Chapter 2

Surgery for the Novel: Medical Practitioners in Anglo-Indian Fiction

As Susan Sontag notes in *Illness as Metaphor* (1978), illness is never an entirely singular experience.[1] It can frequently be isolating, and often inevitably severs some connections with those in the kingdom of the well, but it also produces and creates other meetings, facilitating new-found relationships both welcome and unwelcome between individuals and previously unimagined communities.[2] One of the more readily apparent groups that the ill individual encounters is that of the medical community, in the form of other patients, certainly, but more typically through contact with medical professionals. Illness demands treatment and treatment must be administered, at least in part, through contact with doctors, nurses and other practitioners in the context of the clinical encounter.[3] As Michel Foucault and others have argued, these meetings between patient and doctor or patient and nurse are perceived as necessary and essentially benign, as transactional exchanges in which the individual explains their illness, (possibly) pays a fee and receives care in return. However, for Foucault, they also represent a confrontation between the ill individual and the discipline of biomedicine, in which the unequal power relations of their subject positions are revealed, thus affirming the cultural and metaphorical power of the healthcare professional as a figure of scientific and social authority.[4]

In literary representations of illness and medicine, the figure of the medical professional is a perennial presence, and Anglo-Indian fiction is no exception.[5] Alongside the engagement with different kinds of illness offered by Anglo-Indian fiction, a continual current of the preceding chapter was not only how various physical and mental conditions were treated, but by whom. Doctors in particular proliferate throughout these novels; for example, John McLeod notes their regular inclusion in Farrell's writing from the very earliest of his published work, right up to his unfinished final novel *The Hill*

Station (1981).[6] It is no idle decision on Farrell's part either that Dr McNab is one of only two recurring protagonists in his Empire series of novels, but rather a deliberate choice of characterisation that supports his critical engagement with the medical culture of the British Empire.[7] The same is true of Scott, Rushdie and Jhabvala, and various doctors and nurses grace the pages of their novels too, from Aadam Aziz and Dr Narlikar in *Midnight's Children* (1981), Saunders and Gopal in *Heat and Dust* (1975) or the unnamed doctor in *A Backward Place* (1965), to the contrasting approaches of Sister Ludmilla and Dr Samuels in *The Raj Quartet* (1966–75). Indeed, so much of the meaning that Farrell, Scott, Jhabvala and Rushdie seek to generate through their inclusion of illness is likewise accomplished through this integral presence of medical personnel within their plotting. Just as these authors employ health and medicine as a means of reading thematic and political facets of imperialism, their novels also recognise, engage with and subvert the authority of the doctor as a representative both of Empire and of the science of professionalised medicine that the Empire represents in turn. Such an embodiment of imperial authority in a single character, their actions, and what their insights reveal about the colonial society of which they are a part, are as critical to the representation and utility of medicine and health within these novels as the conditions themselves.

This chapter engages directly with the figure of the doctor in his (for they are near invariably male) various forms and contexts within these novels, as the embodiment of the otherwise more diffuse imperial authority, expertise and power. Aside from the presence of doctors, however, the chapter also addresses various other medical roles within the Anglo-Indian novel, considering the narrative and contextual significance of nurses as well as lay practitioners and those practising traditional Indian medicine, who act as companions or subordinate counterpoints to the European medical apparatus of the Indian Medical Service or that of private practice. Following on from the confrontation with Western and imperial authority in the form of the doctor, the broader context of biomedical healthcare and treatment and encounters with its various representatives becomes a physical point of contact between citizens and representatives of Empire, coloniser and colonised, and ideal and reality. The clinical encounter is therefore also a 'contact zone', in which elements of European and Indian ideas and expertise meet and are reciprocally, and often again unequally, changed.[8]

The inclusion of doctors, nurses and the conflict over medical practice within Anglo-Indian fiction is driven by these authors' critical

responses to two co-existing and complementary histories: the history of medicine within colonial society, and the literary history of the nineteenth and twentieth centuries. Again, and once more like their representation of ill health and disease, there is a tangible dialogue between the work of postmodernist and post-imperial authors like Farrell, Scott, Jhabvala and Rushdie and that of their modernist forebears when it comes to the representation of doctors and medical personnel within their plotting. Indeed, and again given Woolf's concerns, the extent to which medicine influences modernism and characterises the literature of the period is striking. As Vike Martina Plock, Peter Fifield and Ulrika Maude have all separately noted, Joyce and his modernist contemporaries were overtly interested in medicine, medical technology and the figure of the doctor within their work.[9] Plock, in particular, argues that Joyce 'consistently . . . [used] his fiction to interrogate some of medicine's theories and to criticize medicine's cultural authority at the beginning of the twentieth century', either through his own experience of medical training, characters such as Buck Mulligan in *Ulysses* (1922) or the novel's schema, with chapters corresponding to organs and body parts.[10]

Whilst less didactic in his form than Joyce, consideration of Forster's *A Passage to India* (1924) is again instructive when it comes to reading the post-imperial response to the history of Empire and the literature that it produced. For alongside Forster's general engagement with ill health noted in the previous chapter, Aziz's occupation as a doctor is a vital aspect of his approach to colonial society and his deconstruction of its hierarchies. As a member of staff at the local hospital in the fictional Chandrapore, Forster uses Aziz to illustrate the changeable social position of the professional Indian. On the one hand, Aziz is skilled, respected for his dedication to his work and respectable as a result of the social standing of the medical profession. On the other, he is subject to the disdain of Major Callendar, the Civil Surgeon and his superior, and subject more broadly to the institutional racism of the colonial society he tends.[11] When suspected of the assault on Adela Quested, his standing drops away immediately, suggesting that such professional respect accorded to Indians, within the broader context of the supposedly benevolent Empire, is only a surface affectation.

Such a demographic and such a disillusionment is echoed and intensified by Rushdie's own Dr Aziz, Saleem Sinai's grandfather Aadam, who witnesses the brutality of Empire at Amritsar first-hand, where Indians again are wrongfully accused and this time killed indiscriminately.[12] The disillusionment of both Drs Aziz in *A Passage to India* and *Midnight's Children* is another example of the dialogic

relationship between these literary movements, as well as the close engagement with the historical conditions of colonial India by post-imperial authors such as Farrell, Scott and Rushdie.[13] Such examples as found in Forster and Rushdie offer all the more powerful a critique of Empire given the history of the IMS and medical education with regard to the growth of the Indian middle classes and the professionalisation of medicine. Mark Harrison and David Arnold note that most surgeons and doctors in India were originally employed by the East India Company in their different presidencies, with the first structured branches of what would become the IMS being founded in the 1760s.[14] Once control of India passed to the Crown after 1858, the IMS was made a single organisation, linking the different presidencies, finally becoming a centralised body in 1896.[15] Private practice existed alongside the IMS, of course, with doctors and other medical practitioners resident in most major towns and cities across India, whilst those 'unable to make headway down country' could find employment with organisations such as tea planting companies if unable to secure a position elsewhere, often alongside former IMS doctors who had elected to work after retirement.[16] Harrison notes, however, that the social standing of the mid-century Victorian doctor was still decidedly mixed, with the profession having 'not shaken off its status as a craft' and pay barely allowing doctors to live as 'gentlemen'.[17]

As medicine, like other scientific disciplines, gradually professionalised across the course of the century, and the remit of the medical service extended to public health as well as private and military practice, the perception, pay and social standing of the doctor began to improve. However, medical care across British India remained scant and often inconsistent well into the twentieth century and up until the ending of the British Raj in 1947. Margery Hall, wife of a British Indian Political Service officer, writes in her memoirs that when they were moved to Loralai in Balochistan (now Pakistan) she was told cheerfully that it was 'only 200 miles to Quetta, so you'll have a doctor not too far away'.[18] Even when medical personnel were on hand, experience of the care available was varied. John Orr describes how sub-assistant surgeons, the most junior rank in the IMS, were 'usually both enthusiastic and enterprising in their work' but began their careers having completed just three years of study of medicine, for which they were granted a licence to practice; their unofficial and less flattering title, Orr notes, was 'sub-assassins'.[19]

Though it did not place doctors and medical personnel as high in the pecking order of British Indian society as some roles in the Indian

Civil Service or the Indian Army did, medical service and possession of Western medical expertise nonetheless made for a potent symbol of colonial emancipation and uplift through its efforts to recruit from Indian and other non-European demographics. Harrison notes that elements of the IMS, such as the Subordinate Medical Service, were composed entirely of Indians, and that the IMS itself was open to Indians from 1855, when competitive examination was first introduced.[20] Medicine offered a means of advancement to elements of Anglo-Indian society who otherwise faced widespread discrimination or indifference, such as Eurasians, or castes outside of Brahmins, who had typically dominated Indian intellectual life. The employment and fulfilment found for women in nursing roles was similarly transformative for some. Although it was often in circumstances of great hardship, nursing in colonial spaces such as India offered a form of autonomy and pride from professionalisation that was often simply unattainable in Britain.[21] At the same time, Poonam Bala argues that biomedicine, and by extension medical education, was used as a tool of cultural domination, particularly as it displaced Ayurveda and traditional Indian medicine, and contributed to the growth of the Anglicised Indian middle classes.[22] Moreover, Sunil Pandya places much of early Indian medical education in light of Thomas Babington Macaulay's 'Minute on Indian Education' (1835) and its efforts to create its class of persons Indian in 'blood and colour, but English in taste, in opinions, in morals and in intellect'.[23] Such efforts were aided by encouraging Indians to attend British universities such as Oxford, Cambridge, Edinburgh and the School of Oriental and Asian Studies, a policy also practised by the Indian Civil Service up until 1939 and which likewise contributed to this Anglicisation of attitudes and methods.

Even if Indian doctors managed to qualify and set themselves up to practise, though, they could still face generalised discrimination when it came to the perception of their abilities. When pregnant at Loralai, Margery Hall is told there are two doctors nearby who can attend to her; however, when she discovers they are 'one army one who'd never delivered any babies, and one Indian one who'd "done", he said, "seven years in Edinburgh", and I wondered what for!', she decides that 'it's 200 miles to Quetta for me'.[24] Hall was not alone in her prejudice towards Indian doctors or the shortcomings of some elements of the IMS, though not all shared her misgivings; Alexander Redpath, also of the Indian Political Service, mentions that their station at Gilgit 'had an excellent doctor of the Indian Medical Service, who, aided by a first rate assistant and Indian Staff ran a hospital

which was well attended by people from all parts of the Agency, many of them travelling hundreds of miles for a treatment'.[25]

As a consequence of these conjoined histories and their evident import of medical practitioners throughout Anglo-Indian literature and society, this chapter will examine the representation of medical men and women within post-imperial fiction, exploring how these authors continue their literary engagement with Anglo-Indian medicine, history and the legacies of Empire through use of these characters and their function within plot and narrative. The chapter is divided into two sections; the first addresses the representation of doctors, and the second that of nurses and other medical personnel. It will explore the critical use of doctors as an embodiment of colonial medical authority within Anglo-Indian fiction and the way in which that authority is affirmed, subverted or resisted through the use of the historical narrative. Just as with illness in general, the figure of the doctor or nurse is rich in metaphorical function and potency, used to allude to thematic meanings that characterise the history of Empire as well as specific concerns of the individual narratives. The doctors present in fictional settings as diverse as those of Rushdie and Farrell represent a range of divisions, such as those that broach race and class, past and present, the radical and the traditional, and those that engage with the cultural position of the doctor pre- and post-independence. As well as the distinctions between European and traditional Indian medicine, the chapter will consider the way in which post-imperial fiction is sensitive to representing internal divisions between British and Anglo-Indian medical practitioners both in terms of expertise and professional opinions; exploring the discrepancy between their methods, opinions and favoured treatments is a further way in which these authors and their novels engage with both the teleology of imperial progress and the limits of the Empire's intent. Further, this chapter will explore the gendered divisions inherent to medical practice in the form of the nurse and other lay practitioners, considering how nursing roles either serve to emancipate women working in a colonial setting, or further serve to limit women's expression by affirming their place only as caregivers.

