

“PROSAIC CONFESSORS”: AN EXAMINATION OF THE MEDICAL
AND LEGAL PROFESSIONS IN ANTHONY TROLLOPE’S
CHRONICLES OF BARSETSHIRE

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“Physicians and lawyers are the confessors of this prosaic nineteenth century.”

--Mary Elizabeth Braddon, *Lady Audley's Secret*

The Victorian era ushered in a period of increased interest in professional structures as well as a heightened awareness of hierarchical shifts occurring within and among them. Doctors assumed newfound positions of power and even prestige, emerging from a comparatively marginal social position to fill slots in an elaborate hierarchy of socioeconomic roles. The lawyer and machinations of law also came to hold central positions in novels of the time, and the inheritance plot was particularly en vogue. The above quotation, taken from the sensation novel *Lady Audley's Secret*, provides a compelling reason for this increased fascination. If, as historians claim, the only fields considered “true” professions at the beginning of the nineteenth century were theology, law, and medicine, arranged respectively in that order of prominence (Gay 485), then Braddon’s formulation is a powerful leveling of that hierarchy. Not only does this statement (made by the hero *cum* detective Robert Audley) equate the medical with the legal profession, but it equates them with the clerical profession as well, insisting on this equivalence with an emphasis on the “prosaic,” which negates any metaphorical, poetic interpretation of the “confessors” they seem to replace. In other words, at least within the scope of this utterance, doctors and lawyers stand on equal footing, providing aid and succor in place of the Church. One might then begin to wonder about the nature of this connection and why so little critical attention has been directed toward the confluence of the medical and legal professions in the Victorian novel.

Braddon's use of "confessors" seems noteworthy, since confession, at least in a Christian Catholic context, is a sacrament performed with a view towards alleviating potential suffering after death. Death is partially the reason for confession, and a confessor's job involves preparing the penitent's soul for death and the afterlife. If the "prosaic" medical and legal professions now function (or at least can function) in that preparatory, solacing capacity, then a sea change has indeed taken place. Perhaps there should be little wonder that, during such a professional revolution, the concepts whose epistemological values are the highest, such as death, can become fraught sources of power, particularly as figured in literature. Medicine and, to a slightly lesser extent, the law (specifically inheritance law) have always been intimately linked with processes surrounding death, but this usurpation of the formerly religious role casts them in an even closer, more powerful relationship. It is they who would now control the processes leading up to and surrounding death. Death thus becomes a driving narrative force in novels concerned with professionalization and the struggle between law, medicine, and the clergy, though its presence is frequently, albeit with varying degrees of success, elided. Medical practices and the stark, clinical conception of death they would gesture towards often prove too startling and disturbing for narrative display, and thus they are frequently veiled in euphemism and circumlocution. It seems little wonder that, given such tectonic shifts, characters who are defined by their involvement in an "upstart" profession, medicine, might at times be driven, because of wider cultural discomfort, to occupy other roles as well.

This phenomenon is readily apparent in some of the novels of Anthony Trollope's Barsetshire series, particularly *The Warden* and *Doctor Thorne*, along with their sequels

Barchester Towers and *Framley Parsonage*, to a lesser extent. The texts of both *The Warden* and *Dr. Thorne* playfully traffic in this professional blurring, as narrators and characters offer up a bevy of offhanded remarks that equate the medical profession with the law. A typical example of this tendency would be the comical interlude when the drunken Sir Louis (in what one might be tempted to label a Freudian slip) declaims, “‘what sum of money of mine do you think those d--- doctors are handing?’ ... ‘Lawyers, I mean, of course’” (*Dr. Thorne* 382). A more transgressive, satirical strain enlivens one particular narratorial interjection in *The Warden*, when he muses with regard to church dignitaries’ wives’ privileged positions, that “‘were we once to see [some reverend] stretch himself beneath the bed-clothes, yawn widely, and bury his face upon his pillow, we could chatter before him as glibly as before a doctor or a lawyer” (21). One can witness the sketchy outline of Braddon’s “prosaic nineteenth century” “confessors” in the “doctor or lawyer” approachable through “glib chatter,” though this meditation on the elimination of professional reverence satirically extends to encompass even the representatives of the Church itself. This assertion of “our” glibness before such professional men belies their true status in these novels, however: they seem to control (or at least have the potential to strongly influence) processes surrounding narrative resolution and even death itself.

