

“THE DISEASE, WHICH HAD HITHERTO BEEN NAMELESS”: M. E. BRADDON’S CHALLENGE TO MEDICAL AUTHORITY IN *BIRDS OF PREY* AND *CHARLOTTE’S INHERITANCE*

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MARY ELIZABETH BRADDON launched her editorship of *Belgravia* magazine by painting a picture for her readers of a murderous medical practitioner. At the outset of *Birds of Prey* (1867), the serial novel which kicked off the magazine’s publication, Braddon introduces us to a surgeon-dentist named Philip Sheldon. The narrator ironically explains, “Of course he was eminently respectable . . . A householder with such a door-step and such muslin curtains could not be other than the most correct of mankind” (7; bk. 1, ch. 1).¹ Sensation novels of the 1860s have long been critically recognized as vehicles for revealing the disparity between respectable façades and seedy interior truths, and Braddon’s underexamined work *Birds of Prey* and its sequel *Charlotte’s Inheritance* (1868) are no exception: by the close of the second novel, the seemingly upright Sheldon has been revealed as a liar, a cheat, and a killer.

The revelations that occur in *Birds of Prey* and *Charlotte’s Inheritance*, though, go beyond the attacks upon middle-class respectability or the repressive mores of Victorian society, which critics often attribute to sensation novels. Instead, Braddon uses these two works to target the potential duplicity and often-unquestioned authority of the medical profession and its discourses. Braddon couples this criticism with a defense of her own writing of sensational literature and the female readership supposedly imperiled by this fiction. In order to mount this dual assault and vindication, Braddon employs a surprising tactic: she acknowledges both the potential danger of reading and the immoral nature of sensational behavior. *Birds of Prey* and *Charlotte’s Inheritance* locate the threat of reading within medical literature instead of novels, though, and the sensational activities that she highlights are carefully planned murders committed by a rational doctor rather than the impetuous actions of a passionate woman. Braddon thus utilizes *Belgravia*, a periodical venue for “light” literature, to question the power dynamics set up and reinforced by prominent and “serious” medical journals such as *The Lancet*.

Braddon’s *Birds of Prey*, a “strong sensation story” according to her (qtd. in Wolff 179), ran in serialized form with a new installment each month from the first issue of *Belgravia*

in November 1866 until September 1867. Though this novel remained out of print until as recently as 2004, at the time of its original publication, *Birds of Prey* enjoyed immense popularity. In fact, due to reader demand for the sequel, Braddon altered the format of *Belgravia*, adding an additional thirty-two pages to each edition so that she could include *Charlotte's Inheritance* alongside *Dead-Sea Fruit*, the serial novel originally scheduled to follow *Birds of Prey* (Phegley 138). In the first book of *Birds of Prey*, a surgeon-dentist named Philip Sheldon uses information gleaned from *The Lancet* to poison his friend Tom Halliday under the guise of treating him for a head cold so that he can marry Tom's wife and inherit Tom's money. Later, in *Charlotte's Inheritance*, Sheldon perpetrates a similar crime, poisoning his soon-to-be-heiress step-daughter while he ostensibly bolsters her health.

Braddon uses the character of Philip Sheldon in his role as medical professional to question the quality and availability of Victorian medical literature and the belief that doctors should be implicitly trusted. In the process, she also disarms popular concerns regarding women's susceptibility to their reading and the genre of sensation fiction by offering an alternative, and even more sensational, possibility for narrative contagion that involves a seemingly more objective reading population: male, medical practitioners and their professional reading. In turn, this sensational depiction of the deceitful Sheldon questions the trope of truthful doctor / lying patient common in the medical literature of the day. Moreover, through her depiction of the diseases that Sheldon is able to simulate because of his reading, Braddon illustrates the consequences for the uninformed and unquestioning patient in the increasingly clinical landscape of nineteenth-century medicine. *Birds of Prey* and *Charlotte's Inheritance* together dramatize the ways in which misdiagnosis or ineffective treatment can place the weight of responsibility for continued suffering on the shoulders of the sufferers themselves rather than their practitioners.

I. "Philip Sheldon Reads The 'Lancet'": The Spread of Medical Information and the Threat of Reading

NEAR THE BEGINNING OF *Birds of Prey*, Braddon challenges both the discourses through which the medical profession established its authority and the popular belief that women were especially at risk of becoming contaminated through unregulated reading. She creates this indictment by setting up a prominent medical journal as the primary tool by which Philip Sheldon is able to commit his crimes. In order to plan his poisoning of Tom Halliday, Sheldon examines issues of the *Lancet*, one of the main British medical publications during the Victorian period. His reading of this well-known medical journal is foregrounded by the title of the second chapter, "Philip Sheldon Reads The 'Lancet,'" as well as Sheldon's lengthy, late-night perusal of volumes of this periodical near the chapter's end.

