

According to a publication advertisement, the collection *Two Scottish Tales of Medical Compassion: Rab and his Friends A Doctor of the Old School with A Brief History of the Edinburgh Medical School* (2011) sets out to illustrate how the Edinburgh principles of compassion furthered the science of medicine.¹ The advertisement presents these tales and the lessons they teach as valuable tools for any modern physician to rely on. The Brief History provided by Dr John Raffensperger, Emeritus Professor of Surgery at Northwestern University, highlights the key role of the scientific surgeon in Edinburgh medicine. The progressive endeavour through the nineteenth century to make surgery both safer and less painful, forwarded by Edinburgh surgeons such as Robert Liston (1794-1847), who in 1846 became the first surgeon in Britain to operate using ether vapour, James Syme (1799-1870), who initiated the practice of providing surgical teaching in the operating theatre, and Joseph Lister (1827-1912), founder of a revolutionary system of antiseptic surgery, are presented as not only driven by their scientific practices but also by their compassion for their patients.² According to Raffensperger, Sir James Young Simpson's discovery and popularisation of the anesthetic properties of chloroform was driven by his unremitting desire to mitigate the agony of surgical patients after he witnessed a breast amputation performed by Liston. The message is simple and effective: compassion can drive extraordinary innovation.

Raffensperger traces the connection of Dr John Brown (1810-1882), author of the sentimental surgical tale, *Rab and his Friends* (1858), to Syme. Brown was an apprentice to Syme at Minto House surgical hospital from 1829 to 1831 before earning his M.D. and ultimately setting up shop himself as a general practitioner in Edinburgh, and the excruciating breast surgery described in *Rab and his Friends* took place at Minto House in December 1830, prior to the advent of anesthetics. The link between Ian Maclaren's *A Doctor of the Old School* (1895)

and Edinburgh medicine is more tangential. The main focus of the text is Dr William Maclure, the selfless Doctor of Drumtochty, who rides day and night and through all the seasons on his faithful mare, Jess, to care for those living in the rural Perthshire glen of Drumtochty. Weelum Maclure's simple and practical medical directions, special understanding of the glen's idiosyncratic constitution, and subtle kindness, gain him universal esteem as a sort of medical jack-of-all-trades, but in a critical surgical case, the only way to save a young woman's life is to raise the funds necessary to bring Sir George — the greatest doctor in the land — to the glen for consultation.

is intended to complement, contextualize and critique purely biomedical, technological or other reductive accounts of what it means to experience illness, encounter disease or transact a therapeutic relationship. Literary criticism looms large in this wider project, particularly in my own current work, in which I turn to the literature of the nineteenth-century periodical press in an attempt to understand the historic relationship between medical and literary cultures in Scotland. So, for me, the key question then becomes, do we really want one of Scotland's distinctive contributions to the Medical Humanities movement to be the medical kailyard?

My answer is a highly conditional maybe. Nash's monograph has made important strides towards justifying critical engagement with the kailyard that moves beyond immediate denigration. His work encourages critics to re-access the substantial output of novelists such as J. M. Barrie, S. R. Crockett, and Maclaren on their own terms and not just as adhering to the codes of a supposedly diseased literary school, which both infantilised Scotland and, according to Gillian Shepherd's earlier assessment, through its key authors' increasingly patronising portrayal of stereotyped characters, attempted what might amount to national infanticide.⁵ An important aspect of Nash's revision is the realisation that writers in the Kailyard School were not attempting to depict a realistic version of Scottish rural life. Rather, as Thomas D. Knowles indicates, the Kailyard was a commercial and ideological phenomenon designed to promote a moral ethos and to counter the 'ungodly' literature of Zola, Wilde, and Ibsen in the 1890s.⁶ Nash builds upon Knowles' assessment, arguing that the term 'realism' was applied to Kailyard writing by contemporaries, not in the sense of accuracy of sociological representation but in relation to mid-Victorian ideas of sympathy, in which a literary work's ability to arouse feelings of sympathy in the reader was thought to indicate a shared moral code between author and reader.⁷ In the case of Maclaren, his 'realism' is part of an attempt to build a 'Godly Commonwealth' around a structure of feeling that is conveyed through a deliberately sentimental strategy.⁸ A similarly nuanced contextualisation must take place for the 'medical kailyard' if we wish to take this literature seriously.

