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## **“So go home young ladies”: Women and Medicine in Nineteenth-Century Canada<sup>1</sup>**

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### **Zusammenfassung**

*Im späten 19. Jahrhundert betraten in Kanada und den USA trotz vieler Hindernisse, die oft biologisch, religiös, wirtschaftlich, sozial und national motiviert waren, mehr und mehr Frauen das männlich dominierte Arbeitsgebiet der Medizin. Biographische Informationen über Emily Stowe (1831–1903) und Jennie Kidd Trout (1841–1921), zwei der bedeutendsten Pionierinnen der Medizin in Kanada, dienen diesem Artikel als Kontext für die Diskussion des mysteriösen Dr. James Barry (1789/1795?–1865), einer Frau, die, als Mann verkleidet, über 40 Jahre lang erfolgreich als britischer Armeechirurg arbeitete, und der gefeierten Herzspezialistin und Kuratorin des Medizinemuseums der McGill Universität, Dr. Maude E. Abbott (1869–1940). Ihre Biographien sind über die Jahre ausführlich in fiktionalen und nicht-fiktionalen Texten dokumentiert worden, die besonders ihren Erfolg in dem männlich dominierten Arbeitsumfeld betonten. Gleichzeitig sind diese Texte Zeugnisse einer andauernden Auseinandersetzung mit Geschlechternormen, die einerseits zur Lebenszeit der beiden Frauen und andererseits zu den jeweiligen Publikationszeitpunkten relevant waren. In allen Darstellungen verwischen sich die Grenzen zwischen Realität und Fiktion, so dass auch die folgende Analyse, methodisch an den New Historicism angelehnt, keine der Gattungen privilegiert, sondern alle Texte gleichermaßen als kulturelle Arbeit leistend versteht. Beide Beispiele werfen ein neues Licht auf die Beziehungen zwischen Medizingeschichte, Biographie- und Literaturforschung, Feminismus und Geschlechterforschung.*

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**Abstract**

*In the late nineteenth century, in Canada as well as in the U.S., more and more women successfully entered the all-male domain of medicine in spite of quite a number of obstacles put in their way that were often biologically, religiously, economically, socially, and nationally motivated. Biographical information on Emily Stowe (1831–1903) and Jennie Kidd Trout (1841–1921), who were two of the most notable pioneer women doctors in Canada, here serves as context for the discussion of the mysterious Dr. James Barry (1789/1795?–1865), a woman who, cross-dressing as a man, successfully worked as a British Army surgeon for more than 40 years, and of the celebrated heart specialist and curator of the McGill University medical museum, Dr. Maude E. Abbott (1869–1940). Their lives have been documented over the years in both fictional and non-fictional narratives that particularly emphasize their success in the male medical profession and also reveal ongoing negotiations of gender norms during their lives and at the respective times of publication of the narratives. In all accounts, the boundaries between fact and fiction blur, so that, in New Historical fashion, no privilege is given to any of the genres; rather, all texts are considered as doing cultural work in their own specific ways. Consequently, both cases shed new light on the interfaces of the history of medicine, biographical and literary scholarship, feminism and gender studies.*

**Résumé**

*À la fin du XIXe siècle, au Canada et aux États-Unis, malgré de nombreux obstacles créés au nom de la biologie, la religion, l'économie, la société et la nation, de plus en plus de femmes entraient dans le domaine de la médecine qui était dominé par les hommes. Dans cet article, des informations biographiques sur Emily Stowe (1831–1903) et Jennie Kidd Trout (1841–1921), deux pionnières de la médecine au Canada, servent de contexte pour la discussion du mystérieux Dr. James Barry (1789/1795?–1865), une femme qui, déguisée en homme, a travaillé avec succès comme chirurgienne dans l'armée britannique pendant plus de 40 ans, et aussi pour la discussion de Dr. Maude E. Abbott (1869–1940), qui était spécialiste du cœur et curatrice au musée médical de l'Université McGill. De nombreuses narrations fictives et non-fictives ont documenté leur vie en soulignant particulièrement leur succès dans la profession médicale dominée par les hommes. En plus, ces narrations témoignent de négociations constantes contre les normes sexuelles au temps des deux femmes et aussi au temps de la publication des textes. Dans toutes les narrations considérées ici, les frontières entre réalité et fiction sont effacées, de sorte que cet article n'attribue aucun privilège à un des genres mais considère plutôt la contribution de chacun des textes et leur fonction culturelle selon la théorie du néo-historicisme. Les deux cas illuminent les intersections entre l'histoire de la médecine, les études biographiques et littéraires, le féminisme et les études de genre.*

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## 1 Entering the World of Medicine

Interest in the early women doctors who managed to enter the all-male domain of medicine in the late nineteenth century in North America is possibly triggered by at least three points of view. There is, first of all, the perspective of the historian of medicine who situates these women in the context of a particular moment in medical history, in my cases in Canada and the United States. As I will show in what follows, the histories of medicine in these two countries in the late nineteenth and early twentieth century are intricately interwoven and cannot be discussed separately,<sup>2</sup> but do develop in slightly different ways and culturally specific contexts. Therefore, the focus of the following discussion will be the Canadian context. Second, feminism has a particular stake in the unearthing of hitherto neglected pioneer women who, against all (male) odds and obstacles, did not go home (cf. Hacker 15), but made their way not only into higher education but even into a profession whose members could simply not imagine women to be among them. Third, these unusual cases, or, as Tanya Lloyd phrases it in the title of her book, “the girls who rocked the world,” or these “fabulous female physicians,” as Florence Kirsh’s book title tells us, trigger a fascination in people who like to conceive of the world these women lived in; thus, the (perhaps feminist) documentary and creative writer is keen on working with biographical and historical facts, but also on letting poetic license meander. Historical information on these women is sometimes plentiful but more often simply full of holes and gaps (cf. Mitchinson 128) so that a field ripe for harvest is offered to the novelist in particular. The scarcer the information the more promptly fictionalization sets in.

Researching Canadian female physicians at the turn into the twentieth century digs up historical as well as biographical and autobiographical material that needs to be briefly analyzed and presented in order to then focus on the two interesting cases of the famous<sup>3</sup> Dr. James Barry (1789/1795?–1865)<sup>4</sup> and Dr. Maude “Maudie,” as she was often called, Abbott (1869–1940). Strictly speaking, Dr. Barry was not Canadian but British because Barry died before Canada as such existed (1867), but Barry is claimed not only as having contributed to Canadian medicine but also as embodying the obstacles and challenges later Canadian women medicals had to face. Documentation on both Abbott and Barry exists and testifies to their importance in the shaping of medicine in their respective fields in nineteenth-century Canada. They have both become icons of women’s success in the profession.

While there are many biographies but only one novel, according to my knowledge, on Maude Abbott, *The Heart Specialist* (2009) by Claire Holden Rothman, there are a number of fictionalizations as well as biographical documentations on

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2 On the history of medicine in Canada see Mitchinson.

3 Even Mark Twain tells the story of Dr. Barry “as a kind of postscript to his two-volume travel book *Following the Equator* (1897)” (Garber 288).

4 Barry may have manipulated her year of birth (cf. Du Preez 53).

Barry. There is Lieutenant-Colonel Rogers's early novel *A Modern Sphinx* (1881), published by someone who once knew Barry from personal encounter in the British Military. The fictional journal, by Olga Racster and Jessica Grove, written in 1932 and preceded by the performance of a play staged in 1919 (which does not seem to exist in written form any more), gives Dr. Barry a voice through diary and letter entries in a first-person narrative. Isobel Rae's 1958 *The Strange Story of Dr James Barry: Army Surgeon, Inspector-General of Hospitals, Discovered on Death to Be a Woman* is another serious attempt to reconstruct Barry's life based on the Barry Papers when much of his/her life is still unknown. Most biographies, such as Jane Rose's *The Perfect Gentleman* (1977), begin with Barry's death and the sensation the discovery of her secret, the life of a woman doctor in the Army, caused. After Florida Ann Town's young adult novel *With a Silent Companion* (1999), Patricia Duncker's 1999 novel, *James Miranda Barry*, is the most recent example of historical fiction trying to imagine the otherwise mostly lost world of Dr. Barry.

This closer look at hitherto rarely discussed narratives will decipher strategies used to open up to the uninitiated reader a historical world of gender inequities, women's struggles, and ultimately successful Canadian women entering the medical profession. My method, in a very broad sense, will be that of New Historicism since I will read all texts as co-texts, giving us equal access to this particular time in medical history. Obviously, many of the representations used are already interpretations of phenomena and texts from the nineteenth century and will therefore reveal the interest in Canadian women doctors and the construction of gender roles in the respective times. All texts, independent of the respective genre chosen for representation, are considered to be doing cultural work, that is, they reveal ongoing negotiations of female gender roles. Before focusing on James Barry and Maude Abbott, a brief glance at fellow Canadian women doctors and their struggles in the field will offer contextualizing historical and biographical information which offers a larger perspective on the cases of Barry and Abbott. My examples will disclose that nineteenth-century women significantly contributed to the development of medicine in Canada; that literature and other forms of cultural representation offered and still offer a fruitful ground for experimentation with medical potentials and talents in spite of restrictive gender norms; that medical narratives perform cultural work and help us to better understand the past; and that these intersections were major forces in Canada's movement towards and into the twentieth century.

## **2 Engendering Medicine**

The history of medical women in Canada started with an interesting case of cross-dressing, thus with a performative act embedded in very specific cultural contexts that shows how notions of gender are very much shaped by the cultural encoding as well as decoding of clothes, behavior, and engagement. Becoming and being a fully recognized doctor was not possible for women neither in Europe nor in North America in the early nineteenth century. Yet, the desire to do so and the will to actu-

ally work as a doctor was a motivating factor for quite a number of women in these places in the course of the century. It seems that Dr. James Miranda Stuart Barry (1789/1795–1865) was the first one to succeed, however, not without the pressure of “(un)doing gender” (cf. Butler) and performing as a man. Barry worked as a surgeon in the British Army and was briefly stationed in Canada where s/he improved the hygienic conditions in military hospitals in his/her functions as Inspector-General of Hospitals. It was most probably only after his/her death that Barry’s true sex was discovered.

