

Medical (Mal)Practice and the Illusion of Progress in Edward Berdoe's *St Bernard's: The Romance of a Medical Student* and Leonard Graham's *The Professor's Wife: A Genealogical Analysis of Epistemological and Ethical Arguments in Two Late-Victorian Novels*

Les problèmes d'éthique médicale et l'illusion du progrès dans St Bernard's: The Romance of a Medical Student d'Edward Berdoe et The Professor's Wife de Leonard Graham : analyse généalogique des arguments éthiques et épistémologiques dans deux romans victoriens tardifs

Adrian Tait



Electronic version

URL: <http://journals.openedition.org/cve/6301>

DOI: 10.4000/cve.6301

ISSN: 2271-6149

Publisher

Presses universitaires de la Méditerranée

Electronic reference

Adrian Tait, « Medical (Mal)Practice and the Illusion of Progress in Edward Berdoe's *St Bernard's: The Romance of a Medical Student* and Leonard Graham's *The Professor's Wife: A Genealogical Analysis of Epistemological and Ethical Arguments in Two Late-Victorian Novels* », *Cahiers victoriens et édouardiens* [Online], 90 Automne | 2019, Online since 01 December 2019, connection on 28 February 2020. URL : <http://journals.openedition.org/cve/6301> ; DOI : 10.4000/cve.6301

This text was automatically generated on 28 February 2020.

Licence Creative Commons

Cahiers victoriens et édouardiens est mis à disposition selon les termes de la licence Creative Commons Attribution - Pas d'Utilisation Commerciale - Pas de Modification 4.0 International.

Medical (Mal)Practice and the Illusion of Progress in Edward Berdoe's *St Bernard's: The Romance of a Medical Student* and Leonard Graham's *The Professor's Wife: A Genealogical Analysis of Epistemological and Ethical Arguments in Two Late-Victorian Novels*

Les problèmes d'éthique médicale et l'illusion du progrès dans St Bernard's: The Romance of a Medical Student d'Edward Berdoe et The Professor's Wife de Leonard Graham : analyse généalogique des arguments éthiques et épistémologiques dans deux romans victoriens tardifs

Adrian Tait

- ¹ As Lilian Furst points out in her introduction to *Medical Progress and Social Reality: A Reader in Nineteenth-Century Medicine and Literature*, fiction 'affords vivid insights into the assimilation of, or resistances to, new modes of thought and new methods' (Furst xi). Works such as Anthony Trollope's *Doctor Thorne* and George Eliot's *Middlemarch* reveal 'more fully than history the social realities in the dilemmas that physicians and patients alike faced in the wake of new discoveries and technologies' (Furst xi). However, Furst's otherwise comprehensive anthology overlooks two of the most fascinating literary responses to—and reactions against—the

epistemological and ethical crisis generated by nineteenth-century medical progress: Edward Berdoe's *St Bernard's: The Romance of a Medical Student*, first published in 1887, and Leonard Graham's *The Professor's Wife: A Story*, first published in 1881. In *St Bernard's*, Berdoe describes the systematic exploitation of unwitting patients by a medical elite motivated, in part, by the pursuit of knowledge for its own sake. In Graham's *The Professor's Wife*, by contrast, a medical expert conceals the true nature of his research as a vivisectionist from his young wife, only to exploit her illness for his own research purposes. In both novels, knowledge has become a currency more valuable than the cure, and more important, by extension, than the patient. For both Berdoe and Graham, moreover, medical (mal)practice is the inevitable result of what Berdoe described as the 'madness of the age of science' (Berdoe 1888b, 144). "[Y]ou have worshipped science till you have stunted and starved your humanity" (Graham 156), a colleague tells the eponymous Professor in Graham's novel.

- 2 The significance of these novels is not, however, that they offer broad-brush generalizations or sweeping summaries about the nature of medical progress, nor even that they offer a spirited resistance to the 'brutal, science-driven practices' (Sparks 114) of the new medicine, where 'the cases all seemed to end with an autopsy' (Berdoe 1888b, 106). Their continuing relevance lies in the way that the novels offer subtle and often penetrating dramatizations of the complex and sometimes contradictory relationship between the scientization of the doctor and emerging forms of medical practice. As such, the two novels deal with what Foucault described as '*discursive formation*' (Foucault 2002a, 41), and both contribute to that formation as at once witnesses to the ruptures and discontinuities within the field of medical epistemology, and actors with often unforeseeable roles to play in its future direction.
- 3 The aim of this essay is, therefore, to offer a genealogical analysis ('material, multiple, and corporeal') (Gutting 47) of these largely overlooked late-Victorian novels, and consider some of the ways in which they respond to and participate in the discursive formation of new forms of medical care, and by extension, the epistemological and ethical arguments to which this formation gave rise. As this essay contends, both narratives recognize the centrality of the body to the emergence of modernity, whilst reacting against its objectification within the anatomical and technical registers. From a genealogical perspective, the two works are equally significant for the way in which they reject the claims of science—and the claim that such a thing existed as a unity—and the idea of 'progress' with which that science was associated.
- 4 Most notably, however, these novels testify to Foucault's famous assertion that 'man is an invention of a recent date', and 'one perhaps nearing its end' (Foucault 2002b, 422). Foucault's argument hinged on the recognition that European culture was profoundly influenced by an untenable concept of man as at once the subject and object of his own knowledge, enslaved by his own mortality, but convinced that, through the positivism of the human sciences, he might transcend death itself. Trapped within such an *episteme*, Foucault insisted, man 'arrives not at the very heart of himself but at the brink of that which limits him; in that region where death prowls, where thought is extinguished' (Foucault 2002b, 418). If, however, we pursue the kind of historical causal analysis that Foucault himself defined as genealogical (Gutting 46–47), it becomes clear that this contradiction was obvious almost from the outset. 'Historical beginnings are lowly', Foucault wrote, and as medical practitioners discovered, they are also 'derisive and ironic, capable of undoing every infatuation' (quoted in Gutting 49). Like the