Textual practice: the role of the doctor

As Plock identifies, modernism's engagement with medical, scientific and imperial authority gathers significance by being part of the movement's general anti-teleological concerns. In conformity with

similar modernist approaches to other social phenomena, such as art and culture and religion, medicine likewise fits into a pattern of criticism of accepted or authoritative disciplines, iconoclasm, and radical reworking or rethinking of the contemporary world by modernist authors. However, such criticisms take place during a period when the Empire and its associated metanarrative of progress and the 'civilising mission' were very much still extant. Of course, the Indian nationalist movement of the 1920s and 30s, the devolution to diarchy via the Government of India Act 1919 and further autonomy granted by the Government of India Act 1935, and the ongoing decline of British industrial infrastructure in comparison with European nations and the United States cast a long shadow over the British Empire and made it clear that serious change, if not the end itself, was no more than a decade or two away. Even so, the reinscriptive properties of the Empire's wartime efforts, and events such as the Empire Exhibitions held in London in 1924 and Glasgow in 1938, were clear, and helped to create a feeling of solidity to British imperialism despite these threats to its existence.[26]

In the post-imperial period in which Rushdie, Scott, Farrell and Jhabvala were writing, however, no such grand narratives or structures exist for Britain, except as memory or nostalgia. In the period between 1965 and 1981, the broad temporal span in which the majority of the texts under discussion here were written, the postwar consensus and industrial prosperity Britain had enjoyed after 1945 was in decline, and the nation had yet to be admitted to the European Economic Area and experience the galvanising effect this would have on the economy in the late 1970s and early 1980s. The return to the history of Empire, its events, individuals or legacies through their novels in this period, then, is not simply the criticism of an extant system enacted by the modernists, but instead suggests a more searching critical process in which these authors seek to explore the postcolonial British psyche, the pre-history of the nation's modern circumstances and the limits of its contemporary and historical authority. The postmodern incredulity towards metanarrative is thus combined with the critical approaches to the colonial past offered through postcoloniality and mediated through the meaning-making inherent in the medical humanities. Whereas the continual criticism of postmodernism and its authors is that an adherence to irony precludes serious critique, the confrontation with power enacted through the engagement with illness and representation, and how imperial authority is encountered on an individual level through medicine and health, gives a human and

critical depth to these novels that transcends their playful and intertextual aesthetic.

In a similar vein to their use of illness as metaphor, explored in the previous chapter, a key means through which Farrell, Rushdie and Scott sought to engage with British cultural and medical authority was through the figure of the doctor. Of course, alongside their contextual and colonial relevance outlined above, the place of doctors within the metaphorical signification of storytelling and narrative is evident. Margaret Healy argues that in doctor–patient interactions, the doctor's role is to 'read the signs of the body' and interpret them, thus conveying the 'story of his or her individual body'; in return, continues Healy, the physician is expected to 'offer an authoritative narrative which makes sense of, and gives meaning to, the patient's troubling experiences; only then can tests and a cure be initiated'.[27] The role of doctors as storytellers is particularly apparent in Farrell's work, notably *The Siege of Krishnapur* (1973) and *The Hill Station* (1981), where a great deal of both narratives are focalised through the character of Dr McNab. Likewise with Rushdie's *Midnight's Children*, where Saleem's narrative cannot be understood without that of Aadam Aziz's own experiences, and the role of his profession in the circumstances that would one day lead to Saleem's birth.

In light of Healy's analysis, for Scott and Farrell, employment of doctors within their fiction is part of considering their own biographical health issues and efforts at self-healing and goes beyond the importance of doctors as a form of narrative driver. Farrell in particular notes in his unpublished diary that he became 'interested in writing, largely I suppose as a sort of self-therapy'.[28] When connected to his general desire, alongside that of his contemporaries, to consider the circumstances of modern Britain (as expressed to Malcolm Dean), the doctor in Anglo-Indian fiction of this period takes on new significance; by responding to the symptomatic nature of the cultural return to Empire in British society, the function of the doctors in these novels, and indeed the authors themselves, is diagnostic; through their emphasis on medicine and historical narrative, these books seek to read the signs of the British social body and ascertain its ills in the hope of initiating a cure. Responding to Britain's position as the 'sick man of Europe', these texts are, like works from the same period by Margaret Drabble, J. G. Ballard, Martin Amis and even John le Carré, 'condition of England' novels; their inclusion and narrative use of the doctor and other medical professionals is a further extension of how their authors use medicine to explore the various divisions that are affecting contemporary Britain.[29]

As outlined in Chapter 1, in *The Siege of Krishnapur* Farrell uses the conflict over cholera to illustrate a range of internal divisions and disagreements amongst the novel's British characters and undermine the perception of unity generated by the nation's imperial mythos. As the siege continues, the general rivalry between the garrison's civil surgeon, Dunstaple, and the regimental surgeon, McNab, culminates in disagreement over how best to treat cholera.[30] Farrell develops the dispute between Dunstaple and McNab from professional rivalry over miasma and water-borne theories of cholera into an open and public antipathy between the two men, their services and the differing philosophies of medical practice they come to represent. In the latter of two scenes set in the garrison's church, Dunstaple demands that McNab justify his hydration-based treatment of cholera patients. Farrell once again uses period sources, basing Dunstaple's arguments on the Royal College of Physicians' 'Report on Epidemic Cholera' (1854) and McNab's rebuttals on the research undertaken by John Snow in London between 1853 and 1854.

McNab fails to convince the garrison, and the treatments conducted by Snow in London are shown to gain little traction in an Indian context. Farrell thus reflects the opposition between the medical establishment in Britain and the IMS, which continued to support miasma theory into the early twentieth century, arguing that environmental pollution, bad air and poor sanitation as well as impure water were the source of cholera in India.[31] E. M. Collingham notes that European ideas and their proponents were not often afforded credibility by an IMS dominated by an older generation of doctors with outmoded understandings of physiology and treatment.[32] For instance, in the 1870s the Indian Sanitary Commissioner J. M. Cunningham condemned Snow's ideas as 'mere hypothesis' based on 'inexact and imperfect evidence'; in *The Siege of Krishnapur*, Dunstaple similarly derides McNab's convictions as 'rubbish' and charges McNab as unable to provide proof of his theories beyond these statistics.[33]

On the surface level, and akin to what Farrell does with phrenology elsewhere in the novel, this scene appears initially comedic as a consequence of its dramatic irony; for all Dunstaple's passionate conviction and criticism of water-borne theory, the reader knows that miasmatic transmission of cholera is eventually disproven and that history will vindicate McNab.[34] However, given the limitations of postmodernism, historical irony is not Farrell's sole intention. Instead of simply employing the cholera debate as a plot point to illustrate dramatic tension, Farrell uses it, alongside the pseudoscience of phrenology, as a lens through which to further satirise the

adherents of Empire in Victorian society within the novel and contemporary society outside of it. As D. C. R. A. Goonetilleke has observed: 'when Farrell plays off the present against the past he is critical of both'.[35] Here, Farrell's split perspective on cholera seeks not only to highlight the divisions inherent to Empire both past and present, but to draw a parallel with contemporary debate on how best to treat the metaphorical ills of the nation; either through reliance on the familiar, traditional, but unsuccessful methods, or by disregarding the past and embracing something more radical.[36] By denying the analyses of McNab and by extension Snow, the garrison instead defers to the authority associated with Empire, again drawing comparison to Farrell's contemporary moment in which he suggests that the British public are likewise denying the evidence before them and are instead looking backwards to the perceived securities of the past.

By making them the polarities of this debate, Farrell expands his metaphor to the doctors themselves. Dunstaple is described as 'a kindly and paternal man' possessing 'authority and good humour . . . the more experienced, and hence the more reliable of the two'.[37] McNab, on the other hand, whilst similarly authoritative, 'seldom smiled' and 'seemed to take a pessimistic view of your complaint, whatever it was'.[38] Farrell suggests that the familiar, paternalistic view of Empire is preferable to the prospect of a post-imperial Britain facing the reality of its situation, allowing one of his characters, Mr Willoughby the magistrate, to observe of the garrison '[H]ow much more easily they were swayed by prestige than by arguments!'[39] The unsettling effect of the conflict between adherence to tradition and acceptance of an uncertain alternative is keenly illustrated by Farrell. As the bitterness of the cholera debate deepens, Farrell writes of how the garrison 'took to carrying cards in their pockets which gave the relevant instructions in case they should find themselves too far gone to claim the doctor they wanted'.[40] As both doctors hold forth on their respective theories, various members of the garrison cross out and rewrite their preferred choice of doctor multiple times. Farrell captures a picture of Britons, to paraphrase Homi Bhabha, caught uncertainly in the act of composing themselves; indecisively caught between their perception of comfort and familiarity in tradition and the hard logic of reason and fact.[41] Farrell intimates that a preference for tradition against all better judgement is equally applicable in a 1970s context; as he stated in his interview with Dean, 'I hoped to say something . . . about how we, in our thriving modern world of the 1970s hold our own ideas.'[42] By making his colonial Victorians ridiculous, Farrell strives not just

to lampoon them and their views but also to make his contemporary audience consider how their own actions and judgements may one day too be assessed.

The Siege of Krishnapur was not the end of Farrell's engagement with medicine and health through his fiction, but rather the consolidation of that process of analogy between the health of individuals and that of their wider society that began with Angela Spencer's mysterious illness (later implied to be leukaemia) in *Troubles* (1970). Farrell returns to the setting of colonial India in *The Hill Station*, however, the novel's main narrative is much less overtly dramatic than *The Siege of Krishnapur*; set some twenty years after the events of the rebellion in the mid-1870s, it follows the journey made by Dr McNab, his wife Miriam and niece Emily up to Simla (now Shimla) for the summer season, and their various encounters with colonial society there. Despite the seemingly sedate setting, Simla is revealed as a more divided community than that of Krishnapur, riven by petty jealousies over social rank as well as more serious disputes over faith and theology. *The Hill Station* is set in the midst of the so-called 'Imperial heyday', that point between the Rebellion of 1857 and the First World War where imperial expansion into China, Africa, the Middle East and elsewhere continued apace, and the national narrative was one of a modernising, prosperous Britain unified in its pursuit of such goals.[43] Again, Farrell's objective is to unpick these metanarratives of Empire and complicate the more simplistic contemporary understanding of British history.

