the history of medicine represent the uncontested, objective truth of the matter? Perhaps not, but the discipline is still bound by producing evidence from primary source material to justify its claims and by peer review. Nevertheless, history writing involves the selection of what material to use: what to emphasise, what to downplay. Historians apply a significant amount of interpretation to the sources they consult. Individual historians can construct quite different narratives from the same material with, for example 'revisionist' historians debunking the work of their predecessors.

Novelists who write historical novels presumably have to conduct some background research and have to decide how to use the historical material. Some novelists undertake considerable research and can be reluctant to omit any of the fruits of their endeavours. For example, Sebastian Faulks delved deeply into the history of psychiatry for his novel *Human Traces*⁸ and included an inordinate amount of detail about the theories of the origins of mental illness. Kate Atkinson,⁹ who has written historical novels (though not about medicine), has commented: 'As a reader I dislike historical novels where I am continually stumbling over an excess of facts; I readily understand the compulsion to include all the fascinating stuff you've spent so much time reading about, but there are few things more uncomfortable for the reader than to be constantly stumbling over the pathologically recondite research of an author' (p. 618).

Atkinson goes on to provide an insightful observation about the difference between writing history and fiction:

To research the background of this book I read as much as possible before beginning and then tried to forget as much as possible and simply write ... I find it difficult to create an authentic atmosphere or narrative credibility if continually constrained. Fiction is fiction, after all ... sometimes to find the truth at the heart of a book a certain amount of reality falls by the wayside. (p. 618)

This is an important consideration when we come to look at the examples of novels dealing with the history of medicine. Authors will primarily be concerned with demands of the art of fiction, rather than historical verisimilitude.

Historians attempt to see the past through the eyes of the historical actors and take into account the values and beliefs of the time. Imposing our values on the past is correctly seen as misguided and derided as 'presentist'. Novelists need not be so constrained which can lead to anachronism. Figures from the past can be presented as heroes because they exhibit our 'liberal' values of tolerance, or because the novelist has attributed these values to them. The villains are those who are racist, antifeminist or homophobic, despite the awkward historical reality that, in some eras, most of the population may have held these views. This presentist approach can leave the reader with a sense of the 'superiority' of our times, but it can also seriously compromise historical accuracy.

Laurent Binet in his historical novel, *HHhH*,¹⁰ about the assassination of Reinhard Heydrich, the chief of the Nazi secret services, the author constantly foregrounds the problems of recounting a story based on real historical characters and events. Binet feels that the author has to guard against the temptation of distorting the historical record in the interests of plot, depiction of character and the need for a satisfying narrative. He quotes Flaubert with approval that the best that a writer can aim for is to make the account of historical events 'probable', rather than aim for an unachievable certainty (p. 154).

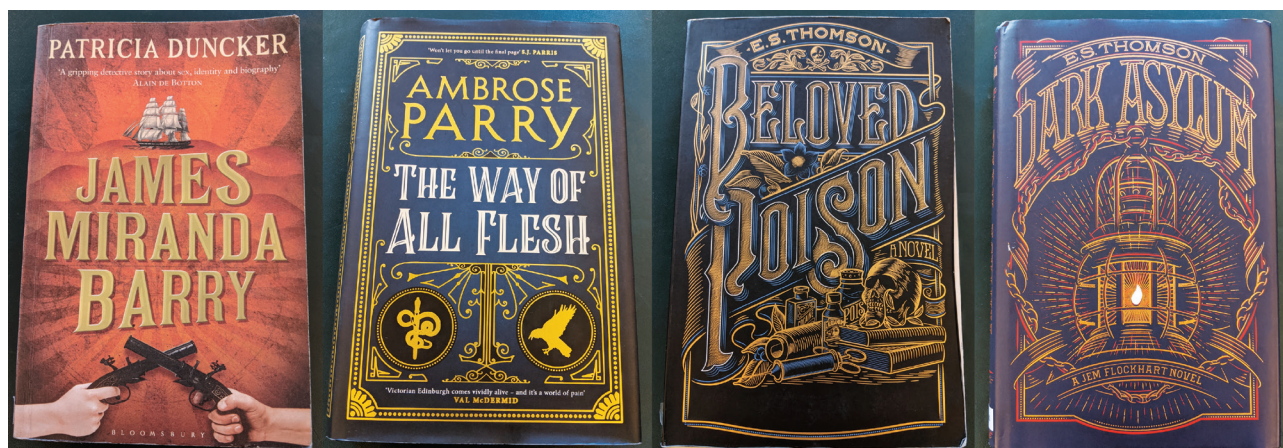
However, a different perspective is offered by the work of Roland Barthes. In his essay on the 'death of the author',¹¹ Barthes contends that, since we cannot ever know what an author's intentions are, we should focus on the text itself. It can be dangerous and misleading to read literature with the presumption that we know the aims of the author. To extend Barthes' thesis to novels about medical history, we could argue that, since we cannot really know about the intentions and motivations of people from the past, it is folly to try and depict them in a novel. Such an undertaking may present a highly inaccurate and unfair portrait of real historical figures.

