



# **The Doctor in the Victorian Novel**

**Family Practices**

**Tabitha Sparks**

ASHGATE e-BOOK

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## THE DOCTOR IN THE VICTORIAN NOVEL

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*To D.S.O., of course*

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# The Doctor in the Victorian Novel

Family Practices

TABITHA SPARKS  
*McGill University, Canada*

ASHGATE

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Published by  
Ashgate Publishing Limited  
Wey Court East  
Union Road  
Farnham  
Surrey, GU9 7PT  
England

Ashgate Publishing Company  
Suite 420  
101 Cherry Street  
Burlington  
VT 05401-4405  
USA

www.ashgate.com

#### **British Library Cataloguing in Publication Data**

Sparks, Tabitha.

The doctor in the Victorian novel : family practices.

1. Physicians in literature – History – 19th century. 2. Marriage in literature – History – 19th century. 3. English fiction – 19th century – History and criticism.

I. Title

823.8'093543-dc22

#### **Library of Congress Cataloging-in-Publication Data**

Sparks, Tabitha.

The doctor in the Victorian novel : family practices / Tabitha Sparks.

p. cm.

Includes bibliographical references.

ISBN 978-0-7546-6802-2 (alk. paper)

1. English fiction – 19th century – History and criticism. 2. Physicians in literature.

3. Medicine in literature. 4. Marriage in literature.

I. Title.

PR878.P46S63 2009

823'.809-dc22

2009011695

ISBN 9780754668022 (hbk)

ISBN 9780754696407 (ebk.V)



Printed and bound in Great Britain by  
TJ International Ltd, Putney, Cornwall

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# Acknowledgements

I have incurred many debts, personal and professional, during the writing of this book. An early version of this project was a dissertation I wrote at the University of Washington, under the expert supervision of Lauren Goodlad. Her contribution to my scholarly training is immeasurable, and I am lucky to have worked with her. Special thanks also go to University of Washington faculty members Kathleen Blake, Gary Handwerk, Leroy Searle, Dick Dunn, and in memory of Jim Clowes.

The Center for Humanistic Inquiry at Emory University generously supported much of this research with a postdoctoral position.

At McGill, I have many colleagues who have been (and continue to be) mentors and friends, including Maggie Kilgour, Brian Trehearne, Erin Hurley, Monique Morgan, Berkeley Kaite, Marty Kreiswirth, and Wes Folkerth. The following PhD students, former and current, deserve special mention; it has been an honor to work with Tara MacDonald, Mike Lee, Natalie Huffels, and Brad MacDonald. Special thanks also go to former undergraduates Jacqueline Appleby, Elissa Gurman, and Rebecca Cramer, who worked as research assistants on this book, as did Tara MacDonald. Other friends and/or members of the profession who contributed to or variously supported this research include Louise Penner, Alan Rauch, Tom Glass, Jocelyn Stager, Kerry Brandt, Dagni Bredesen, and Lydia Fisher.

My deepest thanks go to Daryl, for his tireless reading and astute commentary. He never suggested, even indirectly, that it was time for me to leave the Victorians alone. I also want to thank Emily Sparks and Vincent Fogle, Fritz Sparks and Iris Davis, and Ben and Andrea Sparks, for their encouragement and support; Zoë and Benjamin Ogden, for their patience while I was writing; and Phoebe Sparks Ogden, who is not yet old enough to practice patience, but is well-meaning in her own energetic way.

An earlier version of Chapter 3 appeared in *Beyond Sensation: Mary Braddon in Context*, eds Marlene Tromp, Pamela K. Gilbert, and Aerin Haynie (Albany, NY: SUNY Press, 2000): 197–209.

An earlier version of Chapter 4 appeared in *The Journal of Narrative Theory*, 32.1 (Winter 2002): 1–31.

An earlier version of Chapter 5 appeared in *Nineteenth-Century Feminisms*, 6 (Fall–Winter 2002): 87–102.

The author wishes to thank TheWellcome Library, London, for the use of the cover image: “A bedridden sick young woman being examined by a doctor, accompanied by her anxious parents,” engraving by F. Engleheart, 1838, after Sir David Wilkie. The author also wishes to thank the generous and efficient editorial staff at Ashgate, especially Ann Donahue, Jeanne Brady, and Celia Barlow.



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# Introduction

Towards the end of his 1857 novel *Little Dorrit*, Charles Dickens provides an extended description of a character, “Physician.” The length and specificity of the details Dickens offers reflect the rising social identity of physicians during a dynamic period in medicine and professionalization. At the same time, the description encapsulates the focus of this book by articulating something more abstract. Dickens’s narrator shows Physician’s distinction from his assembled company, for his stock-in-trade confers on him a status and privileged access that makes his relationships unique. I quote the description at length to reveal this emphasis:

Few ways of life are hidden from Physician, and he was oftener in its darkest places than even the Bishop. There were brilliant ladies about London who perfectly doted on him, my dear, as the most charming creature and the most delightful person, who would have been shocked to find themselves so close to him if they could have known what sights those thoughtful eyes of his had rested within an hour or two, and near to whose beds, and under what roofs, his composed figure stood ...