As the novel develops and Farrell exposes the rivalries and factions that exist beneath the surface of Simla society, he once again uses medical metaphor and the figure of the doctor as a means of enacting his criticism of Empire. The central dispute within *The Hill Station* is doctrinal in nature and concerns the contemporary debates over ritualism in the Church of England, and the fear of growing Catholicism within colonial society.[44] Juxtaposed against this is the tuberculosis of Reverend Kingston, the clergyman at the heart of the dispute itself, and a further subplot in which a rabies scare takes hold of the community. From the materials in Farrell's archives, the manuscript of *The Hill Station* is thought to approximate half of the planned novel.[45] It is notable then that so much of it is dedicated to the representation of Kingston's illness, one of Jessica Howell's 'scourges' of the nineteenth century, including an entire chapter in which McNab examines Kingston's symptoms at length and reaches his diagnosis.[46] In a tender, nuanced piece of writing in which the balance of power within the conversation passes back and forth between

McNab and Kingston (acting as representatives of their institutions and the wider nineteenth-century tension between medicine, science and faith), McNab voices his conclusions to Kingston:

> His illness was a secret he had had to carry alone for too long. McNab had seen this many times: the very bravery and self-control which a man or woman displayed when obliged to face the fear and suffering of death by themselves made the release of feeling all the more overwhelming once there was someone to confide in.[47]

McNab's expertise extends, again as Healy observes, to a narrative role in the diagnostic process as well as a medical one. Farrell suggests that McNab, and doctors in general, are not necessarily dispassionate representatives of an authoritarian or didactic biomedicine, but rather facilitate the recognition of the lived experience of illness and, moreover, as confidants, enable that story to be told aloud, or with resonances to the religious themes of the novel, through a sort of secular confession.[48] Doctors such as McNab are depicted as a conduit for meaning and change, either for the difference between sickness and health, between sickness and pathology, and through which treatment or remedy become cure. In this instance, and through McNab's measured yet respectful interactions with Kingston, Farrell illustrates how the doctor acts as amanuensis for a story that the patient is sometimes unable to write themselves. Farrell's novel thus brings the notions of narrative, medicine and the lived experience closer together, which belies the efforts of medical practice towards emotional and personal distance from the patient. Moreover, Farrell reveals that part of the reason McNab agreed to come to Simla is to find time to write a long-promised treatise on Indian medicine that will 'distil some order from the chaos of a life's work in medicine'.[49] Whilst McNab's narrative role conforms to McLeod's observation on how Farrell's novels are filled with instances of textual production, again supporting his inclusion within postmodernist discourses of fiction, such efforts again place *The Hill Station* within the frame of narrative medicine and the attempt to gain control over the disordered experience of illness, for both the patient experiencing ill health and the doctor treating it.[50] The mention of 'chaos', resonant of Arthur W. Frank's narrative modes of pathography, suggests that the role of the doctor, and the implications of their actions, extends beyond bodily treatment and affects the social existence and health of the patient too. The clarifying and ordering role of the doctor is emphasised in Farrell's manuscript drafts of the novel, where this

encounter between McNab and Kingston is subtitled 'The Doctor of Confusion'.[51]

Farrell's novel also illustrates his concern for the necessity of humanism and empathy within medical practice. Indeed, Farrell's characterisation of McNab suggests that no doctor can proceed in a purely medical, professional capacity, and even that a degree of humanism is necessary for care to take place at all. McNab spends much of *The Hill Station* attempting to fathom what he calls the 'moral dimension' of illness and reflects repeatedly on his belief in how health can be affected by an individual's interiority, their social outlook and their spirituality.[52] Whereas in *The Siege of Krishnapur* Farrell uses the church setting to emphasise further conflict between faith in religion and faith in science and medicine, presenting them as antithetical structures, *The Hill Station* complicates this binary approach through McNab's ongoing philosophical and spiritual development. McNab's concern with affect and feeling makes him another of Farrell's temporal and contextual disjunctions within his fiction, in that he evokes a twentieth-century humanist doctor placed in the context of a professionalising nineteenth-century medical establishment more than he is an old-fashioned humanist at odds with the change in his contemporary moment.[53] Indeed, in *The Siege of Krishnapur*, the reverse is the case, and Dunstaple deplores McNab's adherence to less traditional methods of care.[54] Instead, and in a link to John Berger's *A Fortunate Man* (1967) and the work of John Sassall, McNab's actions and approach embody the efforts towards empathy sought by medical humanities and the humanising turn within medical practice after the Second World War.[55] Rather than use the doctor to enforce metaphorical divisions between reason and faith, Farrell instead argues that biomedical science and the lived experience of the patient are not two adversarial aspects of the process of treatment, but rather constitute the holistic experience of being ill and the disruption to the physical and ontological integrity of the subject that it incurs. McNab is thus part of Farrell's anachronistic approach to temporality and healthcare, with his speech-based, interlocutive approach to treating Kingston anticipating, as McLeod notes, the twentieth-century advent of the talking cure and Sigmund Freud's work in psychology.[56] Again, just as he does with Darwinian natural selection and the cholera cloud, Farrell deliberately blurs the temporality of his novels, emphasises an essential synchronic humanity to his characters across time, and closes the distance between his Victorian subjects and the contemporary present.

Like Farrell, Scott's *The Raj Quartet* is concerned with the juxtaposition of past and present. In the first novel of the series, *The Jewel in the Crown* (1966), this is made clear explicitly through its epistolary and documentary form; however, as the series progresses, Scott largely abandons this format in favour of a far more conventional historically set novel.[57] Even so, the comparison between the past of the narrative setting and the present of Scott's authorial moment is nonetheless made visible in the repeated clashes between the thoughts, opinions and beliefs of the older generation of Anglo-Indian society and those of various newcomers brought to India by the war that recurs throughout the remaining books in the series. Just as Farrell does with the division between the new methodologies of McNab and the comfortable paternalism of Dunstaple, Scott too uses developments in medical practice, and their contentious social reception, to illustrate the change in colonial society and the loss of its old securities.

Alongside the handful of practitioners who appear in the early novels, Scott focuses his engagement with the figure of the doctor in the third novel of his series, *The Towers of Silence* (1971), through the character of Captain Samuels.[58] Samuels is introduced as a Royal Army Medical Corps psychiatrist attached to the military wing of the hospital in Pankot, and is responsible for Susan Bingham's treatment after her bereavement and breakdown at the end of the previous novel, *The Day of the Scorpion* (1968). As a member of the socially prominent Layton family, daughter of Colonel John Layton of the Pankot Rifles, and widow of a former officer, Susan is entitled to care from the military hospital as opposed to only that of the Civil Surgeon, Dr Travers. Susan's mother, Mildred, the formidable memsahib of the community, directs her care, and whilst she appears glad that Susan gets both the greater attentiveness of the military hospital and the recognition of her rank, Susan's treatment causes her some consternation as a result of Samuels' involvement. Mildred dismisses Samuels as a 'trick cyclist' whose expertise is confined to 'slackers' who had been 'deprived of fish and chips' based on the fact that he is a newcomer to India, and used to dealing with military cases.[59] However, the main impetus behind Mildred's concern is the question of social propriety raised not by stigma associated with Susan's breakdown, but rather her interactions with Samuels. Illustrating how her class prejudice is supported by an evident antisemitism, Mildred believes that 'there was something disagreeable about Susan being talked to, questioned, by a man; particularly by a man like Samuels who might be considered clever at home where psychoanalysis was

fashionable, but who was after all a Jew'.[60] Scott shows how the Anglo-Indian preoccupation with the maintenance of status ironically confounds itself in so much as, while Mildred accepts the treatment of the military hospital – as is Susan's entitlement and which affirms her social position – to do so means accepting that her treatment will be administered by Samuels, whose identity as dual outsider, by dint of his newness to India combined with his Jewishness, is at odds with the appearance of prestige she wishes to maintain.

Samuels' experiences in Pankot illustrate how Scott uses the figure of the doctor to highlight the divisions within Anglo-Indian society, but also to emphasise how that society resists change in favour of tradition and belief in an established, exclusionary order. Mildred denigrates Samuels' involvement, as she considers him to be outside their social and professional sphere. However, her antisemitism and resistance to what Samuels represents, just as with Farrell's *The Siege of Krishnapur*, extends to a suspicion of the doctor's methods and abilities as well as his origins. Scott writes that Mildred asks little about Susan's treatment and takes no interest in its detail because she 'distrusted the whole psychiatric process and had no time at all for the jargon'.[61] Instead she complains that Susan is not in the nursing home recommended by Travers, where 'a good rest, a change of air, and the company of young people' would put her right, evidencing her faith in the traditional rest cures and seclusion that were commonplace mental health treatments two decades prior.[62] Her attitudes towards the new methods of psychoanalysis likewise recall the approach of the IMS to bacteriology half a century earlier, marking a belief in conflict between British or European practice and the particular nature and requirements of colonial India. Such attitudes mean that Scott's novel likewise suggests a backwards-looking mentality, swayed by the prestige of the past and driven by a belief in exceptionalism.

Scott's characterisation of Samuels furthers the suggestion of how the doctor can broker a break between old and new. Having treated her for a short while, Samuels advises that Susan's readmittance to society take place at a social occasion, so she attends a farewell party for Nicky Paynton, the wife of an officer killed in the fighting at Arakan. Samuels' decision to permit Susan to attend, described as 'an extraordinary choice' and a 'bit cool' by the community, apparently fulfils part of Susan's treatment, but it also allows him admittance to Anglo-Indian society on a more equal footing under his professional duties, rather than as a disempowered outsider.[63] Samuels is revealed to be, like McNab, a disruptive presence, but in a way that is far

more wilfully disdainful of colonial hierarchies than disagreements over cholera treatments. In conversation before he arrives, Samuels is criticised for not observing any of the social niceties of Anglo-India, such as calling, or making an effort to show deference to the local sahibs and their wives.[64] Indeed, when introduced to Nicky Paynton he shows no interest in impressing her or inviting Pankot society to like him: 'Captain Samuels was slender, fair-haired. He looked down on Nicky [Paynton] from above average height. He did not smile . . . The image of the Jew-boy trick cyclist was completely shattered. He was remote, patrician; in the opinion of most of the women present disturbingly, coldly, handsome.'[65] When asked whether he was a Freudian or a Jungian, Samuels instead and with a 'flicker of . . . amusement' professes an interest in Reich's theory of how the human orgasm is a 'major contributory factor to physical and mental health', clearly intending to puncture the atmosphere of emotional repression he sees in colonial society and provoke those present.[66]

Samuels' lack of interest in impressing his hosts does not come from the acknowledgement that they are unlikely ever to accept him, given his status and his Jewishness, but rather reflects his opposition to what Pankot society represents. Scott goes on to illustrate how Samuels is less disinterested in colonial society as much as he is openly critical of it, and, in particular, its psychological effects on the individual:

> As Samuels followed her his glance fell here and there upon faces as if he were looking for evidence of mental and emotional disorders of the kind he had presumed to uncover in *her* but blamed *them* for. He bore himself like a man taking someone out of an area of contagion.[67]

Through Samuels, Scott acts to criticise the psychology of the society he observed in India and its unhealthiness. In light of his opinions, it is significant that Susan is permitted to re-enter society through a kind of post-traumatic debutante ball, thereby evoking and satirising such outmoded traditions, but that she leaves again in the care of Samuels. It is another moment of the transition of power between the weight of social expectation inherent in the Old India of the Laytons and Payntons, and recognition of that of the new, embodied in Samuels and the professional authority and change that he represents. Scott shows that Samuels, and the doctor in general, can be a destabilising figure as much as they can act towards restitution, existing outside of the traditional dominant hierarchies of colonial military or government. Moreover, the metaphorical resonance of Susan's breakdown

and Nicky Paynton's widowhood, which foreshadow the imminent trauma invoked by the loss of Empire and the bereavement of its passing, are likewise apparent. Teddie Bingham in particular dies as a result of his faith in the traditional values of the military, whilst the old guard like 'Bunny' Paynton, John Layton or 'Tusker' Smalley are killed off, retired, or shown to be irrelevant; Samuels' psychoanalysis thus appears, in light of Susan's place as inheritor of these outmoded Anglo-Indian values, as much a preparatory response to the impending end of Empire as it does a restorative treatment for her condition.