James Miranda Barry by Patricia Duncker

In *James Miranda Barry*, Patricia Duncker provides an imaginative account of the life of Dr Barry, a woman who lived as a man in order to study medicine at Edinburgh and London in the early nineteenth century, at a time when females were not permitted entry to medical school, though her gender remains the subject of conjecture.¹² This novel is a good example of the different approaches adopted by the novelist and the historian. Duncker is admirably explicit about the difference. In the 'Afterword', she writes:

This book is a work of fiction, an imaginative exploration ... I have therefore taken liberties which all novelists, who are not strictly historians, always do take with history. (p. 390)

Figure 1 *James Miranda Barry* by Patricia Duncker, *The Way of All Flesh* by Ambrose Parry, *Beloved Poison* by ES Thomson and *Dark Asylum* by ES Thomson



She goes on to reveal the characters she has invented and the dates and locations she has changed. From the purely aesthetic point of view, this might be entirely justifiable, but the historically minded reader may feel uneasy, especially when comparing the novel with biographies of Barry.^{13,14}

Duncker goes on to claim:

As to the inner reality of James Miranda Barry's life, here we can only guess at the truth, for there is very little evidence. And it is here that the novelist will always have the edge over the historian. (p. 391)

Duncker is suggesting that, while the historian is bound by historical facts that may reveal little about the psychology of individuals from the past, the novelist is free to imagine the inner worlds of historical figures. There is also the implication that by doing so, novelists attain a more profound truth than historians can achieve with their reliance on primary source material alone. This of course raises questions about the nature of truth: is there such a thing as 'poetic' truth and does it embody a higher truth than mere prosaic facts can provide? Do we understand historical characters better by reading an imagined account of them by a novelist or by reading a scholarly text by an historian? Or should we read both?

***The Way of All Flesh* by Ambrose Parry**

'Ambrose Parry' is the pseudonym for the novelist Chris Brookmyre and his wife, Dr Marisa Haetzman, a consultant anaesthetist, who completed a Master's degree in the history of medicine at Glasgow University and on whose research the novel is based. It is set in Edinburgh in 1847 and the historical backdrop is the clinical practice of Dr James Young Simpson, in whose house at 52 Queen Street, the two main fictional protagonists, the young Dr Will Raven and the housemaid, Sarah Fisher, are boarded. There is thus the mixing of real historical figures, such as Simpson and some of his colleagues, with fictional characters. We see him attending to his many patients, both in his house

and at their homes. The famous episode of Simpson and his colleagues dosing themselves with chloroform and discovering its anaesthetic properties is also featured in the novel. Alongside this are entirely imagined episodes in which Simpson has conversations with his family, colleagues, and fictional characters and fictional patients. While imagining what Simpson said to real historical people may help to convey the nature of his world, the introduction of imagined conversations with imaginary people may make the historically minded reader a bit uneasy: these aspects of the novel are clearly historically false.

Nevertheless, in many ways the portrayal of Simpson and his times seems to have an authentic ring to it, as least as far as we can judge from what has been revealed by historical research, such as the biography by Morrice McCrae.¹⁵ The purpose of the authors is, of course, not primarily to write an historical account of Simpson, but to write a whodunit with Simpson in the background. However, we do have to ask: what duty does the novelist have to give an accurate picture of the real characters in such a novel? How much poetic licence is allowed? Could it ever be justified to entirely breach historical fact and have Simpson as the murderer? Laurent Binet in *The Seventh Function of Language* has real life characters commit murder in a postmodernist take on the nature of truth.¹⁶

The novel recounts the murders of several pregnant prostitutes – the murder of prostitutes is a recurring theme in crime fiction. Along the way, it describes gory obstetric operations, such as crushing the head of the foetus to allow delivery, and the brutal and bloody consequences of illegal abortion. As seems *de rigueur* for the genre, it also has an amputation of a patient's limb performed in front of an audience. There is the familiar contrast between the affluence of Edinburgh's New Town and the poverty and dangerous life of the Old Town, which is also a theme of *Wages of Sin*. The novel adopts a feminist perspective. Simpson's housemaid, Sarah Fisher is bright enough to be a doctor but debarred from becoming one because of her gender and class.

