

Implications of Fictional Death for Medicine

Reflections on A. J. Cronin's *The Citadel* via George Eliot's *Middlemarch*

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1. Introduction

If death is an inevitable companion of every-day clinical life, it is also an inevitable component of literary narrative. The experience of the death of another person provides fictional characters with turning points, while it may also provide a text with narrative closure: death is inscribed within the structures of literature. In addition, literary texts express shifting cultural attitudes towards death, while they focus on the experience of dying, linking public and private meanings of death and dying. On the one hand, death has been perceived as a limit to representation and, thus, as a major challenge to literary aesthetics.¹ On the other hand, as Sigmund Freud has pointed out, the paradox of experiencing death in life may be undergone *only* in the realm of fiction: »Auf dem Gebiete der Fiktion finden wir jene Mehrheit von Leben, derer wir bedürfen. Wir sterben in der Identifizierung mit dem einen Helden, überleben ihn aber doch und sind bereit, ebenso ungeschädigt ein zweites Mal mit einem anderen Helden zu sterben.«²

A more specific form of fictional death is that encountered by the physician as a specialist in (medical) death. While there is a long tradition of dramatic satires on the medical profession, ranging from Jean-Baptiste Molière's *Le Malade imaginaire* (1673) to George Bernard Shaw's problem play *The Doctor's*

1 Hart Nibbrig, Christiaan L.: Ästhetik des Todes, Frankfurt a.M.: Insel 1995.

2 Freud, Sigmund: »Zeitgemäßes über Krieg und Tod [1915]«, in: ders.: Gesammelte Werke, Band 10, Frankfurt a.M.: Fischer 1999, pp. 323–355, here p. 344.

Dilemma (1906), doctors and physicians have played important roles in the realist novel.³ Focusing on how fictional physicians are implicated in the deaths of their patients, I will examine in this chapter medical death as a certain type of fictional death. I will analyse the Scottish writer and physician A. J. Cronin's novel *The Citadel* (1937), showing how death is employed as a turning point for the novel's ›medical hero‹ Andrew Manson, asking what its implications are for the critique of British medicine the novel expresses. First, I will contextualize Cronin's novel in the 1930s, providing some of the details of its success and early reception. Second, I will provide a reading of *The Citadel* that focuses on a climactic scene of medical death to explore how its representation shapes ideas of medical reform through the lens of character development. Through a comparison of Cronin's physician protagonist with a classic Victorian example, George Eliot's medical practitioner Lydgate in her novel *Middlemarch* (1871–1872), I wish to show how literary representations of death relate to ideas of medical and moral failure. George Eliot's realist novel is famous for its representation of nineteenth-century medical reform, a tradition Cronin looks back to. In conclusion, I will reflect on the uses to which the fictional representation of (medical) death may be put.

2. A. J. Cronin and the success of *The Citadel*

Archibald Joseph Cronin, known as A. J. Cronin, was born in Cardross, Scotland, in 1896, into a middle-class family, which declined into poverty after his father's death when Cronin was seven years old. A poor but promising student, Cronin wins a Carnegie Foundation Scholarship, which enables him to study medicine at Glasgow University, where he graduates in 1919. He meets May Gibson, a fellow medical student, who becomes his wife, and they move to South Wales, where Cronin works as a General Practitioner, taking further

³ Significantly, the protagonist of Goethe's classic Bildungsroman *Wilhelm Meisters Lehrjahre* (1795–1796) chooses the profession of the physician to enhance and complete his development. Examples in the English novel, in addition to George Eliot's *Middlemarch* (1871–1872), include Mary Elizabeth Braddon's *The Doctor's Wife* (1864), Elizabeth Gaskell's *Wives and Daughters* (1866) and Wilkie Collins's *Heart and Science* (1883). On the relationship between the evolution of the medical profession and of the Victorian novel, see Sparks, Tabitha: The Doctor in the Victorian Novel: Family Practices, Aldershot: Ashgate 2009.