In foregrounding Samuels throughout this section, Scott suggests that the doctor and the treatment they provide can be unsettling and even destructive, recalling Sontag's analysis of the illness experience and its propensity to sever social connections. However, both Scott and Farrell further indicate that such destruction is necessary, especially when it intersects with the hierarchies and structures of the Empire. For Scott in particular, the breaking down of colonial authority Samuels undertakes through Susan (punning on her own breakdown) is indicative of Scott's critical approach to colonial society; through Samuels, Scott asserts that the outsider figure, a representation of how he himself felt in India, is vital to the narrative process of diagnosis, understanding and change, either within the fictional world of *The Raj Quartet* or within the wider discourses of the return to imperial narratives in the 1960s and 70s as part of the Raj Revival. Moreover, Scott implies, it is the feeling of detachment that makes these individuals effective in their criticisms, something he further compounds through Samuels' Jewishness; differing to McNab's humanistic care, a degree of remoteness and emotional distance are required for truly honest, dispassionate diagnosis to take place. Only then, Scott appears to suggest, can cure or healing occur, even if it equates to destruction.

The experience of change and destruction can also apply to the doctor themselves, especially if their outsider status pushes not only at the strictly enforced borders of colonial society but extends to their ethnicity too. Whilst Samuels' Jewishness places him partly within this category, he is shown to be able to pass sufficiently within British society as a result of his professional and national identity. The same is not the case for Indian practitioners. In Rushdie's *Midnight's Children*, Aadam Aziz undergoes repeated changes as a result of his medical training and profession as a doctor, either in social status, political worldview or in terms of understanding his own ontology in relation to the colonial hierarchy of the British Empire. Whilst Aadam's decision to become a doctor and his medical training in

Heidelberg occur before the point at which Saleem begins his retelling of Aadam's story, it is apparent that his experiences have already altered his identity and the way he is perceived by others by the time that the reader is introduced to him in the opening pages of the novel. As the chapter develops, Rushdie uses Aadam to illustrate a host of concerns around mutability of the Indian subject under colonialism and how the supposed benefits of European professional education, idealised as a form of imperial uplift, serve to isolate as much as they empower the individual.

Aadam's return to his home state of Kashmir is mixed; although armed with his new knowledge and professional standing, Rushdie writes that Aadam 'also felt – inexplicably – as though the old place resented his educated, stethoscoped return', setting up a legacy of disconnection and outsiderness that affects generations of characters across the narrative.[68] Rushdie suggests that medical education confers on Aadam a '[p]ermanent alteration: a hole', created by the different perspective his training and European experience gives him on politics, faith and selfhood.[69] His newly achieved medical knowledge ironically results in greater ontological uncertainty, prompting questions of self-knowledge, despite his deeper medical understanding of life and death. Led to a state of disbelief and agnosticism by the confluence of his Eastern religion and his Western education, the hole in Aadam Aziz is a spiritual wound that the techniques and methods of biomedicine cannot heal. Rushdie embeds the conflict of the split Indian subject through this satire of faith in medicine throughout this initial chapter and the rest of the novel, with doubt, difference and dislocation forming the roots of the Sinai dynasty.[70] The focus on the trappings and iconography of his profession likewise mimic and replace those of religion, with the stethoscope in particular, worn around the neck like a symbol of religious devotion, attracting scorn and derision from Tai the boatman and furthering the conflicts and oppositions between faith and medicine that recur in Farrell's writing. Likewise, the pig-leather medical bag Aadam carries becomes an object of concern, part icon, part blasphemy, and also representative of European colonialism and the shift in his being. Rushdie writes that 'the bag represents Abroad; it is the alien thing, an invader, progress', and its instruments, such as the stethoscope, serve to replace existing, more authentically Indian and organic, ways of understanding being.[71] Further, with its 'knives, and cures for cholera and malaria and smallpox', the bag is also a Pandora's box, signifying the threat enclosed within the change wrought by his medical training and the epistemological system it represents.[72] Aadam's return effectively

mimics the incursion of a colonial missionary, carrying his outsider's knowledge into the local community and changing it forever.

As a consequence of his Indian ethnic identity, however, Rushdie goes on to illustrate how Aadam can never truly assimilate into British colonial society either, despite his adherence to its professional values. Reflecting the same currents of systemic racism experienced by Forster's own Dr Aziz, Rushdie uses Aadam to illustrate the indifference of the colonial system towards the altered Indian subject that it produces, regardless of how educated they may be or what social standing they may have achieved through their Westernisation.[73] Despite his initial association with European biomedicine and its implied place as an extension of the imperial project, however, what faith Aadam Aziz has in colonial British India is short-lived. Further to his conflict with Tai, the 'hostile environment' he finds on his return to Kashmir leads him, with dramatic irony, to accept work in Amritsar in early 1919.[74] Here he becomes involved in the nationalist disturbances that sweep the city, again ironically using his medical skills tending Indians who have suffered wounds in the rioting, treating the results of British colonial violence with its own medical practices, and returning home to his wife Naseem covered in the 'red medicine' of mercurochrome. His experiences at Amritsar culminate in his trauma at the massacre at the Jallianwala Bagh on 13 April, where, forced into the compound with other Indians, he is part of the crowd fired upon by Dyer and his men. In the midst of the bloodshed, Aadam's instincts reassert themselves, and as a result of the sneeze that saves his life he is thrown to the floor and onto his doctor's bag, which inflicts 'a bruise so severe and mysterious' that it does not fade until after his death, years later.[75] Crushed under the bodies that fall on top of him, Rushdie writes that Aadam's nose is 'jammed against a bottle of red pills' whilst his 'bottles, liniment and syringes scatter in the dust'; that the 'big shot doctor', though here unscathed by any bullets, suffers the indignity of being forced into the dirt like any other Indian recalls Aziz's loss of status after Adela Quested's accusation.[76] However, Rushdie goes further to confront Aadam with the implications of his profession, and how through medicine he is complicit in the colonial system that abuses him. With evident symbolism and in an ironic inversion of the previous scene, he returns to Naseem covered not in red medicine but in blood. Unwelcome in Kashmir and sickened by Amritsar, Aadam thus becomes stateless, again othered and caught between his two identities, aware that he is not part of British society but knowing too that 'with Tai in his head, [he] does not feel Indian' either.[77] Aadam's medical

education thus dually others him, enabling his movement within British and Indian colonial societies but not allowing him to belong in either of them.

Beyond the religious resonances of Aadam Aziz's 'conversion' and his loss of faith, the altered state of his being has further secular resonances in relation to Kashmir and Rushdie's approach to nationhood, identity and the effects of Empire. In its juxtaposition of the newly fashioned, educated middle-class doctor and the peasant class of the long-lived (if not eternal) boatman, Tai, Rushdie presents his criticism of how colonialism not only sets Indians against each other in cultural contest and class conflict but disempowers them all further in the process. Aadam Aziz is raised up in social terms by his achievements but becomes the subject of their limitations also. For instance, though the sheet through which Aadam treats each of Naseem's illnesses is partly Rushdie's analogy for the partial recounting of history and subjectivity and the necessity of piecing together the whole from its component parts, it is also a criticism of the limits of Western medical practice as conferred through the doctor and its tendency towards reductionism when it concerns the human subject. In the same way that Aadam's treatments reduce Naseem to 'a badly-fitting collage of her severally-inspected parts', the figure of the doctor here is likewise reduced to his gaze, his hands and their function.[78] Whilst Aadam's social standing is increased by his profession, his personhood is inversely diminished. Moreover, the antagonism between Rushdie's characters here is further significant because of the legacy it has on Saleem, who is himself a signifier of the 'new' India, born at the stroke of independence. Saleem is a composite of both of these influences, that of the Westernised, professionalised, educated Indo-European family within which he is mistakenly brought up, and the instinctual, corporeal humanity represented by the peasant boatman, whose unwashed and scrofulous state comes to represent the apparently eternal poverty and disease of India and the class to which Saleem had truly been born before being switched. The divisions, distrust and internal doubts engendered by Aadam and Tai's antagonism are thus internalised and become integral to the new Indian subject. The incompleteness of the Indian subject after colonialism is likewise perpetuated, symbolised by the ongoing conflict over Kashmir between Pakistan and India; the absence of Kashmir from either country is a further hole that cannot be filled, yet both countries strive to complete it through further conflict.[79] Just as Saleem is incomplete as a result of various injuries and missing pieces, curing the wound and the void at the centre of the Indian

subject is beyond the power of the doctor, and indeed the conflict over Kashmir is that which eventually kills Tai in 1947.

Ultimately, linking the doctor protagonists of Rushdie, Scott and Farrell is their adherence to and embrace of the new, whether in methods, the empathy of their outlook or just by the fact of their ethnic identity, in the face of an Anglo-Indian society committed to the preservation of tradition. Samuels, Aadam Aziz and McNab are all, in their differing ways, radical reimaginings of the colonial doctor who are confronted with a medical establishment that is stagnant and resistant to change. Colonial medicine becomes representative of the anti-progress narrative, experienced on both a social and individual level and used by these three authors to again question the adherence to the past in their present moments; the faith in the outlook and ideology of the past, here represented by the authority of the colonial medical establishment, is shown as misguided, limiting and occasionally dangerous. Rushdie, Scott and Farrell all use their doctors in the hope of diagnosing, questioning and remedying such misplaced faith in the British Empire, and in the hope of prescribing a new approach for the future. The doctor is no longer there to repair and restore the social body to its status quo, but rather prevent such a terminal relapse.

