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Sherlock Holmes and the Problems of War: Traumatic Detections

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AT THE HEIGHT of the Anglo-Boer War (1899–1902), the artist Mortimer Menpes travelled to South Africa to sketch and interview the “distinguished men of Great Britain” who were there to “do their very best work for their country’s good.”¹ Although Menpes records that he tended to shun hospitals, “as being inartistic and unnecessary for my work,” he was obliged to visit John Langman’s volunteer hospital in Bloemfontein in order to draw Arthur Conan Doyle (Fig. 1) who, having revived his Edinburgh medical training for service in the war, was battling an outbreak of enteric fever (typhoid) in overcrowded conditions.² Menpes, who cautioned Doyle not to “overwork,” comments:

Dr. Doyle did not seem to lack energy. I never saw a man throw himself into duty so thoroughly heart-and-soul. “And are you writing a book of your experiences out here as a doctor?” I asked. “How can I? What time have I to think of it? You have no idea what a tremendous amount of work we have to do! In the midst of all this agony I couldn’t settle to literary work. For instance, look at this inferno!” As he spoke he threw open the door of one of the principal wards, and what I saw baffles description. The only thing I can like it to is a slaughter-house. I have seen dreadful sights in my life; but I have never seen anything quite equal to this—the place was saturated with enteric fever, and patients were swarming in at such a rate that it was impossible to attend to them all.³

Doyle’s subsequent accounts of the conflict did not result in a medical book but in a military history, The Great Boer War (1901), and a propagandist defence of British policy, The War in South Africa: Its Causes and Conduct (1902), which earned him a knighthood. His sole fictional treatment of the war, merging medicine with detection, occurs in his 1926 Sherlock Holmes story “The Adventure of the Blanched Soldier” in which the mystery surrounding former corporal Godfrey Emworth’s incarceration in a lodge on the grounds of his family home of Tuxbury Old Park is investigated by the detective and the veteran is revealed to be suffering from a condition that has its origins in a combat situation.
Fig. 1  *Dr. Conan Doyle*  Mortimer Menpes  1901
Set in 1903 but issued eight years after the close of the First World War, the story emerges when research on war syndromes was transformed by the events of the global conflict. An examination of Doyle’s war and medical journalism and a varied selection of stories from the Holmes canon, including *The Hound of the Baskervilles* and “The Adventure of the Blanched Soldier,” reveals that by engaging in what we may call traumatic detections, Doyle responded to the problems of war in a variety of ways.

§ § §

Menpes notes that “it was difficult to associate [Doyle] with the author of *Sherlock Holmes*: he was a doctor pure and simple, an enthusiastic doctor too.” He nevertheless questioned Doyle about his favourite Holmes story. When Doyle replied that the “story he liked best was the one about the serpent; he could not for the life of him remember its title,” Menpes contrasted the absentminded author with his fictional creation: “Curiously enough, in real life, the Doctor has no capacity for detecting anything”—an observation that belies Doyle’s medical training. The image of an inattentive and (later, when he converted to Spiritualism) otherworldly Doyle recurs in Bernard Partridge’s *Punch* cartoon of May 1926 (Fig. 2). Here an oversized Doyle has his head in the clouds, only shackled or “foot-cuffed” to earth by a miniature Sherlock Holmes whose eyes are fixed, like a good rational detective, on the ground. But Doyle’s inability to recall the title of the snake story (“The Adventure of the Speckled Band”) may be attributed to conditions in South Africa, where an appalling medical situation took precedence over fictional recollections.

In “A Glimpse of the Army,” published in the *Strand Magazine* in September 1900 and reproduced in his 1924 autobiography, Doyle provides a journalistic account of a week’s sabbatical from the enteric ward to follow the army. He describes the “exhilarating atmosphere” of the camp and the “intense living interest of war.” Written in the present tense with the urgency and excitement of a boy’s adventure story, Doyle, who came under shell fire, describes collecting war debris (spent cartridges) as souvenirs and examining a New Zealand soldier who, though suffering from a Mauser bullet wound in the arm, commented that he had read Doyle’s books. Details of a looted home with frightened women prompts the comment that “we are taking off our gloves at last over this war. But the details are not pretty.” The discovery of
Fig. 2 Bernard Partridge