Beloved Poison by ES Thomson

*Beloved Poison*¹⁷ is set in 1850s London, the heroine is Jem Flockhart, a woman who dresses as a man so that she can work in the male world of medicine and pharmacy. Her character draws on the real-life story of James Miranda Barry. Flockhart is also a lesbian and has to keep this aspect of her life secret too. These factors enable Thomson to highlight issues of gender and sexuality in Victorian Britain.

The novel concerns the serial murders of pregnant prostitutes. There is a cast of doctors who have all fled from Edinburgh where they were involved in a resurrectionist scandal. There they had witnessed the fate of Dr Knox following the Burke and Hare trial. The novel makes reference to Victorian remedies to induce abortions, and it too includes the gory surgical scene as observed above, in which a patient has his leg amputated without anaesthetic in front of an audience.

The novel also deals with mental illness and institutional care, but in a wholly negative way, which owes more to the stock Gothic representations of madness and asylums. Thus mental illness is portrayed as incurable, culminating in catastrophic decline and incarceration. Jem's father has some unspecified hereditary condition that will lead to madness, insomnia and blindness. Jem may also inherit the malady. Her uncle, already stricken with the condition, is languishing in the local Angel Meadow Asylum, or 'that terrible Bedlam' (p. 60). The picture of the asylum is a bleak one. We learn:

Angel Meadow was a dark fortress of a building. More like a prison than a hospital ... it had been situated outside London. Fresh air was considered beneficial to the inmates, and besides, who in the city wanted to be reminded of their relations condemned within? Far better to forget such tainted individuals, to condemn them to a life of incarceration in the country. Out of sight, and, quite literally, out of mind ... Slick with moisture from the rising fog, and coated with coal dust and soot, it had a black, sweaty appearance. There were only two small windows in the northern wall. Situated high in the brickwork, they glittered in the darkness like a pair of tiny yellow eyes. (pp. 212–3)

In fact many asylums such as the Bethlem in London and the Royal Edinburgh Asylum were built in or near the centre of the city.

The female attendants are drunkards and the male attendant is described as possessing strong forearms. The author adds: 'No doubt most of his muscular activity – which presumably involved restraining mad people – took place in dark cells or dimly lit wards, far from hope of sunlight and rescue' (p. 214). The asylum is an unrelentingly grim place, and, once admitted, there is no hope of release. This myth of the Victorian asylum is not borne out by research that shows that many patients were discharged.¹⁸

Dark Asylum by ES Thomson

In the subsequent novel, *Dark Asylum*,¹⁹ we once again visit Angel Meadow Asylum. We find one of the alienists, Dr Rutherford, an enthusiast for phrenology, performing brain surgery on a female patient without her consent and under restraint. The doctor advises: 'the organs of destructiveness are enlarged' in aggressive patients, and by excising the relevant part of the brain, their violence can be nullified (p. 19). The novel continues:

Dr Rutherford took hold of the scalpel. He sliced away a sliver of brain. Then another. Then another, the way he might carve himself slices of brawn. (p. 21)

The patient never spoke again, nor showed any sign of intelligent thought. We are told: 'She spent her days standing motionless, staring out at the grass of the quadrangle as if waiting for the return of her former self' (p. 21). In fact asylum doctors did not perform brain surgery. Operations on the brain to relieve mental disorders were not attempted until much later, and not by alienists, but by surgeons (with the exception Walter Freeman in America in the twentieth century).²⁰ The purpose of attributing the performance of brain surgery to Dr Rutherford is to paint him as an unfeeling villain and it accords with the Gothic portrayal of the asylum with its evil practitioners conducting dastardly experiments on their charges. To be fair, there are other doctors in the novel who object to Rutherford's approach, but generally psychiatric treatment is not portrayed in a good light.