medical exams.⁴ In 1926, he buys a rundown London practice, soon establishing himself as a successful private practitioner and becoming a wealthy man. In response to a breakdown in 1930, Cronin leaves London for a remote farm near Inverary with the intention to write a novel. The immediate success of his first novel, *Hatter's Castle* (1931), is documented as a fairy-tale start in Cronin's fictionalized autobiography, *Adventures in Two Worlds* (1952). But even the more down-to-earth narrative of Cronin's biographer Alan Davies points out the luck of Cronin's sending his manuscript to Victor Gollancz, who had recently founded his own publishing house:

»Luck usually figures strongly in famous people's lives. Victor Gollancz Ltd had been trading for only a relatively short time when, quite by chance, Cronin chose to entrust them with his manuscript for *Hatter's Castle* in 1930. [...] He could not have chosen more wisely. At that time Gollancz was breaking new ground with innovative advertising methods as well as his trademark distinctive yellow dust covers. [...] The overriding factor in his decision to take on *Hatter's Castle* was Cronin's narrative power, which Gollancz claimed the author never lost.«⁵

Hatter's Castle was published largely to positive reviews. In its plot structure it remains within the familiar Victorian conventions of »a straightforward linear chronology [...] unfolded through the agency of the omniscient third-person narrator«.⁶ In spite of its sensational, plot-oriented Gothic elements and villainous main character, Cronin's interest in medical matters is already apparent in the two minor physician characters of this first novel.

The Citadel, published in 1937, had an even greater impact: it sold 100.000 copies in the first three months, and was subsequently reprinted at the rate of 10.000 copies a week.⁷ Together with Daphne du Maurier and Dorothy Say-

4 Salwak, Dale: A. J. Cronin, Boston: Twayne Publishers 1985, p. 12.

5 Davis, Alan: A. J. Cronin. *The Man Who Created Dr Finlay*, Richmond, Surrey: Alma Books 2011, p. 94.

6 D. Salwak: A. J. Cronin, p. 21.

7 Cronin's novel *The Citadel*, as well as many of his other books, were almost immediately translated into German (*Die Zitadelle*, 1938). They were popular, but also well-regarded as literary productions in the realist tradition of the English novel, as this quotation from a German paperback translation of another of his medicine-themed stories illustrates: »Seine Veröffentlichung [referring to *Die Zitadelle*] wurde zu einer Sensation, da die anklägerische Schilderung des englischen Ärzteswesens hier von einem berufserfahrenen Manne stammte, der – wie Hermann Hesse äußerte – die Gefühls- und

ers, Cronin became one of the most popular novelists of the 1930s – and one of Gollancz's biggest sellers.⁸ The success of the novel was augmented also by Gollancz founding the Left Book Club in 1936; the BBC ran a series of 10 readings of the novel in 1938, when a film adaptation was also produced.⁹

Contextualising Cronin's novel within the British political culture of the 1930s, Ross McKibbin points out that, according to a Gallup Poll in 1938, *The Citadel* »impressed more people than any other book except the Bible«.¹⁰ McKibbin sees Cronin's specific contribution in his creation of »a middle-class type, the ›new man‹, a type who was to be central to *The Citadel*.« As he explains further, this ›new man‹ or ›medical hero‹ was »representative of the middle class as it evolved in the interwar years«:

»This middle class was growing steadily, and the effect of that growth was to change the composition and spirit of the middle class as a whole. The old Edwardian middle class, and amalgam of a professional and business upper class and a clerical lower middle class, evolved into the commercial-administrative-technical middle-class characteristic of the late 1930s.«¹¹

The plot of *The Citadel* revolves around the medical hero Andrew Manson, a well-trained and ambitious young Scottish doctor, modelled closely on Cronin's own (brief) medical career, who comes as assistant to a dying practitioner in a Welsh mining village. He fights for health against the poverty of his patients, their shocking housing conditions and the inertia of local medical authorities. He befriends another assistant GP, Denny, who tells him that contaminated water has led to several deaths from typhoid in the town. While the senior doctors are not interested in the problem, Denny and Manson eventually blow up

Wortgewalt eines modernen Dickens besaß.« (A. J. Cronin: Der neue Assistent, übers. v. Richard Hoffmann, Reinbek: Rowohlt, n. p.).