The narrators of these novels shy away from representing death directly, even though one of the central characters of *The Warden*, John Bold, advertises himself as a surgeon while the title of *Doctor Thorne* advertises its own hero’s profession. In *The Warden*, Bold essentially gives up his medical practice and enmeshes himself in the law, bringing a lawsuit against a representative of the Church of England, until he once again

shifts his energies toward the domestic sphere through marriage. In *Doctor Thorne*, the doctor is fully committed to his medical practice, but he finds the role of legal advisor and executor thrust upon him because of the insistence of his patients and the necessities of the narrative; while in *Framley Parsonage*, the narrative forces him firmly into the domestic realm. In all of these narratives, the actual work involved in the medical profession is elided from the texts, as are moments of death. This unwillingness (or perhaps inability) to represent such activities signals a discomfort, on the part of the author and perhaps society at large, with the latent power of the profession to redefine death by laying it bare of its religious ceremonies. This narrative discomfort makes medical practice and clinical, empirical death taboo subjects, at least in these Trollope novels. Medical control over the individual body, an increasingly transgressive, disturbing concept, and the hypothetical power over death this physical power implies, are pushed to the periphery, while more socially entrenched, traditional expressions of such control are brought to the foreground. While the legal realms in which both men find themselves are a good deal more forthright about their complicity with death, this is arguably because inheritance law deals with events that occur after death, and thus, in a sense, the actual moment or idea of death is still partially elided. Additionally, inheritance law is vested in the ostensibly productive continuation of social structures and property, and thus it seems to even transcend death. In the end, any narrative discomfort with regard to the newfound control possessed by the medical professional is channeled into the definitive act of domestication and social entrenchment--marriage. Despite this universal narrative drive toward the familiar, the novels themselves are set on markedly different trajectories, revealing nearly antithetical examples of a character's narrative

mastery (or lack thereof). The difference would seem to lie in the medical characters themselves: Bold functions as a newly emergent professional type, not yet fully committed to or cognizant of his radical, empowered role, while Thorne is a man of his time, in that he shies away from such control yet embraces his partitioned, fractured, and constantly proliferating role(s).

The medical profession during the Victorian period was itself by no means homogeneous, as the era witnessed a multitude of changes in the occupation and, more broadly, in the conception of Western medicine itself. With the invention of the clinic and widespread use of human autopsy and dissection, the years around the turn of the nineteenth century were fraught with innovation (or at least so it seemed), but these new techniques were only beginning to be adopted in England by the time of Queen Victoria's coronation. By the mid-nineteenth century, such medical innovations were in full swing, though older theories about medicine were still very much in vogue in many circles. Methods of empirical, clinical observation were gradually replacing an older emphasis on gathering a patient's narrative of their symptoms, just as anatomy and physiognomy were replacing purely theoretical pedagogic models in medical schools. At the same time, and perhaps unsurprisingly, the commonly accepted hierarchy of medical professions, never particularly socially stable, was rapidly unraveling, fostering a climate of internecine squabbling as individuals jockeyed for some sort of clear-cut, dominant professional position.

In England at the beginning of the nineteenth century, the medical profession was in theory divided into three hierarchically arranged subsections: physicians, surgeons, and apothecaries. Physicians were university-educated men (initially, limited to alumni of

Oxford or Cambridge), typically drawn from the gentry, whose job description, ideally, involved non-invasive observation and diagnosis of disease. Invasive procedures were left to the surgeons, who were almost always trained in apprenticeships in hospitals and with country practitioners, rather than in universities, and were generally (or at least widely thought to be) drawn from the middle classes. Apothecaries stood along the lowest professional rung, dispensing the drugs prescribed by the more distinguished medical men. Each subsection had its own prominent professional organization based in London (although there were a bevy of credentialing organizations up through the Medical Reform Act of 1858), and leadership in one was mutually exclusive with membership in any other (Loudon 236-38). However, this neatly delineated hierarchy wholly failed to capture the reality of the medical field as the nineteenth century progressed. Many doctors assumed multiple roles either by choice or necessity, particularly if they were in a rural environment; and only a handful of individuals, primarily located in the London hospitals, could staunchly adhere to the strictures of being purely either a physician or a surgeon or an apothecary. The formulation “surgeon-apothecary” sprang up in popular discourse partially to address this issue, although figures so deemed were often denigrated to an even larger extent than pure “surgeons.”

In other words, the terminology and professional frameworks of the time failed to keep pace with the realities and necessities facing the medical field, and more often than not such constricting structures retarded the growth of the profession. Reform bills were brought before the legislature periodically during the first half of the nineteenth century to remedy archaic structures and modes of professionalization, but even those that passed did not produce much in the way of actual progress at the time. Many would argue that

the true hierarchy of the medical field, around the mid-nineteenth century in England, would better be described as a dual structure of specialists, deemed “consultants” (very roughly analogous to physicians in terms of prestige and social background), who primarily worked in London, and general practitioners, whose duties comprised an amalgamation of physician, surgeon, and apothecary and who generally practiced and resided outside of London (in both rural or industrial areas) (Waddington 164). Thus, the new distinction was, in a sense, drawn along the lines of the metropolis versus the remainder of the country, and was caused, in large part, by industrialization and the rise of the urban center and the clinic.