Braddon's incorporation of the *Lancet* into her novel serves a dual purpose: she casts doubt on the quality of the information available in this impersonal format *and* the implicit assumption that doctors reading the *Lancet* are morally qualified for unlimited access to such information. As Lorraine Daston points out in her article "Objectivity and the Escape from Perspective," the nineteenth century was a time of a greatly increased spread of information in the natural sciences, including medicine. However, this dispersal of information occurred through impersonal forums such as journals rather than through the personal friendships that predominated in previous centuries. Braddon had intimate knowledge of the perils of such impersonality from her experiences in the publishing world. Both Braddon's life and her

writing were ceaselessly and viciously attacked by critics in a host of magazines, ranging from *Blackwood's* to the *Pall Mall Gazette*. As a result, defenses of Braddon and her work became a regular part of *Belgravia*. As Jennifer Phegley has noted, one of the main tactics that Braddon condemned in her responses to these critics was "the shroud of anonymity that enabled such cutthroat critical practices" (122). Braddon countered the hidden dangers associated with this namelessness by having critics writing in *Belgravia* forego anonymity.

Braddon's representation of Sheldon and his reading of the *Lancet* play on similar themes. However, her evaluation here focuses not on the anonymity of the writers but instead on Sheldon's anonymity as a reader in the newly-available sea of medical information and the potential hazards resulting from this accessibility. Because Sheldon is able to look to the *Lancet* in order to carry out the poisoning of Tom and then Charlotte, he, like the critics castigated by Braddon, is able to remain a nameless attacker. Braddon's critiques of Sheldon are thus aimed at the ease with which he is able to misuse the information he gleans from the pages of this medical journal. While Sheldon would certainly not have asked a friend or fellow doctor how to poison Tom Halliday, after an evening spent anonymously flipping through medical periodicals, he is easily able to acquire this information.

Sheldon would certainly have had plenty to read regarding poison in the *Lancet*. Just a quick look through issues of this periodical from the 1840s reveals that most volumes included anywhere from three to twelve articles on poisoning. One essayist from 1850 explains this preoccupation with poisoning as originating in "the wholesale system of poisoning by arsenic, which has now become so prevalent" ("On the Prevention" 551). Throughout the century, the fear of poisoning as a form of murder was widespread. In large part, this fear stemmed from a series of trials, beginning in the 1840s, of women who poisoned their husbands. Though the number of spousal murders of husbands by their wives was dwarfed by the number of husbands committing such crimes, the method of the wives' attacks (and the fact that wives would dare to kill their husbands) captured the media's attention and the public's imagination (Robb 176–77), leading to the impression that there was indeed a "wholesale system of poisoning" plaguing their nation. Though media attention primarily focused on the women who employed this method, as the historian George Robb notes, "in spite of popular prejudice, it was men who were most knowledgeable about poisons," and "a number of husbands accused of poisoning their wives were druggists or physicians" (182).

Braddon was aware of the reality of the male, medical professional as poisoner. Within *Birds of Prey*, a character who is suspicious of Sheldon even obliquely compares him with "Palmer, at Rugely, who . . . poisoned a few of his friends in a quiet gentlemanly way" (327; bk.7, ch. 6). William Palmer of Rugely was a notorious Victorian murderer who had been convicted in 1856 of killing his friend John Parsons Cook and who was suspected of killing many others. He was also a surgeon, and the facts suggest that he poisoned his friend Cook with strychnine as he ostensibly treated him.² In her depiction of Philip Sheldon and his reading of the *Lancet*, Braddon is thus targeting the double-standard that erroneously suggests that women (who have lesser access to the relevant information about poisoning than their male counterparts) pose a greater threat, while she also voices her suspicions regarding the knowledge available to the not-always-trustworthy medical man.³

Many of the articles on poisoning in the *Lancet* are full of particulars about specific means of poisoning that an unscrupulous reader could use to his advantage. For instance, one doctor in 1851, after relating in detail a case of poisoning which he treated, laments that this case demonstrates that some poisons can take much longer to set in than was previously

realized. He fears that this fact will lead many people who might not have poisoned someone to do so because it will now be easier to escape detection (“Medical Society” 410–11). The irony here, of course, is that through his detailed relation of this case, this doctor has provided the precise information necessary for someone, such as another doctor reading the *Lancet*, to do exactly what he fears.

Braddon herself highlights this irony in *Charlotte’s Inheritance* when the specific articles used by Sheldon to poison Tom Halliday are discovered. The first article is entitled “On the Fallibility of Copper Gauze as a Test for the Detection of Arsenic,” and the narrator makes the potential danger of such an article in the wrong hands quite explicit. The passage reads: “It was one of those papers which, *while they aid the cause of science, may also further the dark processes of the poisoner*, by showing *him* the forces *he* has to encounter, and the weapons with which *he* may defend himself from their power” (242; bk. 8, ch. 3, emphasis added). While articles on poison and poisonings were quite common in the popular press, it is significant that Braddon is not highlighting a mass media article, but, rather, one that is directed toward a specialized, professional audience. Moreover, this potentially dangerous article is, as the narrator goes on to describe, “one of a series on the same subject, or range of subjects” that appear in this journal. Dealing as it does with technical topics like chemical testing, the type of information that Braddon highlights as alarmingly accessible would prove threatening only when wielded by someone with the specific scientific knowledge necessary to sort through this information and determine its value. Braddon’s focus on a journal primarily available to male, medical professionals, coupled with the narrator’s repeated use of the pronouns “him” and “he” to describe the potential poisoner, suggest that it is the male practitioner, not the downtrodden wife, who is most in jeopardy of succumbing to the temptation of employing “the dark processes of the poisoner.”