character of Lydgate in *Middlemarch*, a novel set in the early 1830s, a generation of newly scientized doctors believed that the rigorous application of the scientific method would inevitably lead them to victory over all manner of diseases and illnesses, leaving humankind the victors, and doctors the heroes. They quickly discovered the humbling reality. Drugs were 'largely ineffective', and the positive benefit of the few that were useful was often vitiated by inappropriate dosages (Fitzpatrick 8). Moreover, '[h]ospitals and surgical procedures were actually harmful' (Fitzpatrick 8), since poorly-run hospitals led to cross-infection, whilst surgery was (even with the advent of anesthetics) a frequently risky affair. The result was the 'fatalistic doctrine' of therapeutic or medical nihilism (Porter 2002, 99). Since medicine could not stop people from dying, the legitimate focus for the scientifically minded and increasingly specialized medical professional lay with research: 'the real function of medicine was to accumulate scientific information about the human body rather than to heal' (Shorter 121). Paradoxically, therefore, the advent of scientific medicine shifted the focus away from patient care whilst failing to find any new cures (Porter 2006, 52–56). Even pivotal discoveries did not necessarily yield immediate results. John Snow's investigations into the London cholera epidemics of 1848–49 and 1853–54 successfully identified the way in which the disease was transmitted, 'but it was not for another 40 years that the organism causing cholera was identified' (Locker 19).

- 5 A sceptical, even nihilistic attitude towards medicine was not therefore unusual amongst practitioners; medical nihilism was widely accepted by medical professionals across Europe (Shorter 121–22), becoming 'a mainstream view within medicine' (Stegenga 11). Its impact can be mapped in two main ways. Firstly, it transformed the perspective of doctors themselves, with significant consequences for the doctor-patient relationship, but also for the future direction of medical research. Since most existing medical interventions were ineffectual, the focus shifted from the bedside to the hospital, where it was easier to pursue what has been called 'laboratory medicine' (Morgan 56); often, this consisted in leaving the disease to work its course, without any form of medical intervention. Secondly, it altered the experience of patients themselves, resulting in their objectification—and, potentially, their exploitation—within a now rigidly structured system. Patients found that they were increasingly remote from doctors, who, intent on their own 'objective' research, discounted the patients' 'subjective perceptions of their illness' (Morgan 57), and frequently seemed to be more concerned with peer recognition than with patient care (Morgan 56). Indeed, not the least reason for scepticism towards the medical practitioner, in spite of his apparent professionalization, was 'the corrupting influence of money' (Stegenga 10). It is, nevertheless, important to emphasize that the consequences of medical nihilism were felt in unpredictable and sometimes unexpected ways: as Foucault predicted, its assimilation within mainstream medical thought encompassed accidents, deviations, and even reversals (such as the patient-as-a-person movement), responses which are, in turn, captured in the novels in question.
- 6 In *St Bernard's: The Romance of a Medical Student*, Edward Berdoe offered a comprehensive critique of the scientization of medicine, the centralization of medical care, the impact of medical nihilism, and the creation of a medical elite with no true interest in patient care. At once a physician, anti-vivisectionist, writer, literary critic and champion of Robert Browning's verse, Berdoe was a polymath in an age of increasing specialization; he was adamant that literature and poetry 'were the only antidote' to a scientized medical practice that deadened the conscience and dehumanized its

practitioners (Ettorre 2016, 14). Published under the pseudonym *Æsculapius Scalpel*, *St Bernard's* is a lightly-fictionalized account of Berdoe's own experience—it was, he claimed in a riposte to the novel's critics, 'about . . . 75 per cent stern reality' (1888a, 9) —specifically intended to 'draw public attention' (1888a, 5) to the systematic abuse of patients, and in particular the poor and needy, in the name of now scientized medical research. As Berdoe explained in *Dying Scientifically*, the commentary he wrote upon the novel, the 'healing of patients' was 'deliberately retarded for the sake of clinical study' (1888a, 7); the dying were 'tortured by useless operations' (9), patients were made to undergo 'unnecessary operations, and even amputations, that surgeons may have practice' (8); and otherwise untested drugs were tried upon the poorer patients, 'in a manner which dare not be attempted on private patients' (8).