Cross-dressing is always a performative act and process and assumes the change from one identity to another, usually in terms of gender and/or race. Diana Brydon’s essay on “*Empire Bloomers*” contains all the implications inherent in Barry’s case:

Jonathan Dollimore recalls that “to cross is not only to traverse, but to mix (as in to cross-breed) and to contradict (as in to cross someone); also that cross-dressing potentially involves both inversion and displacement of gender binaries” (288). In addition, cross can denote a burden or sacrificial function, and double cross a double burden or a deception. (25)

Since gender is a socio-cultural construction, human beings can change gender identity by observing the specific codes set up by a culture for femininity and masculinity. As the term suggests, gender identity is most of all visible in dress-codes, but also in voice, hair, and height of a human being. Thus, clothes, hair, and voice can be changed according to social expectations. Cross-dressing is often used as a means to be able to participate in activities unavailable otherwise and caters to people’s belief in the truth of what is visible. Barry’s masculinity is visible on the outside; her femininity is invisible. However, both gender identities coincide and the success of one is meant to undermine the construction of the other. As Christian Gutleben furthermore points out in accordance with Brydon’s statement: “The main function of a cross-dresser is disruptive, subversive, defiant” (218–19) and questions the very category of gender as such (cf. Gutleben 219). When, as Gutleben argues, quoting from Patricia Duncker’s novel, “[t]he mask has become the face” (220), then, masculinity and femininity have not only merged and dissolved the opposition between inside and outside, but one gender category has been undone by the other (cf. Butler).

Although Barry passed for a man most of her life and only her death unveiled her true sex, for Maude Abbott of St. Andrews, East, in the province of Québec, it was never a question of passing for anything but a woman. Although her case is not as scandalous as Barry’s, she did provoke a number of outcries in her time, in particular among the male – and at the time they were exclusively male – members of the faculty of McGill University in Montréal, above all in medicine. She exposed the restrictive gender norms as constructions and made obvious that she could perform as well in medicine as any man. Maude Abbott’s friend Dr. Ritchie England was

among the first to study medicine at Queen's University in Kingston, at the time in rivalry with McGill. Maude Abbott followed in her path and later became the curator of the Medical Museum of McGill University and a well-known heart specialist.

While both Barry and Abbott were extraordinary women, they were not the only women in Canada who aspired to become doctors. Emily Stowe (1831–1903)<sup>5</sup> and Jennie Kidd Trout (1841–1921)<sup>6</sup> were two of the most important and few women doctors in nineteenth-century Canada. While they were fighting the same fight for receiving a medical education and becoming doctors, they were also at times competitors in their attempts to position themselves within the profession. Stowe was denied a medical education in Toronto and, therefore, graduated from the recently opened New York Medical College for Women in 1867, founded by Dr. Clemence Lozier (cf. Duffin, *History of Medicine* 303). Nevertheless, she would have had to take additional exams in Toronto in order to be allowed to practice medicine because of an Act of Parliament in 1869 appointing a Council of the College of Physicians and Surgeons of Ontario, which, however, refused her application for registration (cf. Hacker 20). Yet, she was a powerful and self-confident woman who simply saw no reason for complying with such a rule. As a consequence, she did not get her official license until 1880 (cf. Duffin, *History of Medicine* 303), a rebellious act for which she was probably fined at the time (cf. Hacker 21). In the early 1870s, she was finally allowed to participate in a few sessions of lectures at the Toronto School of Medicine but her license was continually refused until 1880. As a consequence, Emily Stowe was “[h]ailed as the Mary Wollstonecraft or the Susan B. Anthony of Canada” and was “the country’s first openly female physician and a renowned advocate of women’s rights” (Duffin, “Sarah Lovell” 881). Nevertheless, she believed, like her American colleague Mary Putnam Jacobi (1842–1906), “that a woman doctor should be first a doctor, then a woman” (Duffin, “Sarah Lovell” 881). In 1879, her reputation was put to a test when she was accused of having caused the death of nineteen-year-old Sarah Lovell, who was pregnant and to whom she was said to have given a medication inducing an abortion.<sup>7</sup> Ultimately, also because she was able to enlist a number of reputable male doctors for her defense, she was acquitted with all charges removed. It was in the wake of this trial that she was finally able to procure her Canadian medical license (cf. Duffin, “Sarah Lovell”; cf. also Backhouse).

In contrast, her daughter Augusta Stowe-Gullen, recipient of the King's Medal in 1935, “became the first woman to graduate from a Canadian Medical School” (Duf-

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5 For further biographical information on Emily Stowe, cf. Hacker 17-37; Ray; McCallum; Fryer; Forster 245-47; Windsor 191-92; Kyi 94-97 (in a book for children); cf. also her daughter, Augusta Stowe-Gullen's account of the Ontario Medical College for Women.

6 Cf. also Hacker 38-54; Windsor 198; Rayson, Kyle, and Shampo.

7 Abortion was a highly debated issue at the time in both Canada and the United States. In both countries, the massive influx of new immigrants caused fears of a racial decline or, as Constance Backhouse points out, “particular alarm about the declining birthrate of the ‘respectable classes’” (165; cf. also 168).

fin, *History of Medicine* 303) in 1883 (cf. Hacker 29) from Victoria College in Cobourg with courses taken at the Toronto School of Medicine. Both mother and daughter (and not just them), as Jacalyn Duffin continues, “were outspoken advocates of temperance, education, and votes for females, and they confined their practices to women and children” (303). Eventually, the Toronto Woman’s Medical College was founded with the help of Emily Stowe in 1883; in the same year, Jennie Trout was instrumental in establishing the Kingston Women’s Medical College.<sup>8</sup> “The point was,” according to Carlotta Hacker, “that at last girls could study to become doctors without being persecuted. And they could do so in an all-female environment” (30). However, none of these women’s colleges could grant degrees so that the female students had to take their “exams at the affiliated universities” (Hacker 51).

Jennie Trout has almost been forgotten even though she graduated and practiced at the same time Stowe did, and in 1877 (until 1882) “she was running an establishment called the Therapeutic and Electrical Institute” (Hacker 46) after having studied at and graduated from the Woman’s Medical College of Pennsylvania (1872–1875). Because of ill health, she abandoned her medical work in 1887 and left Toronto together with her husband. She continued to live into her eighties and spent the last years of her life in Los Angeles. The work she had begun was continued by Elizabeth Smith-Shortt (1859–1949), the young woman whom she had sent to Queen’s to start her medical education in the summer of 1880, including lessons in dissection in the middle of the summer heat. But she prevailed, as Carlotta Hacker humorously comments: “Frailty, thy name was *not* going to be woman” (61; emphasis in original). In 1880, finally, four women started at Queen’s (Elizabeth Smith, Alice McGillivray, Elizabeth Beatty, Annie Dickinson) and all but Dickinson graduated in 1884. However, protests increased by male students and professors alike, arguing that the three female students (Smith-Shortt, Beatty, McGillivray) at Queen’s would prevent professors from teaching the embarrassing subjects and that, therefore, the “men weren’t learning what they should be learning, and they weren’t getting their money’s worth” (Hacker 65). The ultimatum that the male student body posed threatened that “if the Faculty didn’t get rid of the women, the men would leave and move in a body to Trinity Medical School in Toronto” (Hacker 65). Queen’s finally agreed to a compromise that would lead to the rejection of further women medical students but that would let the three women finish their studies, however, mostly in classes separate from their male colleagues (cf. Hacker 65). It is almost an irony that Alice McGillivray was appointed to the staff of the Women’s Medical College upon graduation in 1884 where she was joined three years later by Elizabeth Smith-Shortt. Other women physicians soon followed in their steps, such as Charlotte Whitehead Ross (1843–1916), who had studied at the same time as Jennie Trout,

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8 October 1883 saw the “opening of the Women’s Medical College, affiliated with Queen’s, and the Women’s Medical College, affiliated with the University of Toronto and the University of Trinity College” (Strong-Boag, “Canada’s Women Doctors” 118).

graduated even earlier, in 1875, set up a practice in Montréal, but joined her husband out West in Whitemouth, Manitoba (1881–1910), and for several months was the only white woman and the only doctor there (cf. Hacker 81–83).<sup>9</sup>

The obstacles all of these women had to overcome and did overcome in their very different ways, were primarily connected to issues of gender, gender norms, and gender roles, which dominated nineteenth-century North America as well as many parts of Europe. Much has been said about the moral, religious, domestic, and biological arguments brought forward to prevent women from entering the medical profession. Women were neither expected – as medical students – to dissect human corpses nor allowed to inspect a male body once they were doctors. Decency norms prevented them from doing so even though a male doctor had similar if not worse moral issues to battle when examining a woman's reproductive organs. As Jacalyn Duffin points out, "Victorian society had particular difficulty reconciling women being attended by men, especially on matters involving genitalia. To avoid offending sensibilities, doctors conducting an internal examination were taught not to look on a patient's nakedness but to gaze into her eyes or off into space" (*History of Medicine* 299). Moreover, it was a woman's God-given and biological duty to have children, raise them, be a good housewife, wife, and mother, and, thus, contribute, as proclaimed in the United States, to the survival of the nation. Those New Women, who wanted to be independent and, if married, be their husband's equal partner, were often ridiculed and considered to be stepping beyond their natural boundaries (cf. Forrey). According to the cult of True Womanhood, white middle-class women had to adhere to four cardinal virtues: piety, purity, domesticity, and submissiveness (cf. Welter).<sup>10</sup> A woman doctor in nineteenth-century Canada would certainly not be seen as pure, domestic, and submissive. Biological arguments were suggested by male doctors themselves, such as S. Weir Mitchell (1829–1914) and Edward Clarke (1820–1872) in the U.S. or Paul J. Möbius (1853–1907) in Europe. They focused on women's weaker bodily constitution and their supposed difficulties in pursuing any form of higher education because this would most probably destroy their biological potential of giving birth to healthy children (cf. Birkle, "Healing"). Regina Morantz-Sanchez quotes Clarke as suggesting that "higher education for women produced monstrous brains and puny bodies; abnormally active cerebration and abnormally weak digestion; flowing thought and constipated bowels" (*Sympathy* 54). In short, as Victoria Strong-Boag summarizes, "Medicine was not for women because the world itself was not for them. Men alone were capable to [sic] combating its stresses. In order to 'fight the good fight', however, these men needed

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9 For further information on Ross and a number of other female physicians in the late nineteenth century, consult Hacker. For Ross, also see Edge.