Society at large, as well as many doctors themselves, failed to adapt their general epistemological frameworks to this shift in the medical profession, which resulted in widespread debates about doctors’ roles. Novelists failed to adopt the “new” terminology of “consultants” and “general practitioners” (Loudon 233), as can be seen in Trollope’s adherence to the old methods of classification in his description of the drug-dispensing Thorne as a “graduated physician.” This particular use of nomenclature might be knowingly ironic, however, since not only does Trollope position Thorne as a doctor who explicitly fails to fit into the rigid classificatory system, he also creates medical characters who are almost laughably invested in the mere titles of the medical positions they hold. John Bold, who “put up a large brass plate, with ‘John Bold, Surgeon,’ on it”, and then “in three years . . . ha[d] not taken three fees” (*The Warden* 16), seems to be one of the most obvious examples of this type, as the sole evidence for his identity as a medical professional *is* that engraved brass plaque. He is a doctor in name only, and the “large” plate seems to signify a misplaced pride in the title, rather than the job (all of which

seems more pronounced when one considers that he was licensed as both surgeon and apothecary, but claims only one on his professional marker) (16).

In contrast to Bold, Dr. Thorne stands as a man who cares little for his title but a great deal for his work. Thus, it seems even more noteworthy that the narrative so frequently shies away from representing his day-to-day duties. *Dr. Thorne* is deeply occupied with the minutiae of the medical profession and the squabbles that could arise because of the shifting discourses at work in and before 1858 (when the novel was first serialized), but it seems with few exceptions completely unconcerned with actual medicine or cutting-edge medical theory of the time. Thorne is characterized as a bit of a throwback in terms of education. Although the novel does not detail these elements, the reader is left to assume that the doctor attended university for training (probably Oxford, Cambridge, or Edinburgh) and probably never worked in a hospital or clinic (Ziegenhagen 158-59). Thus, Thorne is unassailably “a graduated physician” and “entitled beyond all dispute to call himself a doctor, according to all the laws of all the colleges” (Trollope 25).¹ However, Thorne undermines the unequivocal status as a gentleman that this background gives him by engaging in a number of transgressive, allegedly demeaning practices, most notably “the business of a dispensing apothecary” (25). By acting as an apothecary, Thorne fashions a hybrid position for himself—he is both gentleman, by being a physician, and insupportably lower class, by acting as an apothecary.

¹ His credentials “according to all the laws of all the colleges” is an important point during a time in which there was no central credentialing mechanism or agency. (It was not until 1858, the very year *Dr. Thorne* was published, that the General Medical Council “to certify medical degrees and establish a register of qualified practitioners” was formed [Mitchell 196].)

Thorne's iconoclastic ways threaten the staid village doctors who already reside in Bassetshire, resulting in a war of words between him and the pompous, reactionary Dr. Fillgrave (whose name, if not entirely fair, does aptly signal his comparable lack of medical skill). Trollope takes this opportunity to display his knowledge of the state of the medical field with a brief digression as to how this battle played out:

Dr. Thorne had the provincial medical world against him, and so he appealed to the metropolis. The *Lancet* took the matter up in his favour, but the *Journal of Medical Science* was against him; the *Weekly Chirurgeon*, noted for its medical democracy, upheld him as a medical prophet, but the *Scalping Knife*, a monthly periodical got up in dead opposition to the *Lancet*, showed him no mercy. (28)

Not only does this passage emphasize Thorne's rather anomalous role as a revolutionary (oppressed by the backward-thinking "provincial" world) who is ideologically more at home in the urban milieu of the "metropolis," it foregrounds Trollope's ability to blend fact and a detailed knowledge of Victorian medical culture with fictional yet persuasive data. The *Lancet* was indeed a progressive medical periodical of the time, but the democratic *Weekly Chirurgeon* is Trollope's own creation. By positioning Thorne's debate (and thus the narrative world at large) in a hybridized realm shot through with actual contemporaneous cultural markers, Trollope deliberately emphasizes the novel's connections to the medical debates of the day.

Trollope was also interested in the legal realm, although his narratives' fascination with the minutiae of inheritance law far surpassed any investment they had in the practical side of the medical profession. Interestingly, some historians have argued that the internecine schisms within the medical profession mirrored those in the legal profession: a divide between specialists and general practitioners came to replace the older, more stratified, hierarchies (Carr-Saunders and Wilson 304). In Victorian

England, barristers and their subsets were above attorneys, and while this distinction still certainly remained in place when Trollope and his contemporaries were writing, a shift was occurring. The specialist firm of Gumption, Gazebee, and Gazebee that handles aristocratic property in *Doctor Thorne* stands as an example of this new stratification. While Trollope adheres to the old hierarchical model of medical classification, he often stumbles with regard to legal professional terminology, mixing up barristers with attorneys and vice-versa (Dolin 104-107). This seeming carelessness becomes even more noteworthy when one considers the fact that both Trollope's father and one of his sons were lawyers (McMaster 1). For the most part, though, Trollope expresses a distaste for lawyers and many legal machinations (Lansbury 24), a fact that many critics attribute to his fraught relationship with his own father. Despite the occasional gaff in terminology, however, his narrators demonstrate a remarkable investment in understanding, or at least correctly presenting, the legal processes described in their respective narratives.