We hear about the 'criminal ward' of the asylum from a patient who had escaped:

The criminal ward was a terrible place. If one was not mad before one entered such a hell there was every chance one would become so before long. Once inside any chance of recovery, or improvement, was impossible. We were treated worse than beasts. We had no liberty, no air, no comfort. Sleep was unattainable – the cold, the dirt, the smell of the place. The noise. (p. 219)

Here we have the familiar trope that mental institutions can make the hitherto sane lose their reason just by virtue of being in them, and once again the asylum is portrayed as a place of brutality and therapeutic nihilism. Even the patients do not escape from this negative portrayal. We learn: 'The air was close, rank with the breath of screaming lunatics' (p. 230). These novels, then, convey a highly negative view of mental illness and of the nature of asylums during the Victorian period. There were undoubtedly many oppressive institutions and many examples of patient abuse, but, as historical research has shown, the picture is much more nuanced and finds room for the humanity of many of the asylum staff and also their genuine attempts to provide a therapeutic environment for their patients.²¹ Do we absolve Thomson from writing a one-sided, sensationalist account of asylum life in the Victorian era because she is writing a work of fiction and not history? Is it being unnecessarily

pedantic, or is it simply inappropriate to point out historical inaccuracies in a novel? Do we accept Atkinson's point that the novelist has to be free to create a narrative and not be constrained by historical facts? On the other hand, Thomson has said that her purpose is to make history accessible to a wider audience and she makes reference to the historical works she has consulted. Her background in medical history lends authority to the claims of historical authenticity in her novels. Thus there is risk that these novels perpetuate myths about the nature of madness and its treatment in the past, and that they reinforce present day stigma of the mentally ill and psychiatrists. Curiously, although the novels are keen to advance a feminist reading of the past and a tolerant attitude to the sexual orientation of its main protagonist, it does not extend this tolerance to the world of psychiatry and its patients.

***His Bloody Project* by Graeme Macrae Burnet**

His Bloody Project by Graeme Macrae Burnet tells the fictitious story set of a young man accused of the murder of three people in a remote Highland village in 1869. Macrae Burnet introduces a real historical figure Dr James Bruce Thomson, a nineteenth-century alienist who worked with the criminally insane. In the novel Dr Thomson examines the young man and appears as an expert witness at his trial. Macrae Burnet admits that Dr Thomson's 'personality', 'character' and his 'memoir', which forms part of the novel, are 'the products of my imagination' (Historical Notes and Acknowledgements). Dr Thomson is portrayed as an arrogant, dogmatic man who has no sympathy or understanding of people from lowlier backgrounds than himself. He certainly fits with literary representations of nineteenth-century psychiatrists as self-regarding and pompous, especially when called as expert witnesses, but is it fair on the real Dr Thomson? Does it do a disservice to him? The paucity of biographical detail does not help us to decide one way or the other. Macrae Burnet has stated that Thomson's two papers^{22,23} on criminal anthropology in which he expressed the view that criminals were born, not created by their environment, led him to imagine that a person holding such views must be unpleasant. But does this follow? Can we infer a person's character from the views they express, especially if they were living at a different time than our own? We surely have to take account of the historical context. In actual fact, Thomson's opinions were held by many of his medical peers.²⁴

Does it matter how Dr Thomson is portrayed as the man is long since dead? Do novelists have a duty to portray real people from the past with fidelity? Why not make the doctor entirely fictitious? Part of Macrae Burnet's defence might be that he is using a variety of texts, both real and imagined, and that the aim of the novel is to question how we read texts and decide as to their individual veracity. For example, the question as to the sanity and motivation of the young man accused of murder is left unresolved, and it is up to the reader to interpret the different texts and decide.

***The Wages of Sin* by Kaite Welsh**

Set in late nineteenth-century Edinburgh, the novel²⁵ tells the fictional story of Sarah Gilchrist, one of the first female medical students at Edinburgh University. It adopts a feminist perspective to highlight the prejudices against women and in particular against the notion that women should study medicine. It portrays many of the male lecturers and professors as contemptuous and patronising of the new female intake, while the male medical students are depicted as coarse, drunken and hostile. The plot concerns the murder of a prostitute (once again) and is set against the background of illegal abortion. In parallel to the plight of female medical students, the prostitutes are seen as women who are also controlled by men, and whose poverty has driven them to prostitution and to the murky and dangerous world of clandestine abortions.

Sarah Gilchrist is a 'fallen' woman, who prior to her medical studies, loses her virginity, though she was, in fact, raped. Her horrified family send her to a private 'sanatorium', where she is drugged with laudanum. She later muses of laudanum: 'It had been the favourite tool of the doctors in the sanatorium. Laudanum, chloroform, gags – why was so much of medicine devoted to shutting women up?' (p. 284). Given that men were also prescribed this treatment, one could make the charge that men were being 'shut up' as well.

