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How (Victorian) Medicine and (Victorian) Stories Need One Another

The Doctor in the Victorian Novel: Family Practices. Tabitha Sparks. Surrey, England; Burlington, VT: Ashgate Publishing, 2009. 177 pp.

Victorian Medicine and Social Reform: Florence Nightingale among the Novelists. Louise Penner. New York: Palgrave Macmillan, 2010. xvii + 193 pp.

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<1>Both of these books emerge from the rapidly expanding field of "literature and medicine," or what Rita Charon, in a recent article from which I borrow my title, describes as part of an "explosive" interface with a "growing number of journals, book series at academic presses, university divisions, and named professorships in what is variously called literature and medicine, literature and science, medical humanities, and narrative medicine."(1) Both books are clearly involved in the project of explaining how medicine and stories "need," or at least interact with, one another. Tabitha Sparks, in her study of doctor figures in Victorian novels, proposes that "the challenge of merging a medical consciousness into the marriage plot both heralds and causes the end of the bourgeois, domestic novel" (2). Her book explores the increasing incompatibility of an empirical mind-set as represented by Victorian doctor figures with what she names as the "Victorian novel's central imaginative structure, the marriage plot" (3). Louise Penner, in her study of Florence Nightingale's public and private writings, describes her work as the "story of how Nightingale and the novelists influenced each other's narrative and rhetorical strategies" (xiv).

<2>But do the authors of these two books locate their projects in the field of "literature and medicine"? What is "the field of literature and medicine" and why, as my review title indicates, should it be particularly appropriate for the field of Victorian studies? In the first issue of the journal *Literature and Medicine* (1982), Kathryn Allen Rabuzzi comments that the contents "are designed to explain, probe, and illustrate the nature of the strange marriage between literature and medicine."(2) Essays in this first issue address the merits of teaching literature to medical students. "Literature and medicine" was first imagined, then, as a pedagogical impulse in medical school education. Interestingly, what Sparks considers the "central imaginative structure" of the Victorian novel, "the marriage plot," also appears as the originating metaphor for this new field, suggesting both a certain romantic allure and the conflicts and incompatibilities inevitable in this "strange marriage." But there are much more striking parallels between the Victorian novel and

"literature and medicine." A 1995 article, "The Study of Literature in Medical Education," noting that approximately one-third of US medical schools then employed faculty to teach literature to their students, explained that literature was considered a "vital part of a broadly based medical humanities education that also includes philosophy, history, religious studies, and law."(3) The aim of such study, however, was not to provide "culture," but "to enrich a narrow curriculum that was focused almost exclusively on the value-neutral transfer of scientific fact" (788). The authors describe three approaches to teaching literature and medicine: 1) the *ethical* approach, which focuses on moral reflection, and includes "images of healers in literature, cultural perspectives on illness, questions of justice in society, and the moral dimension of every patient-physician encounter"; 2) the *aesthetic* approach, which "emphasizes the literary skills of reading, writing, and interpretation" and focuses on "the patient's story as a narrative and the doctor or student as its listener or reader"; and 3) the *empathic* approach, "which aims to enhance the student's ability to understand the experiences, feelings, and values of other persons" (789).

<3>The teaching of "literature and medicine," as it began in American medical schools in the last quarter of the twentieth century, is thus a quintessentially "Victorian" enterprise. Matthew Arnold and George Eliot would be perfectly at home in this milieu where the *moral* dimension of the patient-physician encounter, especially the enhancement of sympathy for the patient, is emphasized. However, neither Sparks nor Penner explicitly defines their projects as studies in "literature and medicine." Indeed, Sparks openly disclaims a reliance on "close reading of medical or scientific concepts" because she feels that "such arguments can reinscribe the critical triumph of scientific consciousness over the literary text" and "reify the authority of medical science in the novel" (11). Yet in this articulation of how a "scientific consciousness" conflicts with and ultimately destroys the plot of feeling, she is completely in concert with the aims of "literature and medicine" as part of the teaching of humanities to medical students. Her book might well be called a demonstration of the collision between "the value-neutral transfer of scientific fact," as figured by the image of the increasingly scientific Victorian doctor, and the "marriage plot" of the Victorian novel, which takes as its subject not only romantic love but the understanding of feeling and the enhancement of sympathy for others. Penner's project, in turn, might be described as demonstrating how Florence Nightingale aspired to the translation of statistics into "medical humanities" for medical and government officials, and also for the general public. Nightingale recognized the importance of depicting the relationship between dirt and disease to arouse sympathy rather than condemnation for those whose poverty made it impossible for them to escape living in filth.