In addition to engaging debates regarding the nature of poisoning as a crime, through her use of the *Lancet*, Braddon is also able to upend prevalent nineteenth-century fears about women, contagion, and their reading of sensational literature by illustrating the contaminating potential of scientific reading for a predominantly male readership. Critics such as Pamela Gilbert in *Disease, Desire, and the Body in Victorian Women’s Popular Novels* have shown that sensation fiction in particular was seen as possessing the potential to materially and morally *infect* its presumably female, and thus passive, readers by way of the sensations stimulated by such reading. Braddon reverses this critique by showing the potential danger to the professional, male reader whose specialized, supposedly objective, medical reading gives him the tools to perpetrate a crime.

Most critical examinations that focus on Braddon’s defense of sensation fiction and her female readership investigate her attribution of greater competence to this audience than was popularly granted them; I, however, locate Braddon’s justification of her sensational writing in the attention she draws to a genre less safe for its readers than her own. Kate Flint has suggested that sensational writers such as Braddon undermined the notion of the passive female reader by encouraging women to actively interpret the myriad literary references included in these texts as well as the actions taken by the novel’s transgressive heroines. Phegley augments this argument in *Educating the Proper Woman Reader*, maintaining that Braddon “went beyond claiming that sensation was harmless to argue that by studying sensational plots and characters women could become more, rather than less, skilled at reading critically” (135).⁴ While I appreciate Flint and Phegley’s claims regarding Braddon’s treatment of her female audience, I contend that Braddon also employs a subtler tactic in

the defense of her fiction. In *Birds of Prey* and *Charlotte's Inheritance*, Braddon allows the potential contamination involved in reading, but she uses the figure of Philip Sheldon to suggest that when critics locate the threat of reading in sensation fiction, they are looking in the wrong place.

Braddon's vindication of the woman reader arises, in other words, through the depiction of a type of professional reading whose potential for morally infecting its readers is much more concrete than that assigned to women's reading of sensation fiction. Throughout this section, Sheldon considers the possibility of poisoning Tom and weighs the merits and demerits of this plan, but it is his act of reading that seals Tom's fate, for without the information gathered from the *Lancet* Sheldon would be unable to carry his plans into action. Moreover, it is the way that Sheldon reads, a manner which draws on the biological differences supposedly separating men from women, that allows him to be contaminated. As Flint has exhaustively illustrated, according to the medical literature of the period, it was women's greater sensitivity and imagination – traits supposedly biologically housed in the brain – that allowed them to be so easily influenced by what they read. This female sensibility was juxtaposed against male biological traits such as the ability to reason and carefully judge.

Significantly, the narrator's descriptions of Sheldon's brain and thought processes emphasize Sheldon's association with shrewd reasoning as opposed to fancifulness. As Sheldon sits considering whether or not he should poison Tom, the narrator explains, “He was not prone to the indulgence of idle reveries or agreeable daydreams. Thought with him was labour; it was a ‘thinking out’ of future work to be done, and it was an operation as precise and mathematical as the actual labour that resulted therefrom” (*Birds* 14; bk. 1, ch. 2). Sheldon appears to be almost a thinking machine, and Braddon explicitly relates this mechanistic reasoning to the organization of Sheldon's brain. And it is Sheldon's practicality and reasonableness that eventually lead him to his reading of the *Lancet*, for he simply concludes before turning to that journal, “‘I had better read up that business before they come,’ . . . when he had to all appearance ‘thought out’ the subject of his reverie” (19; bk. 1, ch. 2). Thus, Braddon does not simply argue that men are just as suggestible or as easily influenced by their reading material as women. Rather, she cleverly sidesteps the issue of sensibility – she would, after all, have had to argue against an entire established medical tradition ostensibly based on the biological differences between men and women – and targets the very characteristics of men that supposedly differentiated them from their overly sensitive and intuitive female counterparts, namely, their abilities to reason and carefully consider.

Furthermore, this medical literature, unlike sensation literature, does not merely provide a fictional model of bad behavior, which, notably, usually ends up being punished by the novel's end. Instead, the information that Philip Sheldon encounters in the *Lancet* provides real-world *instructions* for criminal behavior (types of effective poisons, amounts necessary, methods for administering the poison) as well as the tools necessary to avoid the detection of these crimes. Braddon's use of the *Lancet* in this context thus operates on several levels. It serves as an implicit defense of the sensational literature that Braddon was so popular for creating, an indictment of widely-held and medically-based Victorian beliefs regarding women's susceptibility to narrative infection, and a critique of the assumptions that separated the supposedly objective discourses of the medical field and its practitioners from the sensational. Braddon illustrates the potential danger attendant upon men's typically masculine, professional reading and she does so by focusing on the questionable nature of the very medical literature that supported the popular beliefs about women and their reading.