10 Welter's analysis focuses on white U.S.-American middle-class women only. The same virtues had very different practical implications for black women and for lower-class white women respectively. The relevance and manifestation of True Womanhood in Canada still needs to be investigated in more detail.



good women at home to reassure them, to purify them and to put up with them" ("Canada's Women Doctors" 111).

While the above-mentioned objections to women in the medical profession were based on firm convictions, the field itself had more and very selfish reasons to keep women out. On the one hand, it was "undergoing an intense period of professionalization, a process which required a tightening up of qualifications and restrictions on accreditation" (Strong-Boag, "Canada's Women Doctors" 111), and, frequently, women did not have access to the degree-granting colleges and universities. For example, the College of Physicians and Surgeons in Ontario had an important say in the decisions about the acceptance of those who wanted to practice medicine (cf. Walsh). Furthermore, the field was rising in acceptance and profit so that competition – qualified or unqualified – would also become more severe. Having a male competitor would be difficult but acceptable, but a female competitor would be considered "a special hazard" (Strong-Boag, "Canada's Women Doctors" 111). As Strong-Boag explains in her introduction to Elizabeth Smith's diaries:

Male doctors had economic reasons, as well, for rejecting women. Professional journals regularly grumbled about overcrowding in the occupation, and pointed to a surplus of male practitioners which already made it difficult for young doctors to secure a living. Furthermore, the continuing employment of midwives and the rising feminist movement made it very likely that many women would prefer doctors of their own sex for obstetrical matters in particular. (xvi)

Consequently, even if women succeeded in becoming medical students, they would be denied internships and residencies in Canadian hospitals, and their male colleagues would be very hesitant to consult with them (Strong-Boag, "Canada's Women Doctors" 112). Most of those who actually succeeded in becoming doctors had trained outside of Canada, such as "Doctors Emily Howard Stowe (New York Medical College for Women, 1867), Jennie Kidd Trout (Women's Medical College of Philadelphia, 1875), Leonora Howard King (University of Michigan, 1876) and Amelia LeSueur Yeomans (University of Michigan, 1883)" (Strong-Boag, "Canada's Women Doctors" 112). Because of the obstacles put in their way of practice, some of the graduates left Canada and either went to the U.S. or to India and China as missionaries (cf. Strong-Boag, "Canada's Women Doctors" 122). When the Ontario Medical College for Women was closed in 1906, a decline ensued in the percentage of women doctors in Canada. Between 1911 and 1921, numbers dropped from 2.7% to 1.8%, for example (Strong-Boag, "Canada's Women Doctors" 128–29). As many twentieth- and twenty-first-century feminists, such as Veronica Strong-Boag, Mary Roth Walsh, and Jacalyn Duffin, have pointed out, the initial rise and then gradual decline in the numbers of women doctors as well as the obstacles they had to overcome were intimately connected to the rise and fall of feminism. The irony was, however,

as Maude E. Abbott disclosed, that “it was practically only during the two hundred years from the middle of the seventeenth to the middle of the nineteenth centuries, that women were debarred from educational and professional privileges in most of the countries of western civilization” (*Women in Medicine* 1). Abbott’s comment shows how well aware of her own precarious situation she was in the context of a larger historical frame. Although she used the voice of pride when depicting women’s contribution to “the great medical profession” (*Women in Medicine* 15), she did not, however, discuss any of the arguments that continued to prevent women from doing so.

### 3 Cross-Dressing in the Profession: Dr. James Barry

No matter how relentless the resistance was to women in the medical profession, Dr. James Barry (\*1789/1795; †25 July 1865) found a curious way of entering the field, and the people who have immersed themselves into the history of her life still seem to puzzle about how she could have kept the secret of her womanhood hidden until after her death. Actually, she did not, but swore the two men who discovered the truth upon her illness of yellow fever in Trinidad to silence, to which they agreed. Almost any discussion of the history of Canadian women doctors begins with Barry because she was such a fascinating figure and a woman practicing medicine in a quite prominent position in Canada however brief the time span. Kathleen M. Smith depicts Dr. James Barry as “one of the most fascinating and controversial figures in Canadian medical history. She is Dr. James Barry – Inspector-General of Army Hospitals in Upper and Lower Canada from 1857 to 1859 – a woman who successfully masqueraded as a man for most of her life” (854). Carlotta Hacker gives a detailed description of Barry’s work as a military doctor in South Africa, some of the Caribbean islands such as Jamaica, Trinidad, St. Helena, in Mauritius, Malta, Corfu, and on a brief sojourn to the Crimean War, during which she met the army nurse Florence Nightingale, until Barry eventually was sent to Canada in 1857, there, however, coming down with bronchitis and influenza and, therefore, being sent back to England in 1859 (cf. Hacker 10).

Instead of going into all the details of Barry’s life, I will emphasize two related aspects, as they are expressed in the narratives, and will proceed text by text to reflect on each text’s focus: on the one hand, how the way in which she performed her cross-dressed identity gives interesting insights into the construction of gender in the nineteenth century as well as of the time of writing of the respective texts; on the other hand, how Barry’s final practice in Canada, mostly in Montréal, unveils the social life of military personnel as well as her attempt to introduce preventive medicine. Her sojourn to Canada, although only for two years (1857–59), made her acquainted with the exact opposite of the tropical climates she had been used to and finally led to her discharge from an active army position and, ultimately, to her death in 1865.

Much has been speculated about Barry's early years. She received a medical degree from the University of Edinburgh where she studied from 1809 to 1812, under a male pseudonym, and continued to become "an outstanding physician" (Hacker 12). The various names she took on indicate the support she received from people in her surroundings, such as James Barry (a member of the Royal Academy of the Arts and probably her uncle), Mrs. Bulkeley (most probably her mother), Dr. Fryer as well as General Francisco de Miranda (cf. Hacker 12–13). The final revelation of her secret was heavily disputed, and, ultimately, according to the beliefs of the time, she was declared to have been "a hermaphrodite" because, after all, "Dr. Barry *couldn't* have been a woman, for women and medicine were contradictory terms. ... it was still too much to imagine that any female could perform as brilliantly as Dr. Barry had done. So if Barry looked like a woman, there could only be one explanation: she had to be a hermaphrodite" (Hacker 15; emphasis in original), as is even today suggested, for example, by Charles G. Roland. After having served for 46 years in the British Army as surgeon and physician, Dr. James Barry died in 1865, in just the year when Elizabeth Garrett Anderson (1836–1917) graduated in medicine as – officially – the first woman in Great Britain (cf. Rose 12).

In the following, I will look at a number of narrative representations of Dr. Barry's life, which range from the late nineteenth century to the late twentieth century. Most depictions focus on how Barry cross-dressed and thus kept the secret of her/his sexual identity. Some of them openly admit to the fictional quality of their stories; others claim the non-fictional biographical genre as their own. All, however, pick various incidents of Barry's life for representation; all adhere to the general outline of her life, and all take poetic license in their narratives. The respective choices of episodes, the use of narrative techniques and perspectives, and the understanding of gender roles and norms in each text reveals these authors' and narratives' entanglement in the cultures of the times of writing and, ultimately, the ongoing interest in negotiations of the power of gender in the shaping of individual and collective as well as national histories.

Let me now turn to the very first fictionalization of Barry's life, namely Lieut. Colonel E. Rogers's novel *A Modern Sphinx*, first published in 1881 in three volumes, re-published with additional illustrations and an introduction in one volume in 1895 after a previous unsuccessful renaming as *Madeleine's Mystery*.<sup>11</sup> In addition to some publication information, the reader of the introduction not only learns that the author was acquainted with Barry, if ever so fleetingly, but that he was also present when one of his friends, a medical officer, went to look after Barry when she was ill and discovered that Barry was actually a woman (xi). Rogers kindly concludes that

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11 Although a few copies of the 1895 edition exist across Canada, the only copy I could lay my hands on was the one at the Sir William Osler Library at McGill University. Even more delightful is the fact that this copy is the one given to Sir William Osler by Rogers himself on September 14, 1914.

Barry was “*the wonder of the nineteenth century*” but also critically remarks that she “possessed abnormal back-door influence” (xi; emphasis in original).

While the motivation for the writing of the novel was the interesting life of Barry, Dr. Fitzjames a.k.a. Barry does not seem to be the central character and does not make an entrance until far into the depictions of an upper-class society on a ship bound for the Caribbean. When he does appear, both the omniscient narrator as well as several of the characters comment on him as an “oddy,” as “peevisish” but, according to Colonel Elrington, “a right good fellow at heart and an excellent physician” as well as a “vegetarian” (39). These comments provoke the reader’s curiosity in this strange character and also prepare and explain the strange isolation in which he lives. However, it is most interesting to see the juxtaposition of labels such as “queer little fellow” and “deadliest ladykiller” (40). It is only one more time that Barry reappears in the first volume of the novel, and, again, he is the object of ridicule, with clothes too large, in full military regalia, and a huge umbrella. As the narrator carefully suggests, “[n]othing could be more ridiculous in itself ...” (201). The first volume leaves the impression of professional excellence but physical ridicule, which accentuates Barry’s two sides. While professionally successful, s/he is constantly at odds with herself, in her/his body, and (gender) identity in general. Obviously, this is Rogers’s device of emphasis, and the reader should not lose sight of the fact that at that time Rogers already knew about Barry’s cross-dressing and performance of gender, which he could not represent in any way that would appear to be in accordance with the norms and codes of his time, which just saw the first female students making their way into medicine in Canada. Barry a.k.a. Fitzjames simply had to be different, the odd “man” out.

The second volume foregrounds the false attempts of Major Catherwood to win young Creoline’s love and, most of all, the money that she will inherit. Relationships among all characters are complicated, mysterious, and full of past sins of adultery; Creoline’s background, as the name indicates, is Caribbean and English, which, once known, is a difficult because taboo situation – originating in miscegenation – for herself and society. However, even Dr. Fitzjames<sup>12</sup> is captured by her beauty and delicacy as well as entranced by her art of playing the piano. While listening, in good Romantic sentimental fashion, a “tender melancholy overspread his features and changed their very expression to one of mournful repose and gentle reminiscence,” “tears stealing from the Doctor’s unconsciously moist eye-lids, and coursing unchecked down his wan and wrinkled cheeks” (13–14). In this sentimental passage as well as in the total of the second volume, Fitzjames comes across as a sensible, emotional, and physically weak character, characteristics which, at the time, were applied to the so-called hysterical woman. When he falls prey to some mysterious illness, which others have no problem dealing with, a point is made of his/her wish “to dispense with personal visitation” (88).