<4>*The Doctor in the Victorian Novel* is particularly distinguished by its fascinating selection of novels with doctor figures, often examining them as pairs that cast surprisingly new light on both the novels and their representation of doctors. For example, Sparks reads George Eliot's classic medical novel, *Middlemarch* (1871-72), against Harriet Martineau's pioneering medical novel, *Deerbrook* (1839), both set in the early 1830s. She compares Mary Braddon's *The Doctor's Wife* (1864) with Elizabeth Gaskell's *Wives and Daughters* (1864-66), and contextualizes Bram Stoker's *Dracula* (1897) with Arthur Machen's short stories "The Great God Pan" and "The Inmost Light" (1894). Two of Wilkie Collins' novels, *Armadale* (1864-66) and *Heart and Science* (1882-83), are examined together, and a closing chapter analyzes an unusually large and interesting group of novels whose representative *female* doctor figures illuminate the conflicts between being both a woman doctor and a married woman. In these analyses, Sparks accurately

demonstrates the changing nature of the conflict between the "doctor" and marriage as represented in novels of the Romantic and early Victorian era, the middle century and the later century. Yet as a reader I was frustrated by Sparks's refusal to engage more directly with medical history, a focus that I feel not only limits the imaginative reach of her literary analyses but inevitably encourages a distorted view of changes in the medical profession's reputation over the course of the Victorian era.

<5>For example, in her first chapter, Sparks opens a potentially new path in readings of Eliot's medical novel by comparing it with Martineau's medical novel, published only a few years after the time depicted in both novels. Sparks's reading of Martineau's doctor figure, Edward Hope, as a Positivist hero illuminates what she calls the novel's "experimental territory," which is not Hope's medical work *per se* but his grounding in a "commonsensical approach" rather than empirical science, and hence his ability to approach the "misleading notions of romance" with a "curative attitude" (34). Noting that "the virtual absence of clinical descriptions of Hope's work further casts doubt upon the relevance of his clinical practices to the novel," she objects to those critics who have "turned a clinical eye" on the novel (35). It is somewhat puzzling, then, that she names the unspecified epidemic disease in the novel as "typhus," a diagnosis for which she supplies no documentation.

<6>But the more disappointing outcome of Sparks's disinclination for dealing with medical or scientific concepts in this chapter is that her reading of *Middlemarch* overlooks what may be the most interesting difference between these two novels about doctors in the Reform Era: that is, Eliot's use of explicit medical detail, in contrast with what Sparks acknowledges is "Martineau's largely imprecise and symbolic descriptions of Hope's medical work" (35). Why, for example, does Martineau *not* name the epidemic as cholera, as Eliot does? What cultural changes led to Eliot's willingness to supply the precise medical terms for the various pathologies of her characters, versus Martineau's reticence on this subject? Or does Eliot's frank use of medical terminology imply a far more radical cast to this novel than previously assumed?

<7>In addition to the titles mentioned above, Sparks produces insightful readings of a large number of Victorian novels, many of which are little read today but which she makes one want to read. She analyzes George MacDonald's *Adela Cathcart* (1864) as "portraying a physician who is more humanist than scientist, conflating cure with a successful marriage plot, and merging the tasks of healer and narrator" (60). This doctor figure, unable to cure the heroine by medical means, invents a story-telling club to treat Adela for the unnamed disorder that renders her weak and listless. Surely this treatment is prophetic of what Charon has named "narrative medicine."