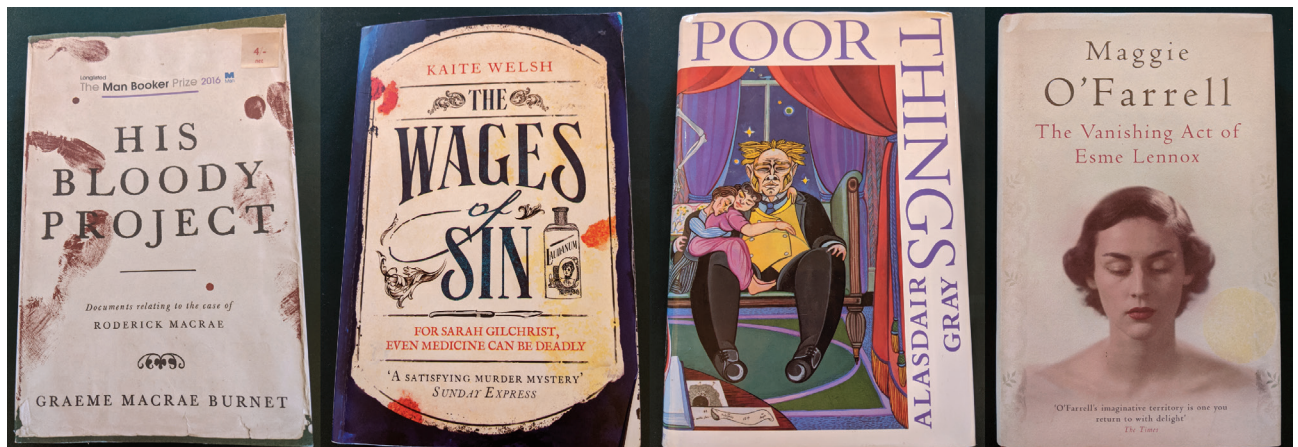
Sarah also has some unspecified gynaecological operation that renders her infertile. The novel contends that any departure from the strict Victorian norms of expected 'womanly' behaviour is deemed evidence of mental illness and a suitable case for treatment. In this instance the 'treatment' is drugging and mutilating surgery.

As a medical student, Sarah witnesses one of her professors embark on similar operation to 'cure' a 'hysterical' woman. Professor Mackay performs the operation in front of a class of students, who are predominantly male. He begins by mocking females and recommending that surgery can restore 'hysterical' women to their rightful role as wives and mothers. In passing, he also mocks the notion that letting women talk about their difficulties could be helpful:

'Hysteria,' he announced. 'The modern woman's greatest curse.' His words were met with raucous laughter. 'A variety of remedies have been invented to tackle such an affliction – laudanum, stimulation of the lower regions, even this new fad, psychology.' ... 'As if any problem could be solved by a woman talking more!' ... 'But there is one remedy whose supremacy remains unchallenged. Through one simple procedure, we can restore this woman's equilibrium, making her a fit wife and mother once more'. (pp. 137–8)

The surgical operation is not specified but it is likely that the author had clitoridectomy in mind. The practice of clitoridectomy was advocated by a London clinician, Dr Issac Baker Brown, who carried out surgery in his private clinic

Figure 2 *His Bloody Project* by Graeme Macrae Burnet, *The Wages of Sin* by Kaite Welsh, *Poor Things* by Alisdair Gray and *The Vanishing Act of Esme Lennox* by Maggie O'Farrell



between 1859 and 1866.²⁶ He believed that masturbation caused madness and that the surgical removal of the clitoris prevented women from progressing from hysteria to full-blown insanity. He believed that symptoms of the disease were: wanting to work, to leave home or to become a nurse. Brown only operated on a small number of women and was thrown out of the Obstetrical Society of London because patients complained that they had been tricked or coerced into treatment. Nevertheless, as Showalter²⁶ has observed: 'Clitoridectomy is the surgical enforcement of an ideology that restricts female sexuality to reproduction. The removal of the clitoris eliminates the woman's sexual pleasure, and it indeed this autonomous pleasure that Brown defined as the symptom, perhaps the essence, of female insanity' (pp. 76–7).