- 7 Consequently, and whilst the word features prominently in its title, there is very little romance in Berdoe's novel. It is only very belatedly that his hero, Harrowby Elsworth, takes any interest in the like-minded Mildred Lee. Even then, the reader is left wondering whether their relationship is simply a convenient plot twist through which to balance the novel's critique of scientized medical practice: it is Mildred's wealth which enables the lovers to establish 'a true hospital' (Berdoe 1888b, 282) as counterpoint to *St Bernard's*, the real focus of the novel. *St Bernard's Hospital*, London, is 'a hospital of high reputation, with a great and renowned school of medicine' (3). Here, Elsworth is taught, and here, in a novel better read as a pseudo-documentary romance quest, the religious-minded Elsworth fights a long Christian crusade against the 'men of science' (67). Intent on diminishing, 'by ever so little, . . . the awful sum of human misery' (6), Elsworth struggles to avoid the many pitfalls of his training within a medical institution of exactly the kind where science-driven practice has led to a perversely uncaring approach to the patient (see, for example, 104–06).
- 8 Berdoe's depiction of *St Bernard's* corresponds to Foucault's account of two aspects of social medicine—the development of an urban medicine and a poor people's medicine (Foucault 2000, 150, 151)—both of which coincide with the emergence of a science-driven epistemology. As a teaching hospital in the city, but also as a charitable institution providing free care, *St Bernard's* is perfectly positioned to exploit the 'bodies of the needy classes' (Foucault 2000, 155), bodies that are, whether alive or dead (Berdoe 1888b, 8–9, 10), plentiful in the midst of now concentrated urban squalor. As Berdoe's narrator explains, '[a] great city, a poverty-stricken population, a benevolent public, and the custom of their profession, had placed at [the doctors'] disposal an immense amount of raw material' (1888b, 21). For *St Bernard's* trainee doctors, Elsworth amongst them, this is a perfect opportunity to develop their own medical understanding. Indeed, it may be their only opportunity: '[i]t was hourly enforced upon them that such was their only chance of the free and unrestricted use of human "material" for acquiring this sort of information' (21). Moreover, Berdoe's narrator explains, the students are taught that '[t]heir blunders, their negligences, would not count against them' (21) since, by implication, the raw material—the real but poverty-stricken people on whom they practice—are no longer fully human. In treating their patients in this way, the students are simply following the example of their elders and betters, the eminent professionals whose 'brilliant successes' are also built on 'uncomplaining poverty' (21). As Elsworth discovers, operations are often carried out even when there is 'not the least hope it can save [a] life' (63), or simply to test a new procedure (64); sometimes, treatments are deliberately deferred so that a patient can, as an object of curiosity, be inspected by surgeons from other hospitals (65), whilst

other patients find themselves treated for unrelated complaints simply because they offer more opportunities to extend research (65). For both trainees and teachers, the poor provide opportunities to learn, to research, to build professional reputations, and thereby 'earn a handsome living' from their paying customers (21). What matters, in the end, is 'publicity and private practice' (55).

- 9 As Berdoe's narrative indicates, this cynicism infects the students, and variously permeates the staff. No-one can escape its impact, although some struggle against it, as Elsworth does. As Berdoe's narrative underlines, medical practitioners are themselves debased by what they do; 'case-hardened against feeling pain in others', they attribute fellow-feeling to 'weakness and incompetence' (1888b, 92), thereby masking their awareness of the conundrum to which Foucault drew attention: notionally engaged in saving lives, they are in fact steeped in death, daily forced to recognize not only that they cannot elude or defeat it, but that they are themselves responsible for perpetuating it. Forms of dissociation and even madness result in this 'region where death prowls', and 'thought is extinguished' (Foucault 2002b, 418). There is, for example, the young surgeon Dr Wilson, who is so possessed by 'operative madness' (88) that he carries out dangerous, often unnecessary operations simply to add to 'his list of cases' (88); for him, sympathy is 'for women and clergymen' (89). Then, there is Dr Robert Day, 'a learned and serious person, who seemed to have known better days' (13). In spite of his agreeable manner, he has 'been implicated in the Burke and Hare scandal', having 'availed himself of these murderers to procure him subjects for dissection' (13); his moral compass has been so skewed by his life in the medical profession that, as the narrative records, he remains indignant that his professional reputation has been ruined 'simply because I paid liberally' for anatomical subjects, 'and asked no questions' (32). Still more astonishing, he professes himself to be a propagandist 'of "the religion of Man"'—Day is a 'dogmatic atheist'—yet cares 'nothing for the healing art' (32). He has little if any interest in people, unless they happen to be dead: '[t]he only true use in living, he seemed to think, was to provide the anatomist with good subjects for his table' (32).
- 10 In fact, Day is behind the times: as medical research continued its relentless pursuit of knowledge, it became clear that living subjects were more important than dead ones, which in turn encouraged what many Victorians (Berdoe included) regarded as the barbarous practice of vivisection. The principal villains of Berdoe's narrative are Mr Malthus Crowe, an 'epicure of pain' (1888b, 115), and his ghoulish assistant Mr Walter Mole, 'a very diminutive specimen of humanity' (123): pioneers in the emerging field of physiology, they experiment on live animals in an 'inquisition-chamber' in the vaults below the hospital (119). Their 'small [but secret] menagerie' (119) is kept well stocked with 'tabbies [and] lap-dogs' by the hospital porters, Mr Crowe's 'familiar', who are 'scarred and furrowed' by their nocturnal searches for suitable subjects, and 'brutalized by their ghoulish work' (119).
- 11 Moreover, and whilst Elsworth is not entirely alone in actively resisting these kinds of practice, most of his colleagues simply acquiesce to what is happening around them. In one of the novel's most memorable scenes, a freshman doctor, Wilks, confesses to his disquiet at the suffering he has inflicted on living animals in the name of research, only to be shouted down by his fellow students, for whom those who protest against vivisection are in fact the 'fanatics' (1888b, 45). The freshman is not alone in falling in with the majority. The novel devotes a chapter to Nurse Podger, 'receiving-room nurse

at St Bernard's' (48), who vaguely recognizes that it is not her place to cure or comfort the patients, but to provide her 'supremely scientific' superiors with the right kinds of subject matter to advance their research, at no matter what the cost to the patient (53). 'So Podger cooperated bravely with all the science of the day; she would have flayed [a patient] alive if the staff had ordered it, and said it was scientific treatment. She knew very well the chief object of St Bernard's existence, and above all, she knew her place' (53).