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12 His name is variously spelled FitzJames and Fitzjames.

Volume three gradually unveils the secret; yet, the reader does not learn until the very last pages about the actual mystery surrounding Fitzjames. Many other stories, such as one character's leg amputation by Fitzjames, are interwoven with his/her. When s/he dies, a charwoman in charge of preparing the body for burial discovers Fitzjames to be a woman. It is the final letter that reveals the actual circumstances and reasons for Fitzjames's cross-dressing. Fitzjames him/herself, when looking back at more than forty years in the army, is surprised that no-one has discovered her/his gender performance. It is to a couple who seems to have shared the secret for a few years that s/he addresses the letter and explains the original circumstances:

But after all I was only a little over sixteen, a mere school-girl, remember, when I met the man I revered as a child, and worshipped afterwards as a husband, and whom I lost so soon. My husband's name, as I told you was James Pownall, but I thought it best to drop his surname and obtained the requisite legal authority to assume the name I bear, as a preliminary step to the course of deception I contemplated ... and when within six short months I was left a widow, with an unborn babe, I found to my sorrow that they had one and all disowned and utterly discarded me. It was then the strange resolution occurred to me that I would unsex myself, so to speak, and enter the profession my dear husband had chosen for himself.

My darling Jim was only a student, you know, when we were married, but he had shortly afterwards received a nomination from the War Department – I therefore concealed his death, and presented myself in the garb of a man at the depot as a Hospital Assistant, which in fact was the grade by which many entered the medical service of the Army in those days. No one suspected me for an instant. My papers were satisfactory, and from a natural taste for Medical Science, I had gathered sufficient pharmaceutical knowledge during my dear husband's lifetime to pass muster. Accordingly in due course, I obtained my commission as Assistant-Surgeon, and proceeded on foreign service. (287–91)

By giving voice to Fitzjames, Rogers unveils the attractive (but also highly speculative in Barry's case) secret of young love and marriage between a medical student and an intelligent young woman that is devastated by her husband's premature death. Having no other way but giving away the daughter that is born from this marriage, Fitzjames takes on a new name and enters her husband's profession. Rogers has the woman use the term "unsex myself" (287) and thus emphasizes her (un)doing gender in contrast to late nineteenth-century understandings of "natural" behavior. In spite of Rogers's sympathetic even if sentimental rendering of Fitzjames's character and life, the unusual, that is, unnatural pretense of being a man and performing in a man's profession is a matter of sensationalist interest and slight

condemnation, represented in Fitzjames's odd characteristics that turn him/her into a social outsider and do not allow intimate friendships let alone a marital relationship. Even more so, the willful separation of mother from child is a severe break of gender norms from a nineteenth-century point of view.

The almost 1,000 pages of Rogers's novel on Dr. James Barry a.k.a. Fitzjames are a source of wonderful speculation concerning Barry's life and thoughts, but they are also a testimony to the way in which such an unusual story would have been and actually was perceived at the time. Not only does the novel tell us something about the serial publication of such long novels in the interest of readership, distribution, and profit (for both author and publisher), but it also gives insight into literary conventions and social habits. Rogers's novel, written about fifteen years after Barry's death, clads the few events in a large tableau of social gatherings of upper-class, often military society in England as well as on board of ships on their way to some of the English colonies in the Caribbean – Barry had been there between 1838–45. The novel reveals miscegenation as a fact but also taboo in these circles. In sentimentalist fashion, it uses unfaithful husbands, corruption, women eager to marry for money, social gossip, and many other features of contemporary high society in order to attract a readership large enough to sell all subsequent installments. Even if Fitzjames's letter finally closes the novel, his/her story is one among several others that continue to tickle readers' interest.

Another and different form of fictionalization, similarly blurring the lines between fact and fiction, is the journal written by Olga Racster and Jessica Grove in 1932, which is based on extensive research they both did between 1911 and 1919 at the Cape in South Africa. Their insights at first were turned into a play performed in 1919 at St. James's Theatre, of which, however, I have not been able to find any records or even text. Yet, Racster and Grove dedicate their book, entitled first *Dr. James Barry: Her Secret Story* and then *The Journal of Dr. James Barry*, to Sybil Thorndike "for her fine impersonation of Dr. James Barry" (n. pag.). In their preface, they openly declare the fictional quality of the journal: "Every scrap of information we have obtained has been woven into the fabric of our story. ... It is with all reverence to this buried romance that this journal, which she might herself have written, has been undertaken" (n. pag.). An appendix explains more about the research the two women had done before writing the journal. It included investigations at the Colonial Office and the British Museum in London. But some of the material had been lost by that time. The journal is fiction, as they say, because "no such journal is known to exist" (276). "It is fiction founded on fact, fiction emulating the style of the period. The main intention has been to analyse and lay bare the mind of a woman who could keep up such a lifelong deception" (276).

The first entry is set in January 1812 in Edinburgh right after Barry and Johnson, one of her/his friends, leave an operation and discuss its impact on them. Johnson notices Barry's weakness and outrage: "This damnable surgery!" (13). Johnson compares Barry's reaction to that of a woman, who would never be qualified to do such

work: "I'm to be a surgeon, and surgery is the greatest of all professions, d'ye ken that? It's men's work, not woman's" (13). To which Barry replies: "What do you mean by "woman"? 'When ye turned white, ye made me think of a wife'" (13). Since the journal by definition renders the first-person perspective of the narrator/writer, Barry's subsequent thoughts reveal to the reader the possibility that s/he might actually be a woman, even more so because s/he also defends the advantages of having a woman surgeon: "If women were surgeons ... they'd find some way of alleviating suffering" (13). The scene is interrupted by a violent attack in which Johnson saves Barry and carries the injured body home. Here, another moment of discovery of Barry's sex threatens when Johnson wants to put Barry to bed: "Off with ye coat, I'll help the babe to bed" (15). "Let him do it," a voice said inside me. 'The worst that can happen is for him to discover you are a woman, and then, then you would have to ask him to keep your secret'" (15).

As these first lines of *The Journal of Dr. James Barry* show, the secret of being a woman in the male sphere of medicine, in particular in surgery, which at the time not only revealed the innermost of a human being but was also very painful for the patient and in most cases did not yield the desired results because of secondary infections, was a constant and difficult presence in Barry's life. The form of a journal, as a very private genre and, indeed, one that was often used by women for lack of any other literary/historiographical options, is most adequate for the portrayal of feelings, thoughts, and desires otherwise not reliably available to readers. As we will later see with Rothman's fictionalization of Maude Abbott's life, the first-person narrative offers possible interpretations of historical figures in whom readers are interested.

Furthermore, these first pages in the journal also contain references to prevalent constructions of gender that Racster and Grove between 1911 and 1932 believe to be at work in the nineteenth century. There seems to have been a very clear understanding of what constituted women's or men's work and sphere. Interestingly, while "men's work" is rendered in the plural, thus indicating the heterogeneity of men, "woman's work" in the singular suggests the homogeneity of "woman." It is not until the 1960s that this idea was given up with the emphasis on difference. In the violent attacks, Barry also affirms these gender stereotypes by not being able to defend him/herself so that Johnson has to save and carry her/him back home. With a slight twinkle in the eye, these stable notions of gender are disrupted from a twentieth-century point of view when Johnson is unable to watch his own blood flow because of an injury. Barry's emotionality, fear, and physical weakness become leitmotifs of his life as presented in the journal. And yet, as a "typical" woman, s/he manages to keep the secret and successfully works as an army surgeon for more than forty years of her life.

Barry repeatedly encourages herself in her difficult task: "I have set myself a great achievement, one that no woman has ever tried before (not for her whole life). I must not, above all things, be defeated in courage" (19). While she desires to study

medicine, the major reason for her cross-dressing, as presented in this journal, is her need for hiding from her violent and abusive husband whose friends are searching for her everywhere (cf. 23). This is the reason why she constantly gazes at herself in the mirror, trying to make sure she no longer looks like a woman (cf. 24). She seems to be convincing because women fall for her; even the one and only "other" woman at the Edinburgh medical faculty is attracted to her. The presence of this woman cleverly serves as a foil for Barry and lets her experience how people would react if they knew of her sex.

Soon enough, she is sent to South Africa as an army doctor. While she spends most of her time with Sir Charles Somerset, who is the only one who knows that she is a woman, she gradually falls in love with Captain Cloete (Sir Joshua Cloete, K.C.B.) but knows that a relationship will forever be impossible. This General's journal is added as an appendix and tells the story of Barry's death shortly after his own visit. It is the next day that the General learns that Barry is actually a woman. He shifts pronouns: "Always I shall think of her with compassion and tenderness ... God rest your soul, Barry!" (272).

Isobel Rae's *The Strange Story of Dr James Barry* (1958) is another attempt to recreate Barry's life, with a stronger focus on the scarcely documented earlier years in Edinburgh. One note newly discovered among the papers of the Army Medical Department seems to be written by Barry herself: "I received a Diploma dated in 1812 as Doctor of Medicine from the University of Edinburgh" (qtd. in Rae 12) after having successfully defended her thesis in 1811. Rae gives interesting insight into how such a defense was enacted:

The usual procedure was for the candidate to go to a professor's house where all the other members of the Medical Faculty were assembled, ready to put questions to him in turn. As well as this he had to explain and illustrate two Aphorisms of Hippocrates and comment on two 'cases' given to him. It is no wonder that the M.D. of Edinburgh was a much prized diploma, not always obtained at the first attempt. Barry, however, justified Buchan's faith in her, and emerged successfully from the ordeal. (13–14)

Of major interest to the present paper is, of course, the representation of the time Barry spent in Canada (1857–59), where she traveled between Montréal, Québec, Kingston, and Toronto, and did much in the sense of Florence Nightingale's later published ideas on hygiene. Barry argued in favor of a change in diet of the soldiers and suggested improvements to the water and drainage systems as well as to the military sleeping quarters (cf. Rae 103–04). She also introduced quarters for married soldiers and their wives. Rae ends her short biography with a feeling of regret and further mystery which, ever since, has provoked further biographical and fictional interest: "So ended a life dedicated to Medicine and to the amelioration of human



suffering. Poor Dr. Barry! Her last wishes had been disregarded and the secret of her sex revealed, but the mystery of her birth – and of her child – went with her to her grave in Kensal Green” (117). Even Maude Abbott not only included a biographical sketch of Barry in her study on the *History of Medicine in the Province of Quebec* (1931) but also commented on Barry’s secret: “That a real mystery lay behind this masquerading, which is commented upon by Havelock Ellis as one of the most remarkable examples of sex impersonation on record, is evident from the details of her story ...” (74). Here, too, mystery and masquerade as well as sex impersonation are key terms in the description of Barry’s unusual life.