Much more needs to be said to justify my contention that the term 'medical kailyard' may be applied to more than just the singular example of *A Doctor of the Old School*, and I do not have space to say it all in this short, intentionally

discursive article. However, both *A Doctor of the Old School* and *Rab and his Friends*, in their portrayal of sentimental deathbed scenes, in their episodic

Don't think them heartless; they are neither better nor worse than you or I; they get over their professional horrors, and into their work; and in them pity as an emotion, ending in itself or at best in tears and a long-drawn breath, lessens, while pity, as a motive, is quickened, and gains power and purpose. It is well for human nature that it is so.¹²

However, Ailie's appearance silences the students' irreverent chattering: These rough boys feel the power of her presence, and her gentle submissiveness during the surgical procedure and her apology to the crowd afterwards, begging pardon if she has behaved ill, causes all of the medical students to weep like children.

recommends the study of modern languages, natural history, literature, and classics as providing respite from the intensity of medical study but also as a form of mental training, as a way to invigorate the containing and sustaining mind and thus turn thought into action.¹⁵ The type of reading he recommends should be a sort of game of the mind, a mental exercise like cricket a gymnastic , and

the familiar, kindly, welcome face, which has presided through generations at births and deaths; the friend who bears about, and keeps sacred, deadly secrets which must be laid silent in the grave, and who knows the kind of stuff his flock is made of, their constitutions .²²

In his *Recollections of John Brown* (1893), Alexander Peddie discusses Brown's nostalgia for the traditional figure of the family doctor and also the days when medical men maintained a religious reverence for the unknown powers working in the world. He particularly emphasises that these concerns are still more applicable to the state of matters at the present time .²³ Peddie's memoir is based upon his Harveian Oration , delivered in front of the Edinburgh Harveian Society (a socially-oriented medical club named for William Harvey, discoverer of the circulation of the blood) and published in the *Edinburgh Medical Journal* in 1890. As such, the apparently positive response of the medical profession to *A Doctor of the Old School* is perhaps unsurprising. According to his preface to the text, Maclaren received letters in commendation of Weelum MacLure from doctors who had received new courage from reading of the brave and selfless Doctor of Drumtochty .²⁴

As Irvine Loudon has aptly indicated in his work on *Medical Care and the General Practitioner 1750-1850*, *A Doctor of the Old School* evinces a stereotyped construction of the figure of the traditional family doctor. He concludes that this figure has suffered on numerous occasions from an excess of sentimentality in the memoirs and after dinner speeches of doctors, in novels, and in plays and serials on radio and television .²⁵ Throughout its history, the medical profession appears to have at times had a certain attraction to the medical kailyard . However, like the emotiveness that ends at best in tears and a long-drawn breath , this excess of sentimentality regarding the history of medical profession can infantilise humanistic medicine and depict it as part of a dying tradition that scientific medicine has already surmounted.

Two Scottish Tales of Medical Compassion, however, may actually rather get it right in focusing upon the ability of compassion to motivate further progress. Rita Charon, in her seminal work, *Narrative Medicine*, continually returns to the concept of medical practitioners being moved to action through an understanding of their patient's stories, and this concept itself may be seen as

having Scottish roots.²⁶ As Lawrence McCullough's scholarship has evidenced, John Gregory (1724–73) incorporates David Hume's declaration that "Reason is, and ought only to be the slave of the passions" into his *Lectures on the Duties and Qualifications of a Physician* (1772), a text widely considered to be the first modern work of medical ethics in the Western world.²⁷ However, in engaging with the "medical kailyard", one should abide by Brown's call to do so: "With Brains, Sir! This will mean inherently different things for different reading audiences, but it certainly should not mean reading these texts literally and with nostalgia

surgery, are presented as not only driven by their scientific practices but also by their compassion for their patients.²⁹ According to Raffensperger, Sir James Young Simpson's discovery and popularisation of the anesthetic properties of chloroform was driven by his unremitting desire to mitigate the agony of surgical patients after he witnessed a breast amputation performed by Liston. The message is simple and effective: compassion can drive extraordinary innovation.