Much of this concern can be attributed to various periods of critical outrage when Trollope did in fact get his legal notions wrong, as evidenced by the reaction to *Orley Farm* (Dolin 97-108). *Doctor Thorne* itself, which predates *Orley Farm*, includes a lengthy digression in which the narrator, as "author," bemoans his lack of a legal advisor, interrupting the distribution of Sir Roger's possessions to provide a qualification to his will:

It has been suggested that the modern English writers of fiction should among them keep a barrister, in order that they may be set right on such legal points as will arise in their little narratives, and thus avoid the exposure of their own ignorance of the laws. . . . But as the suggestion has not yet been carried out, and as there is at present no learned gentleman whose duty would induce him to set me right, I can only plead for mercy if I be wrong in allotting all Sir Roger's vast possessions in perpetuity to Miss Thorne, alleging also, in excuse, that the course of my narrative

absolutely demands that she shall be ultimately recognized as Sir Roger's undoubted heiress. (480-81)

In this passage, the narrator initially seems to be granting great reverence and deference to the legal community—he denigrates his “little” narratives and obsequiously apologizes for any legal errors one might find in his humble offering. However, by calling attention to his uneducated intervention in the field, he also calls attention to the accessibility and fungibility of legal discourse. The law must be bent to the needs of the narrative—it “absolutely demands” it. Thus, the law is an approachable apparatus. In contrast, the medical realm is inaccessible, or impenetrable, to the presumptuous narrator, as he cannot or will not recount doctors’ consultations (or acknowledge any liberties he has taken with medical facts). By this omission, medical discourse proves to be the most unapproachable apparatus in the Victorian society, at least in this novel. Cultural discomfort with its newfound power is reflected in the fact that Thorne’s control over the processes surrounding death must be mitigated or elided in the medical realm and projected onto the more comprehensible legal realm.

Trollope is, or at least tries to seem, concerned with the workings of the law, but his concern does not need to extend to the legal profession itself. He can jumble up legal titles, but he cannot, without apology, do the same in terms of the law itself. While Trollope respects the law itself (although it remains malleable for him as a novelist), he has little patience with the legal profession. His emphasis on legal suits and processes rather than on lawyers as central characters, at least in the *Barsetshire* series, would seem to shore up this notion. The law is powerful, but, at least in a Trollope novel, one does not have to be a lawyer to partially harness this power.

John Bold's position in *The Warden* bears this notion out, to the extent that he essentially renounces his role as a medical practitioner and attempts to take on the mantle of legal avenger. Indeed, after the first few introductory pages, almost nothing is said of his medical training again. He becomes enmeshed in a lawsuit that ostensibly attempts to rectify the distribution of a medieval will that founded an almshouse, Hiram's Hospital, giving the bulk of the newly accrued funds to the dozen old residents of the hospital rather than to their genteel, clerical warden. This action catalyzes the central tensions of the plot—Bold believes he is right, and while a legal quibble deduced by the renowned Sir Abraham Haphazard proves that the lawsuit will easily be dismissed, his machinations cause the humble warden Rev. Harding to give up the wardenship, in doubt of his own moral uprightness in retaining the sinecure. Harding's internal ethical dilemma serves as the crux of the novel, however, and it is with Harding that the narrator's sympathies are most firmly established.

Above all else *The Warden* is a clerical novel, concerned with spiritual power and those who would wield it. Bold functions in the novel as an interloper, a self-righteous "strong reformer" (*The Warden* 17) who opens the insular world of Bassetshire to the critical, progressive gaze of the Jupiter and the evolving Victorian world. Thus, the narrative stands as a battle between the professions, in a sense, where the clergy, reluctantly represented by Rev. Harding (and enthusiastically championed by his son-in-law, Archdeacon Grantly), comes up against the newly prominent professions of law and medicine. While Bold and his bevy of lawyers do not achieve a legal victory as such (since the suit is never brought to trial), they do manage to destabilize the profound, unquestioned power that Archdeacon Grantly so ardently ascribes to the clerical

profession (or at least its Church of England representatives). In this way, the novel fictionalizes some of the opening volleys involved in the professional revolution so calmly embraced by Mary Elizabeth Braddon's Robert Audley only a few years later.