June Rose’s *The Perfect Gentleman* (1977) probes into this mystery right from the start. Supposedly, a Dublin paper, *Saunders News Letter*, broke the news of Barry’s sex (cf. Rose 12), and immediately letters were sent back and forth between The Registrar General of Somerset House and Staff Surgeon Major McKinnon. The latter had to admit that he had always thought Barry to be “*an imperfectly developed man*” (qtd. in Rose 13), but that, because Sophia Bishop, the woman who had prepared Barry’s body for burial, had stated otherwise, he had told her that “*Dr Barry was a hermaphrodite.*” The letter, however, concludes: “*But whether Dr. Barry was male, female or hermaphrodite I do not know ...*” (qtd. in Rose 13; ellipsis in original). Sophia Bishop extended her statement by her firm belief in Barry having once given birth because of “*marks of her having had a child when very young,*” supported by the fact of her own motherhood: “*I am a married woman and the mother of nine children and I ought to know*” (qtd. in Rose 13; italics in original). While the revelation in Rose’s book of such intimate details, probably only possible in the aftermath of the Women’s Movement of the 1960s, spurred sensations for quite a while, Barry’s womanhood or even motherhood were never officially accepted let alone affirmed. In the atmosphere of Barry’s time and, even more so in the context of the British Army, it was impossible to acknowledge that a woman had not only successfully studied medicine at the University of Edinburgh (1809–12), had been a Pupil Dresser for about six months in a London hospital, and had worked to great esteem as surgeon in the Army ever since 1813. She clearly had disproved all scientific theories of why women were unable to succeed in higher education, to study as hard as men did, and to be able to deal with the most indecent illnesses and aberrations of the human body. She had not only been the only woman but also, in 1813, “the most junior commissioned officer in the Medical Department of the Army” (Rose 30).

Cross-dressing in Barry’s case began as early as 1809 with her acceptance at the University of Edinburgh. As June Rose supposes, Barry was the youngest daughter of Mary Ann Bulkley, *née* Barry (cf. 18–19), and supported by a number of prominent men, among them her uncle James Barry, R.A. (1741–1806), “one of the most notable – and notorious – history painters of the eighteenth century” (Rose 17),<sup>13</sup> who at least provided his niece with part of a name but not with the necessary finances.

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13 He, for example, painted *The Death of General Wolfe* (1776).

Taking on such a well-known name would draw attention to her but at the time significantly deflected interest in her sex. Other supporters were General Francisco de Miranda, a Latin American exile, and Lord Buchan, an “idiosyncratic protector” (Rose 20) with an interest in art and a self-proclaimed feminist emphasizing the need for women’s education: “The men of Europe have crushed the heads of women in their infancy and then laugh at them because their brains are not so well ordered as they desire” (qtd. in Rose 20).

During her studies at the University of Edinburgh,<sup>14</sup> whose “medical faculty ... offered the most advanced scientific education available” (Rose 21), she literally cross-dressed, donned the clothing of men, wore breeches instead of shirts, but also had her mother stay with her, a fact that early on provoked speculation and led to her social isolation. Her half-way cross-dressing proves that she could not totally disband with the rules of propriety and that she constantly lived with the fear of discovery. She signed her school books with “James Miranda Stuart Barry” (Rose 27) and graduated with a thesis written and defended (in spite of her young age) in Latin on “*De Merocele, vel hernia crurali*, “hernia of the groin” (Rose 27). On July 5, 1813, Barry officially entered army service (cf. Town 90).

June Rose describes her arrival at Cape Town, South Africa, at her first army post, in the following significantly revealing way:

Trotting down the straight, tree-lined streets of the Cape on her pony, with a black servant carrying a sunshade at her side and a poodle yapping at her heels, she seemed almost to court discovery. With her sword and spurs gleaming, her tiny figure erect and proud, she evidently enjoyed the display and the comment her appearance provoked. Dressing up in full army regalia perhaps allowed Barry to revel in the deception. So many stories about James Barry vary so wildly, yet impressions of her appearance generally agree. She must have made an extraordinary little figure. One shrewd observer noticed that she walked with her elbows tucked in instead of out. (32)

With a black servant, a status symbol at her time, a pony, and a poodle, she asked for attention, thus risking discovery, however, also satisfying people’s sensationalist longings. As with her name, by drawing attention to one specific aspect, she was able to hide others. Psyche, the dog, however, was also a companion in her isolation and, literally, represented her soul. Furthermore, sword and spurs as well as full army regalia allowed her to perform masculinity in public and thus confirm people’s ex-

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14 According to June Rose, Barry was ten years old, which “was not quite as unbelievable as it sounds today. To matriculate in those days merely required a payment of two shillings and sixpence for a ticket to the university library; the classes themselves resembled school. Indeed, in the eighteenth century it was not uncommon for boys of twelve to become students of Edinburgh” (Rose 22).

pectations. Erectness and pride had to help her overcome the fact of her small figure, which, without the army context and the connected dress code, would not have been as impressive and imposing. Even so, rumors that she might be a woman ran high, but could never be voiced or even affirmed until the late 1850s.

Apart from her name and outward appearance, as “a woman masquerading as a man” (Rose 39), she “deliberately made herself a reputation as a ‘lady-killer’” (Rose 39), even fighting a duel for her own suspected love for her protector Lord Charles Somerset, who, as speculation had it, might have been the father of the only child Barry had (perhaps) given birth to (cf. Rose 46), of whom, however, no records exist. Yet, both were also secretly accused of having a “homosexual liaison” (Garber 203), which reveals that Barry’s cross-dressing did not completely dispel people’s suspicions. Except for this incident, Barry was always very careful not to compromise herself in public.

The encounter with Florence Nightingale is of significance since Nightingale was not only one of the most public figures in the (British) medical profession, but also a prolific writer of pamphlets, letters, and diaries in which she noted all her encounters. She and Barry did not get along because Barry left her standing in the glazing heat in the Crimea, thus emphasizing rank, power, and position, by implication affirming her own staged masculinity. As Nightingale writes, “during the scolding I received . . . she behaved like a brute. After she was dead I was told she was a woman. I should say she was the most hardened creature I ever met throughout the army” (qtd. in Rose 141). The “Lady with a Lamp,” who achieved with more feminine activities and behavior the introduction of improved hygiene and, thus, increased chances for survival in British army hospitals, did not show any admiration for Barry, who, with more military authority, attempted to achieve precisely the same.

In the following years, as speculation by some biographers (cf. Rose 145) goes, Nightingale might have wanted Barry out of her way, since the latter subsequently was sent to Canada, a comparatively cold place after having served almost exclusively in tropical climates. Thus, this post was seen by Barry as a kind of banishment: “*So I am to go to Canada to cool off myself after such a long residence in the Tropics and hot countries*” (qtd. in Rose 143; italics in original). From Montréal, Barry “journeyed hundreds of miles to Quebec, Kingston and Toronto to visit the men and the barracks and report on their condition” (Rose 145). In spite of the climate, Barry’s first interest was to improve the conditions of soldiers’ lives, and she suggested thorough modernization in very practical matters. At the same time, she became a member of the St. James Club for gentlemen, thus probably emphasizing her masculinity. No matter where she appeared or what she did, she was always impeccably dressed in her military uniform and her army regalia to support her public masculinity. However, the Canadian climate together with her age and the strenuous work began to take a toll on her. In 1859, she caught influenza, an epidemic that caused great damage in Canada, as well as bronchitis (cf. Rose 147), and eventually had to go back to London where she was “placed on half-pay” (Rose 148) and never again

fully returned to the army. She did some traveling to the places where she had been stationed, but died on July 25, 1865, and was buried in Kensal Green Cemetery.

The biographies and fictionalizations of Barry's life continued to stimulate interest into the late 1990s with two biographical novels published in the same year (1999). Florida Ann Town's book, *With a Silent Companion*, appeared in the Northern Young Novels series as young adult fiction, thus, as a fictionalized yet very well researched account of Barry's life. Quite in line with the genre, Town, a Canadian, focuses on Barry's younger years until her graduation and devotes equal space to roughly the first 14 and the final 52 years of Barry's life. Since not much is known of her early years before entering the University of Edinburgh, Town has to take poetic license and fill in the gaps. Such a mysterious case spurs people's (artistic) imagination to create lives as they could have been lived. What is disturbing, however, is that Town does not acknowledge the insights already gained by biographers before her, in particular by Rose.

It is, however, the cover of Town's book that immediately draws attention to cross-dressing and the ambiguity of identity. Medical instruments represent at once the medical profession as well as the nature of this profession as manual labor. Furthermore, the only figure in the center is dressed in full military regalia including a sword and a military posture, however, holding in her right hand a mirror with a mirror image of an uncovered shoulder and face of a woman. As a frequently used motif in women's writing in the wake of the 1960s Women's Movement and the beginning of identity studies, the mirror here is used as a means to search the soul, to reveal a person's "true" identity, namely that of a good-looking young woman. Cross-dressing prevents this "true" identity from being known to others. The mirror image shows to the onlooker what the book promises to reveal; it appeals to the voyeuristic qualities in readers who feel privileged to become a partner in cross-dressing. This double identity, the male one out in the open public, the female one inside a private sphere, is accompanied by a telling title, *With a Silent Companion*. The term "companion" already suggests that at least two people are the subjects of discussion, the companion and the one who is accompanied. Furthermore, "silent" is a term that ever since Tillie Olson's *Silences* (1978), if not before, is associated with women. As I see it, the silent companion is Barry's female identity which is, of course, constantly present but never out in the open.

