Tabitha Sparks, *The Doctor in the Victorian Novel: Family Practices*

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Electronic version
URL: http://journals.openedition.org/miranda/2194
ISSN: 2108-6559

Publisher
Université Toulouse - Jean Jaurès

Electronic reference

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1 Tabitha Sparks’s *The Doctor in the Victorian Novel: Family Practices* looks at the trajectory of the figure of the doctor in Victorian literature, examining its evolution from the mid-1820s to the turn of the century. For Sparks, the doctor is, indeed, both a barometer of the evolution of the medical profession and of the Victorian novel. It is, in particular, through the variations of the marriage-plot that Spark traces the impact of the medical figure, oscillating between an index of social class and an embodiment of Positivism and gradually becoming, at the end of the century, an individual unable to experience human emotions. The links between professional medicine and the Victorian novel’s central imaginative structure is thus at the heart of Spark’s study. As she shows, the doctor-character participates in the Victorian novel’s marriage-plot—the marriage-plot encapsulating, she contends, the “essence” of Victorian realism. Consequently, by underlining how personal relations are increasingly subjected to the professionalization of (medical) science, Sparks looks at the impact of scientific and medical ideas in literature, not through the lens of the history of science or cultural studies of science, but through a literary approach to Victorian realism and its narrative conventions.

2 Sparks distinguishes two types of doctor-characters—the doctors of the early Victorian period, ie. in pre-scientific years, and the medical figures preceding the mid-century scientific revolution in Victorian medicine. In the mid-1820s and 1830s, for instance, doctors (physicians) most certainly embodied social status and the Victorian novel highlights their marital eligibility above all (hence hardly using the figure to underline the evolution of medical science). However, scientific and medical developments changed
the representation of the doctor-character at mid-century, the figure little by little destabilizing the marriage-plot and thus strongly impacting the Victorian novel’s structural organization.

Chapter 1, on Harriet Martineau’s *Deerbrook* (1838–39) and George Eliot’s *Middlemarch* (1877), compares the two medical figures, Hope and Lydgate, to probe their capacity to fit into the domestic plot. If, for Martineau, the medical figure’s social identification functions as a sure index of his marital eligibility, Lydgate’s scientific ambitions lead to a collapse of his marriage relationship. In both cases, the doctor-character allows the author to trace the impact of medicine on romantic and domestic plots, revealing therefore “a dynamic interface between the public and the private spheres” (25). Hope reflects Martineau’s faith in Positivism and its influence on the novel’s romance while Eliot, though setting her novel likewise at the time of pre-scientific medicine, points out the growing divide between an empirical and scientific perspective and the novel’s structural romantic narrative.

In Chapter 2, on George MacDonald’s *Adela Cathcart* (1864), illuminates the conflict between the literary imagination and rising materialism. Sparks recalls MacDonald’s contradictory and ambivalent vision of science and medicine and his uses of the novel to stress the tensions between the medical (or scientific) and the literary at mid-century, eventually praising the curative effects of literature. MacDonald’s play upon fairy-tale structures and motifs, moreover, most particularly since a fairy tale is embedded in *Adela Cathcart*, provides evidence that happily-ever-after closures typify MacDonald’s dismissal of the scientific and the medical.

Chapter 3 surprisingly compares Mary Elizabeth Braddon’s *The Doctor’s Wife* (1864) and Elizabeth Gaskell’s *Wives and Daughters* (1866) as two novels which construct the doctor as a foil to domestic success and marital bliss. Once again, Sparks uses the figure of the doctor-character to look at the way in which literary genres compete against each other, most particularly examining the relations between romance and scientific realism. Though the doctor is eclipsed in *Wives and Daughters*, Gaskell’s defence of science through the figure of a scientist shows how the marriage-plot is nonetheless reconciled with scientific methods of judgment. This, Sparks argues, not only typifies Gaskell’s denunciation of the doctor as a representative of crippling social conventions, but also proposes a new vision of realism.