- 12 What, then, is the source of this extraordinary cynicism, this 'perfect pitilessness' (1888b, 119)? For Berdoe, who was himself a noted Browning scholar, the answer was straightforward. 'A purely scientific education' (109) had been substituted for a more extensive, humane, liberal, and by definition literary one, bringing with it indifference, selfishness, and narrowness of mind and spirit: '[t]he man who knows medicine and surgery only . . . has only half learned the business of a doctor' (109); lacking imagination, 'he is a mere mechanic' (110). In turn, 'Christian sentiment' (23) had been supplanted by this spirit of scientific inquiry, which had itself been elevated to the status of a cult; 'there was a new goddess, whose culture was daily in the ascendant, and St Bernard's was one of her sacred places' (23). For 'medical men, the true high priests of science,' faith was now 'utterly inconsistent with their training and with their mental attitude, which was the demand for—facts! ever facts! and still more facts!' (23). But as Berdoe's narrative also suggests, the desire for facts reflected a cynical awareness that medicine could do very little for those who were its subjects, but who were now objectified by it. Research might someday yield results, but in the meantime, it was sufficient to pursue research for its own sake, whether or not that research improved a patient's condition, or whether the research might itself worsen that condition:

What was pain (in other people), if science could be advanced? What was suffering (in patients), if anything could be added to the sum of our knowledge as the causes of their suffering? To cure the disease, to cut short the malady—ah, no, too often that was to extinguish alike the discomfort and the interesting course of phenomena that accompanied it. The true patient . . . was he who asked for nothing better than to be well watched by observant medical eyes, while the 'expectant treatment' (i.e. the letting the disease severely alone) did its work. (Berdoe 1888b, 53)

- 13 As the narrator sardonically adds, it would not matter if the expected cure failed to arrive, provided a 'brilliant paper' for a medical journal nevertheless resulted (53), or those 'medical eyes' were able to verify their diagnosis 'on the post-mortem table' (117). The related point is that the value of research was itself largely seen in terms of its contribution to the individual's reputation. Lacking centralized coordination or control, research was driven by personal preference or whim, leaving entire fields of study unresearched: Berdoe devoted several pages (1888b, 99–101) to the systematic failure to research 'mental affliction' or 'psychological medicine' (99), whilst also noting the apparent efficacy of 'unorthodox methods' (today, alternative medicine) (103) that were nevertheless discounted by 'men of science' (101).
- 14 For Berdoe, therefore, ways of knowing have ethical implications, particularly when those ways of knowing proudly declaim their own independence from any normative moral framework; inevitably, patients like principles are forgotten when facts alone are wanted. Thus, Robert Day is regarded as 'a martyr of science' (1888b, 13), not in spite of his involvement in the Burke and Hare scandal, but because his reputation was ruined

by it; as the narrator mockingly observes, it is 'naturally irritating to the scientific mind' (14) that the 'lay public . . . demand to be cured instantly [yet] object to give up their mothers, their children, or their friends, and indeed even their cats and dogs, on whose living bodies the necessary experiments can be duly tried' (14). Similarly, Mr Crowe's '[d]isregard of all pain in others' (119)—his 'moral character' (120)—is completely ignored by a hospital hierarchy concerned only with the fame he might bring to St Bernard's through his discoveries.

- 15 The corollary of these supposedly neutral, objective practices is the objectification of the patient, or the patient's reduction to the body, a process enacted through 'dividing practices' (Foucault 1982, 208) such as the patient's removal from his own bed in his own home to an impersonal, machine-like hospital. One of the most powerful and disquieting aspects of Berdoe's novel is its interrogation of the various ways in which the patient body is constructed and compliance is negotiated. Berdoe repeatedly links poverty to powerlessness and ignorance (1888b, 23); ignorant patients are, he suggests, 'uncomplaining' (21), and in their desperation, more likely to 'yield up their poor bodies . . . to become "teaching stuff"' (22). In turn, the staff are themselves complicit in a system whose purpose is to render the individual patient submissive and controllable. The 'invaluable' (54) Nurse Podger, for example, is instrumental in managing the patients, and persuading them to accept treatments that may or may not be beneficial, but will certainly involve great suffering (chloroform being 'too troublesome to be given unnecessarily' [51]). As the staff recognize, as they bribe her to bring them a compliant and suitable subject, Nurse Podger 'had such wheedling ways' (54). '[A]nother ounce of brandy' (135) may be a sufficient incentive for some patients, but Podger is also fond of reminding them that the medical men are 'learned, clever, charitable' (54), whilst patients are by implication ignorant and needy, and their opinions inconsequential. On occasion, she also appeals to masculine, even nationalistic pride: if, say, an amputation is required to solve the problem of a broken leg, then the patient must behave 'like a brave Englishman,' and not 'make a fuss' (54). Sometimes, it is enough to appear confident in the face of a patient's doubts, as Podger also understands (130).
- 16 Nor is Podger the only nurse who assists in cajoling, urging, and encouraging understandably reluctant patients to consent to treatment: 'all the nurses are [so] instructed' (Berdoe 1888b, 64). On occasions, it is even necessary (as Dr Wilson points out) to send for a priest, who may be more successful in persuading the reluctant that their lives depend on an operation (89–91). In every case, intermediaries act on behalf of medicine's priest-like elite, reinforcing the hierarchy that separates the patient from the doctors and surgeons, and dissociates that elite from the human impact of its decisions. Similarly, the spatial removal of the patient from familiar and homely settings amplifies their relative vulnerability and dependency on those they are told to trust. Elsworth himself underlines the practical implications of this process of objectification by attempting one of those reversals to which Foucault drew attention: convinced that 'to understand the disease one must understand the subject of it' (97), Elsworth steadfastly insists on regarding the objects of his care as subjects; in so doing, the narrative notes, he 'often learned from conversing with his patients many things which helped him to understand how they came to be patients at all' (98). Significantly, this is one of the first literary representations of what would later become known as the 'patient-as-a-person movement', which sprang directly from widespread resentment at the bleak implications of medical nihilism (Shorter 123). By and large,