Midwives to colonial society: nurses, missionaries and the female caregiver

In tandem with, and sometimes in opposition to, the doctors that appear throughout these novels is the figure of the female caregiver. In the same manner that medical practice offered a means of social and professional advancement for Indians under British rule, so too did it appeal to women from across the social and ethnic spectrum of the Raj. Though East India Company and missionary hospitals existed in India from the seventeenth century onwards, nursing as a professional occupation began very much in an ad hoc fashion in response to the British wars of the 1850s. Fresh from her efforts in the Crimea, Florence Nightingale was instrumental in establishing similar principles of healthcare and treatment in response to the inadequacies of care experienced by British participants in the Indian Rebellion of 1857, leading to the development of the Nursing School at Netley in 1860.[80] Given the extensiveness of that conflict, and the fact that it involved not only military personnel but the civilian populations of British cantonments and stations across India, women

from across the class spectrum were pressed into far more active service of Empire; the great boom in popular memoir that followed the conflict acts as testament to the involvement of women in a nursing or auxiliary capacity, with numerous accounts from the many sieges such as at Lucknow, Agra and elsewhere attesting to their fortitude, if not always their skill. Such narratives of collective British resistance in the face of adversity crystallised in the decades that followed and became one of the defining metanarratives of British India, as recognised in the slew of novels written across the life and aftermath of the Raj.[81]

In later decades, the efforts of the British Government of India, aided by the creation of the Countess of Dufferin Fund, to improve and expand the provision for women's healthcare through medical training, the opening of new facilities, and other public health measures were widespread, mirroring similar developments in Britain at that time and swiftly exceeding them.[82] Within the military context, the establishment of the Queen Alexandra's Imperial Military Nursing Service in 1902 bolstered the extent of nursing practice in India as well as the numbers of women engaged in practice.[83] The creation of the Women's Medical Service for India in 1913 added a professional branch to complement the work of the charities and missions. Alongside the expectation, if not necessity, for women to manage the health of their families as part of the domestic economy – especially where they were often many miles from a trained professional, as in the case of Margery Hall at Loralai – nursing and female medical practitioners eventually became commonplace in British India. Though H. Hervey, writing in 1913, alleged that female doctors were generally disliked by their male counterparts (seemingly as a result of the latter's sexism rather than any fault of the former), the accounts by ICS officers regarding the medical facilities in their districts have nothing but praise for the efforts of female medical practitioners of all ranks and the benefit of their work to Anglo-Indian society.[84]

Such gendered divisions inherent to medical practice are visible in Anglo-Indian fiction, with authors such as Jhabvala and Scott in particular seeking to represent female medical practitioners in their work, either as counterparts or in comparison to the male doctors already identified above, or as a means of exploring how the paternalism of the Indian medical establishment is encountered and experienced by female subjects. Additionally, their novels explore alternate means and methods of medical practice through Indian and European female characters, illustrating that although the British Raj became increasingly more orthodox and professionalised in its

practice and apparatus as described above, there were still opportunities for women to play active and significant roles within medical practice. Even so, Scott and Jhabvala do not offer a picture of unproblematic female empowerment through medicine; differing from Farrell's McNab, treated with scepticism but respect by Simla society, or Scott's own Samuels, the disruptive outsider who forces change on an ossified Raj, female practitioners evoke mixed feelings and experience mixed fortunes within Jhabvala and Scott's narratives. Their novels repeatedly offer a contradictory portrait of how nursing and associated practice can serve to emancipate women either working or receiving treatment in a colonial setting, whilst also serve to limit women's expression by affirming their roles as caregivers to the exclusion of other possibilities.

For Jhabvala, whilst illness and health are continual currents that run throughout her novels, her focus on medical personnel is seemingly more limited and selective than her counterparts. For the most part, the doctors that populate her novels are academic rather than medical by background, such as Hochstadt in *A Backwards Place* or Sarla Devi in *Get Ready for Battle* (1962), who are both economists.[85] Those medical practitioners that do appear are those who seem either disconnected from the profession, such as the unnamed doctor in *A Backwards Place*, who, having 'long since ceased to practise', is now a landlord, or disconnected from their patients, as Jhabvala's representation of the aloof Saunders in *Heat and Dust* (1975) suggests.[86] For Jhabvala, her novels are less about considering the exercise or break from the paternalistic power invested within doctors as explored by Scott, Farrell and Rushdie, but rather the consequences of a confrontation with it, as experienced by disempowered female subjects such as Ritu, Leelavati or Olivia. Given how pregnancy and birth are seemingly Jhabvala's leitmotif, as observed in the Introduction, the medical experience of women around pregnancy recurs across her narratives, on each side of the Indian and European divide her novels often impose. In doing so, her work again recalls Foucault's analysis of the inequality of the clinical encounter and the hierarchical relationships implicit within biomedicine. Her response then, through the representation of Indian medicine in particular, is to offer an equitable alternative to the norm of female experience at the hands of European doctors.

In *Heat and Dust*, the prevailing juxtaposition of these medical systems and their practitioners comes towards the close of the book, when Olivia elects to have an abortion rather than bear the Nawab's child. Through an arrangement made by the Begum, the Nawab's

mother, Olivia is taken to a 'tumble-down' house in Khatm and attended by 'two homely, middle-aged midwives'.[87] There she is made to lie on the floor whilst the two women induce an abortion through vigorous massage of the stomach. Jhabvala's inclusion of this procedure, a much older alternative to the medical and surgical abortions of the modern era, illustrates the difference between the coldness of Saunders' approach and the human connection offered by more traditional medical practice.[88] Despite the shabbiness of the house, Olivia notes that:

> . . . this was not in any case unpleasant. They were massaging her abdomen in an enormously skilful way, seeking out and pressing certain veins within. One of the women sat astride her while the other squatted on the floor. Their hands worked over her incessantly while they carried on their conversation. The atmosphere was professional and relaxed.[89]

As well as the difference in her surroundings to those of European medical practice, the method and manner of her treatment vary considerably in terms of their intent and what they signify. Rather than the hierarchical gaze of biomedical practice, where the patient is rendered vulnerable by being laid prone on the operating table whilst practitioners stand above them, here the three women are all on the same level. As opposed to examination or inspection, here the midwives engage in physical contact and affective touch, delivered with a professionalism and skill at odds with the 'tumble-down' context of their surroundings, and also counter to the assumptions and expectations made about Indian or non-European medicine, which are evident in the focalised perspectives of Olivia and the narrator. Further, no medical instruments are used; instead, the means of enacting the procedure come from within Olivia's body or through natural remedy, such as the insertion of the twig smeared with 'the juice of a certain plant', presumably one of the various herbs or flowers such as tansy or pennyroyal that can be used to induce miscarriage.[90] In so doing, the novel is extending its underlying meditations on the idea of naturalness to the context of medical practice. In the same way that she contrasts the natural actions, emotions and instincts around Olivia's romance with the Nawab to the unnatural formality and disconnection within the relationships of the British community, Jhabvala follows this thread through to the subject of health and medicine, and employs this ancient practice to further explore the clash of cultures in Anglo-India. The division over naturalness

becomes one of the novel's central conflicts, with considerable resonance around the use of a natural method and means to induce what is perceived as unnatural within Olivia's social context, namely the act of deliberate miscarriage.

Jhabvala contrasts Olivia's gentle treatment by the midwives with that of the dehumanising approach of Saunders and his staff. When Olivia becomes ill as the procedure takes its course, she is taken to the European hospital where Saunders immediately recognises her condition as being the result of an abortion, noting that he 'had extracted many such twigs from women brought to him with so-called miscarriages'.[91] Here, Jhabvala reinscribes the status of the European doctor not just as professional authority but also as a figure of social power, noting that Saunders often 'confronted the guilty women and threw them out of the hospital. Sometimes he slapped them – he had strong ideas about morality and how to uphold it.'[92] Jhabvala illustrates how European medicine is not the dispassionate, clinical profession that it purports to be, but rather a means of mirroring and consolidating the prevailing moral values of Anglo-Indian society, especially when it comes to sexual and reproductive health. Recalling the same currents of medicine and religion that occur in Farrell's work, rather than the rational application of treatment based on physical or mental need, medical practice reveals itself to be guided as much by emotive and faith-based beliefs as it is by legal responsibility and scientific expertise. Of particular note in this section too is that Saunders relies on the support of his hospital matron, who 'stood grim-faced behind him . . . outraged' by Olivia's behaviour.[93] Jhabvala's contrast in the medical roles of women in this section is clear, suggesting a shared humanity and an empathy between patients that crosses ethnic lines (just as it does with the narrator and Ritu in the narrative present) but no similar depth of feeling when it comes to professional responsibility, with the matron's attitude serving to compound the disempowerment of women within European biomedical practice as well as wider Anglo-Indian society. As Kristine Swenson states of Victorian doctor Mary Scharlieb's *Reminiscences* (1924), a desire to offer care does not displace the racism of the Anglo-Indian community.[94] Having availed herself of Indian medical practice, Olivia is no longer part of the Anglo-Indian community and is treated as suspect; the diagnostic function of the doctor is again apparent here, with Saunders noting that alongside his outrage, he was 'somewhat triumphant' that his assumption that there was 'something rotten' about Olivia had 'been proved right'.[95]

Even so, it is important to note that Jhabvala's depiction of the Indian midwives is not necessarily the corrective to this picture of paternalistic European medicine that it might initially suggest itself to be. Though the women are professional, skilled and possessed of a greater degree of humanity and warmth than any of their Anglo-Indian counterparts, they are never really developed into meaningful characters in their own right, and instead function as a medical means to an end. The reader is likewise given no detail or translation of their conversation, nor any real sense of them as individuals. This lack of depth might be a conscious decision by Jhabvala to remain focused on the European experience of India, especially in this latter phase of her Indian novels where she was writing with this goal explicitly in mind, and to likewise illustrate Olivia's detachment as a result of the language barrier and ethnic distance between them.[96] Such a decision also emphasises the difference between Olivia's time and that of the narrative present, where the narrator also initiates the same procedure with an Indian friend, Maji, but interrupts her before it is completed. Maji is a much more developed character; the two women forge a greater connection, converse and interact beyond their immediate instrumental relationship. In this sense, the abortion and the midwives past and present become another aspect of Jhabvala's juxtaposed temporal settings; her novel's defining message is that for all the aspects of India, medical practice and human relationships that stay the same, there is the potential for positive change, growth and development.

The representation of medical practitioners such as the Ladies of Khatm and Saunders adds a further layer of complexity to Jhabvala's engagement with illness and health. Whereas in the case of Ritu's psychological health the narrator makes the case for Western psychiatry, here the implication of the text is that Olivia is much better treated by Indian and non-biomedical practitioners. Questions of professional expertise intersect with notions of ethnic or gendered identities and empathy in each instance here, with Jhabvala seemingly advocating compassion over the perception of professional skill or cultural authority in some cases. Her novels recognise that biomedicine requires submission to power, which produces and perpetuates male medical indifference towards female suffering, as illustrated by Saunders' attitude to Olivia in the past and by Inder Lal and Ritu's relationship or Dr Gopal's attitude towards Leelavati in the present. However, Jhabvala offers a degree of hopefulness through the narrator's resistance to the stigma associated with the expression of her sexuality that broke Olivia, and through the potential for a more

humanistic form of healthcare that combines knowledge and skill alongside empathy as embodied in the Ladies of Khatm and Maji.