As no man of large experience of humanity, however quietly carried it may be, can fail to be invested with an interest peculiar to the possession of such knowledge, Physician was an attractive man ... *Where he was, something real was ...*

It came to pass, therefore, that Physician’s little dinners always presented people in their least conventional lights. The guests said to themselves, whether they were conscious of it or no, ‘Here is a man who really has an acquaintance with us as we are, who is admitted to some of us every day with our wigs and paint off, who hears the wandering of our minds, and sees the undisguised expression of our faces, when both are past our control; we may as well make an approach to reality with him, for the man has got the better of us and is too strong for us.’ Therefore Physician’s guests came out so surprisingly at his round table that they were almost natural. (Dickens, *Little Dorrit*, 683–4, my emphasis)

To Physician’s dinner guests, his medical purview facilitates two levels of “the real”: it represents the specialist knowledge of a trained professional, and it grants him intimate access to his patients. In turn, the effect of that knowledge and access on his relationships is transformative; as the narrator explains, it overrides the scheming and subterfuge so otherwise prevalent in *Little Dorrit*. As this description of Physician exemplifies, I am most interested in the belief systems that he (and other fictional Victorian doctors) represent, and by the effect of his medical experience on his personal relationships. Just as Physician’s proximity to the darker side of life allows his friends to pare away the specious

and elaborate facades that test *Little Dorrit*'s characters (and those in virtually all of Dickens's novels), this equation between Physician and "the real" influences his characterization, too. Because he is named by his accreditation alone, his vocation consumes his personal identity; it is hard to imagine him also as a husband, a father, or a son. Physician stands apart from the rest of the novel's characters whose personal desires, fears, and prejudices are the stuff of the story. In sum, Physician is so close to the truth that he is outside of the story, presiding over it and his dinner table in a generous but disinterested way.

While Physician's particular influence transcends the plot of *Little Dorrit*, the same is not true for Dickens's more famous doctor, Allan Woodcourt in *Bleak House* (1852–53), and their respective relationships in the novels in which they appear inform my argument in *The Doctor in the Victorian Novel*. Woodcourt's selfless treatment of the diseased poor in London, his heroism as a naval surgeon aboard a shipwreck, and his exemplary marriage to Esther Summerson all make him an admirable example of mid-century reformism and domestic honor. So while Physician, with his lofty hold on the truth and seeming imperviousness to deceit, hovers above *Little Dorrit*'s world like an ostensibly benign god, Woodcourt personifies *Bleak House*'s domestic morality. The two doctors' representations of empirical truth (Physician) and marriage and domesticity (Woodcourt) divide the trajectory toward which the doctor figure propelled the plot in the Victorian novel.<sup>1</sup> My dominantly chronological reading of Victorian novels analyzes not the co-production of scientific and literary ideas so much as the marriage plot's efficacy in harnessing the empirical mindset, as represented by the doctor, into a conventionally romantic story. The challenge of merging a medical consciousness into the marriage plot both heralds and causes the end of the bourgeois, domestic novel, as the detachment exemplified by Physician gradually eradicates the mode of romance and realism integrated by Woodcourt.

While the portrayals of doctors analyzed in this book vary significantly, most of them, like Physician in *Little Dorrit*, invite us to reflect upon each novel's mediation between the fictive world and the "real" insights associated with medical knowledge. Numerous books have correlated medical and scientific developments and Victorian literature, but *The Doctor in the Victorian Novel* reads Victorian medicine towards a different end. I focus on the figure of the Victorian doctor not to uncover developments or trends in the theory of medicine, nor to trace

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<sup>1</sup> My emphasis on the division between empiricism and imaginative discourses departs from an important concept named by Gillian Beer and recently enlarged upon by Janis McLarren Caldwell. For Beer and for Caldwell, the concept of "romantic materialism" in the early to mid-nineteenth century describes Darwin's dual and mutually productive understandings of imagination and materiality. For descriptions and discussions of romantic materialism, see Beer, *Darwin's Plots: Evolutionary Narrative in Darwin, George Eliot, and Nineteenth-Century Fiction* (NY: Routledge and Kegan Paul, 1983) and Caldwell, *Literature and Medicine in Nineteenth-Century Britain: From Mary Shelley to George Eliot* (Cambridge: Cambridge University Press, 2004).

commonalities in the imaginative work or conceptual vocabularies of medicine and literature. Instead, I use the figure of the doctor to chart the sustainability of the Victorian novel's central imaginative structure, the marriage plot. I am thus treating the doctor-character as a human index of modern material and physiological knowledge as it enters and shapes the novel's most sustained exercise in fancy, the marriage plot and love story, and the emotional logic on which they stand. The doctor's fraught synthesis into and out of the marriage plot novel (over the course of the period) provides a metonym for that genre's evolution and disintegration more generally.

Victorian literature's most famous doctor, the surgeon Tertius Lydgate in George Eliot's *Middlemarch* (1872), exemplifies the ill fit between the marriage plot and the doctor-character.<sup>2</sup> Lydgate's attraction to Rosamund Vincy binds him to a marital plot that uniquely represents his professional orientation. Following a failed love affair in Paris, Lydgate vows (before meeting Rosamund) to take a "strictly scientific view of women" and his appreciation of Rosamund likewise is anatomical and material (he thinks she is beautiful, and would make an impressive wife for a status-conscious, rising surgeon). Lydgate's entrance into marriage reflects his medical-professional domain and, more specifically, his keen commitment to scientific medicine. But when Rosamund's exorbitant spending forces him to replace his research ambitions with a financially profitable private practice, the collision of the medical/professional and emotional spheres in their marriage typifies the friction between doctor-characters and domestic, romantic plots in the Victorian novel across the period.

If my analysis relies in a great part on the doctor's proximity to empirical knowledge, then why is it directed at the doctor and not the scientist? I focus on the doctor for several reasons, all of which have to do with my understanding of the Victorian novel as a medium for imagining individuals in and through their relationships. While scientists usually work towards the definition of what is true of life or matter in general, doctors approach natural knowledge through individual, human cases. The doctor forms intimate relations with his patients, and so his relationships are a telling measurement of the usefulness, authority, and application of naturalistic knowledge in a given novel.<sup>3</sup> More specifically, I argue that the doctor-character's own participation in the marriage plot offers a *précis* of the novelist's relationship to material knowledge as it furthers (or as I dominantly find, threatens) the literary love story, which is treated here as the essence of the bourgeois novel itself.