It is most certainly this new vision of realism that sensation novelists capitalized on, their villains and villainesses more often than not finding modern weapons in new drugs, remedies, medical techniques or methods. This is why sensation novelists’ interest in modern scientific issues and figures is furthered in Chapter 4, which deals with two of Wilkie Collins’s novels—*Armadale* (1864) and *Heart and Science* (1883). Collins was famous for using the novel as a territory to map out his society’s controversies, and his plots recurrently bring to light a conflict between “heart” and “science”, especially contrasting romance and the medical. Interestingly, by choosing *Armadale* (set in the early 1850s and thus before the 1858 Medical Amendment Act) and *Heart and Science*, Sparks highlights the evolution of the conflict between medical science and love, gradually drifting into a debate more focused on medical methods (moral medicine vs. material science). Indeed, because Collins’s doctor-hero in *Heart and Science* “resolve[s] the medical and marital plots by both fixing [the heroine’s] body and marrying her” (108), Sparks shows how Collins no longer defines medical materialism as incompatible with love. The difficulty of reconciling the medical with love and romance ultimately results from the moral decline...
of materialistic science, as exemplified by the rise of vivisection and the construction of the human subject as an animal at the bottom of the evolutionary scale.

7 This idea paves the way for Chapter 5 which looks at Bram Stoker’s and Arthur Machen’s “Gothic Medicine”. As a matter of fact, Stoker’s and Machen’s novels (Dracula [1897], “The Great God Pan” and “The Inmost Light” [1894]) feature female characters who fall prey to doctors’ punitive medicine. Medically chastised for their immoral sexuality, the New Women of fin-de-siècle Gothic fiction illustrate the doctor’s new meanings and values. Sparks reads Stoker’s and Machen’s novels against the background of the 1864 Contagious Diseases Acts and their repeal in 1869, and associates the medical punishment with a medicalization of romance: as a New Woman, the romantic heroine must inevitably be subjected to a medical verdict—her sexuality medically supervised for the good of the nation.

8 Lastly, Sparks examines female doctors in late-century fictions. As typified by the novels and short stories of Charles Reade (The Woman Hater [1876]), Wilkie Collins (“Fie, Fie; Or, The Fair Physician” [1882]), Arthur Conan Doyle (“The Doctors of Hoyland” [1895]), Charlotte Yonge (Magnum Bonum [1879]), Sarson J. Ingham (“Hilary; Or, The Amateur Surgeon” [1896]) or Anny S. Swan (Elizabeth Glen M.B.: The Experiences of a Lady Doctor [1895] and its sequel, Mrs Keith Hamilton, M.B.: More Experiences of Elizabeth Glen [1897]), the fictionalized woman doctor from the 1870s to the 1890s fails to render marriage compatible with a medical career. These female doctors’ lack of participation in marriage (whether the writers, like Reade, aimed to help the cause of the woman doctor or to denounce it, as in the case of Yonge) showed how professional success clashed with definitions of successful femininity. In most novels, the female doctor and the wife are poles apart, and either the female doctor chooses to marry and ends her career or she renounces marriage to choose her career (except, perhaps, in the case of Margaret Todd’s Mona Maclean, Medical Student).

9 In conclusion, Sparks gives a last example of the relation between the demise of the marriage-plot and the growing scientific professionalism of the doctor through Conan Doyle’s collection of short stories, Round the Red Lamp (1894) in which love and science cannot be reconciled.

10 Sparks’s study never aims to trace the evolution of medical knowledge and practices, and very few (if any) developments are related to medical science and theories. Instead, her book tackles the figure of the doctor from a literary point of view, and her analysis of the impact of the doctor-character on the marriage-plot offers an original insight into Victorian realism. The question of what “Victorian realism” is exactly remains unanswered, however, and even though Sparks approaches realism in her introduction through the doctor and his intimate access to the patient’s “real”, this analysis is unfortunately not furthered. Still, the range of canonical, popular or less known novels and short stories Sparks examines (and which she defines as “Victorian novels” through their marriage-plots), makes it an interesting study of the figure of the “doctor” and its evolution—at least one that will lead scholars to read more closely the multiple facets of the character.
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Keywords: Victorian novel, realism, doctor, science
Mots-clés: roman victorien, réalisme, médecin, science

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