8 A. Davis: A. J. Cronin, p. 145.

9 Directed by King Vidor for MGM, the film, with a budget of one million dollars, was shot in South Wales and London. It received four Oscar nominations, including best actor (Robert Donat) and best picture. See O'Mahoney, S.: »A. J. Cronin and *The Citadel*: did a work of fiction contribute to the foundation of the NHS?«, in: Journal of the Royal College of Physicians Edinburgh 42 (2012), pp. 172–178, here p. 174.

10 McKibbin, Ross: »Politics and the Medical Hero: A. J. Cronin's *The Citadel*«, in: English Historical Review 123.502 (2008), pp. 651–678, here p. 651.

11 Ibid., p. 656.

the sewer, forcing the authorities to build a safe water supply. In Wales, Manson meets and marries Christine Barlow, a council schoolteacher of greater refinement than himself, who opens up a wider social life to him, but crucially encourages his idealist approach to medical knowledge. Manson becomes interested in lung disease caused by coal dust, which he observes in the Welsh miners he treats, and carries out research which earns him an MD degree. His research interests are discouraged when his work as Medical Officer for London's Coal and Mining Fatigue Board turns out to be tediously bureaucratic. He buys a run-down practice in London, drifting apart from his wife Christine when he becomes a successful but shallow society physician. The wealth which the successful West End practice brings him, after he has succumbed to »the temptations of money and sex«,¹² numbs his youthful idealism. The title reference to »citadel« stands for medical competency and integrity as the ideals to which Manson aspired,¹³ as Christine reminds him: »Don't you remember how you used to speak of life, that it was an attack of the unknown, an assault uphill – as though you had to take some castle that you knew was there, but couldn't see, on the top«.¹⁴

But the turning point for Andrew Manson, and his return to his former medical idealism, comes only when his former patient, the shoe repairer Harry Vidler, dies after a botched operation by the incompetent surgeon Dr Charles Ivory, one of Manson's business associates in London. This turning point is summarized in a contemporary review of the novel in this way:

»He learns the tricks of the trade – the commissions paid by one consultant to another for a ›second opinion‹, the pandering to the wealthy *malade imaginaire*, the obstructiveness of old-fashioned, established pundits who prefer the death of a patient to new methods. It is the incompetence of a ›famous‹ operating surgeon, who, not to put too fine a point on it, murders Manson's shoe repairer on the operating table, that sends him rushing from Harley Street back to Hippocratic ideals [...]«.¹⁵

This ironic synopsis with the blunt statement of medical incompetence as murder highlights the crudeness of this fictional use of medical death as character

12 S. O'Mahoney: A. J. Cronin and *The Citadel*, p. 173.

13 D. Salwak: A. J. Cronin, p. 63.

14 Cronin, A. J.: *The Citadel* [1937], London: Picador 2019, p. 349.

15 Eyles, Leonora: »Doctor's Dilemma« [Rev. of *The Citadel*], in: *The Times Literary Supplement* 1854 (1937), p. 591.

reform. It fits with the conventional narrative devices and popular formulaic genres Cronin used for his novels, which can also be described as ›topical novels‹, which present, in the case of *The Citadel*, potential solutions to problems within the medical profession.¹⁶ The strong identificatory drive of the plot construction makes it difficult for the reader not to take Manson's side. The simplicity and topicality of the novel, together with Gollancz' marketing of it as a ›progressive‹ Left Book Club fiction, were responsible for the novel's being associated with the ›country's health system – or lack of it‹ as its central political issue. Whereas the claim that *The Citadel* has ›inspired the National Health Service‹, inscribed on a recent reissue of the novel, may be too strong, a connection has been drawn between the scenes in the novel located in Wales concerning the miners' unions' medical aid societies and the establishment of the NHS in 1948 under Áneurin Bevan as Minister of Health:

»When Bevan introduced the NHS he wrote: ›All I am doing is extending to the entire population of Britain the benefits we had in Tredegar for a generation or more. We are going to ›Tredegarise‹ you.‹ Cronin spent three formative years in this town (›Aberlaw‹ in *The Citadel*) and although there is no evidence that they met, it seems likely that they did. They were certainly exposed to the same influences and the Medical Aid Societies set up by the miner's unions in South Wales inspired Bevan to extend free healthcare to the entire nation.«¹⁷

3. ›Medical‹ death in *The Citadel*: Shoe repairman Harry Vidler's death as a turning point

The chapter towards the end of the novel, which deals with the botched operation, makes Andrew Manson its eye witness, focusing on his growing awareness of the incompetence of his business associate Ivory. With a flood metaphor the unconscious but rapid movement of Andrew's success is highlighted: »On and on rushed the spate of his success, a bursting dam sweeping him irresistibly forward in an ever-sounding, ever-swelling flood.«¹⁸ He is shown to be intimate with filmstars, enjoying the exhilarating pace of his life.