Raffensperger traces the connection of Dr John Brown (1810-1882), author of the sentimental surgical tale, *Rab and his Friends* (1858), to Syme. Brown was an apprentice to Syme at Minto House surgical hospital from 1829 to 1831 before earning his M.D. and ultimately setting up shop himself as a general practitioner in Edinburgh, and the excruciating breast surgery described in *Rab and his Friends* took place at Minto House in December 1830, prior to the advent of anesthetics. The link between Ian Maclaren's *A Doctor of the Old School* (1895) and Edinburgh medicine is more tangential. The main focus of the text is Dr William Maclure, the selfless Doctor of Drumtochty, who rides day and night and through all the seasons on his faithful mare, Jess, to care for those living in the rural Perthshire glen of Drumtochty. Weelum Maclure's simple and practical medical directions, special understanding of the glen's idiosyncratic constitution, and subtle kindness, gain him universal esteem as a sort of medical jack-of-all-trades, but in a critical surgical case, the only way to save a young woman's life is to raise the funds necessary to bring Sir George—the greatest doctor in the land—to the glen for consultation.³⁰ As Raffensperger explains, this is a reference to Sir George H. Macleod (1828-1892), who in 1869 succeeded Lister as Professor of Surgery at the University of Glasgow. Sir George performs a life-saving laparotomy, and Raffensperger notes the influence of Lister (Sir George's last words to Maclure are "mind the antiseptic dressing") and also concludes that Sir George is an example of the compassion and kindness which distinguished Scottish surgeons since, despite his honours and his responsibilities, he took time to journey to a remote highland village to operate on a poor farmer's wife.³¹

This is obviously all very well meant. However, when I first came across this book while writing a public lecture for the AHRC-funded series of events, *Dissecting Edinburgh: Literature and Medicine in the Scottish Capital*, which I intended to close by examining Edinburgh medicine's place in the modern Medical Humanities movement, my thoughts ranged from initial thankfulness for such a

clear example to, upon reflection, concerned scepticism. *A Doctor of the Old School* is extracted from Maclaren's *Beside the Bonnie Brier Bush* (1894) one of the most representative texts of the Scottish Kailyard School of writing. As Andrew Nash's recent monograph, *Kailyard and Scottish Literature* (2007) outlines, nearly from its inception in the 1890s, critics have used the term 'kailyard' to denote the wrong way of writing about Scotland to characterise an immensely commercially successful group of novels which were overly sentimental, nostalgic for a lost age, and in their depictions of idyllic rural settings where religious piety and morality rule, totally out of touch with actual life in Scotland at the turn of the nineteenth century. Kailyard novels are thus seen as responsible for propagating a false image of the Scottish nation.

Now, to the uninitiated, according to the Medical Humanities Research Centre within the School of Critical Studies at the University of Glasgow (of which I am a part), the ever-growing field collectively termed the Medical Humanities is intended to complement, contextualize and critique purely biomedical, technological or other reductive accounts of what it means to experience illness, encounter disease or transact a therapeutic relationship. Literary criticism looms large in this wider project, particularly in my own current work, in which I turn to the literature of the nineteenth-century periodical press in an attempt to understand the historic relationship between medical and literary cultures in Scotland. So, for me, the key question then becomes, do we really want one of Scotland's distinctive contributions to the Medical Humanities movement to be the 'medical kailyard'?

My answer is a highly conditional maybe. Nash's monograph has made important strides towards justifying critical engagement with the kailyard that moves beyond immediate denigration. His work encourages critics to re-access the substantial output of novelists such as J. M. Barrie, S. R. Crockett, and Maclaren on their own terms and not just as adhering to the codes of a supposedly diseased literary school, which both infantilised Scotland and, according to Gillian Shepherd's earlier assessment, through its key authors increasingly patronising portrayal of stereotyped characters, attempted what might amount to national infanticide.³² An important aspect of Nash's revision is the realisation that writers in the Kailyard School were not attempting to depict a realistic version of Scottish rural life. Rather, as Thomas D. Knowles indicates, the Kailyard was a commercial and ideological phenomenon designed to promote a moral ethos and

to counter the ungodly literature of Zola, Wilde, and Ibsen in the 1890s.³³ Nash builds upon Knowles' assessment, arguing that the term realism was applied to Kailyard writing by contemporaries, not in the sense of accuracy of sociological representation but in relation to mid-Victorian ideas of sympathy, in which a literary work's ability to arouse feelings of sympathy in the reader was thought to indicate a shared moral code between author and reader.³⁴ In the case of Maclaren, his realism is part of an attempt to build a Godly Commonwealth around a structure of feeling that is conveyed through a deliberately sentimental strategy.³⁵ A similarly nuanced contextualisation must take place for the medical kailyard if we wish to take this literature seriously.