While the kind-spirited Rev. Harding stands at the heart of the novel, John Bold, just as brash as his name would indicate, stands as the narrative catalyst. Essentially, Bold's actions unwittingly drive the narrative and establish a sort of influence-by-proxy over the mind of the upright Rev. Harding. The fact that the narrator takes such pains to introduce him as a surgeon at the beginning of the novel seems noteworthy, as it arguably signals an interest in exploring the newly energized clash between rival professions. Trollope does not allow his narrative's conflict to become this clear-cut, however. Bold's extreme distaste for his profession, along with what is essentially a renunciation of his work (as "in three years he had not taken three fees" [16]), serve to both complicate and simplify matters, narratively speaking. Trollope manages to avoid dealing with an increasingly fraught conception of medical control (or continued lack thereof) over the body and death because Bold "chooses" to renounce his career. At the same time, though, this decision places Bold in a fraught position—occupying no alternative profession and not quite capable of assuming the role of a gentleman, any mastery he might have acquired as an educated surgeon merely lies dormant. This stagnating forceful energy, dubious as it may be, finds an outlet of sorts in his legal machinations and attempts at clerical reform.

With the entrance of the legal profession into the narrative of *The Warden*, Trollope truly begins to emphasize his investment in depicting the tectonic shift at work in the traditional professional hierarchy, as well as his own partisan, albeit circumspect

and qualified, support of the old guard. Trollope makes a somewhat compelling case, through the voice of his persuasive narrator, for his conservative streak, as he seems to load the deck against the professional upstarts. Throughout this novel (and many others in Trollope's oeuvre), lawyers are vilified by the central characters as well as by the narrator himself in various attempts to diminish any control they might acquire over the Barseshire community or the narrative in general. By placing a doctor, even a non-practicing surgeon, at the head of this legal offensive maneuver against the power of the Church, Trollope insists on casting the skirmish as a revolutionary, concerted act against the clerical profession. Of course, the fact that Bold is now a medical professional in title and plaque alone would suggest that any power behind this "concerted effort" is already diminished before it has begun. The ostensibly strong union of the legal with the medical realm is further enervated by the fact that the licensed surgeon John Bold does not enter into the legal machinations surrounding John Hiram's will of his own accord; he is "instigated by the lawyer whom he had [formerly] employed," who "induced him to interfere" with the almshouse (26-27). Bold himself looks down on this lawyer, Finney, as the narrator summarizes, "[he] was not very fond of his attorney, . . . He wanted law from a lawyer as he did a coat from a tailor" (28). Not only does this simile denigrate the legal realm by equating lawyers with even lower-class service professionals, it also serves to cast aspersion on Bold himself, who is apparently guided by the wily Finney's "inducements" and "instigations." While the suit against Hiram's Hospital seemingly cannot be made without someone of Bold's masterful drive and social standing (or perhaps merely his monetary assets) at the helm (since the lawyers need someone to take

up the bill and the public outcry), the narrator takes care to undermine the force and moral stature behind the effort on a variety of levels even before any action is taken.

Despite all of these (admittedly successful) attempts to undercut the prestige and power of the legal/medical incursion against the Church of England, Bold and his legal reform effort do partially succeed (though not in a way he would have appreciated or foreseen). Neither the medical profession, as negligibly represented by Bold, nor the legal profession, as represented by his bevy of sly lawyers, possesses any active, productive power in the narrative; but combined they produce a negative force of sorts that undercuts the unassailable power of the Church. According to this novel, they may not be fully in control of this power, or even grasp its repercussions on society, but they do have enough energy to sap the strength of the old dominant profession. Essentially, Bold's lawsuit causes Rev. Harding to lose all sense of moral security in his position (along with the Church's infallibly powerful position, at least with regard to the legal realm). Trollope seems to position this overthrow as an inevitable event (after all, Harding seems correct in his decision to give up his sinecure), although he cannot help lamenting the changes wrought by this particular brand of "reform." In fact, he so arranges events to ensure that the reader cannot help but at least partially sympathize with the novel's anti-reformist camp.

Trollope plays on the reader's sympathies by emphasizing that the power being contested through this ill-considered lawsuit is the power of the confessor—the power of solace for pain and a control over the processes surrounding death. While actual moments of physical pain and death are elided from the text, the narrative hinges on a quibble based in inheritance law, a branch of the legal system intimately connected with

the aftereffects of death. Death is doubly central to this particular lawsuit, as it concerns an almshouse intended to provide solace to elderly workmen during the final years of their lives. Harding holds ultimate power over pensioners in his position as warden at the beginning of the novel, as he oversees their “spiritual needs” as well as, to a lesser extent, their more physical requirements (such as medical care, food, etc.). Bold’s lawsuit causes Harding to reassess his qualifications for holding this power, however, and thus he renounces his wardenship and leaves the pensioners without guidance in their old age. Neither the medical profession, nor the legal profession, nor their representatives are able or willing to step into this vacuum of power that their interference has created. Power may have been sapped from the clerical realm, but by the end of *The Warden*, it has not yet been reappropriated by any character or institution. The medical/legal amalgamation spearheaded by Bold does not even have the power to control the aftereffects of death—the lawsuit adjudicating the distribution of John Hiram’s wealth never even comes to trial. By the end of the novel, Bold’s mastery (or attempted mastery) of Hiram’s medieval will dissolves into nothing but lawyers’ bills.