however, the staff at St Bernard's are united behind a confident faith in the merits of what they are doing, and how they are doing it; hence, '[y]ou can do things in hospital it would be as much as your life were worth to attempt outside' (130). Thus, the patient is brought into what Foucault described as 'an increasingly dense and important network of medicalization that allowed fewer and fewer things to escape' (2000, 135). Through the operation of that now inescapable but also normalized mesh, suitably pacified patients submit themselves to be sacrificed 'on the altar of science' (Berdoe 1888b, 58): it 'all seemed the most natural thing possible, and the hospital system as perfect as could be imagined' (67).

- 17 Like Berdoe's exposé of scientized medical practice, Leonard Graham's novel, *The Professor's Wife*, was intended to draw attention to the new emphasis on scientized medical research, and its dehumanizing impact on both patient and practitioner; like Berdoe, Graham was careful to substantiate his more controversial claims, and he included eight pages of relevant notes (Graham 159–67) drawn from the 'Blue Books' in which the government recorded the findings of its investigations into the medical profession and, in particular, the practice of vivisection. Whilst Berdoe's novel attempts to depict the entirety of social medicine's apparatus, from out-patient department to mortuary and laboratory, Graham's novel approaches its subject matter in a much more intimate way. Its ostensible subject is Beatrice, the young wife of a much older professor of medicine, Sir Eric Grant; as the story unfolds, however, it becomes clear that she is merely the object of his affection, and later, of his professional concern. Grant describes himself as 'a radical, a sceptic', and, as a physiologist, 'a member of a profession that sentimentalists hate' (Graham 49); wealthy and well-established, he is able to carry on his research in his own laboratory, independent of any hospital. But how, therefore, does he pursue his investigations into the functions of living organisms without a plentiful supply of patients? The answer—and Grant's great secret—is that he is also a vivisectionist 'Some one must do the painful part of progress', he declares (26). As such, the novel is a direct response to the recent enactment of the *Cruelty to Animals Act* (1876), 'an important but ambiguous piece of legislation' (Finn and Stark 12) introduced in response to vigorous campaigning against vivisection. In practice, it pleased neither researchers, nor protestors. 'For researchers it stymied British science, yet ensured that vivisection could continue under certain restrictions. For anti-vivisection protestors it was positive proof of the influence of their campaigns, yet overly deferent to Britain's scientific elite' (Finn and Stark 12). For the zealous Grant, for whom 'life is short and science long' (Graham 17) and research more important than any result (15), the legislation is a significant impediment. 'While we are fettered and hampered by this public outcry', he protests, 'our foreign brethren will make the discoveries . . . sentimentality rules the average Englishman' (13). Sentimentality is the last thing that would seem to afflict Grant, a man who is engaged in laying the basis for future cures, but perversely declares that he is 'no humanitarian' (32). Yet Grant is not quite the caricature that Berdoe makes of Crowe, Day, and Mole. As his startled friends discover, he is well-acquainted with German *Lieder*, has a fondness for Haydn, is entirely familiar with Carl Theodor Körner's poetry (13–14), and can deliver a fine singing performance. Nor is this 'artistic and cultivated' individual (14) immune to matters of the heart. It quickly becomes clear that he is in love with Beatrice, even if that love is as conventional as Beatrice herself: she is docile, submissive, child-like, and raised to be an Angel-in-the-House, whilst he prides himself on his rigorous intellect and pugnacious determination

to do what he must to further his research; her role in his life will only ever be secondary. Even from the outset, their relationship is a strained one: when Beatrice overhears him talking about dogs, she assumes that he means pets, leaving Grant discomfited and unable to explain his own interest in them. 'It is not a subject for you', he tells her (40), before explaining to her father that 'we physiologists make a great many uses of dogs that you unprofessional men know nothing of, and would not care to know' (40). But as the narrative makes clear, Grant was not born a monster. His father was also a physiologist and vivisector, and it was 'taken for granted that he [Grant] would follow his father's profession' (70). Nevertheless, Grant recalls how 'night after night he had lain awake striving and struggling with the horror and disgust that he felt' (70). Unable to reconcile himself with his own doubts, he has simply put them to one side, and driven himself like 'a machine' (70): 'I have followed Science where she led' (70). Yet even in early middle-age, he has not so far forgotten his own doubts about his medical research that he can bring himself to share the truth of it with Beatrice, 'the pure, innocent child-wife whose life he was to link with his' (73). 'How could he face the thought of her finding him out', he asks himself (73), 'the idea of her ever seeing him in his laboratory?' The result, notes the narrator, is a 'fierce struggle between his passion for knowledge and his love': 'the powers of good and evil strove with him in silence' (73).