Town describes Margaret's childhood (a.k.a. James Barry's) as peaceful and with a caring mother but also renders her as a girl who wants to do the same things men do, to travel and see the world, but is constantly reminded by her mother that women can have valuable experiences such as getting married and have a family, and, also, travel if the husband is wealthy enough and permits her to go. Clearly, Margaret's childhood is depicted as traditionally reinforcing the separate spheres, a woman as destined to get married and have children and be dependent on men. Barry/Margaret did none of these things, as we know. Once she is at the University of Edinburgh, she ambitiously applies herself to her studies. While the novel is most-

ly told from an omniscient narrator's point of view, complemented with historical information and background details on Barry's family and sponsors, Town frequently chooses to use Margaret a.k.a. James Barry as the focalizer and thus renders her thoughts in a free and indirect way as well as in direct speech. Thus, she gives voice to a young woman who in spite of her success is also constantly doubting whether this is the right way to go and who, apart from her mother's company (until her death in 1813), has no-one to talk to about her feelings and fears, in particular, when she begins to be confronted with "real" patients and illnesses, such as leprosy or typhus in Cape Town or yellow fever in Jamaica. However, another gap in Town's novel, which, otherwise, minutely describes many intimate thoughts, reveals the gap in knowledge about Barry's possible motherhood. After briefly considering marriage to Lord Charles Somerset in Cape Town, who, in Town's text, never seems to have known about her real sex, she gives up on ever having a family of her own, on which Town comments in the following way:

It was a bitter moment. Even the child she had so recently delivered was a poignant reminder of one more pleasure she must deny herself. She would never experience motherhood, the loving relationship of marriage, the special closeness of her own family or the delight of watching her children grow (118).

There is no word about the possible father of the child, nothing about the child's destiny; from a narratological point of view, this is a break in perspective and sheds doubt on the reliability of the narrator. Nevertheless, following Barry's life through the decades, the history of medicine in the nineteenth century unfolds, with improvements in surgery, hygiene, food, germ-killing, the performance of Caesarians, the sale of patent medicines, medically induced sleep through chloroform, etc.

Poetic license is used to an even larger extent in Patricia Duncker's postmodern novel *James Miranda Barry* (1999), which, on the cover, is praised by Alain de Botton as "a gripping detective story about sex, identity and biography." Told from the perspective of the young girl in free thought and present tense (but later also shifting to third-person narration and an epistolary section), the novel begins with speculations about an affair between Francisco de Miranda and Barry's mother Mary Ann and Barry as their offspring. In this novel, young "Barry" and her mother also live with Francisco, who then teaches the girl. In her historical novel, Duncker attempts to explore "the ways in which fiction relates to history" (Gutleben 214) and to understand the past by exploring the "inner lives" (Duncker qtd. in Gutleben 214) of historical people. As Duncker, a British professor of literature, points out in her "Afterword" to the novel: "As to the inner reality of James Miranda Barry's life, here we can only guess at the truth, for there is very little evidence. And it is here that the novelist will always have the edge over the historian" (391). Duncker's postmodern novel emphasizes fragmentation in both structure and content and, above all, performa-

tivity, which is most conspicuously present in the act of cross-dressing, i.e., a performance of gender which ultimately reveals gender and gender identity as constructions, a construction, however, which was not seen as such in the nineteenth century. At the time, the Deputy-Inspector-General of Hospitals at Sandhurst rejects any insinuation that Barry might have been a woman. Rather, he significantly relates her outward appearance to a defect: "... his real physical condition was that of a male in whom sexual development had been arrested about the sixth month of fetal life" (qtd. in Garber 205). The implications for women hardly need to be spelled out. Barry the woman was actually a man with a birth defect!

What is it that remains after all these years of Dr. James Barry, who might really have been the Irish woman Margaret Anne Bulkley from Cork, as Florida Ann Town insinuates (173)? While Nightingale has become a celebrity, Barry's medical improvements had almost completely been forgotten until the 1970s. In the wake of the Women's Movement and the desire for the rediscovery of forgotten women and their achievements, June Rose, among others, began to trace Barry and dug deep into archival documents. "James Barry," a woman ahead of her time, managed to perform gender in a lasting and quite meaningful way through cross-dressing on more than just the level of attire, and today can serve as an example of how a woman is able to do "men's work." She clearly proves wrong all theories of biological female inability or even unnaturalness to become a doctor. Ironically, as a woman she proved to be an extraordinary doctor and the "perfect gentleman" (Rose 153) in the most masculine world of the British Army. Canada was the final act of this performance where Barry left a legacy to people such as G.W. Campbell, who later became Dean of the McGill Medical School and had attended Barry during her illness, and most of all future Canadian women doctors such as Emily Stowe, Jennifer Trout, and Maude E. Abbott. Representations of Barry's life range from the slightly ridiculed and effeminized but deliberately masculine Dr. Fitzjames in Rogers's nineteenth-century novel, via Racster and Grove's fictional journal told from Barry's point of view, Rae's strange and mysterious history, Rose's perfect gentleman to Town's children's novel and Duncker's postmodern narrative. In all texts, gender norms are negotiated in relation to the respective genres and times of publication. While cross-dressing from a nineteenth-century perspective could simply not be fully accepted and deviations from gender expectations could only be explained as birth defects or arrested development, twentieth-century perspectives reveal a fascination with the mystery of such a performative act.

#### **4 Preserving the Human Heart: Maude E. Abbott**

In contrast to Barry's case, Maude E. Abbott's life has been well documented over the years, and information can also be gathered from Abbott's "Autobiographical Sketch." Full-fledged biographies appeared in the 1940s and 1990s and were complemented by the 2009 publication of Rothman's novel. While the biographies focus on Abbott as an unusual woman, in a way similar to Barry's representation as a

strange “man,” the recent novel emphasizes her search for a father figure. Gender issues play an important part in these representations. Although Abbott does not cross-dress like Barry, she is seen as the odd woman out and, thus, performs masculinity by assuming traditionally male jobs, just in the body of a woman, who, however, in the early biography, is certainly not fully seen as such. Being born in Canada about 80 years later than Barry, Abbott was among a number of Canadian women entering the medical profession but still struggling with the same prejudices and gender norms. However, in contrast to Barry, she did not have to cross-dress to ultimately make her way.

Born in 1869 in St. Andrews East, a small Scottish town in Québec, and French Canadian on her father’s side, from childhood onward Dr. Maude E. Abbott had an unquenchable thirst for education, which she followed through from private tutoring via private school education for women to the study of the Arts at McGill University.<sup>15</sup> Toward the end of this period in her life – the end of the 1880s – she was inspired by two friends, Mrs. C.H. Eastlake, an artist, and Octavia Grace Ritchie, who matriculated in medicine at the Kingston Women’s Medical College, to attempt the unthinkable, namely to apply for admission to medical studies at McGill.<sup>16</sup> Returning home that night, she asked her grandmother: “May I be a doctor?” “Dear child,” said she, “you may be anything you like” (Abbott, “Autobiographical Sketch” 131). Needless to say, she encountered the insurmountable obstacles that were well-known to any woman in Canada, the U.S., and Europe who had tried to gain admission to such a discipline. While European universities had very gradually begun to admit women – with Zurich as the first one in 1864, however often only for women from abroad – and the U.S. had seen a few pioneer women in medicine, among them Elizabeth (1821–1910) and Emily Blackwell (1826–1910), Mary Putnam Jacobi (1842–1906), and Susan Dimock (1847–75), who all had gone to Europe to substantially enhance their medical education and – in some cases – to actually receive a medical degree, Canada, and McGill in particular, was still more than struggling with these women’s aspirations even though by that time

[t]he universities of Victoria College, of Queen’s, Trinity and Toronto were all granting medical degrees to women, and both Dalhousie and Manitoba were willing to do so, though at this date they hadn’t yet enrolled any women medics. Even more startling ... was that Dr Elizabeth Simpson Mitchell, a graduate of Queen’s, had recently set up a practice right in Montreal and had actually been licensed by the College of Physicians and Surgeons. So, in a way, these men [at McGill] were fighting a battle that had already been lost. (Hacker 154)

15 This was possible only because Lord Strathcona donated about \$ 170,000 for the higher education of women to McGill (cf. Hacker 151). The Donalda Department for Women was established in 1884, and Maude Abbott matriculated in 1885 with a full scholarship.

16 McGill did not accept women as medical students until 1918 (cf. Hacker 149).

Ultimately, Abbott went to the University of Bishop's College<sup>17</sup> and graduated in 1894 with an M.D., "winning the Senior Anatomy Prize, and the Chancellor's Prize for the best examination in the final branches" (Abbott, "Autobiographical Sketch" 134). Upon graduation, she decided to go to Europe to complete her studies. Her destinations were London, Heidelberg, Zurich, and Vienna. Both she and her sister Alice, who joined her in order to pursue her studies in the arts, learned German to a degree that Maude could easily follow the lectures in the German-speaking cities. What follows in her "Autobiographical Sketch" is a very detailed description of the medical faculties at these highly reputable universities and, thus, a valuable source for medical historians and cultural critics alike.<sup>18</sup> Vienna, as Carlotta Hacker points out, "was the Mecca of the medical world, the shrine of all wisdom, and anyone who was seriously in search of knowledge just had to worship there for a few years" (159). After the two sisters had arrived in March 1895, Abbott focused on gynaecology and obstetrics and paid for the classes she was allowed to take. She did encounter obstacles in her desire for admission to some of the classes, not because the professor rejected women but because the other American students prevented her from getting a place.<sup>19</sup> As Abbot explains:

As soon as one internal medicine course ended, another by the same teacher began, and once one had secured a "place" one usually held it throughout one's stay in Vienna, either taking it along with other courses, or when one needed the time for other work, putting in a substitute who paid for it while he used it, and yielded it up again at request. This very convenient arrangement gave the advantage to those who had been longest in Vienna, or who had had friends there before their arrival, for the Docent cared not at all who was there so long as he was paid, and it was quite easy for old members to get control of other "places," and hand them to friends on their arrival. ("Autobiographical Sketch" 137)

Abbott was very grateful for the opportunities offered to her in Vienna, as she later writes: "... it was the grounding I obtained into internal medicine and pathology from Ortner and Kolisko and Albrecht that determined my bent, and made possible my later work at McGill" ("Autobiographical Sketch" 138).