16 D. Salwak: A. J. Cronin, p. 68.

17 S. O'Mahoney: A. J. Cronin and *The Citadel*, p. 174.

18 A. J. Cronin: *The Citadel*, p. 385.

The disruption of his »false sensation of strength« is clearly announced (in this way): »And then, out of high heaven, the bolt fell.«¹⁹

A medical story is now introduced, whose characters link Manson back to his beginnings of practicing in London: The Vidlers, »respectable, hard-working tradespeople« who keep a shop for repairing boots, consult him about the husband Harry Vidler's health. When Andrew calls on him to examine him, he is convinced »that the condition was cystic and although not dangerous, it was one which demanded operative treatment«.²⁰ When he suggests to the couple that Harry should immediately go into hospital, Mrs Vidler is adamant that Manson find a »private home« and a »private doctor to operate on him« so that he would get »the best treatment that could be had«.²¹ Andrew calls his business associate Ivory to ask him to treat Vidler for a third of his usual fee.

The detailed description of the operation begins with a focus on place, on the private home, which had »never been intended for its present purpose«: »There was no lift and the operating theatre had once been a conservatory«, but is, nevertheless, described as »spotlessly aseptic«.²² The timing of the operation – »the unusually late hour of two o'clock« on a Friday evening – is due to Ivory's convenience. Although he arrives punctually, Ivory's majestic preparations announce his self-importance and (unjustified) self-assurance:

»He drove up with the anaesthetist and stood watching while his chauffeur carried in his large bag of instruments – so that nothing might interfere with his subsequent delicacy of touch. And, though he plainly thought little of the home, his manner remained as suave as ever. Within the space of ten minutes he had reassured Mrs Vidler, who waited in the front room, made the conquest of Miss Buxton and her nurses, then, gowned and gloved in the little travesty of a theatre, he was imperturbably ready.«²³

19 Ibid., p. 387.

20 Ibid., p. 388. For a critique of the medical details of the scene, see O'Mahony: »The description of the botched operation by Ivory is unconvincing: exactly what sort of 'cyst' did this patient bleed from? It is not clear how a polyclinic comprising a physician, a surgeon and a microbiologist would bring cutting-edge medical care (our idea of 'specialised cooperation') to a market town in the West Midlands.« (S. O'Mahoney: A. J. Cronin and *The Citadel*, p. 175).

21 A. J. Cronin: *The Citadel*, pp. 388–389.

22 Ibid., p. 390.

23 Ibid., p. 390.

The focus turns to the patient, Harry Vidler, who is shown to be determined to face his ordeal »with courage«, smiling trustingly at Andrew. When Ivory starts to operate, Andrew sees his diagnosis justified, regarding it as a simple operation, not expecting any problems, and already thinking about his next appointment. As Andrew gradually begins to realise, the »imperturbable« manner of the surgeon – who is described as »calm, incisive, unruffled« – is in stark contrast with his repeated failure, during the operation, »to get behind the cyst«.²⁴ However, the surgeon's manner remains so smooth that Andrew initially regards his growing unease as irrational, arguing with himself that »there was nothing to be afraid of« and that the straightforward operation would soon be finished. The climax of the scene is reached when Ivory takes the knife »in slow motion« looking »like the great surgeon of fiction« when he makes the fatal cut which bursts the haemorrhagic cyst that kills the patient, Harry Vidler. Even as Andrew Mason realises that his colleague »can't operate, he can't operate at all«, Ivory continues his calm procedure: »He began to suture up his great incision. There was no swelling now. Vidler's stomach had caved-in, pallid, an empty look, the reason being that Vidler was dead.«²⁵