- 18 The narrative leaves the reader to draw his or her own conclusion about which of those powers has triumphed. Grant presses ahead with his marriage, whilst simultaneously writing 'an order to his agent to procure six dogs' to add to the forty on whom he has experimented in the last year (Graham 74). He is determined that Beatrice will simply never find out about his 'habit of constantly cutting open and torturing living animals' (74) in the name of progress. As anti-vivisectionists begin to gather about him, however, the new Lady Grant grows increasingly suspicious of her husband's research, and eventually discovers him in the act of vivisection (141). The shock precipitates a complete mental collapse (141-43). Lady Grant has, it seems, been suffering from a progressive mental disease—'some obscure disease of the brain' (144)—that Grant has long recognized but chosen not to reveal to or discuss with her. For all his faith in scientific progress, he can do nothing for her. As Grant is well aware, that inability makes a mockery of everything he has done in the name of research (111); but his own research might yet be helped by her case. A final, appalling possibility opens up, as Grant is visited by his German mentor, the 'arch-vivisector' (107) Professor Golbig, for whom animal experimentation is not the inevitable limit of their research efforts. Golbig points out that 'the human subject would be far better [as a research subject], and I don't despair of getting the criminals to work with some day' (107); in a final act of betrayal, Grant offers him Beatrice (146), since he considers that '[a]ll the higher powers of the brain' have deserted her (151), and her prognosis is '[a]bsolutely hopeless' (149). Accompanied by Golbig and two nurses, Beatrice is removed to the country (146), where she may be studied without any interference from concerned friends and anxious relatives. For Grant, his decision to give his wife over to Golbig is simply a case of making best use 'of our opportunities'; '[a]fter all, the lower animals are unsatisfactory; you learn far more by the human subject' (156).
- 19 Like Berdoo's narrative, Graham's story therefore dramatizes the dehumanizing impact of medicine's scientization; in particular, it lays bare the corrosive ethical impact of new ways of knowing, and of the related recognition that existing medical practice is largely ineffectual. Only further research might yield meaningful results, but as the

narrative makes clear, those who pursue this kind of research—and in particular those who pursue it through vivisection—very quickly forget the object of their endeavors, and in so doing, lose all sight of its ethical dimension, and of their own humanity. '[I]t is a detestable doctrine that a man may do evil that good may come' (Graham 118), his adversaries declare, but Grant is simply indifferent to their protestations: 'much hardened' (144), he does not recognize what he has done as barbarous, nor understand the meaning of mercy. He may mock them for regarding him as 'such a monster' (139), but the narrative suggests that this is how he now deserves to be regarded. It is Beatrice who sees him most clearly, as a man morally bankrupted by his scientific studies, and become 'false as well as cruel' (148). It is left to a sometime friend and colleague to pronounce a final verdict on Grant, and the terms of his indictment drive straight to the heart of the illusion of progress in which Grant and his fellow vivisectionists have invested so much faith:

You have been growing more reckless in your pursuit of knowledge for some time; you have been more unscrupulous in your disregard of suffering; but now I understand that there is no limit to your cruelty. You own no law, human or divine, where science is concerned. (Graham 157)

- 20 Grant's stony indifference signals what may be the most interesting of the points raised by Graham's novel: that, as Foucault suggested, Grant has arrived 'at the brink of that which limits him; in that region where death prowls, where thought is extinguished' (2002b, 418). For Grant has not emerged unscathed: 'the deep lines of care and mental effort on his face' (Graham 152) signal the effort of will it now takes to maintain his apparently imperturbable faith in science; indeed, it is almost as if the effort has extinguished the man that he once was—a man capable of reciting verse, singing Lieder, and falling in love—and substituted an automaton, crippled by grief, who hides from thought in his research. To think would, after all, be to revisit what he has lost—his beloved wife—and ponder his complicity in that loss. Thus, he lives in a place where 'death prowls', 'concentrated on science' (Graham 158), focused on vivisection, yet haunted by memories of Beatrice. He has not, after all, transcended death; rather, he is now steeped in it.
- 21 In complex and varied ways, *St Bernard's: The Romance of a Medical Student* and *The Professor's Wife* testify to the transformation of medical ways of knowing in the late nineteenth century, and its lived impact on and ethical consequences for both doctor and patient. As ways of knowing grew more specialized and medical terminology more abstruse, the doctor-patient relationship shifted from one of fraternal equality to one of profound inequality; expert knowledge gave doctors power, and that power was written into language itself. But power itself transformed the discursive formations on which knowledge depended, as the whims and wishes of an unregulated handful within the medical profession—the Crowes, Moles, and Grants on whose truth to life both Berdoe and Graham insisted—increasingly dictated what was investigated, and how. Their efforts were, as Berdoe stressed and Graham implied, neither disinterested nor coordinated; lacking coordination and oversight, their findings were often of marginal value. Whilst power therefore distorted knowledge production, grounding it in individual egos rather than in the systematic application of a supposedly neutral scientific method, it also had immediate and substantial consequences for patients themselves.
- 22 As Foucault insisted, historical forces operate on the body. In turn, these novels underline the way in which the patient body (in both the singular and plural) was