It seems extremely unlikely that Edinburgh professors performed this operation, especially during this period. It certainly makes for a dramatic scene, and, of course, novelists rely on drama to engage the reader. Scenes that shock or unsettle fulfil this purpose. This episode also reinforces the feminist narrative of the suppression of female sexuality by misogynist, male doctors, using barbaric methods, but it is historically inaccurate. The inaccuracy is a pity, because it is quite clear that there is ample evidence that woman's role in Victorian society was very constrained and judgments about sanity were coloured by cultural notions of acceptable feminine behaviour. One does not need to overplay the use of punitive surgery to make this point, and in fact the point is weakened by caricaturing Victorian medicine in this way. Also, of course, the role of men in Victorian society was constrained by ideas of how a *male* should behave. Contrary to the mythology that the Victorian era saw a great excess of women admitted to asylums, men were admitted in equal numbers.²⁷

The novel does, however, present a more nuanced feminist perspective in its depiction of its young heroine, Sarah. She is initially quick to judge two male doctors, suspecting them of hypocritically using prostitutes and perhaps, also of murder. She finds she is mistaken and that they were actually trying

to help them. The murderer turns out to be a female doctor, whom Sarah originally saw as a positive role model as she seemed to be working hard to help poor, pregnant women. The novel, then, avoids a simple dichotomy of all male doctors bad, all female doctors good.

Poor Things by Alisdair Gray

Set in the 1880s in Glasgow and other European cities, the story tells of Godwin Baxter, a brilliant medical scientist, who brings a woman back from the dead.

In this novel Gray plays games with the genre of historical fiction. The introduction and historical notes to the story are written by Alisdair Gray or, more accurately, by Alisdair Gray taking on a persona by that name. In the 'Introduction', the 'author' claims to have found a genuine manuscript purporting to be the memoirs of a Scottish doctor, Archie McCandless. He concedes that the historian, Michael Donnelly (who is a real person) disputes that the manuscript is authentic and judges that it is a work of fiction. Gray remarks: 'I also told Donnelly that I had written enough fiction to know history when I read it. He said he had written enough history to recognize fiction' (XI). This neatly illustrates the paradox of historical fiction that has to contend with the twin demands of maintaining some degree of historical accuracy whilst also telling a compelling story.

As well as the manuscript by McCandless, there is a letter by his widow, also a doctor, saying that her husband's memoir is a work of fantasy. This is followed by editorial notes by 'Alisdair Gray', in which he comments on the two accounts, expanding or 'correcting' the claims made in them. Gray uses the academic apparatus of endnotes and commentary to lend the manuscripts an air of authenticity, but he mixes actual references with fictitious ones, serving to undermine the case that the manuscripts are genuine.

The memoir by Archie McCandless tells how his colleague, the brilliant Godwin Baxter performs a Frankenstein-like operation on a young, pregnant woman, Bella, who has committed suicide

by jumping into the River Clyde. Baxter takes the brain of her unborn baby and implants it in her skull. She is brought back to life but now has the brain of a baby in the body of an adult woman. Her mind rapidly matures and, after an educational tour of Europe with Baxter, she goes on to marry Archie McCandless. It emerges that prior to her suicide attempt, Bella was actually Lady Victoria Blessington. She was continually demanding sex from her husband, General Blessington. The family doctor deemed that she suffered from 'erotomania' and advised a clitoridectomy. As we have seen in the discussion of *The Wages of Sin*, this operation is historically unlikely to have been performed in the 1880s, and it is clear that Gray is referring to it in order to make a comment about the misogynist nature of Victorian medicine. Before the operation could be done, Lady Blessington ran away to Glasgow, heavily pregnant and threw herself in the Clyde. Dr Godwin Baxter is eventually confronted by Bella about her origins and the fate of her baby and has to confess to his surgical experiment on her. As in the story of Frankenstein by Mary Shelley, Godwin Baxter is revealed to be guilty of hubris.

The novel also looks at psychiatry and judgements as to whether Bella is sane. One judgment by the Blessington's family doctor is that she is mad, more specifically that she suffers from 'erotomania', which is said to be manifest by her seemingly insatiable desire for sex. The other view is that she is perfectly sane as judged by a variety of eminent psychiatrists and neurologists whom Godwin Baxter has arranged for Bella to consult: 'Charcot of Paris, Golgi of Pavia, Kraepelin of Wurzburg, Breuer of Vienna and Korsakoff on Moscow' (p. 222). Baxter reports:

They agree she shows no signs of mania, hysteria, phobia, dementia, melancholia, neurasthenia, aphasia, catatonia, agolagnia, necrophilia, coprophilia, folie de grandeur, nostalgie de la boue, lycanthropy, fetishism, Narcissism, Onanism, irrational belligerence, unhealthy reticence and is not obsessively Sapphic. (p. 222)

In this we see Gray, in a similar fashion to many feminist historians, suggesting that during the Victorian period women could be judged as mad if they did not conform to society's rigid ideas as to what constituted 'womanly' behaviour. He suggests that husbands and doctors colluded to ensure that unruly and disobedient wives could be certified insane and carted off the madhouse. Gray is also poking fun at psychiatric diagnosis: its seeming proliferation of categories and its tendency to pathologise everyday life with such terms as 'unhealthy reticence' and 'irrational belligerence'. By extension, the psychiatric 'experts' who employ such terms are also made to look foolish.