After successfully completing her courses at Vienna and some clinical work in Glasgow and Birmingham and passing some exams in Edinburgh, Abbott and her sister returned to Canada in September 1897 where Abbott opened a practice for

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17 "Bishop's Medical College was in Montreal, a rival to McGill's Faculty of Medicine ..." (Hacker 157).

18 In Heidelberg, she studied with the well-known surgeon Dr. Czerny who "had just refused a call to Vienna to succeed the great Billroth" ("Autobiographical Sketch" 135).

19 It was with Dr. Ortner that she studied internal medicine.



women and children and eventually secured a part-time position as (assistant) curator of the McGill medical museum. By then, she had written academic papers which had been read for her to great acclaim at the Medico-Chirurgical Society and at the Pathological Society of London because none of these institutions allowed women to attend. Like James Barry, Maude Abbott received most of the recognition at the end of her life. Her meeting with the famous Canadian physician and medical historian Sir William Osler (1849–1919) at Johns Hopkins in Baltimore led to the article Abbott is best known for today on congenital cardiac disease, which was published three times (1907/08, 1915, 1927), each time with a further enlargement of the cases studied, and was highly praised by Osler himself in a letter to Abbott: “I knew you would write a good article but I did not expect one of such extraordinary merit. It is by far and away the very best thing ever written on the subject in English – possibly in any language” (qtd. in Abbott, “Autobiographical Sketch” 146). In the spring of 1907, great fires destroyed some of the collections at the McGill Medical Museum, but Abbott’s resourcefulness and energy helped her collect specimens donated to the Museum from practically all over the world. She became an internationally known curator who organized the International Association of Medical Museums, published its first *Bulletin* (cf. “Autobiographical Sketch” 147), was awarded an honorary MD CM by McGill and appointed Lecturer in Pathology (cf. Hacker 164), was acting editor of the *Canadian Medical Association Journal* (from 1914–18), held the Chair of Pathology and Bacteriology at the Women’s Medical College of Pennsylvania for two years (1923–25), was one of the founders of the Federation of Medical Women in Canada (1924), and traveled back and forth between Canada, the U.S., and Europe.

While she has become a well-known doctor in her own right to medical historians, she shares with Dr. James Barry the fact that gender and gender roles played an important part in their medical development and career. While obviously Barry had to hide her biological sex and performed the role of a man quite successfully, sometimes even overdoing it, as some biographers insist, Maude Abbott had always been unashamedly female. However, biographers such as MacDermot – as late as the 1930s and 40s – had trouble reconciling her untamable desire for education and (medical) work with her womanhood. Thus, he is ready to use the term “masculinity” for her “sturdiness of mind,” but he is quick in assuring his readers that she was never “mannish” (81). Yet, she did have the tendency to like being in the company of great men, and all of the pictures she had in her office except for one were that of “men of distinction” (MacDermot 82). The few pictures – photos and a painting – published of Maude Abbott reveal a sturdy, strong, and self-confident as well as impressive woman who loved children but never married and never had children of her own. Many of these men, as one might speculate on a psycho-analytical level, seem to have been substitutes for a father she had never really known, a father who had abandoned the family even before she was born because of a rumor that he had actually murdered his handicapped sister Mary. None of this could ever be proven

but his reputation was gone, and he escaped to Kentucky, had a new family, and kept very little contact with his Canadian daughters.

When in 2009 Claire Rothman's novel *The Heart Specialist* was published, only very few outside of a number of scholars working on Canadian women in medicine knew about the intriguing career of Maude E. Abbott as both a specialist in heart diseases and the preservation of specimens in a pathological museum in the late nineteenth and early twentieth century. Similar to Barry, biographies exist, starting, for example, with H.E. MacDermot's early 1941 study *Maude Abbott: A Memoir* up to Douglas Waugh's *Maude of McGill: Dr. Maude Abbott and the Foundations of Heart Surgery* (1992) and Elizabeth Abbott's *All Heart: Notes on the Life of Dr. Maude Elizabeth Seymour Abbott, M.D. Pioneer Woman Doctor and Cardiologist* (1997). Like Barry, Abbott is included in most biographical studies on Canadian women in medicine but Rothman's novel is the first fictionalization of her life, at least to my knowledge.

MacDermot's biography is mostly interested in her medical career and in delineating all the obstacles women had to overcome if they wanted to enter the medical profession. Therefore, he cites the well-known Dr. F.W. Campbell's objection to co-education and his careful endorsement of separate education for men and women. However, MacDermot's quotation concludes with some ridicule of feminine indulgence: "Of course if they want to endow a separate college, I have not the smallest objection. They may be useful in some departments in medicine; but in difficult work, in surgery, for instance, they could not have the nerve. And can you think of a patient in a critical case, waiting for half an hour while the medical lady fixes her bonnet or adjusts her bustle?" (41–42). Ironically, Campbell emphasizes the inadequacy of an otherwise socially highly endorsed behavior in women for medical work and the implied dangers for patients. As a man in medicine himself, MacDermot, so shortly after Abbott's death, is very interested in promoting the medical woman's legacy. Therefore, he cites authorities such as Dr. Paul White who, in an address before the New England Heart Association in 1940, reviews "Maude Abbott's influence in the field of cardiovascular disease" and finds

"that far more important than any of her written works was her vital stimulus to other workers. Her spirit was indefatigable. She inspired innumerable other workers throughout the world and was always very willing, in fact eager, to place at the disposal of anyone who sought it, her own vast experience and the details of pathological and clinical findings in the cases she had studied herself or analyzed in the literature. Thus, it is not simply as the world's authority on congenital heart disease that Maude Abbott will be best remembered, but as a living force in the medicine of her generation. Hers was a great spirit." (qtd. in MacDermot 197–98)

It is with this highly celebratory biography in mind that Douglas Waugh, M.D., criticizes not Abbott but MacDermot's ill-documented biography which makes a verifi-

cation of the information quite difficult. Yet, he, too, pieces together bit by bit Abbott's life story, starting with the father's desertion of the family and the mother's death of tuberculosis (1869) shortly after Maude's birth, the grandmother's adoption of Maude and Alice, Abbott's scholarship for the McGill arts program and 1890 graduation as class valedictorian, her highly successful graduation in medicine from Bishop's University in 1895, her subsequent studies in Europe, her return to Montréal and curatorship of the University Museum, her teaching in various functions and places, and her numerous honorary degrees. Elizabeth Abbott's celebratory biography *All Heart* then focuses on the chronology of Abbott's life as well but moreover emphasizes the stamina and willpower Abbott exhibited to overcome all obstacles. As Elizabeth Abbott writes, "with a clear vision of the future, she passed unscathed through a baptism of fire, maintaining all the joy and naivete of a child, she was not just a survivor, she was a Prevailer" (2). Certainly meant as a compliment, this belittling of Abbott as a child and the frequent focus on her stimulation of other people's work instead of on her own, reveal the difficulty biographers have of reconciling her sex with her chosen profession.

An aspect which many of the biographies ignore, omit, or only choose to present in passing is Abbott's interest in Florence Nightingale and her work. In contrast to Barry, who dismissed Nightingale during a visit at Scutari during the Crimean War, Abbott, without having had the chance of knowing the nurse personally, was professionally interested in Nightingale and in 1915 delivered an illustrated lecture on the famous nurse before the Harvard Historical Club. This lecture was later published in the *Boston Medical and Surgical Journal*, and 1,000 copies were reprinted in book form. Abbott praises Nightingale as "the great reformer of military hygiene of the Victorian age" (*Florence Nightingale* 3) and her work as "not passing, but permanent; not incidental, but fundamental" (6). Nightingale's work had tremendous reverberations not only in England and in the British Military but reached all the way to Montréal, where she was instrumental in the organization of Soldiers' Recreation Clubs (cf. Abbott, *Florence Nightingale* 50), from which James Barry also profited. So-called Nightingale superintendents were sent out into the world to help establish the new nursing practices, and the Montréal General Hospital was among the recipients (cf. Abbott, *Florence Nightingale* 51). Nightingale changed the profession of nursing, and this was important to Abbott, "from the category 'Domestic,' in which it stood before her time, to that of 'Medicine'" (*Florence Nightingale* 52) so that she could conclude: "The nineteenth century has been called pre-eminently the century of great women. It is from the literary and philosophic, as well as the philanthropic side, that Florence Nightingale possesses an eminent place within the circle" (54). In contrast to her own biographers, Abbott actually focuses on Nightingale's achievements and not on how she stimulated other people's work. Abbott continued to lecture on nursing, published in the journal of the *Canadian Nurse*, and became Lecturer on the History of Nursing at the McGill School of Graduate Nurses in 1921 (cf. Hacker 165).

Abbott throughout most of her life was enthusiastic about what she was doing and expressed her feelings accordingly. Being in love with McGill and never falling out of love with her again is only one indication given in her autobiographical sketch. In a letter to Blanche back home in Canada, she writes about how the Germans inspire her enthusiasm for knowledge:

“... am fired with the German thirst for knowledge ... the whole system seems to me to be based on a love of knowledge in itself and an ambition to serve its purposes and add something to it by widening its borders somewhere by original investigation. I can't explain it easily but it is an inspiration that is in the air and that gives one an enthusiasm for knowledge in itself, that makes one understand why the Germans born and bred in this atmosphere as they are do such great scientific things.”  
(qtd. in E. Abbott, *All Heart* 45)

It is this enthusiasm that has ultimately led her to become one of the “indomitable ladies,” as Carlotta Hacker entitles her study on Canadian women in medicine. It has convinced McGill to recently inaugurate the Maude Abbott Medical Museum in commemoration of Abbott's work as curator. It has also led to her portrait (painted by Irma Concill) being included in the new Canadian Medical Hall of Fame in 1994 in London, Ontario, and it has finally led to Claire Holden Rothman's 2009 novel *The Heart Specialist*.