increasingly regarded as a resource—as a ‘bit of “clinical material”’ (Berdoe 1888b, 167) —and objectified and exploited by the medical practitioner in order to verify the latest research; the disease was prioritized over the patient, and ‘treatment . . . relegated to a distant future’ (117). The ‘objectivizing of the subject’ was, as Foucault suggested (1982, 208), a function of the subject’s differentiation and social isolation (as one of the sick as opposed to the healthy), and its spatial detachment (separated from friends and family within the hospitals and surgeries that were increasingly the foci of medical intervention). It was also the result of the categorization and classification of the illness (the process of diagnosis, which in turn enabled the now objectified subject to be subsumed within an emergent medical discourse), and still more subtly, the product of a process of self-objectification and introjection, as the order of things was internalized by a now passive and constrained subject steeped in the idea that medicine, no less than society itself, was the product of ineluctable ‘progress’. As Berdoe and Graham recognized, this process of objectification was a mode of subjugation, which in turn constituted a systematic denial of basic patient rights (such as the right to accept or reject a treatment), all mediated through a mechanistic, reductionistic form of ‘science’ that was itself an abrupt departure from the more organic and holistic mode of understanding that had gone before. Indeed, this version of ‘science’ would itself be succeeded, shortly thereafter, as quantum theories displaced the classical.

- 23 Perhaps paradoxically, therefore, a genealogical analysis of medical practice in late Victorian Britain highlights the extent to which medicine’s only (but also questionable) success may simply have lain in the construction of the patient as docile subject. Patients themselves were now bound by an implicit set of rules that put them at a significant disadvantage in their relationships with the medical profession, as it now saw itself; knowledge gave the scientized doctor power over his patient, whilst also enabling him (it was almost never her) to decide the future direction of his research. In a variety of sometimes singular and unexpected ways, therefore, the shifting grounds of medical epistemology resulted not in the accomplishment of the medical professional’s lofty aim, but in its converse: patients who were less well cared for, and less likely to survive their own treatment. These two novels therefore illustrate a discontinuity in the widely-accepted narrative of a continuous improvement in medical care when, to the contrary, progress brought about the opposite effect. Yet this is not the novels’ only value. Foucault regarded genealogy as a ‘history of the present’ (quoted in Gutting 50), and he was interested in the past not for its own sake, but for what it might say about the present, ‘particularly with a view to discrediting unjustified claims of authority’ (Gutting 50). If we accept that, as Jacob Stegenga insists, nihilistic doubt or scepticism remains today ‘the right view to take about modern medicine’ (1), in spite of its many, apparent successes, we might also regard these novels as reminders of the need continually to question our own faith in the medical establishment. As Stegenga notes, ‘our society has become a voracious consumer of medicine’, and the (still open) question of its validity ‘ought to concern anyone who contributes to this appetite’ (7).

BIBLIOGRAPHY

- BERDOE, Edward (Æsculapius Scalpel). *Dying Scientifically: A Key to St Bernard's*. London: Swan Sonnenschein, Lowrey & Co, 1888a.
- BERDOE, Edward (Æsculapius Scalpel). *St Bernard's: The Romance of a Medical Student*. 4th ed. London: Swan Sonnenschein, 1888b.
- ETTORRE, Emanuela. “‘Disposable bodies’: Edward Berdoe, the Language of Power and the Improbable Religion of Medical Science.” *Corpi, Soglie, e Frontiere*. Ed. Emanuela ETTORRE and Lorrella MARTINELLI. Lanciano: Carabba, 2016. 13–25.
- FINN, Michael A., and James F. STARK. ‘Medical science and the Cruelty to Animals Act 1876: A Re-Examination of Anti-Vivisectionism in Provincial Britain’. *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 49 (Feb. 2015): 12–23.
- FOUCAULT, Michel. *The Archaeology of Knowledge*. Trans. A. M. Sheridan Smith. Abingdon: Routledge, 2002a.
- FOUCAULT, Michel. ‘The Birth of Social Medicine.’ *Power: Essential Works by Foucault, 1954–1984, Volume Three*. Trans. Robert Hurley, and others. Ed. James D. FAUBION. London: Penguin, 2000. 134–56.
- FOUCAULT, Michel. *The Order of Things: An Archaeology of the Human Sciences*. Abingdon: Routledge, 2002b.
- FOUCAULT, Michel. ‘The Subject and Power.’ *Michel Foucault: Beyond Structuralism and Hermeneutics*. Ed. Hubert L. DREYFUS and Paul RABINOW. Chicago: U of Chicago P, 1982. 208–26.
- FITZPATRICK, Ray. ‘Society and Changing Patterns of Disease’. *Sociology as Applied to Medicine*. 6th ed. Ed. Graham SCAMBLER. Edinburgh: Saunders Elsevier, 2008. 3–17.
- FURST, Lilian R., ed. *Medical Progress and Social Reality: A Reader in Nineteenth-Century Medicine and Literature*. New York: State U of New York P, 2000.
- GRAHAM, Leonard. *The Professor's Wife: A Story*. London: Chatto and Windus, 1881.
- GUTTING, Gary. *Foucault: A Very Short Introduction*. Oxford: OUP, 2005.
- LOCKER, David. ‘Social Determinants of Health and Disease’. *Sociology as Applied to Medicine*. 6th ed. Ed. Graham SCAMBLER. Edinburgh: Saunders Elsevier, 2008. 18–37.
- MORGAN, Myfanwy. ‘The Doctor–Patient Relationship’. *Sociology as Applied to Medicine*. 6th ed. Ed. Graham SCAMBLER. Edinburgh: Saunders Elsevier, 2008. 55–70.
- PORTER, Roy. *Blood and Guts: A Short History of Medicine*. London: Penguin, 2002.
- PORTER, Roy. ‘Medical Science’. *The Cambridge History of Medicine*. Ed. Roy PORTER. Cambridge: CUP, 2006. 136–75.
- SHORTER, Edward. ‘Primary Care’. *The Cambridge History of Medicine*. Ed. Roy PORTER. Cambridge: CUP, 2006. 103–35.
- SPARKS, Tabitha. *The Doctor in the Victorian Novel: Family Practices*. 2009. Abingdon: Routledge, 2016.
- STEGENGA, Jacob. *Medical Nihilism*. Oxford: OUP, 2018.

