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The nineteenth-century “country doctor”—making community house calls, accepting direct and indirect payments, treating patients with a limited range of pharmaceutical and technological options—is a paradoxical figure in Victorian fiction.[1] While perceived as disconnected from the cutting edge of Western scientific and medical research taking place in urban centers (such as London, Edinburgh, or Paris), the country doctor was nevertheless a necessary and valued fixture in every rural community. The most famous physician in Victorian fiction is George Eliot’s Tertius Lydgate of *Middlemarch* (1871-72). Eliot comically juxtaposes the young, highly-trained Lydgate with the older country doctors in the Middlemarch community. Though these old country doctors in *Middlemarch* may warrant this criticism, as they are depicted as inept and behind the times,

another way of thinking about the model of health care practiced by country doctors can amplify both the affordances and limitations of the scientific and technological approach that has come to dominate health care more recently. As a way to consider the potential and over-looked advantages of this older model, I'd like to compare Eliot's critical depiction of Lydgate and the old country doctors with a different type of country doctor, one who practices a patient-centered, community-based health care, in a little-read Victorian novel, Ellen Wood's *Verner's Pride* (1863).[2]

Tertius Lydgate joins the community of Middlemarch with preconceived notions about the type of medicine and health care practiced there. In a conversation with the local banker Nicholas Bulstrode, Lydgate makes his prejudices toward country doctors known: "As to all the higher questions which determine the starting-point of a diagnosis—as to the philosophy of medical evidence—any glimmering of these can only come from a scientific culture of which country practitioners have usually no more notion than the man in the moon" (117). Lydgate's views on the diagnostic and philosophical shortcomings of the "country practitioners" of Middlemarch are in part a result of his own moral shortsightedness, something which is slowly magnified over the course of the novel, and in part a result of the historical moment in which he is practicing, a period in which, the narrator tells us with only thinly-veiled contempt, "the heroic times of copious bleeding and blistering had not yet departed" (133). While Eliot is clearly having a little fun, her characterizations of the bumbling, backward, uneducated, unscientific country doctors are comical at best and disparaging at worst. However, her unraveling of Lydgate's moral failing throughout the novel is serious work. Lydgate, despite "noble intention and sympathy," has "spots of commonness," prejudices he shares with "ordinary men of the world" (141). One of his common spots is his desire that it be "known (without his telling) that he was better born than other country surgeons" (141). It is his need to cultivate an appearance of superiority to others that eventually leads to the failure of his marriage with Rosamond Vincy and the ruin of his professional image through the untimely financial loan from Bulstrode.[3]

Lydgate is really in the wrong field. As Tabitha Sparks has noted, he values research and science like, well, a scientist; in contrast, the ideal primary care physician, then and now, "approach[es] natural knowledge through individual, human cases" (Sparks 3).[4] In other words, physicians are at their best when they are working with people—their professional skills are directly tied to human interaction. Eliot is clear that Lydgate's strong suit is not his ability to cultivate relationships with people. Between his failed marriage with Rosamond Vincy and his inability to resist the slow but steady social pressure to conform to convention from the Middlemarch community, Lydgate clearly does not excel on this front. And so while Eliot teases out this disconnect between Lydgate's character and his chosen profession, she does not reconsider the country doctors or what they might have to offer to their community.

In contrast, popular novelist Ellen Wood's sensation novel *Verner's Pride* (1863) advances a strikingly positive characterization of the country doctor. Set in the fictional town of Deerham, the novel follows the financially and romantically entangled relationships between Lionel Verner and his two step-brothers, John and Frederick Massingbird.[5] However, Lionel's younger brother Jan Verner steals every scene in which he appears. Jan, a straight-shooting, no-nonsense character, is

the local physician. As a country doctor, Jan presents a very different image from the one presented in *Middlemarch* of what a practitioner can be for a community.