*Punch*, 12 May 1926
a soldier’s corpse engages the observational techniques of a doctor and
detective writer:

There is a horrible wound in his stomach. His arm is shot through. Beside
him lies his water-bottle—a little water still in it, so he was not tortured
by thirst. And here is a singular point. On the water-bottle is balanced a
red chess pawn. Has he died playing with it? It looks like it. Where are the
other chessmen? We find them in a haversack out of his reach. A singular
trouper this, who carries chessmen on a campaign. Or is it loot from a
farmhouse? I shrewdly suspect it. We collect the poor little effects of No.
410—a bandolier, a stylographic pen, a silk handkerchief, a clasp-knife, a
Waterbury watch, two pounds six and six pence in a frayed purse. Then we
lift him, our hands sticky with his blood, and get him over my saddle—hor-
rible to see how the flies swarm instantly on to the saddle-flaps. His head
hangs down on one side and his heels on the other. We lead the horse and
when from time to time he gives a horrid dive we clutch at his ankles.9

The soldier’s dying moments are fixed for Doyle in his playing with a
red chess pawn. That he raises the possibility that it is war loot com-
promises the soldier, whose corpse is now invested with moral equivo-
cations. “No. 410” is, however, subsequently described as “somebody’s
boy” who has died in a “fair fight, open air, and a great cause. I know no
better death.”10 The shift in focus from the mutilated body to the small
detail of the red chess piece—a detail from which Sherlock Holmes
could reconstruct a crime—conveys uneasiness about the war. Earlier
in the article the threat of rape by British soldiers who “stare curi-
ously” at a young Boer girl is transferred in racist terms to the Black
South Africans who are perceived as a threat “among lonely farms held
by women and children.”11 The detailed description of the corpse and
its possessions and the criminal potential on the field of war convey,
despite the often upbeat tone, the irresolvable aspects of conflict or
the uncontainable excess that escapes Doyle’s chivalric posturing. In
a wry concluding remark that jars with Menpes’s description of the
Langman field hospital as a “slaughter-house,” Doyle notes that he is
returning to “Café Enterique, Boulevard des Microbes.”12

The photograph of Doyle accompanying “A Glimpse of the Army”
(Fig. 3) shows him seated at a table on the hospital verandah, his head
bowed over his writing and contrasts with an interior photograph that
appeared in Sketch Magazine on 16 May 1900 (Fig. 4). Here Doyle is
seated on the camp bed of one of his patients, his hand casually in his
pocket as he converses with a soldier who is sitting upright while two
other soldiers are tucked up in their beds in the photograph’s fore-
ground.13 There is no evidence of the overcrowded and appalling condi-
Fig. 3  Dr. Doyle at Bloemfontein

*Strand Magazine*, September 1900
Fig. 4  Dr. Conan Doyle, of the Langman Hospital, Attending Sick—But Loyal—Canadians in the Ward

*Sketch Magazine*, 16 May 1900
tions of the field; Doyle admits that the enteric outbreak was a “terrible one [which] was softened down for public consumption and the press messages were heavily censored, but we lived in the midst of death—and death in its vilest and filthiest form.” In reality men were buried without coffins, “lowered in their brown blankets into shallow graves at the average rate of sixty a day.” In “The Epidemic of Enteric Fever at Bloemfontein,” published in the *British Medical Journal* in July 1900, Doyle describes the outbreak as a “calamity,” “appalling in its severity” and with that the duties of orderlies (whom he highly praised) were “sordid and obscene.” The numbers were staggering. Anne Hardy notes that 68,000 individuals fell ill with enteric fever in South Africa and that it was not until 1914 with improvements in sanitary knowledge, immunization, and greater bacteriological understanding that the disease could be combated. In an article published in *The Journal of the Royal Army Medical Corps* in June 1905, Lieutenant-Colonel A. M. Davies warned that “infectivity” continued “long after the acute symptoms had subsided” and that the methods for managing the disease involved “detection, notification, isolation and disinfection.” In his *British Medical Journal* article, Doyle advanced the necessity for inoculation and detailed the casualty list amongst hospital staff: “out of a total of 34 we have 17 severe casualties—50 per cent.—in nine weeks. Two are dead, and the rest incapacitated for the campaign.”