Published to great acclaim, Rothman's Canadian debut novel is both a lesson in the history of medicine and the captivating story of the young female physician Dr. Agnes White a.k.a. Dr. Maude E. Abbott. It is clearly labeled a novel and, as in Barry's case, takes full poetic license in the delineation of the characters while drawing extensively on (auto)biographical material by and on Abbott herself. The book is set within the parameters of medicine, on the one hand, and literature, on the other hand, as the two mottos at the beginning show, taken from Abbott's “Congenital Cardiac Disease” and Friedrich Schiller's *Piccolomini* (1799) respectively, to which is later added William Osler's dictum of “Observe, record, tabulate, communicate” (n. pag.).

The novel begins with two of the most decisive events in Agnes White's young life: the departure of her father (Honoré Bourret) who was a doctor, medical surgeon or “morbid anatomist” (18–19), and teacher at McGill, and her own dissection of a dead squirrel. It becomes Agnes's passion in her life to follow in her father's medical footsteps. However, associated with a potential murderer as father, Agnes with her love of dissection and other scientific experiments immediately becomes “the family misfit – dark and teary, with a mind that must have seemed disturbingly foreign in that small Presbyterian town” (13), as she herself describes it from a first-person narrative perspective. Agnes, the protagonist and narrator of her own life story, finds an ally in her governess, who encourages her to pursue further education. Upon

Agnes's first menstruation, Miss Skerry explains to her as if foreshadowing the future doctor's life: "Being a woman can be painful at times, Agnes White, but I assure you, it is hardly ever fatal" (33). Thus, right from the start, Agnes's female sex and unfeminine, that is, rather masculine, behavior are emphasized.

The novel continues to depict Agnes's further emotional and academic development, the prizes she wins, but also the irony which underlies her grandmother's decision to let her go on to McGill for a BA in the arts: "McGill ... was safe for girls. They were sheltered in separate classes, and unlike the men there was no pressure to take a degree. Most girls took only a course or two. Of those who had applied the previous year more than half were now engaged" (52). Rothman shows that she has done her research when she has one of Agnes's best friends among the Donalds exclaim in protest against these separate spheres after Agnes has received her rejection from McGill's medical faculty: "A number of the governors and professors feel it is high time that the McGill medical faculty let women in. The medical schools of Europe have done it for years. There are hundreds of female physicians in Vienna<sup>20</sup> and London. The University of Toronto now admits us. Even stodgy old Queen's University in Kingston does! It puts McGill to shame" (56–57). It does take McGill another 28 years (until 1918) to finally make that decision.

In the novel, it is her former governess Miss Skerry who helps her get a place as a student in the medical faculty of Bishop's College. However, the years between 1890 and 1898 – her time at Bishop's and in Europe – are inexplicably eclipsed from the novel. Part II begins right after her return from Europe with only a few general thoughts on Agnes's studies in Zurich and Vienna. She had spent her year at Zurich alternating between obstetrics, pathology, and hypnotism. Two more years in Vienna, "the acknowledged centre of medical science" (98), were spent in studies of pathology with Albrecht and of internal medicine with Ortnier. Agnes's sister Laure gets married, is pregnant, and loses her child after six months of pregnancy. Since then, she is "in a steady decline" (99). With this poetic license, Rothman points to the dangers still existing for pregnant women at the end of the nineteenth century; even more, she alludes to the possible pitfalls of traditionally female "careers."

The novel then continues to depict Agnes's life as the assistant curator of the McGill medical museum, at first resented by almost everyone, isolated in the gothic atmosphere of the museum with medical specimens that need clarification, labels, and numbers, strongly evoking Sandra Gilbert and Susan Gubar's study *The Madwoman in the Attic* (1979) and Michel Foucault's concept of the heterotopian space, here the "heterotopias of deviation" (25). Dr. Agnes White, just like Dr. Maude Abbott, is stubborn, enthusiastic about being at McGill, and gradually convinces people of her qualifications in spite of being a woman, as she would see it at the time. Ab-

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20 At Vienna, above all U.S.-American and Canadian women had been admitted for many years to specifically arranged classes for foreign students for which they also had to pay. In general, women were not admitted to the study of medicine in Vienna until 1900.

bott's encounter with Osler in Baltimore is turned into Agnes's with William Howlett, who once knew and respected her father, and to whom she brings the heart for identification that is the one that her father once supposedly studied after the autopsy of the patient. It was a remarkable case which would have made her father famous but by then he already was in trouble, and so his insights were never published. While in real life Abbott's father lived in Kentucky, Agnes's father has gone to Calais and is in contact with Howlett. When she asks Howlett about him, the former is on his deathbed and tells her how he had given her father an alibi for the night Marie Bourret, her father's sister, died. When she finally is face to face with her old father who is almost blind and can hardly walk, he still denies their common past so completely that she has no way of even forcing him to acknowledge his fatherhood. It is this insight that finally closes her life-long search for her father; it is here that he leaves her for the second time: "He was closing me out now just as years ago he had closed out my mother and a much younger version of myself, and even before that as he'd closed out his crippled sister" (299). Agnes acknowledges for the first time that her father might indeed have killed his sister. Both the quest for her biological father and Sir William Howlett as a substitute are psychologically motivated and, at the end, meet with disillusionment. With Howlett's death and her father's rejection, Agnes buries her feelings and admits to Jacob: "My blindness wasn't a spot, Jacob. It was the whole picture. I built my entire life, don't you see, to please a man who did not exist" (325). At the end, she turns to Jacob Hertzlich, her former capable but unsophisticated assistant at the medical museum, and admits her love for him. It is certainly not a coincidence that Jacob's last name is "Hertzlich," which means, with only a minor change in spelling, "cordial" in English, but, more importantly, kindness coming from the heart. Agnes, as the medical heart specialist, able to dissect, label, understand, and preserve dead people's hearts, has for a long time been unable to understand her own heart. With the completion of her life-long quest and the epiphany she experiences regarding Howlett and her father, she turns inward to the murmurs of her own heart and outward to give her heart to Jacob.

Poetic license has turned Maude Abbott's life into a mystery story with the young Agnes as detective, her crippled aunt as a possible murder victim, her father as the suspected culprit, and her father's face, staying with her throughout the years, as the red herring in a case that would remain unsolved to the public. Abbott's life has also been turned into Agnes's search for a father figure, her desire to live up to her male mentor's (Howlett's) expectations, and her final psychological dissociation. It is in Europe that she recognizes the illusions governing her life and the necessary shattering of her Electra complex.

With *The Heart Specialist*, Rothman succeeds in depicting the struggle of women to become and work as doctors, to be accepted in a field which erected many obstacles. The transformation of Abbott's medical life into Agnes's successful achievements testifies to a critical moment in the development of the medical profession in Canada. Beyond this public sphere, Rothman offers her own interpretation of a

young woman fighting for admission. Agnes's private life, her family relations, her desires, longings, and disillusionments are depicted from her own first-person perspective and render astonishing insights into such a woman's life. Being a murder mystery, a novel of initiation and *bildungsroman*, and a romance, *The Heart Specialist* brings the world of medicine in turn-of-the-century Canada to life and offers an intriguing interpretation of one of Canada's first and most fascinating women physicians of the time. Dr. Agnes White a.k.a. Dr. Maude Abbott can easily compete with the cross-dresser Dr. James Barry for the attention of historians of medicine and literary scholars alike.

### 5 From Cross-Dresser to Heart Specialist

The insights gained from looking at Canadian women in the medical profession from the nineteenth to the early twentieth century are manifold and prove fruitful for different fields of study. It is first the medical historian who will not only grant that, yes, indeed, there were Canadian women doctors in the nineteenth century but will also understand that these women earned their degrees, practiced in the profession, and thus overcame all obstacles put in their way during what H. E. MacDermot in his study *One Hundred Years of Medicine in Canada, 1867–1967* calls the first main phase. The time from 1867 to the 1920s is, as MacDermot claims, the period “during which medical schools were being built and advances made elsewhere were assimilated and turned to good account ...” (12). Many medical men went to Europe to further their education and so did Abbott and others. The medical historian will also learn that the Canadian Medical Association was founded in 1867 and was instrumental in the organization and regularization of medical institutions and practice but also set different rules along gender lines. Reading Abbott's own work in the history of medicine sheds light on, among people and issues, the history of women and men in medicine, Dr. James Barry, Florence Nightingale, Sir William Osler, the Medical Faculty at McGill; reading her autobiographical sketch reveals the manifold medical organizations which she founded, co-founded, or was a member of, thus delineating aspects of the development of Canadian medicine which MacDermot considers to have started around 1921, “when Canadian medicine itself began to contribute significantly” (*One Hundred Years* 12).

Last but not least, Abbott also memorializes the history of the medical faculty at McGill University. A medical historian and a literary scholar will find much of this information in Abbott's fictionalized life in Rothman's *Heart Specialist*. Moreover, this novel not only turns Abbott's life into an interesting and quite readable story but also gives Abbott another, more private voice and adds a more emotional and appealing side of Abbott's life, one in which her fictional *alter ego* emancipates herself from the shadows of abandonment inflicted by her father and is finally able to enter a love relationship. It is the governess who recognizes little Maude's talent and supports her ambitions; it is the grandmother who takes care of her and gives her a strong belief in her own potential; it is ultimately her sister Alice who is her compan-

ion in Montréal and, most of all, on her early journeys to Europe. It is finally the feminist who begins to understand that while not all women in medicine were actively participating in organized feminism, many were and many supported its cause by successfully fighting for this right to become “fabulous female physicians” (Kirsh) who did not go home to be defeated.

Rather, they followed – knowingly or unknowingly – Dr. James Barry’s example, who, in the early nineteenth century, still had to resort to cross-dressing, masquerading, and dissimulating her true sex in order to become a reputable surgeon in the British Army. Barry’s mysterious life and the many investigations into her life, blurring the boundaries between fact and fiction, have not undone all riddles of her life but have brought to light interesting interfaces of the history of medicine, biographical and literary scholarship as well as gender studies and feminism. Abbott and Barry taken together reveal, on the one hand, the rootedness of Canadian medicine in its European origins, the North American and European intersections of medical education in the nineteenth century, and the relevance of gender in the professionalization of medicine as well as in the formation of Canadian society at the turn into the twentieth century. All narratives not only emphasize gender as construction and performance (shaped by their respective times of publication), but also underline the need for ongoing negotiations of gender roles, norms, and stereotypes. While this paper has only shed glimpses on a short period of Canadian history, it certainly offers more grounds to be worked on in the future.

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