After the operation, the behaviour and reactions of Ivory and Manson are contrasted: While Andrew is paralysed and unable to speak, Ivory »methodically« continues to stitch the wound in the dead body, lightly dismissing his own responsibility for the outcome of the operation. With a similar lack of guilt, Ivory addresses Vidler's widow, telling her (untruthfully) that »no power on earth could have saved him«, with the result that Mrs Vidler even feels grateful to him: »That's the kindest thing you could have told me, doctor.« She spoke through her tears.²⁶ Thinking of Harry Vidler's confidence in him before the operation, Manson, by contrast, is gripped by his own guilt:

»He was sick, shattered, on the verge of collapse. He could not escape the vision of Harry Vidler, walking unaided to the table – »I'll be better after this is over« – and ten minutes later, sagging on the stretcher, a mutilated, butchered corpse. He gritted his teeth together, covered his eyes with his hand.«²⁷

24 Ibid., p. 391.

25 Ibid., pp. 392–393.

26 Ibid., p. 394.

27 Ibid., p. 394.

Only when the over-confident Ivory points out to him that, from his perspective on the medical procedure, no wrong had been done – »He didn't die on the table. I finished before that – which makes it all right. No necessity for an inquest« – Manson is forced into speech, accusing Ivory of being »the worst botcher« and of »almost murder«.²⁸ The experience of this unnecessary medical death, which contrasts Manson's emotional reaction with Ivory's »cold-blooded nerve«,²⁹ leads to Manson's return to medical integrity. It makes Ivory his enemy, who reports him to a Medical Council for unethical behaviour. In an impassioned speech on the failures of British healthcare, Manson defends his research, arguing that the fault »is in the competitive system that forces doctors into rivalry when they should be united in a common effort«.³⁰

4. Medical Death in *Middlemarch*: Bulstrode's scandal and Lydgate's dilemma

In Cronin's *The Citadel*, medical death is used as a turning point, which redirects the physician Andrew Manson onto his path of medical integrity. The novel pits its medical protagonist against a medical establishment, which is depicted as »corrupt, venal, unscientific and self-serving«.³¹ Even if Cronin's novel encourages a one-dimensional approach to the medical profession, *The Citadel* is more complex than the medical romance fiction that becomes popular in the later twentieth century.³² A comparison of Manson with the character Lydgate, who represents »a new kind of doctor«³³ in George Eliot's fictional universe, may therefore serve to illustrate the significance of medical death in realist fiction.

George Eliot's novel *Middlemarch* (1871–1872) looks back to the struggles for medical reform in England in the first half of the nineteenth century, which relate in important ways to transitions in the political, economic and social field. The novel's multiple plot lines include the topic of medical reform, which is

28 Ibid., p. 395.

29 Ibid., p. 395.

30 D. Salwak: A. J. Cronin, p. 63.

31 S. O'Mahoney: A. J. Cronin and *The Citadel*, p. 174.

32 See McAleer, Joseph: »Love, Romance, and the National Health Service«, in: Griffith, Clare V. et al. (eds.), *Classes, Cultures, and Politics: Essays on British History for Ross McKibbin*, Oxford: Oxford University Press 2011, pp. 173–191.

33 Bamforth, Iain: *The Body in the Library. A Literary Anthology of Modern Medicine*, London: Verso, p. 27.

expressed by the introduction of »more scientific methods into diagnosis and treatment« and in the focus on the structural revision of the medical profession personified in the figure of Lydgate.³⁴ My interest here is on a scene of ›medical death, which involves Lydgate and his reputation as a doctor, putting him in a moral dilemma.

Although medicine was in mid-nineteenth-century Britain still »a dependent occupation« and not a »liberal profession«³⁵, Lydgate – like Manson – is introduced as an ambitious, scientifically inclined doctor, marked out by his training in London, Edinburgh and Paris, who is mistrusted by his fellow practitioners. His concern with medical reform brings him into contact with Mr Bulstrode, a wealthy banker who is also one of the main governors financing the New Hospital in *Middlemarch*. When Lydgate becomes the medical director of the hospital, his association with Bulstrode becomes closer, proving ultimately fatal to his reputation. Unlike Andrew Manson, whose wife Christine supports (and even reinforces) his medical ideals, Lydgate's marriage to the pretty, but shallow and self-absorbed Rosamond Vincy, further deepens his dependence on Bulstrode. When Rosamond's sense of entitlement and Lydgate's carelessness lead them into heavy debt, Lydgate asks the banker for a loan. Against this background, the ›Raffles case‹ which surrounds Bulstrode with scandal, implicates Lydgate as well.