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<sup>2</sup> Lydgate is a surgeon; often in this book I use the term "doctor" in the modern sense, referring to a medical professional in cases where context does not demand the specification of surgeon, physician, apothecary, general practitioner, or other, more specialized designation.

<sup>3</sup> Here and elsewhere I refer to the Victorian doctor-character as "he," reflecting the majority of the examples I study. In Chapter 6 I discuss the significant but atypical example of the female doctor.

The application of material knowledge reflected by doctors in this book is informed by professionalism as much as medical science. Medical historians such as S.E.D. Shortt and Arnold Thackray have argued against a traditional, causal theory whereby scientific discovery paves the way for professionalization. In treating science as a sign of intellectual and cultural sophistication, as in social organizations like the Manchester Literary and Philosophical Society, Thackray proposes that the social identity associated with scientific knowledge was instrumental to professional organization and hence helped to promote the rise of science in culture.<sup>4</sup> For the most part, my first three chapters describe doctors in the period prior to the mid-century scientific revolution in Victorian medicine, and so they emphasize professional politics, the doctor's social status, and his marital eligibility more than science *per se*. The latter three chapters suggest that scientific and medical developments generally adapted to and concretized the social roles that the professionalization of medicine had already forged. For example, in Elizabeth Gaskell's *Wives and Daughters* (1866), Mr. Gibson's work as a surgeon limits his emotional perception. This is not because of the scientific orientation of surgery, as the novel takes place in the early 1830s, but rather because of the field's demand for dogged, ambitious, and practical-minded professionals. It was this same professional mindset that accommodated the empirical advances of surgery later in the century, and informed the portraits of fictional surgeons whose progressive scientism all but destroys their humanity and compassion, such as those depicted by Wilkie Collins and Arthur Machen.

My thinking about an individual figure as a discursive reflection of the Victorian novel is indebted to critical works by Nancy Armstrong and Daniel Cottom. In *How Novels Think: The Limits of Individualism from 1719–1900* (2005), Armstrong treats the rise of the novel as a process by which this art form “figured out how to adjust to, incorporate, and abject competing ways of thinking about the individual” (10). Her description of the novel's development of individual subjectivity usefully informs my reading of the single figure of the doctor. Armstrong's understanding of the reconciliation between the concept of the individual and the form of the novel at a particular moment in literary history provides a closer model for my critique than, for example, historically situated analyses of an individual figure, such as Mary Poovey's comprehensive examinations of the governess or the nurse in *Uneven Developments* (1988). Poovey's case studies teach us more about these figures' fraught ideological status and the interpretative demands that they placed on their readers than they direct us to the novel genre's accommodation of them in its central plots. Another deft argument for approaching a novel's meaning

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<sup>4</sup> Similarly, Shortt writes that “biomedical innovation and professional delineation were events which, during the nineteenth century, occurred in parallel. Traditional historiography, however, has assumed a more intimate relationship, arguing that the new science increased competence and competence brought professional recognition and status” (54); S.E.D. Shortt, “Physicians, Science, and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century,” *Medical History* 27 (1983): 51–68.

through an individual portrayal comes from Daniel Cottom in *George Eliot and the Politics of National Inheritance* (1987). To Cottom, Eliot recognized the individual as “the basis of any realistic representation of human life,” and thus Eliot “announced that knowledge in general was contingent upon an understanding of this phenomenological category before all else” (68). Cottom’s interpretation of Eliot’s portrayal of the individual as a phenomenological paradigm foregrounds my analysis of doctors as character-specific renderings of a given novel’s stance towards the rising authority of science and professional medicine in culture.

As much as the doctor-character changed over the course of the Victorian era, so too did the representation of marriage. While the novels of Jane Austen at the turn of the nineteenth century revolutionized marriage as a harmonious retreat from an increasingly commercial world, Victorian novels further confronted rapidly changing gender roles, the rise of professionalism, and the increasing secularization of culture.<sup>5</sup> The Victorian marriage-plot novel that I study in this book relies on two key concepts. At the beginning of the period, these concepts are mutually enhancing: they are the dual assumptions that the novel’s work is to depict the everyday experience of identifiable characters, almost always in familiar, middle-class, domestic settings. Secondly, this mode of realism finds a satisfying and convincing resolution in a marriage plot that symbolizes companionship, often (but not always) desire, and the economic and civic virtues of compromise that marriage represents. The balance between these two assumptions, so deftly forged by Austen, commands the domestic, realist novel through the early and middle decades of the century so much so that exceptional plots only highlight its standard.<sup>6</sup> The ambiguous endings of two great mid-century novels, *Villette* and *Great Expectations*, are haunting and powerful largely because they thwart the expectations of a happy ending for Lucy and Paul Emmanuel, and Pip and Estella

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<sup>5</sup> I consider the novels of Jane Austen exemplary of the marriage-plot format that most Victorian novelists took up. Austen’s courtships and marriages merge economic security with personal discrimination. They establish married couples as the basis of a modern society that prizes individualism above institutional loyalties, fostering a middle-class, democratic ethic that challenges money and status as the defining points of a “good” marriage. Austen, writing at the turn of the nineteenth century and in its first decades, amalgamates marital ideals of an earlier age as well as ones that would be given increasing confidence by the Victorians. Whereas Elizabeth Bennett’s engagement and marriage to John Darcy in *Pride and Prejudice* exemplify, through an almost fairy-tale-like vision of aristocratic largesse, the apex of a middle-class woman’s fantasy, the companionate and sentimental pairing of Anne Elliot and Captain Frederick Wentworth in *Persuasion* emphasizes personal affinity more than triumphant class rise.