In the months preceding his departure for South Africa, Doyle’s mother, a Boer sympathizer who interpreted the war as sordid imperialism, urged him not to go; “there are thousands who can fight,” Mary writes, “for one who can make a Sherlock Holmes.” In any event, Doyle was rejected for military duty and by volunteering as a doctor instead he reassured his mother that his “precious carcase would be safe enough” and that he “very badly want[ed] an absolute change,” explaining in a subsequent letter that he had “lived for six years in a sick room” and that he was “weary of it.” The fact that his wife, Louise, had contracted tuberculosis in 1892 may have been a significant reason for volunteering as the South African war offered Doyle an opportunity to escape this incurable disease. At Langman’s hospital he had, however, swapped the management of one disease for another.

As we will see, Doyle responds to the traumatic consequences of war he witnessed and his work engages with developments in the exploration and identification of traumatic disorders from the late-nineteenth century. Others had of course confronted the traumas of warfare. Edgar Jones and Simon Wessely argue that evidence of combat stress
emerged after the Crimean War but in the late-Victorian period it was rarely identified as such and “soldiers traumatised by the stress of battle appear to have somatised their fears.”22 During the Boer War soldiers were often diagnosed with conditions such as irritable heart syndrome, also known as Disordered Action of the Heart (DAH), rheumatic fever and rheumatism.23 Pre-1914 there was a realization that the effects of modern warfare could be blamed for the rise in nervous disorders; for instance, in a 1912 article published in the *Journal of the Royal Army Medical Corps*, Lieutenant-Colonel A. G. Kay documented “melancholy, mania and delusional types” as key conditions.24 However, he identified the problems as arising from a “defective heredity” and that the stress of war exacerbated a latent predisposition to insanity.25 Anxieties about heredity predominated in this interwar medical climate just as initial British defeats in the Boer War prompted widespread debate on fears of racial degeneration.

The connection between heredity and mental illness persisted in some wartime medical publications. In *Medical Diseases of the War* (1917), Arthur Hurst notes that soldiers with a “good family history, who have never suffered from any nervous disability, are less liable to shell-shock.”26 H. C. Marr contends in *Psychoses of the War including Neurasthenia and Shell Shock* (1919) that while “actual mental disease is not heritable as such; what is inherited is an unstable or disordered arrangement of the inherent structure of the nerve cells subserving the mind, and this allows mental affections to supervene.”27 Moreover, Marr lists enteric fever as one of the “exciting causes” of neurasthenia—an idea that had its origins in the late-nineteenth century.28 Neurasthenia, a broad condition that encapsulated inertia and depression, could also be readily incorporated into notions of “nervous inheritance” and degeneration.29 However, Jones and Wessely argue that the preponderance of shell shock and other First World War syndromes eroded the “traditional distinction into the hereditarily fit and unfit. When officers were found to suffer disproportionately from [Disordered Action of the Heart], mental illness could no longer be conceived in the restricted realm of ‘degenerates’ with weak hereditary constitutions.”30

One of the difficulties encountered by military doctors before and during the First World War was to distinguish malingerers or those who feigned illness to prevent them from engaging in active duty. Joanna Bourke notes that these doctors often compared diagnostic methods with criminal detection.31 Doyle’s medical and fictional writings display an interest in the debate on malingering. In that *British
Medical Journal article on enteric conditions in South Africa, Doyle notes: “I have not had more than two or three cases in my wards which bore a suspicion of malingering, and my colleagues say the same.”32 In “The Adventure of the Dying Detective” (1913), for example, Holmes pretends that he is dying from an Asian disease in order to catch a murderer. Culverton Smith, a planter from Sumatra, equates criminal detection with the detection of microbes: Holmes “is an amateur of crime, as I am of disease. For him the villain, for me the microbe.”33 As he points out a row of bottles to Watson, Smith argues that among his “gelatine cultivations some of the worst offenders in the world are now doing time.”34 Watson is convinced by Holmes’s physical symptoms which include “dark crusts” on his lips and by the apparent “disorganization of his mind,” although he is not allowed to examine the patient closely.35 At the end of the story when he has explained his deceit to Watson, Holmes expresses the desire to produce a monograph on malingering. While these medical and fictional accounts are consistent with contemporary medical thinking, toward the end of the First World War malingering became immersed in ambiguity as “shell shock irrevocably blurred the rigid distinction made between the body and the mind.”36 By 1918 war surgeons arrived at a consensus that most “cases of neurasthenia involved men who could not be accused of malingering.”37