II. Sensational Science

THE SENSATIONAL GENRE THROUGH which Braddon conveys the story of Philip Sheldon is key to her critique of the authority granted to the medical profession via its increasingly clinical methods and its association with scientific objectivity. Braddon aligns Sheldon with the clinical side of medicine through both his professional interests and his relations to other characters while simultaneously painting these interests and interactions as unnatural and thus sensational. Though overblown passion is often at the heart of the scandalous behavior found in the sensation novel of the 1860s, Sheldon's actions are shocking to the reader because of the coldly clinical and scientific manner in which he carries out his crimes. In the same way that Braddon granted the potentially harmful influence of *reading* in order to highlight the threats inherent in professional rather than leisure reading, so too she takes advantage of the negative connotations associated with the *sensational* in order to sensationalize, and thus call into question, the more authoritative and distancing aspects of medical practice.⁵

On the very first page of *Birds of Prey*, Braddon describes Philip Sheldon's profession as "surgeon-dentist" (6; bk. 1, ch. 1), a designation which frequently recurs and which aligns Sheldon with medical specialization as well as the more scientific rather than treatment-based elements of the medical field. Historian M. Jeanne Peterson explains that medical specialization increased during the second half of the nineteenth century, and "specialists' scientific claims helped shake the English medical establishment loose from its devotion to 'the practical aspects of diagnosis and treatment' and prompted English medicine to engage more actively in the search for 'scientific explanations'" (279–80).⁶ At the turn of the nineteenth century, dentistry was still often associated with rather medieval methods of tooth extraction and the sale of questionable tonics and powders for treating tooth aches. However, by the middle of the century, dental surgery required special licensure through a body such as the Royal College of Surgeons.⁷ Thus, when Braddon paints Philip Sheldon as sensational, she is not simply sensationalizing the dentist-barber of earlier centuries (an easy target, indeed), but a medical practitioner schooled in scientific objectivity. This is not to say that Braddon is opposed to clinical medicine or medical specialization in and of themselves. Rather, her sensationalizing of Sheldon attacks the distancing from the patient as human and emphasis on the patient as problem-to-be-solved potentially encouraged by these scientifically-based aspects of medical practice.

From the first, Sheldon's own medical practices are more closely tied to experimentation and the *objects* of his profession than to patients. A look into his surgery reveals him honing his skills in mechanical dentistry rather than treating sufferers. The narrator overtly sensationalizes Sheldon's professional focus on such activities, describing Sheldon's work on the model of a lower jaw as a "mysterious process in connection with a lump of plaster-of-pans, which seemed to be the model of ruined battlements in the Gothic style" (*Birds* 37; bk. 1, ch. 5). What should be an indicator of medical progress is instead associated with the gothic past, a time dominated by disorder, dark plots, and murder. Philip's suspicious brother implicitly connects such examples of Philip's predilection for "experimentalising" with his ability to poison Tom, noting "You're rather fond of experiments, I think, Phil" (*Birds* 37; bk. 1, ch. 5). It is thus not just the model of the lower jaw that becomes an object of sensation; Philip's medical knowledge, which allows him to experiment on Tom, is sensationalized as well.

While Sheldon may show interest in scientific trials, Braddon otherwise portrays him as mechanistic and utterly detached from the feelings of others. Particularly egregious is the

lack of feeling expressed by Sheldon toward Tom’s wife Georgy, since this is the woman whom he will marry following Tom’s death. In one interchange between the two, Sheldon’s questions cause Georgy to dissolve into tears, and his reaction illustrates his application of a clinical gaze in even the domestic sphere:

Mr. Sheldon watched her tears with the cold-blooded deliberation of the scientific experimentalist. He was glad to find that he could make her cry. She was a necessary instrument in the working out of certain plans that he had made for himself, and he was anxious to discover whether she was likely to be a plastic instrument. (*Birds* 27; bk. 1, ch. 3)

Just as Sheldon experiments with the plaster-of-Paris to see how well he will be able to shape it into the form of a lower jaw, his encounter with Georgy is a test intended to reveal how well he will be able to mold her. The critic Thomas Boyle has argued that what outraged critics of sensational villainesses like Lady Audley was “the suggestion that the passionate instincts are as human as they are bestial, and that such subconscious drives . . . could triumph over reason” (96). I suggest that what is outrageous about the sensational villain Philip Sheldon has nothing to do with passion, but, rather, the fact that scientific objectivity and cool reasoning could so easily triumph over the consideration of the feelings of anyone else.⁸

III. “If you knew as much of doctors as I do, you wouldn’t be in any hurry to trust a friend to the mercy of one”: Lying Doctors and Fictionalized Afflictions

AT MID-CENTURY, EXISTING power structures in the medical profession began to shift and medical practitioners gained greater governance over their occupation. With the introduction of medical schools into the hospitals in the 1850s, choices regarding both hiring and admission were more and more in the hands of the doctors serving in these medical schools rather than the lay boards who had previously served this function. The surge toward specialization beginning in the 1860s served to further distance the lay public from knowledge of the medical world. Peterson explains this shift in terms of access to information: “Authority came to the [medical] experts as the public was increasingly closed off from knowledge of their work . . . The experts gained stature not because they could always act effectively, but because only they could name, describe, and explain” (286).⁹ Unfortunately, Sheldon is able to carry out his crimes in large part due to the power granted him by his ability to “name, describe, and explain.”