At the same time, Bold and his energetic, uncontrolled impulse toward reform does pose a threat to the clerical world of Barsestshire and the narrative aims of Trollope’s clerical Barsestshire novels as a whole. He may not yet wield a power of healing (of either a physical or emotional/spiritual variety), but there does seem to be a nascent, destructive force growing in his character. Therefore, it should come as little surprise that Trollope rapidly contains and then eliminates him from the continuing narrative altogether. Bold drops his legal case after he has been petitioned by Eleanor Harding, the warden’s daughter, and, perhaps more importantly, the woman he intends to marry. After

renouncing his attempts to become entrenched in the legal realm, he does indeed marry Eleanor, dedicating himself to the domestic sphere rather than the medical or legal fields. This narrative act of domestication serves to thoroughly re-entrench Bold into more conservative Victorian society, and any risk of further uprising is abruptly curtailed by his death between *The Warden* and its sequel *Barchester Towers*. While he does leave behind a son and namesake John Bold, Jr. in *Barchester Towers*, Bold is no longer alive to witness this culmination of his domestic life, having died one month after the baby was conceived. By relegating his death to the narrative non-space between the two novels, Trollope further emphasizes his nascent status as a professional reformer—confrontational, medically certified death (both unceremonious and unaffectionate), representative of the revolution Bold embodied, cannot be depicted in this narrative series (or perhaps even in much of Victorian literature). In a way, it is as if the starkly unveiled reality of medically confirmed, physical death demands at least a narrative veil of sorts. Thus, the affecting scene of the Bishop's death, a secure, religious experience, is recounted in meticulous detail,² but Bold's death is all but elided. In this way, if in practically no other, Bold does indeed stand as an archetypal literary Victorian doctor.

² The conclusion of *The Warden* predicts that “[he] will probably die some day, as a spark goes out, gradually and without a struggle” (310), and the account at the beginning of *Barchester Towers* bears this out: “‘God bless you, my dears,’ said the bishop with feeble voice as he woke. ‘God bless you—may God bless you both, my dear children.’ And so he died. There was no loud rattle in the throat, no dreadful struggle, no palpable sign of death, but the lower jaw fell a little from its place, and the eyes which had been so constantly closed in sleep now remained fixed and open. Neither Mr. Harding nor Dr. Grantly knew that life was gone, though both suspected it” (14). The lulling proliferation of “no’s” in this paragraph stresses the peaceful nature of this death, and his litany of “God bless you” emphasizes its religious, liturgical tone. Ultimately, the narrator can recount this death, hovering over his bedside, as it were, because it is a mysterious, unknowable event. The bulk of narrative description is given over to what

The Warden's narrator does frequently gesture towards a more Victorian conception of the professions, a conception that gains a representative a few years later in the character of Doctor Thorne. In *The Warden*, the narrator vacillates between aligning the professions of law and medicine and positioning them as antithetical. At one point in the narrative, there appears a litany of sorts, "let church and state, law and physic, commerce and agriculture—the arts of war and the arts of peace, all listen and obey" (199), as if the law and medicine were as opposed as "war" and "peace." However, at other moments in the novel the two fields seem comparable, as in the compound simile, "A clergyman generally dislikes to be met in argument by any scriptural quotation; he feels as affronted as a doctor does, when recommended by an old woman to take some favourite dose, or as a lawyer when an unprofessional man attempts to put him down by a quibble" (267). This extended trope, with its equation of all three traditional professions, stands in marked contrast to the usual tenor of the narrator's comments, particularly in this novel. Indeed, as has been briefly mentioned, the primary way the narrator accomplishes a wholesale denigration of the "upstart" professions on behalf of the ascendant clerical profession is by drawing a distinction between powerful clergyman and all other men.³ The broad, often conflicting range of these narratorial interjections emphasizes the professional instability of the time, when terms and even epistemological structures were in flux and when even the "conservative" Trollope acknowledged the necessity for reform. In these novels, law and medicine can seem alternately comparable

this death is *not*, and even Harding and Grantly are not fully certain about the moment (standing in stark contrast to a medically certified, fully "known" death).

³ For example, "[W]ere we once to see [some reverend] stretch himself beneath the bed-clothes, yawn widely, and bury his face upon his pillow, we could chatter before him as glibly as before a doctor or a lawyer" (*The Warden* 21).

and opposite, and thus any figure who is involved in both must be, to an extent, conflicted, if not to say fragmented. Such a character is Doctor Thorne.