<sup>6</sup> As Joseph Allan Boone writes, “whether or not marriage is actually attained,” the patterns of courtship, seduction, and wedlock “almost uniformly uphold the *concept* of romantic wedlock as their symbolic center and ideal end” (original italics). *Tradition Counter Tradition: Love and the Form of Fiction* (Chicago, IL: University of Chicago Press, 1987), p. 9.

that each novel seems to anticipate, conventionally and morally.<sup>7</sup> This is not to say that early and mid-Victorian novels all end happily, but even when they do not (*Ruth*, *The Mill on the Floss*), they routinely impose death as the alternative end and so make a zero-sum argument that implicitly equates “life” with “marriage” in the standard marriage-or-death conclusion.<sup>8</sup>

Critics who treat the marriage plot as the master narrative of the nineteenth-century novel have influenced this book. Armstrong’s *Desire and Domestic Fiction* (1988) and Tony Tanner’s *Adultery in the Novel* (1979) both read the domestic marriage plot as a condensation of the nineteenth-century’s move towards secular, individualistic, and democratized bases of power. Following the example of Foucault, Armstrong argues that the “female voice” disseminated in the late eighteenth and nineteenth-century novel was not a universal attribute or pre-existing condition, but an invention of an historical *milieu* in which men maintained political identities and women affirmed the private, individualistic characteristics associated with domesticity. While Tanner is less interested than Armstrong in gender, he sees the bourgeois novel as “coeval and coterminous with the power concentrated in the central structure of marriage.” As long as plots about adultery yield chaos and destruction (*Madame Bovary*, *La Nouvelle Héloïse*, *Die Wahlverwandtschaften*), they expose the absoluteness of the marital structure. When adultery no longer devastates the narrative, the bourgeois novel, like bourgeois marriage, loses its essentiality (15). Joseph Allan Boone’s elegant *Tradition Counter Tradition: Love and the Form of Fiction* (1987) similarly argues that the hegemonic marriage plot so central to the nineteenth-century, Anglo-American novel predicates, by way of its very ideological and narrative stronghold, counter-narratives that explore, collide with, sometimes replace, but inevitably draw attention to this central plot.

Following Tanner and Boone, with the former’s emphasis on the chronological nature of the process, I argue that novelists progressively doubt the marriage plot’s unifying logic. By the later century, “realistic” and “happy marital resolution” become increasingly hostile bedfellows, with the latter often suggesting an idealized “happily ever-after” formula that undercuts a realistic treatment of ordinary life and the boredom, frustration, and grief that novelists including Hardy and Gissing portray so relentlessly. Scholars of the late Victorian, Edwardian, and Modernist

<sup>7</sup> In another example, Dickens’s decision to end *Hard Times* with “no love at all” reflects the complete subversion of human affection and its structural corollary, the marriage plot, that Dickens sought in imagining a society governed by Utilitarianism. Charles Dickens, *Hard Times*, eds. George Ford and Sylvère Monod (New York: W.W. Norton, 1966), p. 236.

<sup>8</sup> For a clear overview of this norm, see Linda M. Shires, “The aesthetics of the Victorian novel: form, subjectivity, ideology” in *The Victorian Novel*, ed. Deirdre David (Cambridge: Cambridge University Press, 2001), p. 65, and Penny Boumelehla, “Realism and the Ends of Feminism” in *Grafts: Feminist Cultural Criticism*, ed. Susan Sheridan (London: Verso, 1988), p. 326.



novel attribute the decline of the “essentialized” marriage plot to a variety of forces, among them a changing legal and social code for women that allowed for some measure of financial independence, more permissive divorce laws,<sup>9</sup> and, more abstractly, an easing of the intimate bonds enabled by an increasingly urbanized society.

Two recent studies of the Victorian marriage-plot novel have expanded our understanding of this fictional category by rethinking its functions and its momentum. In *Marriage of Minds: Reading Sympathy in the Victorian Marriage Plot* (2007), Rachel Ablow interprets the sympathetic mode of the domestic, marriage-plot novel as a parallel to or even stand-in for the wifely function so celebrated in Victorian culture. In *Between Women: Friendship, Desire, and Marriage in Victorian England* (2007), Sharon Marcus argues for the utility of female friendship in marshalling heterosexual marriage plots, calling it “a transmission mechanism that kept narrative energies on track” (3). From different angles, both of these studies come at a supposition that informs my argument, too: the idea that the Victorian marriage plot can teach us, indirectly and explicitly, about a range of socio-cultural values and anxieties, even those only tangentially related to a hero and heroine’s story of courtship and marriage. In this way, my study uses doctors in conjunction with the marriage plot to measure a novel’s medical and scientific authority, its balance between professionalism and intimacy, and its attachment of these values to gendered identities.

In addition to addressing the numerous shifts in social life and marriage, Victorian novelists faced another spectrum of knowledge that challenged the fictional representation of private life: the development of medical science and its attendant influence on the way that Victorians lived, thought, and forged personal bonds. The “Scientific Revolution” of the mid-to-late nineteenth century instituted an epistemological shift away from the personal subjectivity that was the special province of the domestic novel, and embraced, or at the very least confronted, a newly rational and empirical consciousness.<sup>10</sup> Increasingly throughout the period, personal relationships in the novel are subjected to the objectifying gaze of modern science. As my readings of novels attest, fiction gradually loses the authority that medicine and science were claiming as the medical profession

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<sup>9</sup> These include the Divorce and Matrimonial Causes Act of 1857 and the Married Woman’s Property Act of 1870. For a thorough discussion of Victorian women’s legal reforms, see Mary Lyndon Shanley, *Feminism, Marriage, and the Law in Victorian England* (Princeton, NJ: Princeton University Press, 1989).