John Raffles, a man who knows of Bulstrode's shady past and has blackmailed him, reappears in *Middlemarch* when he is mortally sick. Bulstrode receives him into his house, but his terror of public exposure leads him to hasten Raffle's death. He asks Lydgate to take care of the sick man, while lending a large sum to Lydgate, whom he had previously refused to bail out of his debt. But the story of Bulstrode's misdeeds (concerning his inheritance from his first wife) has already become public. Bulstrode's disgrace engulfs Lydgate: knowledge of the loan spreads, and he is assumed to be complicit with Bulstrode.

While there is also a question of medical treatment, or mistreatment, involved, Raffles' death is not a simple case of medical incompetence or mismanagement. When Lydgate examines his patient, he diagnoses Raffles' case as one

34 Furst, Lilian R.: »Struggling for Medical Reform in *Middlemarch*«, in: *Nineteenth-Century Literature* 48.3 (1993), pp. 341–361, here p. 342. See also Logan, Peter M.: »Conceiving the Body: Realism and Medicine in *Middlemarch*«, in: *History of the Human Sciences* 4.2 (1991), pp. 197–222; French, Roger and Andrew Wear (eds.), *British Medicine in an Age of Reform*, London: Routledge, 1991.

35 L. Furst: Struggling for Medical Reform in *Middlemarch*, p. 347.

of alcoholic poisoning for which he tries a new treatment based on »the publication of Dr. Ware's abundant experience in America« which contrasts with the »prevalent practice of allowing alcohol and persistently administering large doses of opium«³⁶. Lydgate instructs Bulstrode, who insists on attending to Raffles personally, in this alternative treatment.

During the first night of his vigil, Bulstrode fulfils Lydgate's orders: »He did carry them out faithfully, although Raffles was incessantly asking for brandy, and declaring that he was sinking away [...].«³⁷ The internal struggle of Bulstrode is described, who weighs his own wish for security against Raffles' life, arguing within himself about the fallibility of »human prescriptions«, ultimately conceding that »intention was everything in the question of right and wrong«, while still obeying the doctor's orders.³⁸ When Lydgate returns on the next morning, he observes that Raffles' symptoms have got worse, but reaffirms his opinion that he might »come round«. He instructs Bulstrode further to administer moderate doses of opium in case of sleeplessness, repeating his order that no alcohol should be given. When Bulstrode decides to consign the patient to the care of his housekeeper, he neglects to tell her about Lydgate's instructions. When she asks him for brandy for Raffles in response to the sick man's demands, Bulstrode hands her the key to the wine-cooler, even removing the evidence on the next morning, after he has convinced himself that Raffles' life was ending. Although Bulstrode's desire is in favour of Raffles' death, his action is not quite as »cold-blooded« as that of Ivory in *The Citadel*. In spite of the ironic tone, the narrator's questions are not entirely rhetorical: »And who could say that the death of Raffles had been hastened? Who knew what would have saved him?«³⁹

Lydgate, at least, is not quite sure of himself. When he returns in the morning to witness his patient's »final pause of the breath«, Lydgate's expression, »was not so much surprise as recognition that he had not judged correctly«⁴⁰, expressing doubt in his own treatment, but also unease at the situation:

36 Eliot, George: *Middlemarch* [1871–1872], ed. by Hornback, B. C., New York: Norton 2000, pp. 432–433; see L. Furst: Struggling for Medical Reform in *Middlemarch*, p. 357.