As has been shown, the doctor is from the outset characterized as oddly transgressive character, someone whose elite university training conflicts with his democratic urban sympathies (yet one who nonetheless remains a “provincial doctor” rather than work in a metropolitan hospital). His medical background stands divorced from many of his beliefs about medical practice, just as his pride in his own ancestry seems at odds with his medically democratic leanings. In this way, Thorne’s internal coherence as a character is partially undermined, and because of this, the doctor’s authority and power are seemingly called into question. Thorne’s lack of internal consistency or cohesion becomes more problematic when it is thrust to the foreground at various points later in the novel. Throughout his interactions with his patients, Thorne (along with the narrator) makes a distinction between his role as a doctor and his role as a friend or confidante. When Lady Scatcherd wants to send for Dr. Thorne after she realizes her alcoholic husband is finally dying, she is stymied partially because, “she did not know under what guise to send for him—whether as doctor or as friend” (243). In this moment, and at many others over the course of the novel, these two roles become mutually exclusive, seemingly emphasizing the objective quality of the medical man; yet they are always imbricated within the person of Thorne himself. The narrator attempts to perpetuate this notion of the doctor as a distinct, thoroughly separate, wholly superior type of individual with a later description of Dr. Fillgrave’s reply to Dr. Thorne’s query about a patient:

Dr. Fillgrave could not refrain from one moment of supercilious disdain; he gave one little chuck to his head, one little twist to his neck, one little

squeeze to his lips, and then the man within him overcame the doctor.
“Sir Louis is no more,” he said. (459)

According to this interlude, the doctor is by definition “supercilious,” and it is the “man” who acts humanely, deigning to give out information to others. In this formulation and at almost all other points in the novel, such triumphs of “man” over “doctor” are to be lauded, as they implicitly humanize medical men, allowing the reader to sympathize with their dilemmas (particularly the internal divide such figures are momentarily overcoming). Fillgrave as “doctor,” at this moment, is more than simply “supercilious,” however—he is “disdain[ful].” Thus, even the essential doctor, divorced from “the man,” is infused with negative human aspects. In multiple ways, then, the narrator seems to be questioning the strict divide between doctor and human being, even as he continually posits it. The ontological divide exists for the benefit of both doctor and patient, so that neither will have to reconcile the implicit power invested in the physician with his simultaneous status as a fallible man and friend. Trollope seems to problematize such simple, or simplifying, conceptions of the medical profession, thereby signaling the fragile, insufficient structure with which the culture he is representing attempted to cloak the increasingly de-mystified notion of death.

A similar unease surrounding medical death permeates the novel, primarily by way of narrational intervention. Not only does the narrator shy away from explicit medical discourse, he frequently draws attention to this fact with such meta-narrative interjections as, “On their medical secrets we will not intrude; but there were other matters bearing on the course of our narrative . . .” (151). During these moments, the narrative self-consciously withdraws from the space in which characters assume their explicit doctor-patient roles, yet calling the reader’s attention to this elision has the

potential to create the opposite effect. This phenomenon is most apparent toward the end of the novel, when the narrator states of the dissolute, dying Louis Scatcherd:

I will not disgust my reader by attempting to describe the poor wretch in his misery: the sunken, but yet glaring eyes; the emaciated cheeks; the fallen mouth; the parched, sore lips; the face, now dry and hot, and then suddenly clammy with drops of perspiration; the shaking hand, and all but palsied limbs; and worse than this, the fearful mental efforts, and the struggles for drink.... (425)

Here the reader can witness a deliberate failure to repress the images of terminal illness and diagnosis: the narrator, making use of a rare first-person identifier, straightforwardly refuses to “describe” the scene, yet this refusal serves as a perverse transition, signaled by a mere colon, toward such a “disgusting,” fairly graphic description. Similar use is made of the “pair of human thigh-bones” and “little child’s skull” which adorn Thorne’s study, literal memento mori that the good doctor absentmindedly toys with from time to time (282). Conversely, the reader is prepared well in advance to witness the death of Sir Roger Scatcherd (“the reader must be content to stand for a short while by the side of Sir Roger’s sick-bed, and help us to bid him God-speed on the journey which lies before him” [243]), only to be denied the dubious honor with another direct address, “These, reader, were the last words spoken by Sir Roger . . . before nine on the following morning all was over” (277). The narrator retreats from recounting the moment of death, reverting to the euphemism “all was over” to further efface the actual incident. By overtly subverting readers’ expectations in these ways, the narrator seems to be revealing and then challenging cultural expectations about medicine and the repression of more troubling aspects of disease and death.

While Thorne’s authority as a doctor is problematized at various moments in the novel, his fractured personas ironically re-establish him as the center of control in the

narrative world. When Thorne is not acting as doctor or friend, he serves as guardian (of Mary Thorne and then, to a lesser extent, of Louis Scatcherd), confidante, and estate executor. He is most explicitly involved in the legal process because Sir Roger's will stipulates that only the good doctor can name his primary beneficiary—his sister's eldest child (who, unbeknownst to most, happens to be Thorne's ward Mary). Essentially, while in his role as doctor Thorne occupies a fraught position, caught between epistemological frameworks and thereby seemingly disempowered, his roles in the legal realm create an unassailable web of influence through which he can (almost despite himself) direct the destinies of those of whom he is in charge. In the process, he attempts to fix the emotional turmoil caused by the love between his penniless, illegitimate niece and the eldest scion of the decaying Gresham line. Essentially, he "heals" any psychological wounds caused by the drama of the separated lovers, imposing his own "will" through his execution of Sir Richard's will. In this way, Thorne does gain a nearly total control over the events of the novel and the lives of its characters—he literally charts their destinies. It does not seem coincidental that the doctor establishes his potency through legal channels—after all, while death could be an uncomfortable subject in medicine in the Victorian period, it was a rather explicitly acknowledged, readily understood basis of inheritance law. By shifting Thorne from the medical to the legal realm, the narrative redirects the source of his control into more socially entrenched, controlled channels. In the end, though, death does form the foundation of Thorne's narrative mastery.