<8>In Sparks's readings of other novels from the second half of the century, the "doctor-hero" emerges during the mid-Victorian age but then is eclipsed by growing public distrust as medicine becomes more associated with laboratory science. As the doctor figure metamorphoses into the "man of science," he becomes increasingly unfit for love and marriage, thus leading, in Sparks's view, to the decline of the marriage plot. But Sparks's claim that doctors were widely mistrusted by the end of the era is at odds with medical history. Sparks attributes this rather drastic change in late Victorian sexual and medical politics primarily to the repeal of the Contagious Diseases Acts in 1886, which she sees as signaling growing hostility between women's rights activism and

the medical establishment, due to the latter's sense of its "waning power over female sexuality and health" (112). She here follows Frank Mort, Elaine Showalter, and Judith Walkowitz.(4) But she makes no reference to the new medical specialty of gynaecology, which by the end of the century had taken on immense power and prominence in the management of women's bodies, particularly the *surgical* "management." This was the era when ovariotomies were commonly performed to cure "hysteria," as well as many other conditions more logically related to the female reproductive organs. From 1859 through 1866, Mr. Isaac Baker Brown, then a member of the esteemed Obstetrical Society of London, performed many clitoridectomies on the grounds that masturbation led to madness. He was expelled from the Society in 1867, but in the 1880s, as Ornella Moscucci demonstrates in her now classic study, *The Science of Woman: Gynaecology and Gender in England 1800-1919*, gynaecologists advocated the removal of ovaries for everything from dysmenorrhoea and uterine fibroids to insanity and epilepsy.(5) The rise to power of this new medical specialty in the nineteenth century gave the medical profession an unprecedented control over the bodies of women. Surely, this aspect of Victorian medical history must have had an impact on novels written in the late nineteenth century. Sparks's claim that fin-de-siècle novels represent "a growing public distrust of doctors" should be revised to take into account specific changes in the medical profession, such as the expansion of medical specialties and the diversity of public attitudes toward them (19). Certainly public trust in surgery in general increased with the advent of anesthesia, antisepsis, and advances in surgical techniques, not to mention the improvement in hospital cleanliness and order brought about by the supervision of Nightingale-trained nurses.

<9>In her final chapter, Sparks's deft readings of several little-known novels representing that new creature, the woman doctor, greatly expand and enrich the now classic "literature and medicine" topic of "images of the healer in medicine" (Hunter et al, 389). Sparks comments that "the fictional construct of the woman doctor radically distills my analysis of medicine's personal interaction with the marriage plot," for she could find only one limited exception (Margaret Todd's *Mona Maclean, Medical Student* [1892]) to the rule that Victorian fiction writers could imagine unmarried women doctors or women doctors who left their careers for marriage, but not women doctors who were also married women (136-37). This chapter demonstrates brilliantly that the study of Victorian "literature and medicine" is inevitably gender studies, for the professionalization of both medicine and nursing in the nineteenth century was simultaneously a masculinization of the first and feminization of the second.

<10>Penner opens her study of Nightingale with a comparison to various other "iconic maternal" reformers, beginning with such modern examples as Nicole Kidman, Angelina Jolie, Madonna, and Audrey Hepburn, and moving back to Dickens' satirical portrait of Mrs. Jellyby in *Bleak House* (1852-53), to illustrate both the power and the perils of such female social reformers. But she warns that it would be a mistake to compare Nightingale with maternal reformers who brandish their celebrity as their chief weapon in raising public interest in their cause: Nightingale not only used her celebrity sparingly, but insisted on having detailed knowledge about the causes she endorsed. Moreover, Penner seeks to show how Nightingale developed specific rhetorical approaches for different audiences in "ways that responded to the development of social realism in the Victorian novel" (xi). Summarizing the immense and diverse body of scholarship already available on Nightingale, of which the most important is Lynn McDonald's ongoing *Collected*

Works of Florence Nightingale, Penner has carved out an area not previously subjected to detailed examination.(6)

