

Kristine Swenson, *Medical Women and Victorian Fiction*.

Columbia and London: University of Missouri Press, 2005. ISBN 0-8262-1566-1

'Medical Women' in Kristine Swenson's study encompass both professional nurses, who of course came to prominence during the Crimean War, and female doctors who emerged later in the century. She deals with contemporary non-fictional writings on nursing and medicine for women, notably those of the pioneers Florence Nightingale and Sophia Jex-Blake, but her main focus is on fiction which featured nurses and/or doctors as significant characters. These include several little-known texts, some of which deserve wider recognition.

The first novel considered, Gaskell's *Ruth*, pre-dates the Crimean War, but Swenson argues convincingly that, despite being overtly focused on the protagonist's sin and a course of events which leads to her redemptive death, nursing itself is salient in the novel as a prospective solution to social ills. Even the death has an acceptable contemporary medical explanation, in that strong emotion (such as Ruth felt on reencountering her former lover) was thought to cause a predisposition to illness.

The novel is also interesting in that it makes a nurse of a 'fallen' woman, and although Ruth hardly 'falls' as a result of nursing, a recurrent concern in Victorian fictional and non-fictional discourse about nurses was to do with their openness to both sexual knowledge usually considered a male preserve, and sexual temptation. Related to this concern was the belief, encouraged even by some of Nightingale's comments, that nursing represented less a professional skill than a natural development of women's domestic role as nurturer and restorer of cleanliness and calm. This domestic role also entailed submissiveness to men – in a nurse's case, automatic obedience to a male doctor. Anxieties circulating about nurses and their sexuality are evident in Collins's nurse Mme Rubelle in *A Woman in White* and in the domineering and sexually aggressive Edith Archbold in Charles Reade's *Hard Cash*. Whether obeying a male, like Rubelle, or acting independently, like Archbold, nurses were a source of disquiet. In many nurse-centred fictions (including *Hard Cash*), Swenson shows, the nurse relinquishes her work for marriage, a development reflecting contemporary uneasiness about women who were career-orientated or over-sexed.

Concerns over female sexuality and the possibility of reconciling medical practice with marriage and motherhood are also to the fore in fiction focused on women doctors. Medical practice did not dovetail as neatly as nursing with domesticity, while there were fears of women doctors being lesbian. Here Swenson uncovers a real late-century genre: exposés of women doctors' supposed physical weaknesses in Henry Curwen's *Dr Hermione* and the anonymous *Dr. Edith Romney*, interestingly ambivalent treatments in Reade's *A Woman-Hater* and George Gardiner Alexander's *Dr. Victoria*, and more optimistic and feminist orientations in Elizabeth Stuart Phelps's *Doctor Zay* and Margaret Todd's *Mona Maclean, Medical Student*. This latter novel is particularly rich in its range of female characters and exploration of their choices, including a combination of medicine and domestic life in the heroine's egalitarian marriage, and a choice of

medicine over marriage in one of her friends. Margaret Todd was herself a qualified doctor of progressive views, but another female doctor, Arabella Kenealy, produced a novel (*Dr. Janet of Harley Street*) which expressed eugenicist sentiments and advocated motherhood as women's primary role: such women produced a variety of 'New Woman' fiction, but a variety which was as heterogeneous as the better-known exemplars in the field

Swenson thus demonstrates that women doctors were not all incipient feminists, and a further complication emerges in both life and fiction when women doctors move out to practise in the empire, a situation explored in her final chapter. It was easier for them to be accepted there than in Britain, although their prominence served to challenge accepted beliefs in gender complementarity. On the other hand, fictions about women doctors in the empire implicitly or explicitly raised the issue of how much Western women shared with colonised women whom they were supposed to be expert at helping. Motherhood is problematic in Kipling's *The Naulakha*: continuous childbearing is one source of the oppression of Indian women in purdah, but the text suggests that a Western woman doctor must experience the state in order to be a true woman. Hilda Gregg's *Peace with Honour*, set in Ethiopia, allows her heroine to reconcile career and marriage, but bears traces of Orientalist attitudes to the indigenous people. This and other late nineteenth-century fictions featuring women doctors in the empire reveal, as would many later works by women, that sisterhood across races is never straightforward. Intercultural tensions were also internalised by Krupabai Sathianadhan, an Indian woman who managed to gain some Western-style medical training and produced a fictionalised autobiography, *Saguna*.

Swenson's study is well-written, and is a useful contribution to the history of nineteenth-century British feminism and sexual attitudes, as well as throwing light on a significant thematic strand in Victorian fiction.

Joanne Wilkes
University of Auckland