<sup>10</sup> Ablow concludes her study of the wifely role of the mid-Victorian novel by writing that late Victorian and early Modern novels “are more commonly marked by growing doubts regarding the viability of ever fully “entering into” another person’s thoughts and feelings, and a diminishing faith in the “transformative potential of marital sympathy” (145). *The Marriage of Minds: Reading Sympathy in the Victorian Marriage Plot* (Stanford, CA: Stanford University Press, 2007).



worked to locate knowledge of human life in physiology rather than literary subjectivity (Small 23, 220).

The rise of medical influence on the novel does not straightforwardly demonstrate medicine accruing power as novels lose it, for almost all of the novels studied here agree that the doctor's authority comes at the cost of his isolation from society and morality, exactly the ruling domains of the marriage-plot novel. As fictional doctors increasingly become lonely bachelors or callous experimentalists over the course of the period, *so too and therefore* does the systematizing logic of the marriage plot wane. In treating the doctor as a figural stand-in for the encroachment of empirical knowledge on a morally formulated artistic genre, I see his alienation from the marriage plot and its interrelated decline as a very succinct sign of the end of the Victorian novel. With marriage losing its totalizing force as an Austenian emblem of social conciliation, the Modernist novel evolves in the shadow of this nineteenth-century formula, and authors as disparate as Conrad, Galsworthy, Forster, Woolf, and Waugh find ways to thematize and stylize the emotional cavity wrought by empiricism's indifference to human emotion.

In addition to the studies of the marriage plot already mentioned, the critical works that have most influenced *The Doctor in the Victorian Novel* are those that consider literature alongside and against other fields, but reserve their primary conclusions for arguments about a literary field or genre. In *Love's Madness: Medicine, the Novel, and Female Insanity, 1800–1865* (1998), Helen Small examines the changing theorization of a novelistic figure, the love-mad woman. In the earlier part of the century, this stock character is defined according to hyperbolic notions of sentimentalism and Romanticism, but along with the medicalization of psychiatry, she becomes constrained by increasingly clinical conceptions of insanity and psychological realism. Catherine Gallagher's *The Body Economic: Life, Death, and Sensation in Political Economy and the Victorian Novel* (2006) also compares literary epistemes to an empirical one: political economy. At the turn of the nineteenth century, writes Gallagher, both Romanticism and the incipient science of political economy were defined as organic processes that linked their authority to natural processes (8). Moving through the nineteenth century, Gallagher charts the effort of political economists to distinguish their field from philosophic and scientific domains; for instance, Nassau Senior's *Outline of the Science of Political Economy* (1836) was calculated to exempt political economy from the demands of ethics (186). Indeed, this effort by political economists resembles a parallel endeavor by historical doctors to focus their expertise in scientific rather than humanistic spheres and so exculpate themselves from competing loyalties. A striking example is John Burden Sanderson's attempt to develop a school of physiology at Oxford, to rival those on the Continent, by excusing physiology from the empathetic concerns that had curtailed British research on animal subjects.<sup>11</sup> Increasingly throughout the century, fictional doctors, too, characterize

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<sup>11</sup> I explore this case and fictional analogies in detail in Chapter 5.

spiritual, philosophical, and humanistic interests as separate from the professional and scientific ambitions of medicine.

In a study similarly concerned with disciplinary boundaries but more interested in their philosophical foundations than Gallagher's, Mary Poovey's *Genres of a Credit Economy: Mediating Value in Eighteenth- and Nineteenth-Century Britain* (2008) compellingly unpacks the institutional consolidation and, consequently, the notional parting of the ways between political economy and literature. For Poovey, literary authors from the late seventeenth through the nineteenth centuries embarked upon a lengthy process of identifying themselves as imaginative commentators, marking their territory and defending their significance against the development of fact-based writings like political economy. By the nineteenth century, Poovey argues, literature was established as a non-factual genre. Towards my own thesis, it was exactly this constitutional basis of the novel as imaginative that taxed Victorian novelists' growing apprehension of the medical knowledge that they realistically worked into their plots.

I have written this book amidst a (roughly) two-decade period of extraordinarily rich interdisciplinary scholarship in science and literature. The dominant scholarly trend in interdisciplinary studies in Victorian literature and science stems from the influence of Beer's *Darwin's Plots: Evolutionary Narrative in Darwin, George Eliot and Nineteenth-Century Fiction* (1983). Beer's literary examples focus on George Eliot and Thomas Hardy and their evolutionary discourse. As Beer shows us, Eliot finely adapted scientific concepts to *Middlemarch* in a way that makes them seminal to and indivisible from the novel's plot and language, and its representation of life and selfhood as bounded by natural law, but enduring in and through Darwinian understandings of inheritance. *Darwin's Plots* exemplifies the cross-pollination of imaginative and empirical discourses that has inspired so many scholars over the last two decades.

In Beer's footsteps, the effort to discern evidence of most branches of nineteenth-century science in the fiction of the period has been unevenly realized. Along with Beer, the more convincing theorists in this tradition draw closely from texts and authors wherein a reflection of scientific thinking is plausible. In *Vital Signs: Medical Realism in Nineteenth-Century Fiction* (1992), Lawrence Rothfield examines novelists (including Eliot, Flaubert, and Balzac) whose fiction draws upon a rigorous study of scientific and medical precepts, and thus quite consciously adapts these epistemologies to fictional models. Similarly, Laura Otis's *Membranes: Metaphors of Invasion in Nineteenth-Century Literature and Science* (2000) focuses on several authors between 1830 and 1930 whose training in science and/or medicine overtly shapes their literary metaphors. Narrowing the field of examples to fiction writers with a proven facility with empirical knowledge makes claims for cross-disciplinary influence both credible and unsurprising.