Much more needs to be said to justify my contention that the term medical kailyard may be applied to more than just the singular example of *A Doctor of the Old School*, and I do not have space to say it all in this short, intentionally discursive article. However, both *A Doctor of the Old School* and *Rab and his Friends*, in their portrayal of sentimental deathbed scenes, in their episodic nature, their emphasis on feeling and intuition, and their morality and religious

the juxtaposition of the hardened physical and emotional strength of the main characters with the tender sympathy that Ailie and her suffering are able to prompt. The eponymous Rab is a legendary mastiff, terrific in size and covered in battle scars, that yet loyally attends his friends, the carrier and his wife, throughout their lives and especially through Ailie's final illness. The carrier, with his small, swarthy, weather-beaten, keen, worldly face, also contrasts with his wife's still innocent beauty at the age of sixty, and his surprising tenderness in nursing her parallels Rab's unexpected sensibilities as he growls and yelps throughout Ailie's surgery.³⁸ The medical students observing the procedure are at first only concerned with getting a good view and understanding the medical details of the case. Brown excuses their apparent inhumanity:

Don't think them heartless; they are neither better nor worse than you or I; they get over their professional horrors, and into their work; and in them pity as an emotion, ending in itself or at best in tears and a long-drawn breath, lessens, while pity, as a motive, is quickened, and gains power and purpose. It is well for human nature that it is so.³⁹

However, Ailie's appearance silences the students' irreverent chattering: These rough boys feel the power of her presence, and her gentle submissiveness during the surgical procedure and her apology to the crowd afterwards, begging pardon if she has behaved ill, causes all of the medical students to weep like children.⁴⁰

Not unlike the Kailyard literature of the 1890s, Brown's tale is driven by a reactionary moral ethos. Rather than affirming an actual widely held

give my vote for going back to the old manly intellectual and literary culture of the days of Sydenham, Arbuthnot, and Gregory; when a physician fed, enlarged, and quickened his entire nature; when he lived in the world of letters as a freeholder, and revered the ancients, while, at the same time, he pushed on among his fellows, and lived in the present, believing that his profession and his patients need not suffer, though his *horæ subsecivæ* were devoted occasionally to miscellaneous thinking and reading.⁴¹

Throughout the essays comprising *Horæ Subsecivæ*, Brown continually returns to the importance of wider literary culture for the medical practitioner. For example, in an essay *On Mental Training and Relaxation in the Study of Medicine*, first published in the *Monthly Journal of Medical Science* in 1851 and included in *Horæ Subsecivæ* under the energetic new title of *With Brains, Sir!*, he recommends the study of modern languages, natural history, literature, and classics as providing respite from the intensity of medical study but also as a form of mental training, as a way to invigorate the containing and sustaining mind

a particularly memorable patient and her unusual family. However, he is writing from the unstable grounds of what he and others present as a lost, or at least, a dying tradition.

In the end of the tale, when Ailie and her husband (who swiftly follows her to the grave) are dead, Rab, who belongs to a lost tribe of Herculean dogs, is brained to death by the new carrier for his ill behavior.⁴⁷ Brown concludes: Fit end for Rab, quick and complete. His teeth and his friends gone, why should he keep the peace and be civil?⁴⁸ Rab's necessary departure echoes another loss lamented by Brown in *Horæ Subsecivæ*: the old feeling of the family doctor,

the familiar, kindly, welcome face, which has presided through generations at births and deaths; the friend who bears about, and keeps sacred, deadly secrets which must be laid silent in the grave, and who knows the kind of stuff his flock is made of, their constitutions.⁴⁹

In his *Recollections of John Brown* (1893), Alexander Peddie discusses Brown's nostalgia for the traditional figure of the family doctor and also the days when medical men maintained a religious reverence for the unknown powers working in the world. He particularly emphasises that these concerns are still more applicable to the state of matters at the present time

appears to have at times had a certain attraction to the medical kailyard . However, like the emotiveness that ends at best in tears and a long-drawn breath , this excess of sentimentality regarding the history of medical profession can infantilise humanistic medicine and depict it as part of a dying tradition that scientific medicine has already surmounted.

Two Scottish Tales of Medical Compassion, however, may actually rather get it right in focusing upon the ability of compassion to motivate further progress. Rita Charon, in her seminal work, *Narrative Medicine*, continually returns to the concept of medical practitioners being moved to action through an understanding of their patient s stories, and this concept itself may be seen as having Scottish roots.⁵³ As Lawrence McCullough s scholarship has evidenced, John Gregory (1724-73) incorporates David Hume s declaration that Reason is, and ought only to be the slave of the passions into his *Lectures on the Duties and Qualifications of a Physician* (1772), a text widely considered to be the first modern work of medical ethics in the Western world.⁵⁴ However, in engaging with the medical kailyard , one should abide by Brown s call to do so With Brains, Sir! This will mean inherently different things for different reading audiences, but it certainly should not mean reading these texts literally and with nostalgia for a bygone age. For me, it involves working to understand the place of this particular type of writing within the dually rich medical and literary cultures of the Scottish nation, and also realising that this ever-evolving field we are now calling Medical Humanities has a long and complex history itself.

(c) *The Bottle Imp*