37 G. Eliot: *Middlemarch*, pp. 434–435.

38 Ibid., p. 435.

39 Ibid., p. 439.

40 Ibid., p. 349.

»But he was uneasy about this case. He had not expected it to terminate as it had done. Yet he hardly knew to put a question on the subject to Bulstrode without appearing to insult him; and if he examined the housekeeper – why, the man was dead. There seemed to be no use in implying that somebody's ignorance or imprudence had killed him. And after all, he himself might be wrong.«⁴¹

Unlike the medical hero of Cronin's thesis novel, Lydgate is a more complex character, and the moral dilemma he faces is more intricate. At the scene of Raffles' death, the authorial narrator simply records Lydgate's unease. A later conversation with the empathetic Dorothea Brooke, the novel's principal female character and one of the Middlemarch landowners supporting reform, represents Lydgate's own thoughts on the matter, which link his medical perspective to the broader social setting with its moral ambiguities. He tells Dorothea that his treatment of the patient »was opposed to the dominant practice«, explaining further »his doubts at the last, his ideal of medical duty, and his uneasy consciousness that the acceptance of the money had made some difference in his private inclination and professional behaviour, though not in his fulfilment of any publicly recognized obligation«⁴². Even the housekeeper's neglect of his instructions, as he explains, cannot be seen as directly responsible for Raffles' death:

»It has come to my knowledge since,« he added, »that Hawley sent some one to examine the housekeeper at Stone Court, and she said that she gave the patient all the opium in the phial I left, as well as a good deal of brandy. But that would not have been opposed to ordinary prescriptions, even of first-rate men. The suspicions against me had no hold there: they are grounded on the knowledge that I took money, that Bulstrode had strong motives for wishing the man to die, and that he gave me money as a bribe to concur in some malpractices or other against the patient – that in any case I accepted a bribe to hold my tongue. They are just the suspicions that cling the most obstinately, because they lie in people's inclination and can never be disproved. [...]«⁴³

41 Ibid., p. 340.

42 Ibid., p. 471.

43 Ibid., p. 471.

Lydgate's dilemma is that medical integrity can be suspected and called into question, even in a case where treatment or mistreatment is a matter of medical opinion and not, as in the case of Ivory's botched operation, of incompetence, carelessness and greed. His failure, as he concedes, consists in having taken Bulstrode's money, leaving him »simply blighted – like a damaged ear or corn – the business is done and can't be undone«.⁴⁴ In spite of his medical ideals, then, Lydgate is not able to redeem his failure. He leaves Middlemarch, outdone both »by the massed forces of conservatism« of provincial life and the inflexible temper of his wife.⁴⁵ He turns into the wealthy practitioner Manson escapes from, continuing to regard himself as a failure and dying relatively young, as the narrator tells us at the novel's end:

»He died when he was only fifty, leaving his wife and children provided for by a heavy insurance on his life. He had gained an excellent practice, alternating, according to the season, between London and a Continental bathing place; having written a treatise on Gout, a disease which has a good deal of wealth on its side. His skill was relied on by many paying patients, but he always regarded himself as a failure: he had not done what he once meant to do.«⁴⁶

5. Conclusion

The comparison of these two fictional physicians illustrates the different purposes of literary representations of death. In both examples, we do not identify with the dying heroes – as in Freud's remark on the uses of fictional death. Instead, we identify with the medical hero's witnessing of death. In the case of Andrew Manson, who witnesses the death of his patient Harry Vidler, his cathartic guilt – contrasted with the cold-blooded unconcern of the incompetent surgeon – redeems the medical hero. Witnessing this frightful and unnecessary death engenders the narrative turning point, which brings Manson back to ethical medicine in a clear-cut moral solution, from which A. J. Cronin criticizes the »political-medical status quo«⁴⁷. In the context of the 1930s in Britain,

44 Ibid., p. 471.

45 I. Bamforth: *The Body in the Library*, p. 27.

46 C. Eliot: *Middlemarch*, p. 512.

47 R. McKibbin: *Politics and the Medical Hero*, p. 657.

The Citadel thus serves as »a social exposé, an attack on unreformed British institutions«.⁴⁸

In George Eliot's late nineteenth-century novel, the focus is on the emergence of medical reform in England in mid-century, centred on the new kind of doctor her character Lydgate represents whose ultimate defeat has both individual and social dimensions. In the case of Lydgate, who attends Raffles as physician and witnesses his death, a complex idea of failure – moral more than medical – complicates the issue, in which villains and heroes are less easily identified. In *Middlemarch*, the literary representation of death – both in the ›Raffles' case‹ and in Lydgate's own premature death – engenders moral ambiguities and the uneasy feeling of regret.

48 Ibid., p. 662.