Another strain of science and literary criticism relies less overtly on a novelist's verified experience with scientific work, and assumes a more generalized popularization of scientific or medical theory. The leading practitioner of this approach is George Levine, whose edited collection *One Culture: Essays in*

*Science and Literature* (1987) explores the two domains by way of their shared cultural discourse rather than through a hierarchy of values that places “real” scientific knowledge above “imaginative” literature. In *Darwin and the Novelists: Patterns of Science in Victorian Fiction* (1988), Levine argues for the imprint of the scientific imagination in works by novelists whose familiarity with science is well-known, like Eliot, but also in less scientifically inclined novelists like Dickens. While Dickens did not immerse himself in naturalist knowledge, Levine argues, his richly plotted worlds show an “indirect influence” (244) of the connectedness between organisms that he owes to Darwinian genealogy and inheritance.<sup>12</sup> Such analysis demonstrates the somaticization of culture during the nineteenth and twentieth centuries by emphasizing the presence of scientific and medical ideas in literary genres.

My identification with the design of the marriage plot sets *The Doctor in the Victorian Novel* apart from many recent studies of Victorian science, medicine, and literature that claim, with varying degrees of conclusiveness, that a novelist’s consciousness was shaped by empirical domains extrinsic to the imaginative realm we ascribe to the novel.<sup>13</sup> In such cases, proof of a novelist’s scientific or medical acumen can suggest, if indirectly, that literature is substantiated through its

<sup>12</sup> In this same vein, John Gordon writes in *Physiology and the Literary Imagination* (Gainesville: University Press of Florida, 2003) about “what was being done with medical doctrine by certain powerful imaginations during the birth, development, and consolidation of what we now call modern medicine” (3).

<sup>13</sup> For instance, in the following three examples, scholars use literary examples to enlarge the social history of medicine in an illustrative way that is not interested in the generic differences between fiction and history. For example, Lilian R. Furst in *Between Doctors and Patients: The Changing Balance of Power* (Charlottesville, VA: University of Virginia Press, 1998), considers *Middlemarch* “medical history translated into personal – and fictional – terms” (14). Similarly, in *Medical Progress and Social Reality*, Furst writes that literature can “literally flesh out medical history in crucial ways,” “disclos[e] the variegated human responses to scientific advances of the period,” and “reveal” the social effects of the developing medicine field (xi, xii). Lilian R. Furst, ed., *Medical Progress and Social Reality: A Reader in Nineteenth-Century Medicine and Literature* (Albany, NY: SUNY Press, 2000). Another example of this causal thinking, by which literature can showcase a novelist’s understanding of the complex social ramifications of medicine or science, is found in “Medicine and Zola” by Garabed Eknayan and Byron A. Eknayan: “The repercussions of the new laboratory medicine and Claude Bernard’s experimental and naturalistic method echoed throughout the literary world. But it was Zola, more than any of his contemporaries, who dedicated himself to applying the physiological approach to human personalities. His technique of candid disclosure and objective dissection of his characters surpassed the efforts of his contemporaries...” (105); Garabed Eknayan and Byron A. Eknayan, “Medicine and Zola,” in *The Body and the Text*, eds. Bruce Clarke and Wendell Aycock (Lubbock: Texas Tech University Press, 1990): pp. 103–14. Finally, literature’s potential to enlarge our understanding of medical history clearly motivates Chester R. Burns, who wishes “only to claim that a study of fictional doctors can be instructive in understanding the social history of medical ethics in the United States” (39):

relationship to “hard” subjects like science. While this urge to firm up literature’s foundations (and our own scholarly contribution) is a quite reasonable response to a market culture that, at the very least, devalues the study of the humanities, we do not confirm the value of our field by externalizing its insights in more commercially influential spheres.<sup>14</sup> One particular branch of this criticism, which David Amigoni describes in its most extreme form as neo-Darwinian reductionism, translates complex social and literary phenomena into fixed biological drives, without explaining why the latter is a superior explanatory method.<sup>15</sup> Examples of this mode of criticism are studies that answer questions like “what illness was Milly Theale actually dying of in *The Wings of a Dove*?”, or analyze the anxious relationship between Fanny Price and Edmund Bertram in *Mansfield Park* through the dynamics of the sexual drive.

In contrast, my use of the doctor-character as a representation of and metonym for the decline of the marriage-plot novel does not rely on a close reading of medical or scientific concepts as a control group that helps me assess what was happening in fiction. For better or worse, such arguments can reinscribe the critical triumph of scientific consciousness over the literary text. Indeed, while many such studies provide sophisticated lenses for looking at Victorian novels, they can also reify the authority of medical science in the novel. But one does not have to read Victorian science or medical texts to find empirical evidence in the novel, for the *novel* supplies this current of thought with a stunning consistency of its own, whether in the works of George Eliot, Annie S. Swan, or all the novelists great and obscure between them. *The Doctor in the Victorian Novel* thus directs attention to the arc of the marriage-plot novel and not to the influences of, for instance, physiology, cellular theory, or evolutionary biology.

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Chester R. Burns, “Fictional Doctors and the Evolution of Medical Ethics in the United States, 1875–1900,” *Literature and Medicine* 7 (1988), pp. 39–55.

<sup>14</sup> Poovey discusses a related idea in *Genres of a Credit Economy* when she characterizes the current status of literary criticism as devalued by “the increased importance [that] advanced societies now assign to *information* ... As a discipline devoted to self-culture and the elaboration of ambiguities, Literary studies seems irrelevant ... because it fails to produce information that one might use” (418; original emphasis).