<11>Penner begins her examination by contrasting the different rhetorical strategies employed by Nightingale in her well-known *Notes on Nursing: What It Is and What It Is Not* (1860) and *Notes on Hospitals* (1853). The earlier work, written for government bureaucrats, employs explicitly anti-contagionist rhetoric, arguing for the essential importance of sanitary engineering. But Penner proposes that in the later *Notes on Nursing*, written for middle-class women, Nightingale borrows techniques from sensation novelists, especially Wilkie Collins, deliberately exploiting a fear of contagion even though she still believed that diseases actually *originated* in the environment. In a startling personal reference from *Notes on Nursing*, Nightingale states that, although she was brought up to believe that "'small-pox would not begin itself any more than a new dog would begin without there having been a parent dog,'" she has since "'seen with my eyes and smelt with my nose small-pox growing up in first specimens, whether in closed rooms, or in overcrowded wards, where it could not by any possibility have been 'caught,' but must have begun'" (qtd. in Penner 33). Penner counters the widely held belief that Nightingale never accepted the germ theory, however, by commenting that shortly after Koch published his findings about the cholera bacillus in 1883, "Nightingale wrote explicitly about germs and contagion for Richard Quain's *Encyclopedia of Medicine*," and that she later "even made proposals for illustrations of germs acting on bodies to be shown to Indian villagers in efforts to encourage sanitation reforms" (34, 35).

<12>In subsequent chapters, Penner considers Nightingale's Poor Law writings in relation to novels by Dickens and the then-popular writer Hesba Stretton, as well as her later writings on famine relief in India in relation to Condition of England novels. Penner also analyzes in intimate detail Nightingale's "virulent distaste" for *Middlemarch*, despite her earlier admiration for Eliot's work (5). Nightingale's explicit objection to the novel was that Dorothea winds up doing no greater good than supporting her MP husband's work. For Nightingale, it was "'past telling what harm is done in thus putting down youthful ideals'" (qtd. in Penner 77). But Penner explores other unarticulated motives for Nightingale's rejection of the novel, including perhaps jealousy of Eliot's new prestige in the medical arena, where Nightingale might quite reasonably have thought she had the greater knowledge. Perhaps the most important defect of the novel for Nightingale, Penner argues, was its erasure of the sanitary ideal.

<13>Penner concludes that "my hope is that the Nightingale legend does not live on at the expense of our ability to learn from the details—the mundane, the mistakes, and the heroic effort—of her remarkable life and work" (153). But the flaw in this meticulously researched work is that it may leave the reader with the sense of having *only* details—details from which it is difficult to construct a coherent image of Nightingale as "writer," even as we learn how important her work was to Victorian novel writers. *Victorian Medicine and Social Reform* will nevertheless be indispensable for the burgeoning field of Nightingale studies as well as for the histories of nursing and public health, respectively. Both Penner's and Sparks's books make original and important contributions to the field of literature and medicine, though in forms unimagined at the time of the first emergence of this "strange marriage."

Endnotes

(1)Rita Charon, "The Novelization of the Body, or, How Medicine and Stories Need One Another," *Narrative* 19:1 (January 2011): 47-8n2.(^)

(2)Kathryn Allen Rabuzzi, ed., "Editor's Column," *Literature and Medicine* 1 (1982): ix.(^)

(3)Kathryn Montgomery Hunter, Rita Charon,, and John L. Coulehan, "The Study of Literature in Medical Education," *Academic Medicine* 70:9 (September 1995): 788.(^)

(4)Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England Since 1830*. New York: Routledge, 1987; Elaine Showalter, *Sexual Anarchy: Gender and Culture at the Fin de Siécle*. New York: Viking, 1990; Judith Walkowitz, *City of Dreadful Delight*. Chicago: Chicago UP, 1992.(^)

(5)Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England 1800-1919*. Cambridge: Cambridge UP, 1990. 105. See also Mary Wilson Carpenter, "Victorian Women as Patients and Practitioners," in *Health, Medicine and Society in Victorian England*, Santa Barbara: Praeger, 2010. 149-75.(^)

(6)Lynn McDonald, *Collected Works of Florence Nightingale*. Waterloo, Ontario: Wilfrid Laurier Press, [2001-ca. 2011]. Fourteen of the projected sixteen volumes have now been published.(^)