Braddon’s sensational depiction of the surgeon-dentist thus casts doubt on the causal link between this type of expertise and the unconditional granting of authority, warning readers to be more wary with their acceptance of such relationships. Her questioning of this trust highlights and inverts the dynamic of truthful doctor / lying patient that is repeatedly set up and reinforced through case studies in journals like the *Lancet*. Braddon upends this convention through her representation of the deceitful Sheldon and the danger of unreservedly accepting his veracity – by misusing the trust placed in him as a medical professional, Sheldon is, after all, able to murder his patient.

While this situation is indeed extreme, Braddon’s portrayal of Sheldon also illustrates a less deadly but perhaps more likely and thus more troubling consequence: when doctors are provided with unchecked authority, they are able to unduly influence not only patients’

physical experiences, but even the shape that patients' illnesses take. By *illness* I mean a patient's unique, experiential story of his or her disease – as opposed to *disease* itself, the actual biological disorder from which a patient suffers.¹⁰ Due to the false etiology of disease encouraged by Sheldon's misnaming of Tom and Charlotte's ailments, both father and daughter feel largely responsible for the diseases from which they believe they suffer. By providing the impetus for his patients' complaints and then manipulating their diagnoses, Sheldon writes a certain level of guilt into the narratives of Tom and Charlotte's illnesses that would not be part of their experiences without his intervention. In a Victorian landscape in which medical expertise was often defined more by mastery of medical discourse than by efficacy of treatment or accuracy of diagnosis, this exaggerated example illustrates the impact on patients' illnesses present in any case in which ailments are misdiagnosed or a diagnosis cannot be provided at all.

The belief in patients' inherent deceitfulness and lack of cooperation found free reign in case histories appearing in prominent Victorian medical periodicals such as the *Lancet* and the *British Medical Journal*. In these case studies, the patient and the patient's family are repeatedly depicted as lying, concealing important information, or, at the very least, obstinately disagreeing with the doctor's (obviously) correct advice or request. For instance, in one typical case published in the *Lancet* in November of 1845, James K. Dow relates how it was only through his examination of "Elizabeth F" for another complaint that he discovered that she was pregnant. Moreover, once treatment begins, the patient and her family continue to lie, for "after some equivocation, [Dow] was informed by [Elizabeth's] mother that her thirst had been quenched an hour previously by some warm rum-and-water, she, *it was alleged*, preferring that to an infusion of toasted bread" (475, emphasis added). The language used by Dow vividly illustrates the distrust with which he accepts his patient's and his patient's family's statements as well as the well-foundedness of his belief in their lack of veracity. Elizabeth F's death at the end of this case history completes the feeling of cautionary tale for potentially dishonest patients that infuses this narrative. Though not every case study depicts the patient as this untrustworthy, the belief in patients' deceptiveness permeates case narratives of the nineteenth century.

In *Birds of Prey* and *Charlotte's Inheritance*, though, it is Philip Sheldon, the surgeon-dentist, who is unequivocally dishonest. Even the medical specialization that Sheldon has chosen, surgical dentistry, allows him to hone his dissimulative abilities. As the advertisements for his practice suggest, his talents lie in the fine-tuning of "false teeth" and the replacement of real gums with coral ones (*Birds* 8; bk. 1, ch.1, emphasis added). Sheldon's application of his faculty for altering appearances to the field of mechanical dentistry elevates his ability to create an artful façade into a science. Moreover, the manipulation of physical appearances perfected by Sheldon in his choice of professions parallels the manipulation of the people surrounding him which Sheldon later enacts via his medical authority. After Sheldon's housekeeper gets sick by way of beef tea intended for Tom Halliday, Sheldon counters her concerns, explaining, "if you knew as much about atmospheric influences as I do, you'd know that food which has been standing for hours in the pestilential air of a fever-patient's room isn't fit for any body to eat" (*Birds* 43; bk. 1, ch. 6). Not only does Sheldon use beef tea, something often prescribed by doctors to maintain the strength and bolster the health of invalids, to undermine the health of his patient; in addition, it is his medical knowledge, or, rather, his *profession* of medical knowledge that allows him effectively to silence his housekeeper.

This dishonesty on the part of Sheldon is juxtaposed against the general belief in his rectitude exhibited by his patients and those surrounding them. Though these patients willingly reveal all of their symptoms to their doctors and believe that Sheldon is only doing what is best for them, the trusting Tom Halliday dies just as surely as did the dissembling Elizabeth F under the treatment of Dr. Dow in the *Lancet* case cited above.