Scott, meanwhile, takes a characteristically broad approach to the representation of nurses throughout his novels. Just as he does with nearly all elements of colonial society and its hierarchies, nurses appear in various forms, contexts and roles throughout *The Raj Quartet*, and thus fulfil a host of narrative and metaphorical functions. Again, medicine is entwined directly with the central premise of the series too, as Scott explains how Daphne Manners' reason for being in India in the first place is as a result of being 'dismissed the service' from her position as an ambulance driver in the London Blitz through ill health.[97] Scott further uses Daphne to echo and evoke the intergenerational colonial connections between India and Britain that characterise medical practice, as well as the ongoing British fascination with its Empire occurring in his own contemporary present. Daphne's journey to India relies on the legacies of her father's time there, when he was a respected member of the IMS at Mayapore, and the resumption of the friendships he left behind on his departure. Whereas he left India for private practice in Britain, Daphne arrives in India and seeks employment at the local hospital as part of the Voluntary Aid Detachment (V. A. D.). In her interview with the matron there, it is impressed upon her the status that nursing, as well as her family background, confers on her, with the matron emphasising that Daphne is joining the '*British* general hospital' (italics in original) rather than one of the other missionary or charitable establishments.[98] The scene also foreshadows the disputes over the maintenance of colonial hierarchies described in relation to Samuels in the later novels, with Daphne observing how the Queen Alexandra nurses and the V. A. D. 'rule the roost' and inflate their standing, noting that 'at home they'd simply be ordinary ward nurses, or staff nurses at best. Here they rank as sisters' and that all menial tasks are left to the 'poor little Anglo-Indian girls'.[99] Scott suggests that doctors like Samuels are content (and able) to destabilise such hierarchies, but that nurses and auxiliaries, in their supporting functions, mainly conform to existing regimes, and thus perpetuate social divisions for their own advancement.

As well as being relevant to the overarching plot, Scott's characterisation of nurses beginning in *The Jewel in the Crown* sets a precedent for the novels that follow, with such questions of rank, social mobility and personal freedom within the otherwise restrictive atmosphere of colonial British society recurring repeatedly throughout the series. In particular, and aside from Daphne Manners, Scott

focuses his attention on three main characters: Sister Ludmilla, Sister Prior and Sarah Layton. Just as Farrell does between *The Siege of Krishnapur* and *The Hill Station*, Scott returns to many of the themes first broached in *The Jewel in the Crown*, developing and refining them as *The Raj Quartet* progresses and his intentions, and his facility with medicine as a critical frame, coalesce.[100] However, whilst his approach to using medicine and healthcare as a means of troubling the existing state of the Raj through the doctor drew on Samuels' status as outsider and subsequent ability to force change on colonial society, Scott's approach to nursing illustrates instead how colonial society changes the lives and identities of these individuals.

Aside from Daphne Manners' experience at the hospital, Scott's other concerted focus on nursing in *The Jewel in the Crown* centres on Sister Ludmilla and her clinic in Mayapore, known as the Sanctuary. As well as being the landowner and financial benefactor of the Sanctuary, Sister Ludmilla is one of its principal practitioners, alongside Mr de Souza and the various orderlies and temporary staff they employ. When Merrick comes looking for Hari Kumar the morning after the rape of Daphne Manners, he arrives at the Sanctuary, whereupon he is received by Sister Ludmilla and demands that she explain the function of their practice, ostensibly under the suspicion that they provide shelter for criminals. As Sister Ludmilla explains:

> 'The clinic receives only in the evening. Only people who cannot afford to lose a morning or a day's work come to our clinic.' 'And your medical qualifications?' 'Mr de Souza is in charge of the clinic. He gave up paid work as a lay practitioner to work with me for nothing. The health authorities of the municipal board sometimes come to see us. They approve of what they find. As District Superintendent of Police you must know most of these things.' 'And the dying?' 'We have the voluntary services of Dr Krishnamurti, and also Dr Anna Klaus of the purdah hospital. You can of course also inspect my title to the land and buildings.'
> 'It is a curious arrangement,' Mr Merrick said.
> 'It is a curious country.'[101]

Sister Ludmilla's observation that Merrick already knows the answers to his questions is dually significant here. On the surface level, it is an early indication of Merrick's sadistic authority, later revealed in full during his interrogation of Kumar; Merrick questions Sister Ludmilla principally because he can, and in anticipation that he might be able to turn her answers against her if he needs to incriminate her later, as

he is shown to do with other characters throughout the novels of the series. The further purpose of this expository exchange, and the chapter in which it sits, is that it allows Scott to make a point about the shortcomings of healthcare and palliative care, both during and after the British Raj. Sister Ludmilla's function, and the work of the clinic, offers care to those unable to afford or unable to access the other medical facilities available within colonial society. The charitable, voluntary nursing that Sister Ludmilla engages in, with the support of de Souza, discounted medical supplies courtesy of Krishnamurti the pharmacist, and Anna Klaus' expertise, make up the shortfall in provision by the British medical establishment and government of India, thus undermining the familiar narrative of the benefits of British rule to Indian subjects. The apparent tacit consent of the health authorities further emphasises this failure of Anglo-Indian society to provide healthcare to those Indians in greatest need of it, with Sister Ludmilla's (and Scott's) most intense criticism reserved for the fact that India was, and still is, a place where people die without being given the 'dignity' of care.[102]

Scott makes a further point regarding nursing through how it affects Sister Ludmilla's identity and social standing. Whereas volunteer nurses come in for criticism from Daphne, Sister Ludmilla and the Sanctuary demonstrate how their existence is not as straightforwardly self-serving as first presumed. In the course of the chapter, it is revealed that 'Sister' Ludmilla is neither a nursing or religious sister, but rather Mrs Ludmilla Smith, originally of obscure Eastern European origin, now a holder of both French and British passports, and the widow of a British engineer who died whilst in the employ of an Indian princely state.[103] Recalling from her childhood how her mother had tried to donate to a passing congregation of nuns in Brussels, Sister Ludmilla explains how she came to dedicate her life and wealth to the running of the Sanctuary, swapping the privilege of her married life for the selflessness of medical practice. Nursing thus sublimates her previous identity and remakes Sister Ludmilla as the ideal of the female caregiver, exchanging the association with female sexuality in her past for one of feminine sanctity. Her title of 'sister', given to her by the Indians she treats, also takes on a broader significance; whilst apparently conferred on her as a result of her clothing and its resemblance to a nun's habit, there is a further humanistic resonance within it, referring to her acceptance and bond with the Indian community that she serves.[104] As a result, Scott shows how nursing impoverishes Sister Ludmilla by lowering her social standing, yet elevates her through her devotion to the lives of others.

Whilst Sister Ludmilla's presence and perspective are significant within the unfolding of the Bibighar plot, Sister Prior is a more minor character. However, she is just as revealing of the shifting identities of women within healthcare settings. Introduced towards the end of *The Day of the Scorpion*, Prior's exact role is unspecified, however, she appears to be a senior nurse at the officer's wing of the Military Hospital in Calcutta and is especially protective of Merrick whilst he is in her care. Sarah Layton encounters Prior when she visits Merrick on behalf of the Layton family, having received his letter after he was wounded in Burma attempting to rescue Teddie Bingham. Sarah, having made the long journey from Pankot to Calcutta, uses her family connections to arrange her visit, resulting in a confrontation with Prior when she arrives: 'Sister Prior made no move. They eyed each other levelly. The same height, Sarah thought, as well as the same age.'[105] Though seemingly expecting some sort of bond based around their shared connection to Merrick, as well as in their evident similarity, Sarah finds only veiled resentment from Prior, leaving her 'embattled behind the barriers of her class and traditions because the girl had challenged her to stand up for them'.[106] Such an encounter is not simply a confrontation between the two women, but an instance in which Sarah is confronted with the implications of her class; with her status enabling a privileged life without much responsibility or difficulty, Sarah's shock comes from having the usual actions of women of her class turned against her. Prior mimics the kinds of petty expressions of power visible elsewhere within colonial society by asserting her position over Sarah within the orbit of her control, namely the space of the hospital. Despite appearing cordial enough on a surface level, Prior treats Sarah with 'distant irony', keeps her waiting, and does not return to take her to Merrick, instead sending 'a dark-skinned Anglo-Indian nurse' in her place.[107] In the context of the novel and the generalised racism of the Anglo-Indian society it describes, such a decision is implied by Scott and recognised by Sarah as a deliberate snub, evocative of the same kind of exclusionary practice embodied by Sarah's mother, Mildred, and her coterie of memsahibs in Pankot. Sarah's encounter with Prior demonstrates the extent of medical authority in so much as Sarah is subjected to the effects of a power she usually wields.

In her refusal to express the class deference Sarah expects, Prior is Scott's expansion on the character of the matron that Daphne describes in *The Jewel in the Crown*, and a further consideration of nurses within the context of the Raj. Key to Scott's representation of Prior is the flexibility of her personality, and how she is able to

alter it in the differing contexts of her role. For instance, in a later continuation of her challenge to Sarah, Prior returns, 'trim, capable, and asexually attractive', to brusquely eject Sarah from Merrick's room, once again asserting her power over her.[108] Sarah reflects on the changeability of Prior's personality, swinging between 'bitterness', 'professional coyness' with Merrick, and then as 'the talkative, informed and uniformed bouncer' that ejects her from the hospital.[109] In an ironic counterpart to Sister Ludmilla, Sister Prior does not lose her identity as a result of her profession, but uses it to recast herself in different contexts; it seems too that Scott deliberately names her 'Prior', alluding to her previous states and roles, as well as acting as a link to the religious context of a 'prioress' and how those values are seemingly absent in her identity. It is in the character of Prior that the difference between doctors and nurses is illustrated within Scott's work too; whilst Samuels attempts to shape society around his personality, nurses such as Prior shape their personalities to fit their role and their context, which affords them a greater degree of power than their class would otherwise permit elsewhere.

In her reaction to Sarah's connections, Prior exercises what power she has to challenge them based on her status as a nurse. These themes are foreshadowed on Sarah's train journey from Pankot, where she travels with a group of nurses on their way to Shillong; the nurses, and Sarah, proceed to drink too much gin and eventually have to be separated from some junior Army officers travelling in the next car.[110] Though again seemingly minor, like Prior's pettiness, such incidents suggest that the strictures of the Raj and its fiercely emplaced codes of propriety are beginning to loosen, allowing for social and sexual freedoms and the opportunity to push back against boundaries of class deference. Key to both examples is the role of the nurse, which brings professional standing but also geographical and social mobility and a degree of emancipation; Sarah in particular is not scandalised by the nurses' behaviour, but instead admits to how she envied them and their freedom.

Such actions are in fact not so much of a challenge to the status quo of colonial society, but an affirmation of it. Embodying the authority associated with doctors and the medical establishment, Prior asserts her status over Sarah in a similar fashion to Saunders and the matron from Jhabvala's *Heat and Dust*. Although the moral judgement inherent to Olivia's situation is absent here, the process is the same, and the female subject is subordinate to the authority of the medical figures in each instance, who draw their power from the status of the medical establishment composed of the IMS, the military and private practice

within colonial India. Ultimately, Scott suggests that nurses such as Prior occupy a contradictory position in so much as they benefit from and therefore must enforce the very limits and boundaries that their actions push back against. Prior's parting speech to Sarah, in which she details the forthcoming amputation of Merrick's arm, shocks her because it is precisely what a person of her standing does not expect to hear from a perceived subordinate, as Prior is well aware. Prior's actions thus subvert social expectation through her understanding and recognition of its effects.