<sup>15</sup> See David Amigoni, “A Consilient Canon? Bridges to and from Evolutionary Literary Analysis,” *ESC* 32/2–3 (June/September 2006): 173–85. Among the recent works that Amigoni places in this category, whereby biological processes offer a text’s essential meaning, are Jonathan Gottschall and David Sloan Wilson, eds, *The Literary Animal: Evolution and the Nature of Narrative* (Evanston, IL: Northwestern University Press, 2005); David P. Barash and Nanelle R. Barash, *Madame Bovary’s Ovaries: A Darwinian Look at Literature* (New York: Delacorte Press, 2005).

## The Doctor in the Nineteenth-Century Novel

### *The Romantic and Early Victorian Eras*

How were doctors imagined in fiction before the great Victorian medicalization of culture? Social realities facing most doctors in the first half of the century impeded their heroic and romantic representation in fiction. The distasteful association of a profession largely identified with service, the nearly ubiquitous financial struggles, and a whiff of scandal all worked against the doctor's social reputation. The title "doctor," referring to a medical professional, was not in use until the mid-eighteenth century, at which point it registered equivalent status to such ignoble titles as the blood-sucker, the surgeon's mate, or the little apothecary (Cornfield 140).

The subdivisions within the medical field at the start of the nineteenth century were comprised of physicians, surgeons, and apothecaries. Physicians, the most prestigious group, dealt in theory, diagnosis, and prescription, and only constituted about 5 percent of medical practitioners in the mid-nineteenth century (and were themselves drawn from the upper strata of society). Surgeons studied anatomy and treated external disorders and were not known as men of science and learning. Apothecaries were drug-prescribing tradesmen (Cornfield 149; Petersen 8–10; Stevens 12). The separation of activity that those titles designate was, however, often disregarded, especially in rural areas where small populations did not support large numbers of medical professionals (Waddington 8). General practitioners sought to override these officially discrete positions by unifying medical duties, particularly in order to serve patients outside of urban centers with teaching hospitals and specialists. The general practitioner built his trade primarily on the basis of a middle-class clientele. Since the general practitioner could also practice midwifery, his service could encompass most medical problems that a middle-class family might face at a relatively low cost (Waddington 25). But the wide scope of his work degraded the status of the general practitioner in a profession that measured status by specialization, and the level of training it conferred (Cornfield 146–8). As general practitioners sought to improve their standing among the public and the medical elite, they had to contend with class-specific restrictions to their progress, such as the fact that the Royal College of Physicians conducted its examinations for licensure in Latin until 1820 (Bonner 63). The *Homeopathic Times* complained in 1834 that the public dishonored the general practitioner by regarding him as a "mongrel kind of doctor, man-midwife, surgeon and druggist, a true jack-of-all-trades and master of none" (Loudon 243).

Until the mid-nineteenth century, doctors overwhelmingly belonged to the lower-middle class, and most received their training in hospital schools or through apprenticeships; a mere 20 percent of doctors at mid-century were estimated to have university educations (Bonner 244). Historical Victorian doctors attest to the years of sacrifice and scarcity that precede even celebrated careers. As a young man, Sir James Paget (1814–99), a middle-class man who later became physician *extraordinaire* to the Queen, writes about skipping meals and "learning the value

of dates and raisins for averting hunger,” and about delaying his engagement for eight years until he could afford to marry his fiancée (Paget 188–90). While honorable but struggling doctors like Paget lacked the romantic appeal that might have inspired their fictional counterparts (an eight-year engagement between patient lovers is unlikely to motivate a scintillating story), another challenge to the doctor’s reputation came from the stain of immorality. Romantic and early Victorian doctors were vulnerable to charges of “body snatching” as dissection or “morbid anatomy” (increasingly incorporated into medical school curriculums in the nineteenth century) connected doctors and medical students with depraved, criminal, and godless practices. The infamous Burke and Hare trials in Edinburgh in the 1820s scandalized the public with the account of ambitious anatomists (Burke and Hare) who paid grave-robbers for fresh cadavers.<sup>16</sup>

For the most part, early nineteenth-century doctors in fiction are minor professional archetypes rather than individualized characters. In Jane Austen’s *Sense and Sensibility* (1811), a medical man makes a brief appearance during the novel’s climax, the nearly fatal illness suffered by Marianne Dashwood. Marianne’s heartbreak over a broken love affair weakens her, and her precipitous illness provokes her sister Elinor to call for an apothecary, a Mr. Harris. Without knowledge of or interest in Marianne’s romantic disappointment, Harris dispenses a range of (unnamed) treatments in an experimental fashion. His second visit to Marianne exemplifies his distance from the moral and emotional context of the novel:

Mr. Harris was punctual in his second visit, – but he came to be disappointed in his hopes of what the last would produce. His medicines had failed; – the fever was unabated; and Marianne only more quiet – not more herself – remained in an heavy stupor. Elinor, catching all, and more than all, his fears in a moment, proposed to call in farther advice. But he judged it unnecessary; he had still something more to try, some fresh application, of whose success he was almost as confident as the last, and his visit concluded with encouraging assurances which reached the ear, but could not enter the heart, of Miss Dashwood. (265)

In fact, the heart of Miss Dashwood constitutes the core of the novel, and Elinor’s consciousness, more subtle and judicious than Marianne’s, is often indistinct from that of Austen’s narrator. That Mr. Harris’s reasoning process fails to appease Elinor or cure Marianne detaches him from the dominant, romantic ontology of the novel. His inability to predict the course of Marianne’s illness (she declines when he expects her recovery, and recovers when he fears her decline) also heightens the

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<sup>16</sup> The Anatomy Act of 1832 legalized the use of “unclaimed” bodies for dissection by the medical profession, which usually meant paupers: Roy Porter, *The Greatest Benefit to Mankind* (New York: Norton, 1999): p. 318. Before this Act, Parliament had decreed in 1752 that all executed murderers could be dissected; see Ruth Richardson, *Death, Dissection and the Destitute* (New York: Routledge and Kegan Paul, 1987).



tension of the episode by underscoring the powerlessness of her observers – even that of the medical ‘expert.’