Regeneration by Pat Barker

Regeneration by Pat Barker tells the story of Dr Rivers and his treatment of shell-shock victims at Craiglockhart Hospital in Edinburgh during the First World War. It focuses on his treatment of the poet Siegfried Sassoon, but Wilfred Owens and Robert Graves also make an appearance. There is

a fictional character, Billy Prior, who is another of Rivers' patients. He features extensively in the two subsequent novels in *The Regeneration Trilogy*.²⁸ The three books offer a sensitive account of Rivers and his therapeutic methods. Like Duncker in her novel about James Barry, Barker attempts to enter the inner world of her main character, Dr Rivers. She portrays him struggling with his personal demons, in particular his homosexual feelings for some of his patients. Unlike the depictions of psychiatrists in the other novels we have considered, Rivers is portrayed as kindly and humane clinician, indeed the hero of the story.

As far as one can judge from the historical evidence,²⁹ the novels in the trilogy provide a convincing account of Rivers' therapeutic method, though the inclusion of fictitious patients, while serving an artistic purpose, is difficult for the historical purist to accept unproblematically.

The Vanishing Act of Esme Lennox by Maggie O'Farrell

The Vanishing Act of Esme Lennox by Maggie O'Farrell tells the story of a young woman in Edwardian Edinburgh who is shut away in an asylum at the age of 16 years for 60 years. She is unconventional, opinionated and the final straw for her bourgeois family is when she becomes pregnant, despite the fact it was a result of being raped. We learn: 'That a man used to be able to admit his daughter or wife to an asylum with just a signature from a GP' (pp. 63–4). Now this is simply not true. The Scottish mental health laws during this period stipulated that detention in an asylum necessitated two medical certificates by doctors with expertise in mental illness and that the final decision was made by the sheriff.³⁰ The patient could appeal the detention to the Lunacy Commission, who regularly inspected asylums. Thus the story that the central character spent 60 years in an asylum does not accord with historical reality. The author drew on *The Female Malady* by Elaine Showalter and *Sanity, Madness and the Family* by RD Laing. She has constructed a narrative whereby feisty women who challenge gender stereotypes are made into psychiatric cases through the collusion of their family and psychiatrists, and then effectively shut up by being incarcerated in an institution. And while there is some truth in this narrative, the historical reality was more nuanced and more complex. As noted earlier, men were admitted to asylums in equal numbers. Laing's theories about the role the family plays in helping to label a difficult child mentally ill are not now generally accepted.³¹ Once again, the question is: should novelists have the freedom to change historical facts in the interest of creating a good story or to emphasise political points, in this case the mistreatment of women by psychiatry and society?

Conclusion

We have surveyed a range of novels concerned with medical history. The aims of writers have varied. Some have used history to provide a colourful background to the main story; others have tried to forge faithful recreations of the past,

whilst still others have wished to explore political issues relating to gender, sexual orientation and medical power. In particular, feminist perspectives on the past have been increasingly employed, as in the work of Duncker, Gray, Parry, Thomson and Welsh. We have also seen that the crime novel has been the genre that has most commonly taken up the subject of medical history.

Why have we seen a recent upsurge in novels about the history of medicine? This is difficult to answer. Certainly medicine deals with matters of life, death and madness, so we can see why the subject would appeal to the novelist. Also, it is probably easier for lay authors to write about the past of medicine rather than the present day, which obviously demands a degree of expertise denied to the nonclinician. Perhaps our present is too confusing and unsettling to comprehend, leading writers to seek certainty in the past.

Readers, of course, are primarily interested in a good story, captivating characters, dramatic tension, etc. However, the novel can also offer a more attractive and accessible route to

history than that offered by an academic treatise, which can be forbidding with its use of technical language and scholarly apparatus. However, some historians, such as Andrew Scull and the late Roy Porter, have written lively books on the history of medicine, which eschew academic jargon and are appealing to a nonspecialised audience. Generally, though, the novel with its emphasis on narrative, characterisation and drama provides an easier read than a scholarly article. It can paint a more vivid picture of the past than an academic text. The disadvantage, as we have seen, is that the novel may give a distorted account of historical characters and events. Novels may give an overly dramatic account of what might have been, in actual fact, quite prosaic, and they may simplify complex issues. However, on balance, I think that novels about the history of medicine help us to engage with the past and are likely to inspire readers to find out more about medical history. ①

Acknowledgement

Thanks to Margaret Beveridge for her helpful comments on an earlier draft of this paper.