Sarah's experience with Prior is also significant in the context of her own personal development over the course of *The Raj Quartet*'s narrative. When introduced in the second book of the series, Sarah is characterised as a somewhat fey and shy young woman, uncertain of her place in India and beginning to perceive a clear difference between her own instincts, thoughts and values against those that are expected of her as a member of the prominent Layton family. However, as the series develops, it becomes apparent that Sarah's characterisation is also dependent on her relationship to illness and medicine, and, eventually, her decision to also engage in medical practice herself as a volunteer nurse at the Women's Hospital in Mirat. In the context of Scott's representation of female medical practitioners and how their selfhood is affected by their occupation, Sarah is a key character and prominent example of how nursing and medical practice affords fulfilment to otherwise dissatisfied individuals within the colonial society he depicts. In the early part of *The Day of the Scorpion*, Scott describes how Sarah is prone to suffering from what she calls her 'funny turns', in which 'everything went very far away, taking the sound with it'.[111] Though Sarah describes these episodes as largely invisible as they are without outward symptoms, they signify a distorted perspective, either personally, and pertaining to how her class influences how she sees the world around her, or on a metatextual level, in relation to how Empire is viewed across the recollected composition of *The Raj Quartet*, and also through the historical fictions of the Raj Revival more generally. Sarah further affirms the postmodernist leanings of Scott's novels, as it is explained that she once wrote an essay entitled 'The Effect of Climate and Topography upon the Human Character' on how the environments of India and Britain exert influence on health and physique, echoing the similarly self-reflexive practices apparent in the work of Farrell, Jhabvala and Rushdie.[112] Her essay, inspired by the same episode in which she first describes her 'funny turns', is largely a consideration of the merits of colonial service and British exceptionalism, but is also Sarah's

personal reflection on the differences between the branches of her family and how life in India and Britain had caused them to diverge. Sarah, reflecting on this legacy at the end of the Raj, becomes Scott's representative of a particular class of colonial Briton and colonial woman, left seeking a purpose as the securities and certainties of the Raj collapse or come to an end.

Leading on from her essay, and inspired, or shamed, into action by her confrontation with Prior, Sarah first elects to work for the Women's Army Corps in Pankot. Her decision signifies a continuation of tradition (her family's military background) in one sense, but also an indication of how the war had opened up new possibilities for women that had previously been denied them in colonial society. The context of the war is an additional catalyst for Sarah's transformation, bringing her into contact with new arrivals to India such as Guy Perron and Leonard Clark, who have no investment in its restrictive codes of behaviour and social expectations. Over the course of the last two novels in the series, Sarah's new-found occupation occurs in conjunction with her sexual awakening, ironically confirming Dr Samuels' comments regarding Reich's theories of psychological health and sexual repression expressed at the end of *The Towers of Silence*. These various influences on Sarah transform her personality and her attitude to India; in *A Division of the Spoils*, when Perron mentions to her: 'You told me once that India wasn't a place you felt you could be happy in,' Sarah replies: '"Did I? Yes, I remember thinking that." She looked at him. "I've been very happy since."'[113] It is only revealed late in this same novel, however, that Sarah's happiness is in part due to the fact she has left military service for medical work, specifically volunteer nursing at '[t]he Mirat women's hospital . . . She's done a lot of voluntary work for them . . . She's been very popular with the patients and the nurses. . . . The hospital's one of the main reasons she stayed through the hot weather.'[114] Scott thus presents the reader with another echo of Sister Ludmilla, and an inversion of Prior, in Sarah's narrative; through rejection of her status and privilege, Sarah finds spiritual fulfilment through helping others, and even, at the very end of the book, a form of penitence and atonement through her work in volunteer hospitals in the aftermath of Partition.

There is, of course, a degree of the white saviour complex to Sarah's journey of self-discovery and personal growth, and the character fulfils various clichés regarding Europeans who 'find themselves' in the East. More critical novelists such as Jhabvala satirise such idealised imaginings directly, with a disillusioned hippie in *Heat and Dust* complaining that they had come to India to

find peace, 'but all I found was dysentery'.[115] However, despite this 'physician, heal thyself' neatness, Scott's novels offer a significant approach to the representation of nursing by exploring its potential to permit movement across class boundaries, as well as reshape the personal and social identities of women involved in healthcare. It is notable too that Scott suggests through the varied characterisation of Daphne, Sister Ludmilla, Sister Prior and Sarah that those European women who choose nursing or caregiving roles in a colonial context are somehow aberrant or unusual. From Daphne's 'big-boned' awkwardness, Sister Ludmilla's rejection of status, Sister Prior's abrasive personality rendering her a 'bit off', through to Sarah's disaffection prompting her transformation and rejection of the Raj's values, all of Scott's nurses are at some point othered and exceptional within colonial society.[116] Within the lives of these unusual women, however, nursing provides each of them with a form of direction, distinction and self-determination, as well as crucial self-knowledge, either for good in most cases, or with more complicated or self-interested results in the case of Prior. Though, ultimately, their occupation in nursing conforms to the patriarchal and paternalistic character of British India and what is considered suitable for women of their time and place, their actions and small subversions gradually broaden those parameters, carving out further freedoms as a consequence. Whilst not acting with the assuredness or impunity of Scott's male medical practitioners, his female characters find in nursing a level of change and fulfilment that so few of their male counterparts do.

Notes

1. Sontag, *Illness as Metaphor*, 52.
2. Carel, *Illness*, 7. Carel describes how adjusting to illness forced her to 'reinvent' her life.
3. Foucault, *Birth*, xiv.
4. Ibid. 9.
5. See Surawicz and Jacobson, *Doctors in Fiction*; Arnold-Forster and Moulds, 'Medical women in popular fiction'.
6. McLeod, *J. G. Farrell*, 5. Ralph J. Crane counts at least six doctors in Farrell's published works; however, Farrell's papers held at Trinity College show evidence of a further doctor removed from the final version of *Troubles* (1970) and another in an untitled and unfinished play. Crane and Livett, *Troubled Pleasures*, 129; Farrell (Trinity), Box 9153: *The Hill Station*, 'Notes and Index Cards', 39.

7. The other is Major Brendan Archer from *Troubles* (1970) and *The Singapore Grip* (1978). Again, like the doctors, Archer fulfils a particular function; in this instance he is a genial, well-meaning everyman figure engulfed by the extraordinary events that unfold around him, both in Ireland in 1921 and Singapore in 1942.
8. Pratt, *Imperial Eyes*, 6.
9. See Maude, *Samuel Beckett and Medicine*, and Fifield, *Modernism and Physical Illness*.
10. Plock, *Joyce, Medicine and Modernity*, 3. The Linati and Gilbert Schemas were written by Joyce as guides for friends to understand the structure of his book, with the latter first published by Stuart Gilbert in *James Joyce's Ulysses: A Study* (1930).
11. Forster's book was not well received in Raj society, as Herbert Thompson (ICS) noted: 'Vernon was incensed by Forster's Passage to India . . . [it] had not yet appeared to rouse the wrath of my later Collector . . . His immediate verdict on the book was "wicked and mischievous. Grossly libellous to both Indian and Englishman."' BL, Thompson, 'Icarus went East', 73.
12. Teresa Heffernan notes the echo between the texts, but argues for a divergence between the characters based on their authors' approaches to Indian nationalism. Heffernan, *Post-apocalyptic Culture*, 101.
13. Rushdie's archive reveals that he was mindful of such connections between his writing and genres past and present, using them to make ironic allusions to literary and popular culture. An early draft of *Shame* (1983) states of Omar Khayyam that the character's name was originally 'Dr Fareed ("Freddie") Forsyte', recalling both Frederick Forsyth and John Galsworthy's *The Forsyte Saga* (1906–21). Rushdie, MARBL, Fiction, 20/6: *Shame*, 'Notes, Manuscript and Typescript', n.p.
14. Harrison, *Public Health*, 7. Arnold, *Science, Technology and Medicine*, 58.
15. Harrison, *Public Health*, 8.
16. Hervey, *The European in India*, 51.
17. Harrison, *Public Health*, 10. In Farrell's *The Hill Station* (1981), Emily reflects on how when seen with her uncle, Dr McNab, and his wife, 'she suffered a slight but perceptible loss of rank', not 'because Dr McNab ate peas off his knife or was anything but presentable . . . it was simply that he was a *doctor*'. Farrell, *THS*, 91.
18. BL, Hall, 'And the Nights', Chapter 8, 1.
19. BL, Orr, Mss Eur F180/22, 83.
20. Harrison, *Public Health*, 15–16. Even so, examination was held in England and further training at the Army Medical School at Netley, meaning recruits required a certain level of financial means in the first place.
21. Sweet and Hawkins, *Colonial Caring*, 8–9.

22. Bala (ed.), *Medicine and Colonialism*, 3–4. Harrison notes too that even if they did elect to join the IMS, recruits nonetheless faced overt or implicit racism; Harrison, *Public Health*, 33.
23. Pandya, *Medical Education in Western India*, 289–90.
24. BL, Hall, 'And the Nights', Chapter 8, 7.
25. BL, Redpath, 'Recollections of a Political Officer in India', 36. Moreover, Redpath notes that the doctor 'was not only a skilled surgeon but also a linguist who spoke excellent Urdu and the local language, a combination of attributes that was of considerable political value'.
26. See Stephen, *The Empire of Progress*; Gopal, *Insurgent Empire*, 376.
27. Healy, 'Bodies politic', 14.
28. Farrell (Trinity), Box 9155: 'Unpublished diary', 69.
29. The Condition of England novel, popular at points of perceived national crisis since the mid-nineteenth century, has experienced a resurgence in the last half decade as a result of Brexit and its convulsive nationalisms; see Ashbridge, 'It aye like London', 15.
30. There is a further intertextual link here to Farrell's literary forebears; Arthur Conan Doyle's John Watson, an assistant surgeon trained at the University of London, and who served with British forces in India, is often cast as the slower-witted of the pair, with the intimation that his former profession and limited intelligence are somehow linked. Farrell plays with this idea of the dull regimental surgeon by vindicating McNab's hypotheses. James Reed, however, claims this perception of Watson's intelligence is due to the films of Basil Rathbone and Nigel Bruce, rather than Conan Doyle. See Reed, 'A medical perspective on the adventures of Sherlock Holmes', 77.
31. Klein, 'Cholera', 30.
32. Collingham, *Imperial Bodies*, 90–1. Mark Harrison argues that Snow's analysis asked only a limited range of questions and excluded a number of factors pertinent to India and colonial space; Harrison, *Climates and Constitutions*, 191. Indeed, key figures within the IMS, such as Dr James Bryden, maintained that there were also distinct atmospheric and meteorological differences between Britain and India which affected the transmission and treatment of cholera; see Bryden, 'Epidemic Cholera in the Bengal Presidency', 14.
33. Klein, 'Cholera', 31.
34. The same is true of Farrell's depiction of phrenology, and the zeal with which both the Magistrate and Hari adhere to its principles; see Goodman, 'A Great Beneficial Disease'. See also John Spurling, 'As Does the Bishop', in which he discusses Farrell's use of dramatic irony; Farrell, *THS*, 155.
35. Goonetilleke, 'J. G. Farrell's Indian Works', 412.
36. Dix, *Postmodern Fiction*, 25.
37. Farrell, *SoK*, 250.
38. Ibid. 250.