While the title character of Samuel Warren’s *Passages from the Diary of a Late Physician*, a popular serial in the 1830s, moves closer to the center of the plot than Mr. Harris in *Sense and Sensibility*, his personal characterization is eclipsed by his professional status as an intimate visitor into patients’ lives.<sup>17</sup> The serial episodes depict the rising physician’s various cases, with him presuming the role of narrator and patient confidant. The series gained a loyal readership riveted by the realistic details of the cases, and many readers mistook Warren’s narrator for a real physician. As one of Warren’s obituary writers remembered in 1877, the realistic details of the “Late Physician” series ignited a controversy about a perceived breach of patient confidentiality:

The profession was indignant at the breach of etiquette implied in the publication of records of practice, and its journals anxiously sought to discover the offender. Month after month fresh passages were eagerly expected, were critically scanned when published, and not unfrequently made the subject of warm newspaper discussion. It does not appear that any suspicion was excited regarding the reality of the author’s assumed personality. (*Blackwood’s* 382)

The non-fictional status presumed of Warren’s series attests to the knowledge furnished by his medical training. But it also points to the originality of Warren’s subject matter. As I explore in more detail in Chapter 1, the doctor-hero was an unusual fictional choice before the Victorian age, when the rise of professionalism popularized a middle-class realm of subject matter, including the dramas and stories attached to the learned professions.

As the example of Dickens’s Physician from *Little Dorrit* illustrates, an access to “the real” is a presumed result of the doctor’s work. But whereas Dickens, writing two decades later than Warren, identifies realism through his Physician’s understanding of privileged (if largely unexplored in the novel itself) medical knowledge, Warren’s physician accesses a different kind of realism. His task as a diary-writing doctor enables the reader’s entry into a private and often uncomfortable scene, and thus verisimilitude is transmitted by intimacy, not specialized knowledge. After the first installment, the thoughts and characteristics of the physician become, for the most part, narrative contrivances that locate him at the bedside of the more developed subjects of the stories, his patients and their friends and family members. One of these tales, “Cancer,” features a beautiful young woman suffering from a cancerous tumor of the breast. The physician focuses on the young woman’s fortitude and bravery in the face of a gruesome surgery (in the days before anesthesia). The emphasis of the story is on the

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<sup>17</sup> Born in Wales in 1807, Samuel Warren studied medicine in Edinburgh and law in London before earning great popular appeal with the *Late Physician* series, which ran in *Blackwood’s Magazine* between 1830 and 1837.

woman's virtue, and the ending reveals that her great hope is not survival (which plot would implicate the physician), but that her husband "would love her yet!" (20). The destiny of the story is romantic, and the medical theme and its principal player provide a means to narrate that story.

Both Mr. Harris in *Sense and Sensibility* and the physician in *The Diary of a Late Physician*, then, are important to their texts insofar as they mark or preside over dramatic moments. What I am proposing in this book more generally is that, across the Victorian period, the development of the physician in the novel was a charged task for novelists that taxed the marriage-plot novel's constitutional dependence on romantic as opposed to empirical logic. In the pre-Victorian age of *Sense and Sensibility* and *The Diary of a Late Physician*, the doctor's significance to a fictional plot is checked by his relative inability to control nature. Mr. Harris neither predicts nor controls the course of Marianne's illness, and Warren's physician uses his access to private moments as a means to tell exciting or dramatic stories rather than to relay his authority or supremacy over the body. As medical and scientific developments accordingly bestowed upon the historical doctor a greater authority over life and death, the doctor's presence in the novel became more central and more vexed.

The doctor as hero of the courtship plot is a Victorian invention, made possible by the new respectability of the professional man, but one that also epitomizes the tension between medical and romantic epistemologies that interests me. A story of 1835 illustrates the conceptual novelty of a doctor as the subject of a romance. In Mary Russell Mitford's story "The Surgeon's Courtship," published in *Belford Regis*, we see the lengths that an author had to go to in convincing her reading public that a medical man could be a romantic hero. Indeed, this premise constitutes the plot of Mitford's story, in which neither the doctor-hero nor his bride-to-be ever speak. The substance of this tale is comprised of the fact that the hero is a doctor. As Mitford puts it, "the most skilful surgeon in Belford may be, and actually is, with equal impunity the greatest beau in the place" (118).

Such contemporaneous treatments of the doctor-as-hero make Harriet Martineau's detailed portrait of country surgeon Edward Hope in *Deerbrook* a fascinating inauguration of a professional type, which I analyze in Chapter 1, "Doctoring the Marriage Plot: Harriet Martineau's *Deerbrook* (1837) and George Eliot's *Middlemarch* (1872)."<sup>18</sup> A comparison between these novels, written forty-five years apart but both concerning provincial surgeons in the late 1820s and

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<sup>18</sup> While I argue that Martineau was the first Victorian novelist to depict the doctor-character in any detail, F.R. Leavis and Q.D. Leavis consider Charles Kingsley's portrait of a cholera doctor in *Two Years Ago* (1857) to be the first "genuinely modern" representation of the role. See their essay "The Symbolic Function of the Doctor in Victorian Novels," an appendix to *Dickens the Novelist* (New Brunswick, NJ: Rutgers University Press, 1979): pp. 179–83. Tom Thurnall, the doctor-hero of *Two Years Ago*, shows "a vocation for medical practice as well as a generally scientific bent," has "a strong social conscience," and is devoted to his patients (180–81). But Martineau's Edward Hope possesses all of these



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