ABSTRACTS

Literature affords important insights into the impact of medical discoveries, and this essay discusses two late-Victorian novels that focus on the epistemological and ethical problems generated by medicine's scientization: Edward Berdoe's *St Bernard's: The Romance of a Medical Student* (1887), which focuses on a charitable hospital in which research is carried out on the poor, and Leonard Graham's *The Professor's Wife: A Story* (1881), which dramatizes the destructive, dehumanizing effects of science-driven practices, including vivisection, and their tragic consequences for the unsuspecting wife of a professor of physiology. Following Foucault's genealogical approach, it is possible to trace the various ways in which these novels respond to the advent of a science-driven epistemology, which in turn generated a wholesale rejection of existing medical practices as unscientific and ineffectual, and a corresponding recognition that only intensive research might someday result in meaningful cures: until that time, medical practitioners could do little for their patients. This was the doctrine of medical or therapeutic nihilism. As these novels suggest, however, such a strictly rational interpretation of the healing art legitimated the exploitation of patients as experimental material, particularly those patients who were societally disempowered because poor or needy. This objectification of the patient body generated widespread opposition, as these novels testify. Moreover, new, science-driven ways of knowing were also linked to what British contemporaries regarded as the scandalous practice of vivisection, which in spite of legislation continued to preoccupy pioneers in the field of physiology. As these novels suggest, ethical issues were discounted by scientized medical professionals now intent on pursuing their research, often without care for the cost in suffering.

La littérature permet d'appréhender l'impact des découvertes médicales, et cet article se penche sur deux romans victoriens tardifs qui exposent les problèmes éthiques et épistémologiques engendrés par la scientisation de la médecine : *St Bernard's: The Romance of a Medical Student* (1887) d'Edward Berdoe où il est question d'un hôpital pour indigents dans lequel on effectue des recherches à leurs dépens, et *The Professor's Wife* (1881) de Leonard Graham, qui met en récit les effets destructeurs et déshumanisants des pratiques scientifiques, notamment la vivisection, ainsi que leurs conséquences tragiques pour l'innocente épouse d'un professeur de physiologie. Grâce à l'approche généalogique de Michel Foucault, il est possible d'identifier les différentes manières dont ces romans répondent à l'avènement de l'épistémologie purement scientifique laquelle, à son tour, a débouché sur un rejet global des pratiques médicales existantes sur la base du fait qu'elles étaient non-scientifiques et inefficaces, et sur le corollaire que seule une recherche intensive pouvait un jour aboutir à de véritables guérisons. Toutefois, en attendant, les médecins pouvaient faire peu de choses pour venir en aide à leurs patients. Telle était la doctrine du nihilisme médical et thérapeutique. Comme ces romans le suggèrent, cependant, une interprétation aussi radicale de l'art de guérir légitimait l'exploitation des patients comme matériau expérimental, en particulier ceux qui étaient socialement désemparés parce que pauvres ou nécessiteux. Cette réification du corps du patient a engendré une opposition de vaste ampleur comme l'attestent ces romans. En outre, de nouvelles voies épistémologiques dominées par la science étaient aussi liées à la vivisection, que les contemporains britanniques considéraient comme scandaleuse et qui, en dépit de la législation, continuait de préoccuper les pionniers de la physiologie. Comme le suggèrent ces romans, des questions éthiques étaient négligées par les professionnels de la science médicale désormais déterminés à poursuivre leurs recherches, souvent au mépris de la souffrance.

AUTHOR

ADRIAN TAIT

Adrian Tait, Ph.D., is an independent scholar and environmental critic with a particular focus on the nineteenth century. A long-standing member of the Association for the Study of Literature and the Environment (ASLE-UKI), he has regularly published in its journal, *Green Letters*. He has contributed to a number of other scholarly journals, including the *European Journal of English Studies* (2018), and to essay collections such as *Nineteenth-Century Transatlantic Literary Ecologies* (2017), *Victorian Ecocriticism* (2017), *Perspectives on Ecocriticism* (2019), and most recently, *Critical Dialogues in the Medical Humanities* (2019).

Adrian Tait est un chercheur indépendant et un critique dans le domaine de l'écologie dont les recherches portent sur le dix-neuvième siècle. Membre de l'*Association for the Study of Literature and the Environment* (ASLE-UKI) depuis longtemps, il a publié régulièrement dans la revue adossée à cette société savante, *Green Letters*. Il a apporté sa contribution à un certain nombre de revues scientifiques, notamment le *European Journal of English Studies* (2018), ainsi qu'à des recueils d'articles tels que *Nineteenth-Century Transatlantic Literary Ecologies* (2017), *Victorian Ecocriticism* (2017), *Perspectives on Ecocriticism* (2019), et plus récemment, *Critical Dialogues in the Medical Humanities* (2019).