One of the alarming consequences of this connection between expertise and authority in *Birds of Prey* and *Charlotte's Inheritance* is the shaping of patients' illnesses that the practitioner's ability to name (or misname) can exert. Even though Sheldon is unable to cure, or even improve, Tom's condition, he has provided it with a label: "bilious fever" (*Birds* 31; bk. 1, ch. 4). This capacity to diagnose Tom's ailment subsequently allows the surgeon-dentist to explain away all of Tom's symptoms, a move which simultaneously solidifies his authority and shields him from any suspicion of wrong-doing. As a result, Tom repeatedly blames his own supposed weakness for the course that his sickness has taken, assuring Sheldon, "I'm not going to blame you when it's my own constitution that's in fault" (*Birds* 46; bk. 1, ch. 6). His belief in this defect in his own body and the fatalistic viewpoint that results from this belief stem from his false knowledge that he is only suffering from an "ordinary" and "mild" (Philip Sheldon's words) attack of bilious fever, something which should be quite easy to overcome. The false seeds sown by Sheldon lead Tom to believe his demise inevitable, a fact which assists Sheldon in the continued poisoning of his unresisting patient.¹¹

The doctors' pronouncements that there is nothing organically wrong with Charlotte place the onus of her sufferings even more squarely on her shoulders than Tom's misguided belief in his weak constitution did. In the view of Charlotte, her friends, and her family, it is not that Sheldon and the puppet-doctor that he has called in to consult are *unable* to name the disease from which Charlotte suffers; rather, the lack of a named ailment leaves little possibility in their minds that Charlotte's disorder is anything but an attack of nervousness on Charlotte's part and that she is thus to blame for the progression of her complaint. Charlotte herself asserts that "My nerves are the beginning and the end of mischief; and if I could get the better of my nerves, I should be as well as ever" (*Charlotte's* 179; bk. 7, ch. 2).¹² We as readers know that Charlotte's sufferings have a definite locus in the poison which she is being fed, but without knowledge of this poisoning, her experiences, just like her diagnosis, remain (literally) ill-defined – her suffering simultaneously contributes to the delineation of who she is yet is dismissed inasmuch as it does not stem from a clear underlying cause.

The fictional nature of the diseases from which Tom and Charlotte supposedly suffer further highlights the role of Sheldon and his medical reading in the etiology of their ailments and the shaping of their illnesses. The narrative chain of contamination begins with Sheldon's careful reading of the *Lancet* and ends with his writing of disease into the bodies of both Tom and Charlotte. Their pain and distress may be quite real, but Sheldon has in effect created fictional afflictions for both of these individuals. When Charlotte's fiancé finally discovers her poisoning, this connection becomes clear to him, and he, the layman, is ultimately able to accurately diagnose what has plagued both Tom and then his daughter. In a moment of epiphany, he thinks, "Murder! The disease, which had hitherto been nameless, had found its name at last" (*Charlotte's* 222; bk. 8, ch. 1). Sheldon's professional reading allows him to serve as a carrier for this disease called murder, a disease which he inevitably passes on to his victims.

Braddon uses *Birds of Prey* and *Charlotte's Inheritance* to identify the potential for a very different kind of narrative contagion than the type traditionally assigned to her

own sensational writing. Ironically enough, the very publication that Braddon most overtly targets in her critiques – the *Lancet* – was founded in 1823 in order to promote reform in the medical profession. Thomas Wakley, founder of the *Lancet*, intended for the journal to shine a light on the ineptitude and nepotism dominating the medical establishment of the 1820s. In contrast, he hoped that the creation of his periodical would encourage scientific excellence in the profession.¹³ While Wakley’s efforts undoubtedly contributed to change in the power structures *within* the profession, through her own periodical, Braddon illuminates the unacceptable power dynamics reinforced through journals such as Wakley’s. Braddon employs her sensational fiction, a type of literature viewed as “light” in relation to its more “realistic” counterparts, to defend groups (women and patients) not taken as seriously as their more powerful counterparts (men and doctors).

Ultimately, though, it is not only the behaviors of male medical doctors that Braddon evaluates. Charlotte and Tom’s unmitigated trust in those treating them, coupled with their readiness to assign fault to themselves without ever considering the possible flaws of those doling out medical advice, damns them just as surely as Philip Sheldon’s actions. In her discussion of the thinking woman reader encouraged by Braddon’s works, Phegley notes that one of the lessons of Braddon’s novels is to look beyond the respectable façades generated by social standing. Phegley maintains that “Braddon’s motley crew of deceivers and criminals exemplifies the dangers of judging individuals solely on their outward appearances and apparent social positions. Her novels instead encourage the careful discrimination of character based on behavior rather than class status” (140). While I find Phegley’s claims persuasive, I would suggest that in *Birds of Prey* and *Charlotte’s Inheritance*, Braddon’s admonition extends beyond the careful consideration of class. In these two novels, Braddon employs an over-the-top, sensational story to caution readers about a very real problem – namely, that the profession of medical knowledge by medical practitioners is increasingly becoming equated *by patients* with the possession of moral rectitude and an implicit authority. Thus, like the *Lancet*, Braddon’s *Belgravia* also serves as an instrument for reform: her publication of these two “light” novels within its pages calls for patients to revise their perceptions of both themselves and the doctors who minister to them.

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NOTES

1. All of my citations come from recent reprints of *Birds of Prey* and *Charlotte’s Inheritance* published by Hard Press. There are currently no critical editions of either of these two novels, and I have chosen to quote from the Hard Press version of the text, rather than the original 1867 and 1868 editions of the texts published by Ward, Lock, and Tyler in London because they are more readily available. These Hard Press reprints (along with reprints published by Kessinger Publishing in 2004, BiblioBazaar in 2007, and IndyPublish in 2007) reproduce the Project Gutenberg transcriptions of these two novels. The Gutenberg texts are transcriptions of the stereotyped editions of these two works published by John and Robert Maxwell, which match the original stereotyped editions published by Ward, Lock, and Tyler. Publication dates are not listed for any of these stereotyped editions, but this is not surprising given that stereotyping is a process which reproduces the layout of a novel via a mold made of the original standing type; since the resulting text is a reprint rather than a new, revised edition, new publication dates are often not listed in the publication information.