39. Ibid. 253.
40. Ibid. 249.
41. Bhabha, *Location of Culture*, 70.
42. Dean, 'An Insight Job', 12.
43. Fischer-Tiné, 'Liquid Boundaries: Race, Class and Alcohol in Colonial India', 90, in Fischer-Tiné and Tschurenev (eds), *A History of Alcohol and Drugs*.
44. McLeod, *J. G. Farrell*, 75.
45. Ibid. 73. As Farrell's papers suggest, Kingston is modelled on an earlier character deleted from the original draft of *The Siege of Krishnapur*, the ironically named Reverend Brightwell, who is also suffering from consumption and being treated by McNab; Farrell (Trinity), Box 9141: *The Siege of Krishnapur*, 'Early fragments', 76–7.
46. Howell, *Malaria and Victorian Fictions of Empire*, 14.
47. Farrell, *THS*, 131.
48. Charon, *Narrative Medicine*, 1.
49. Farrell, *THS*, 72. Farrell's notes for *The Hill Station* suggest McNab would have encountered practitioners of traditional Indian medicine in the course of the narrative; see Farrell (Trinity), Box 9153: *The Hill Station*, 'Notes and Index Cards'.
50. McLeod, *J. G. Farrell*, 60.
51. Farrell (Trinity), Box 9152: Manuscript (typed) of *The Hill Station*, 157.
52. Farrell, *THS*, 73.
53. Hywel Dix argues that this is a technique that can be described as the 'deliberate use of anachronism' that engages (if not relies upon) the reader's knowledge of subsequent history in order to 'generate a specific trans-historical understanding'. See Dix, *Postmodern Fiction*, 23.
54. Farrell, *SoK*, 94.
55. It is perhaps not coincidental that Berger was Farrell's contemporary of course, winning the Booker the year before him for his novel *G* (1972).
56. McLeod, *J. G. Farrell*, 77. Farrell explores similar ideas in *Troubles* too. Sarah Devlin's interactions with the Major are essentially this, a talking cure, though are never explicitly named as such.
57. Scott's writing remains postmodern, however; the character of Major Tippet, a historian of India in peacetime, appearing within a historical novel seems deliberately self-reflexive. Scott, *TDotS*, 37.
58. Scott is one of the few authors here to include a female doctor, Anna Klaus of the Mission Hospital, who tends to Daphne Manners after her rape in the Bibighar in *The Jewel in the Crown*. Klaus is a minor and aloof figure; she is seemingly an excellent doctor, but appears unemotional and detached. One of her few lines of dialogue is to tell Daphne that she must 'learn to live without' (seemingly referring to Hari), but there is a deliberate ambiguity to this line, and Klaus' words imply the privations of her own life in medicine and what she too has had to live without as a German-Jewish refugee. Scott, *JitC*, 563.

59. Scott, *TToS*, 367.
60. Ibid. 367. Farrell also explores such prejudices in *SoK*, where a rumour that McNab is Jewish causes similar reaction; Farrell, *SoK*, 273.
61. Scott, *TToS*, 367.
62. Such attitudes are reminiscent of Virginia Woolf's *Mrs Dalloway* (1925), and the rest home treatment recommended for Septimus Smith by Dr Holmes.
63. Scott, *TToS*, 409.
64. Calling was strictly observed until the very end of the Raj, despite being seen by many as a relic of Victorian etiquette. See for example the memoir of Sidney William Cecil Dunlop, ICS Madras, who found it 'very tiresome, very hot' in 1937; BL, Mss Eur F180/51, 3. Scott, *TToS*, 416.
65. Scott, *TToS*, 414–15.
66. Ibid. 416.
67. Ibid. 419.
68. Rushdie, *MC*, 11.
69. Ibid. 12. There are similar currents of unexpected change as a result of medical training in Scott's *The Towers of Silence* in relation to the Indian doctor Lal; Scott writes that whilst Lal's training should 'have opened a world to him', his path had been blocked by British doctors, and overwork had left him 'tubercular', 'sanguine' and weakened. See Scott, *TToS*, 277.
70. Another process of cultural and spiritual dislocation occurs in relation to Ahmed Sinai's alcoholism; see Chapter 4.
71. Rushdie, *MC*, 21.
72. Ibid. 21.
73. Alberto Fernández Carbajal states that his education makes Aadam a 'suspected foreigner in his own nation'; Carbajal, *Compromise and Resistance*, 167.
74. Rushdie, *MC*, 11.
75. Ibid. 36.
76. Ibid. 36. Aadam's fall into the dirt also recalls the so-called 'crawling order' later issued by Dyer on 19 April; James, *The Rise and Fall of the British Empire*, 417.
77. Rushdie, *MC*, 33. Rushdie would continue to explore similar questions through the character of Omar Khayyam in *Shame* (1983), who wins a scholarship to medical college in Karachi, but is sent off with a pocket full of pawnbroker's banknotes after his family hock all their belongings lest the scholarship suggest he is from a poor background.
78. Rushdie, *MC*, 25–6. Such a reduction recalls Scott's *The Jewel in the Crown* (1966) where, in the midst of Daphne's rape, Scott writes of how the act itself diminishes the body, emphasising instead the vulnerability of the individual reduced to constituent parts; Daphne notes the pressure at her ankles and wrists, and her 'exposed nakedness'; Scott, *JitC*, 520. This powerlessness and smallness of the individual is later

echoed in the deliberate comparison with the caesarean section Daphne undergoes at the novel's close, where she is once again reduced to her stomach and womb; Scott, *JitC*, 562.

79. At time of initial research on this chapter, a state of emergency in Kashmir had been in operation for over two months, ahead of the formal division of the region on 31 October 2019. *BBC.co.uk*, 'Jammu and Kashmir: India formally divides flashpoint state'.
80. Best, 'Training the "natives" as Nurses'.
81. Gautam Chakravarty argues that the 1890s were the high point for 'Mutiny' narratives, with nineteen titles published in the course of the decade, alongside various memoirs; Chakravarty, *Indian Mutiny and the British Imagination*, 6.
82. Kristine Swenson argues that there was also much greater opportunity for female medical practitioners within colonial space, as opposed to that of Britain; Swenson, *Medical Women and Victorian Fiction*, 189. S. R. Collinson notes, for example, the opportunities afforded to Mary Scharlieb in Madras; Collinson, 'Mary Ann Dacomb Scharlieb: A Medical Life'. Scharlieb gained her licentiate of medicine in Madras and was later a student of Elizabeth Garret Anderson's London School of Medicine for Women. Alison Moulds argues that the issue was at the forefront of public debate, as indicated in the periodical press of the time; Moulds, 'The "Medical-Women Question"'.
83. Sweet and Hawkins, *Colonial Caring*, 9. The service continues to operate today, though 'Imperial' has become 'Royal'.
84. Hervey, *The European in India*, 169; BL, Paterson, Mss Eur F180/46, 30.
85. In another link to modernism, Ralph J. Crane argues that the character of Devi is drawn from Henry James' *The Bostonians* (1886), which features 'a wonderful woman doctor with a small but strong role'; see Crane, *Jhabvala*, 18.
86. Jhabvala, *A Backwards Place*, 15. Those instances where a doctor becomes a businessman, landlord or entrepreneur are often representative of the difference between the colonial and the newly independent India; Dr Narlikar, a former gynaecologist turned property developer from Rushdie's *Midnight's Children*, is a further example, and suggestive of how new opportunities for social advancement replace the old.
87. Jhabvala, *HaD*, 166.
88. Potts et al., 'Thousand-year-old depictions of massage abortion', 233–4.
89. Jhabvala, *HaD*, 167.
90. Ibid. 169.
91. Ibid. 169.
92. Ibid. 169.
93. Ibid. 170.
94. Swenson, *Medical Women*, 190.
95. Jhabvala, *HaD*, 170.

96. According to Ralph J. Crane, Jhabvala stated she eventually became no longer interested in India, but rather 'interested in myself in India'. Crane suggests that this is the same point where she becomes interested in the Raj; Crane, *Jhabvala*, 57.
97. Scott, *JitC*, 565. It is initially implied that Daphne may have left London due to combat fatigue, but later confirmed that it was on medical advice due to cardiac arrhythmia.
98. Ibid. 125.
99. Ibid. 126. Scott's novel likewise echoes a long-running perception of weakness or lower standards endemic to British personnel born in India; various documents from the military and civil authorities of India in the nineteenth and twentieth centuries expressed such prejudices, with a case file from 1919 stating: 'It must also be remembered that he belongs to the Anglo-Indian Community in which mental stamina is much below British standards.' See BL, 'Compulsory retirement of G. A. Weston'.
100. *The Jewel in the Crown* is essentially the blueprint for Scott's later character development in subsequent novels. For instance, the conversation between Daphne and Matron is developed into the exchange between Sarah and Sister Prior, and Sister Ludmilla is echoed in Sarah's own decision to volunteer at the Zenana hospital.
101. Scott, *JitC*, 166.
102. Ibid. 160. The novel's historical frame suggests that Scott is likewise commenting on the fact that the situation remains unchanged in the narrative present of 1966, and after independence.
103. Ibid. 148. In her description of her childhood, it is implied that Ludmilla and her family are originally from St Petersburg and that her mother was a sex worker, hence why the nuns refuse her money.
104. These ideas are later echoed in the closing sections of *A Division of the Spoils*, where Perron witnesses European and Indian nuns working as nurses, tending wounds that revealed 'the whiteness of the bone, and the redness of the flesh under the brown skin', implying Perron's realisation of the universal nature of suffering (and the superficiality of the racial differences that had underwritten British rule of India) during the violence of Partition. Scott, *ADotS*, 705–6.
105. Scott, *TDotS*, 436.
106. Ibid. 438.
107. Ibid. 438.
108. Ibid. 478.
109. Ibid. 478; 480.
110. Ibid. 434.
111. Ibid. 99.
112. Ibid. 142. See Chapter 3 for further consideration of Sarah's essay, and the relationship between climate and health in more detail.
113. Scott, *ADotS*, 594–5.

114. Ibid. 648.
115. Jhabvala, *HaD*, 21. Sarah Layton also reinscribes Swenson's observation regarding the complex connection between Victorian feminism and imperialism, likewise applicable here, where such feminisms affirm the roles of Empire. See Swenson, *Medical Women*, 195. For a more contemporary example of the nursing-as-class-liberation trope in fiction, the storyline of Lady Sybil Crawley from ITV's *Downton Abbey* (2010–15) follows much the same pattern.
116. Scott, *JitC*, 407; *TToS*, 293.