References

- 1 Parry A. *The Way of all Flesh*. Edinburgh: Canongate; 2018.
- 2 Gray A. *Poor Things*. London: Bloomsbury; 1992.
- 3 Morgan N. *Fleshmarket*. London: Hodder; 2003.
- 4 Duncker P. *James Miranda Barry*. London: Bloomsbury; 2011 (first published, 1999).
- 5 Macrae Burnet G. *His Bloody Project*. Glasgow: Contraband; 2015.
- 6 Barker P. *Regeneration*. London: Viking; 1991.
- 7 O'Farrell M. *The Vanishing Act of Esme Lennox*. London: Headline Review; 2006.
- 8 Faulks S. *Human Traces*. London: Vintage; 2006.
- 9 Atkinson K. *Author Note to Life after Life*. In Atkinson K. *Life after Life*. London: Black Swan; 2014. pp. 615–9.
- 10 Binet L. *HHhH*. (trans. by Sam Taylor). London: Vintage; 2013.
- 11 Barthes R. The Death of the Author. In: *Images/Music/Text*. (trans. Stephen Heath). New York: Hill and Wang; 1977. pp. 142–7.
- 12 Holmes R. Scanty Particulars. *The Mysterious, Astonishing and Remarkable Life of Victorian Surgeon James Barry*. London: Viking; 2003.
- 13 du Preez HM. Dr James Barry (1789–1865): the Edinburgh years. *J R Coll Physicians* 2012; 42: 258–65.
- 14 du Preez M, Dronfield J. *Dr James Barry: A Woman Ahead of her Time*. London: Oneworld; 2017.
- 15 MacCrae M. *Simpson. The Turbulent Life of a Medical Pioneer*. Edinburgh: John Donald; 2010.
- 16 Binet L. *The Seventh Function of Language*. (trans. By Sam Taylor). London: Harvill Secker; 2017.
- 17 Thomson ES. *Beloved Poison*. London: Constable; 2016.
- 18 Beveridge A. Madness in Victorian Edinburgh: a study of patients admitted to the Royal Edinburgh Asylum under Thomas Clouston, 1873–1908. *History Psychiatry* 1995; 6: Part 1, 21–54; Part 2, 133–156.
- 19 Thomson ES. *Dark Asylum*. London: Constable; 2017.
- 20 Valenstein ES. *Great and Desperate Cures: The Rise and Decline of Psychosurgery and Other Radical Treatments for Mental Illness*. New York: Basic Books; 1986.
- 21 Beveridge A. Life in the Asylum: patients' letters from Morningside, 1873–1908. *History Psychiatry* 1998; 9: 431–69.
- 22 Bruce Thomson J. The hereditary nature of crime. *J Mental Sci* 1870; 15: 487–98.
- 23 Bruce Thomson J. The psychology of criminals. *J Mental Sci* 1870; 16: 321–50.
- 24 Scull A, MacKenzie C, Hervey N. *Masters of Bedlam. The Transformation of the Mad-Doctoring Trade*. Princeton: Princeton University Press; 1996.
- 25 Welsh K. *The Wages of Sin*. London: Tinder Press; 2018 (first published, 2017).
- 26 Showalter E. *The Female Malady. Women, Madness and English Culture, 1830–1980*. London: Virago Press; 1987 (first published in 1985 by Pantheon Books).
- 27 Busfield J. The Female Malady? Men, women and madness in nineteenth century Britain. *Sociology* 1994; 28: 259–77.
- 28 Barker P. *The Regeneration Trilogy*. London: Penguin Books; 1998.
- 29 Slobodin R. *W.H.R Rivers: Pioneer Anthropologist and Psychiatrist of the 'Ghost Road'*. 2nd Ed. Stroud: Sutton Publishing; 1997.
- 30 MacNiven A. The first commissioners: reform in Scotland in the mid-nineteenth century. *J Mental Sci* 1960; 106: 451–71.
- 31 Beveridge A. *Portrait of the Psychiatrist as a Young Man. The Early Writings and Work of RD Laing, 1927–1960*. Oxford: Oxford University Press; 2011.