2. While there are certainly similarities between the case of William Palmer and the character of Philip Sheldon – both men were deeply in debt; and a chamber-maid complained of feeling sick after tasting broth that Palmer sent up for Cook just as Sheldon’s housekeeper feels ill after tasting beef-tea intended for Tom – the differences between the two cases are equally significant. While Palmer was a notorious gambler and womanizer, Sheldon maintains both a respectable façade and a clinical detachment from those surrounding him. These two characteristics, as I will later suggest, are at the heart of Braddon’s critique of Sheldon as medical practitioner. For more information on William Palmer, see *The Queen V. Palmer: Verbatim Report of the Trial of William Palmer* and the William Palmer website maintained by Dave Lewis.
3. Though he does not examine *Birds of Prey* at length, in an essay entitled “Laws, the Legal World, and Politics,” Reed briefly mentions three famous Victorian doctor-poisoners – William Palmer, Thomas Smethurst, and Edward Pritchard – and he notes that “The character Philip Sheldon in Mary Elizabeth Braddon’s *Birds of Prey* (1867) could have been based on any or all of these practitioners” (168). While I agree that Braddon was aware of these poisoning practitioners, I suggest that her portrayal of Philip Sheldon goes beyond simply retelling the story of any one of these doctors.
4. Phegley is one of a very few critics who engages *Birds of Prey* and *Charlotte’s Inheritance* in her examination of Braddon’s work. Phegley uses these two novels as evidence for Braddon’s promotion of a healthy and active female reader, with the result that her argument follows a very different trajectory than mine. Phegley focuses on Braddon’s use of ironic narration (139) and her depiction of Diana Paget (a strong woman whose familiarity with life’s seedy underbelly helps her to prevent the passive Charlotte’s death). According to Phegley, “By juxtaposing the helpless Charlotte with the independent Diana, Braddon suggests that the ‘ideal’ of the inactive and dependent woman is actually a threat to society” (141).
5. For an insightful but very different look at the relationship between clinical medicine and literary genre, see Rothfield’s *Vital Signs*. Rothfield focuses on the impact of clinical medicine on nineteenth-century realist literature. He maintains that certain ways of thinking about people and disease prevalent in clinical medicine were co-opted (consciously or not) by realist writers such as Balzac, Flaubert, and George Eliot; and these ways of thinking then informed the narrative techniques employed by these writers. Rothfield suggests that part of the appeal of clinical medicine lay in the rise in professional authority that occurred in this field during the nineteenth century and the model of professional exactitude that clinical medicine would have provided for novelists as they too strove for professional authority. I suggest that Braddon’s engagement with clinical medicine also bolsters her authority as a professional writer; however, Braddon enacts this defense of her position as popular writer by sensationalizing clinical medicine and its discourses rather than mimicking them.
6. Peterson is using language quoted from the autobiography of Sir Felix Simon, a throat specialist who practiced in mid-Victorian London.
7. Though separate dental hospitals, such as The National Dental Hospital, were being formed beginning in the late 1850s, and there was a push by some dentists to differentiate themselves from other forms of medical practice, in the mid-1860s dentistry was still considered a medical specialization (grouped with other specializations like obstetrics, epidemiology, ophthalmology, dermatology, and laryngology) rather than a separate field. See Donaldson and Peterson.
8. In “Sensationalizing Science: Braddon’s Marketing of Science in *Belgravia*,” Onslow addresses Braddon’s regular incorporation of articles on scientific topics within her periodical. Onslow suggests that Braddon’s aim was to present scientific claims as perhaps even more sensational than her own sensational literature, thereby defending her literary work against attacks of “melodramatic excess” (169). I find Onslow’s claims in relation to the nonfiction, scientific pieces in *Belgravia* quite persuasive, but I would like to distinguish what is happening there from what is happening in *Birds of Prey*. Rather than illustrating scientific discourse’s potential for melodramatic excess, Braddon sensationalizes scientific objectivity itself, highlighting the ease with which Sheldon can distance himself from the objects of his examination and use deceit to accomplish decidedly non-humanitarian aims.