Jan is sarcastically described as possessing the hopeless shortcoming of never having learned that “in medical care, the rich should be considered before the poor”; instead, the narrator tells us, if given the decision between helping the lowliest member of Deerham and a duchess, he “would have gone to the side of the one who had most need of him” (222). Though a worthy sentiment, it is not this idealized characterization that sets Jan apart in the annals of fictional Victorian physicians. Jan’s strength is his familiarity with his patients and their relationship to their physical and social environs. Though trained in Paris, Jan is born and raised in Deerham and uses his intimate knowledge to treat his patients in a holistic way: he understands how their physical and social environments affect them, how their personal histories contribute to their current health situation, and how their economic circumstance will influence his ability to treat them. Unlike Lydgate, Jan’s strong suit is not so much his medical or scientific knowledge but his patient and community knowledge.

Take for example the scene in which Dan Duff, a Deerham local, interrupts Lionel’s wedding to summon Jan to Dan’s sick mother, who has been “took with the cholick” (70). Jan dutifully runs off to help, muttering to himself about “those poisonous mushrooms” that he believes are the cause of the sickness (71). Jan is able to make a tentative diagnosis of Mrs. Duff’s illness based on his ability to communicate with Dan Duff on common linguistic terms (he knows exactly what “took with the cholick” means) and his understanding of Mrs. Duff’s person, her habits, and her local environment. And he turns out to be right.

Another example occurs with Jan’s treatment of the Hook family. The Hooks are poor laborers who live in a small home on Lionel’s estate. Jan understands that Lionel, as the landlord, is very much responsible for their living situation, a responsibility of which Jan often reminds Lionel. The Hook family’s problems are greatly exacerbated by their poverty. Their single-room dwelling intensifies the circumstances for an (implied) incestuous relationship and creates the perfect medium for a quick-spreading sickness.^[6] While the community shuns the family as morally and physically diseased, Jan takes into consideration his knowledge of Lionel’s role in their situation, their finances, and their resulting living conditions, and he treats them to the best of his ability. What *Verner’s Pride* gives us is an image of a country doctor at his best: a participating member of his community whose position allows for longitudinal care coupled with intimate knowledge of his patients, their circumstances, and their personal and family histories.

To be clear, my point is neither to critique Eliot for the way she lampoons the country doctors in *Middlemarch* or breaks down the over-inflated Lydgate, nor to suggest that all physicians need to be a local, born and bred, to be efficient health care providers for their community. Rather, my point is to offer these contrasting examples of country doctors in Victorian fiction to bring into focus the nineteenth-century history of our contemporary conversations about health humanities, narrative medicine, and culturally competent care. Health care is both a science and an art. With the twentieth- and twenty-first-century developments in medical and biological technology,

pharmaceuticals, and big data (not to mention multifaceted economic pressures), it has been easy for the scales to tip toward science. But the art of health care is knowing when, how, and why to apply the science to the individual patient. Tertius Lydgate is too much a scientist to understand the potential advantages of a different model of health care. Jan Verner provides an alternative version of the country doctor, one who practices a patient-centered, family-oriented, community-based health care and finds a balance between the science and the art.

[1] I use “country doctor” here to refer to a general practitioner of medicine in a rural area. I retain the term “country doctor” throughout, and without further quotation marks, to echo the stereotypical connotations of this literary trope.

[2] Both novels were written in the wake of, and may be a reaction to, the Medical Act of 1858, which formed the General Medical Council to regulate medical practice in the United Kingdom.

[3] Bulstrode acquired his wealth through less-than-admirable means. John Raffles, a former associate of Bulstrode’s, blackmails Bulstrode with the threat of revealing this information. Bulstrode loans Lydgate a sum of money while Raffles is under Lydgate’s medical care. Bulstrode subsequently allows Raffles to die by withholding crucial medical instructions from Raffles’s caregiver. Though Lydgate knows nothing of this plot, the optics of the loan from Bulstrode condemns him in the community’s eyes as complicit in the scheme. Lydgate’s reputation never recovers within the community.

[4] It should be noted that the term “scientist” was developed after the period in which *Middlemarch* is set.

[5] Lionel Verner’s name echoes the protagonist of Mary Shelley’s *The Last Man* (1826), Lionel Verney.

[6] For a discussion of the implied incest, see Costantini, pp. 186-187.

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