While Dr. Thorne may feel a bit uncomfortable with his control at the conclusion of the novel, he nevertheless plays out his role and the inconsistencies it implies. He is

both a medical professional and a temporary quasi-member of the legal profession, and the more he minimizes his power the more power is thrust upon him. He becomes a veritable “omniscient” confessor within the confines of the narrative (Bowen 165). In other words, by embracing the increasingly hybridized professional world at play in the Victorian era, Thorne masters the archetypal Victorian narrative. The novel as a whole, however, seems less able to withstand the tension created by these inconsistencies—there are moments at which the narrative’s seams start to show and then tear apart. One of the most striking examples of this is the moment, mentioned earlier, in which the narrator interrupts the final description of Sir Roger Scatcherd’s will in order to apologize for any legal inaccuracies described therein. These acute moments of meta-narrative awareness emphasize the novel’s location outside of but still, in a sense, beholden to actual social and professional discourses of the time. This forced awareness of discursive space stands in stark contrast to the most striking narrative idiosyncrasies in other Barsetshire novels such as *Framley Parsonage*, however. In this text, the “discourse” is internal to the text, as the narrator implicitly assumes various mutually exclusive roles: the narrative “I” seems masculine, claiming Mr. Gresham as “an old friend of mine” (*Framley Parsonage* 261), but also feminine, asserting, “[a]s for myself, I am always happy to look at Mrs. Jones’s linen, and never omit an opportunity of giving her the details of my own dinners” (99). Arguably, these alternately gendered entries into the world of Barsetshire signal a shift, at least in relation to *Dr. Thorne*, away from interest in actual professional discourse and towards a securely fictionalized (albeit complicated), all-encompassing domestic space.

Framley Parsonage takes the elision of the medical field found in the pages of *Dr. Thorne* one step further, as it witnesses Doctor Thorne's marriage to the wealthy Martha Dunstable. While the narrative takes pains to assure the reader that Thorne does not give up his profession, almost nothing of his work is shown. Compared to this sequel, *Doctor Thorne* seems nearly like a treatise on medical practice. Of course, Thorne is merely a peripheral figure in this later pastoral work, but again, it seems noteworthy that the author resurrects this figure, only to thrust him into a rather late marriage. In this novel, doctors are indeed ultimately empowered against death, but in an indirect fashion—they are almost all father figures. From Mark and Lucy Robarts' father's career as a physician to Miss Dunstable's private physician Dr. Easyman walking her down the aisle in lieu of her deceased father during her wedding, Trollope seems to go out of his way to position medical men as background figures of benevolent paternity. Thorne, while not actually a father, served even in *Doctor Thorne* in the position of paternal guardian of his illegitimate niece Mary, but it is not until the events of *Framley Parsonage* that he is fully subsumed into the domestic sphere by the narrative (after all, his decision to marry hardly arises from his own desires). Unlike John Bold, however, Thorne retains his role as a doctor even after he enters into proverbial domestic bliss. In terms of the narrative, though, his medical role is pushed even farther to the periphery.

In a sense, his character's trajectory within the narratives of *Doctor Thorne* and then *Framley Parsonage* domesticates his power, or makes what was uncanny—death—homely and controllable. The doctor's legal mastery becomes merely a step in this progression, which culminates in his marriage. He retains narrative power, particularly in *Doctor Thorne*, because he embraces the instability of the Victorian professions, but in

the end he is subsumed by the power of the repressive Victorian narrative almost as much as Bold has been earlier in the chronicles. Interestingly, while Bold's domestic union is productive, Thorne's own marriage cannot hope to be. It is almost as if Bold's lack of narrative or professional control is allowed this outlet, while Thorne's narrative power ensures that such a lack of offspring does not seem unduly harsh. Where Bold stands as a nascent, destructive harbinger of revolution within the professions against the Church, Thorne stands as a post-revolutionary, fragmented Victorian professional hybrid; yet they remain characters harnessed to their respective narratives. Their narrative positions create spaces around which cultural fears about increasing professional power and its ramifications can be explored. Their "continuing stories" in the form of *Barchester Towers* and *Framley Parsonage* wrap up their trajectories neatly, reinscribing (to an extent) traditional stability and fully shrouding the threatening specter of starkly unceremonious, clinical death.

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