9. The 1858 Medical Act, which for the first time ostensibly unified the different branches of legitimate medical practice, is also worth mentioning here. While this Act established the General Medical Council and a single register listing all licensed practitioners, there were fissures in this unprecedented attempt at unity which led to an even greater need among medical professionals to consolidate their power by asserting their authority over their patients. For more on the 1858 Medical Act, see Peterson.
10. This distinction stems from work currently being done by participants in the fields of medicine, anthropology, and the medical humanities. Arthur Kleinman, a psychiatrist and anthropologist who deals with chronic illness, first distinguished between illness and disease in *The Illness Narratives* (1988). Later writers, such as Hunt and Skultans, have continued to usefully employ this differentiation.
11. My arguments regarding Tom and Charlotte's experiences of their illnesses bear connections to Sontag's work on disease and metaphor. In her scholarship on tuberculosis, cancer, and, later, AIDS, Sontag illustrates how the metaphors surrounding these diseases lead to fatalism by equating the diseases with death, and they undermine the patient's belief in the efficacy of medical treatments by suggesting that the diseases are expressions of character. While I am not specifically taking on the metaphorical resonances of particular diseases – in large part because the misnaming of disease serves such a crucial function in these works – I am interested in the ways in which doctors can facilitate a feeling of responsibility in their patients and the possible resulting consequences.
12. Both Showalter and Vrettos have illustrated the Victorian gendering of nervous disorders as especially "female maladies." Sheldon's manipulation of Charlotte into believing that she is suffering from an ailment both caused by herself and for which there is no outside recourse further illustrates his mastery of Victorian medical discourses and his ability to use them to rob others of power – even over themselves.
13. For details on Wakley and reform see Porter, Peterson, and Wise.

WORKS CITED

- Boyle, Thomas. "'Fishy Extremities': Subversion of Orthodoxy in the Victorian Sensation Novel." *Literature and History* 9.1 (1983): 92–96.
- Braddon, Mary Elizabeth. *Birds of Prey*. U.S.A. Hard Press, 2006.
- . *Charlotte's Inheritance*. U.S.A. Hard Press, 2006.
- Daston, Lorraine. "Objectivity and the Escape from Perspective." *Social Studies of Science* 22.4 (1992): 597–618.
- Donaldson, J. A. *The National Dental Hospital, 1859–1914*. London: British Dental Association, 1992.
- Dow, James K. "Case of Pleuro-Peripneumonia." *Lancet* 46.1157 (1 November 1845): 474–75.
- Flint, Kate. *The Woman Reader, 1837–1914*. Oxford: Oxford UP, 1993.
- Gilbert, Pamela. *Disease, Desire, and the Body in Victorian Women's Popular Novels*. New York: Cambridge UP, 1997.
- Hunt, Linda. "Strategic Suffering: Illness Narratives as Social Empowerment among Mexican Cancer Patients." *Narrative and the Cultural Construction of Illness and Healing*. Eds. Cheryl Mattingly and Linda C. Garro. Berkeley: U of California P, 2000. 88–107.
- Kleinman, Arthur. *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York: Basic Books, 1988.
- "Medical Society of London.: Saturday, March 29, 1851." *Lancet* 57.1441 (12 April 1851): 408–13.
- "On the Prevention of Poisoning by Arsenic." *Lancet* 55.1392 (4 May 1850): 551–52.
- Onslow, Barbara. "Sensationalizing Science: Braddon's Marketing of Science in *Belgravia*." *Victorian Periodicals Review* 35.2 (2002): 160–77.
- Peterson, M. Jeanne. *The Medical Profession in Mid-Victorian London*. Berkeley: U of California P, 1978.
- Phegley, Jennifer. *Educating the Proper Woman Reader: Victorian Family Literary Magazines and the Cultural Health of the Nation*. Columbus: Ohio State UP, 2004.

- Porter, Roy. *Bodies Politic: Disease, Death, and Doctors in Britain, 1650–1900*. Ithaca: Cornell UP, 2001.
- The Queen V. Palmer: Verbatim Report of the Trial of William Palmer*. London: J. Allen, 1856. Transcript. Google Books Search. Web. 21 Jan. 2009.
- Reed, John R. “Laws, the Legal World, and Politics.” *A Companion to the Victorian Novel*. Ed. Patrick Brantlinger and William B. Thesing. Malden: Blackwell Publishing, 2002. 155–71.
- Robb, George. “Circe in Crinoline: Domestic Poisonings in Victorian England.” *Journal of Family History: Studies in Family, Kinship, and Demography* 22.2 (1997): 176–90.
- Rothfield, Lawrence. *Vital Signs: Medical Realism in Nineteenth-Century Fiction*. Princeton: Princeton UP, 1992.
- Showalter, Elaine. *The Female Malady: Women, Madness, and English Culture, 1830–1980*. New York: Pantheon, 1989.
- Skultans, Vieda. “Anthropology and Narrative.” *Narrative Based Medicine: Dialogue and Discourse in Clinical Practice*. Ed. Trisha Greenhalgh and Brian Hurwitz. London: BMJ Books, 1998. 225–33.
- Sontag, Susan. *AIDs and its Metaphors*. New York: Farrar, Straus, Giroux, 1989.
- . *Illness as Metaphor*. New York: Farrar, Straus and Giroux, 1978.
- Vrettos, Athena. *Somatic Fictions: Imagining Illness in Victorian Culture*. Stanford: Stanford UP, 1995.
- William Palmer*. Dave Lewis. Staffordshire Multimedia Archive. 1 October 2007 <<http://www.staffspasttrack.org.uk/exhibit/palmer/default.htm>>. Web. 21 Jan. 2009.
- Wise, Sarah. *The Italian Boy: A Tale of Murder and Body Snatching in 1830s London*. New York: Owl Books, 2005.
- Wolff, Robert Lee. *Sensational Victorian: The Life and Fiction of Mary Elizabeth Braddon*. New York: Garland, 1979.