Despite Holmes confidently feigning his illness in “The Adventure of the Dying Detective,” a language of nervous collapse emerges in the Holmes stories set in the late-Victorian period. This corresponds with contemporaneous medical discourse that was, Janet Oppenheim argues, immersed in a vocabulary of “shattered nerves or broken health” and of “nervous collapse, exhaustion or prostration” until such language was replaced by neurasthenia by the end of the century.38 In “The Adventure of the Reigate Squires” (1893), set in 1887, Holmes is suffering from “nervous prostration” and depression as a consequence of overexertion on a complicated European case, when, despite Watson’s caution that “his nerves are all in shreds,” he becomes involved in the investigation of a murdered coachman in Surrey.39 Holmes later uses the common knowledge of his illness to feign a fit in order to prevent a vital clue from being revealed to his suspects. The astounded Watson acknowledges that “speaking professionally, [the fit] was admirably done.”40 Similarly, in “The Adventure of the Devil’s Foot” (1910), set a decade later, Holmes is forced to “surrender himself to a complete rest” in order to “avert an absolute nervous breakdown.”41 In the midst of the isolated West Country moors, the detective engages on what he
describes as the “Cornish horror,” the “strangest case that he has han-
dled.” The bizarre incidents which involve the grotesque attempted annihilati
on of a family through the use of an African poison mirror the earlier *Hound of the Baskervilles* in terms of familial disease, barren landscapes and foreign threat. The Baskervilles, a globally dispersed family, succumb to physical and psychological disorders—heart disease, degenerate heredity, and “shattered nerves”—that are contained but somewhat unresolved by the narrative’s end. Doctors occupy a key role in this story; the primary investigative figure is Doctor Watson—perhaps a tribute to Doyle’s recent role in South Africa. Rather unusually Watson is sent by Holmes to protect Sir Henry at Basker-
ville Hall and at the end of the story the baronet remains under medical supervision.

Interestingly, a study of the story that acknowledges Doyle’s medical acumen appears in a contemporary article published in the *British Medical Journal*. Here the authors coin the term the “*Hound of the Baskervilles* effect” in determining whether cardiac deaths are higher on days that are considered unlucky: “Charles Baskerville has a fatal heart attack resulting from extreme psychological stress. Conan Doyle was a doctor as well as an author—was his story based on medical intuition or literary licence? Are fatal heart attacks and stress linked in fact as well as in fiction? Conan Doyle’s intuition is consistent with many laboratory studies which show cardiovascular changes after psycholog-
ical stress.” Sir Charles suffered from a superstitious fear of a demon hound and thus was more susceptible to a stress-induced heart attack. By studying incidences of cardiac arrest in Chinese and Japanese subjects on and near the fourth day of each month, a date endowed with negative superstitions in these cultures, the team concludes that cardiac arrest among these groups peaks at this time of the month. The study observes that the “debate on whether there are fatal psychoso-
matic processes is unresolved” but argues that the “Baskerville effect exists both in fact and in fiction and suggests that Conan Doyle was not only a great writer but a remarkably intuitive physician as well.”

*The Devon County Chronicle*, which records the inquest proceedings into his death, notes that Sir Charles suffered from “some affection of the heart, manifesting itself in changes of colour, breathlessness and acute attacks of nervous depression.” Sir Charles, who inherited the estate after generating a million-pound fortune in South African speculations, is presented as a retiring “eccentric” but, as his doctor Mortimer describes, as “strong-minded … shrewd, practical and as un-
imaginative as I am myself”—testimony that is, of course, undermined by the representation of Mortimer as absentminded, easily distracted by discussions of prehistoric skulls and open to the possibility that the hound is supernatural.47 The notion of a spectral dog has a precedent in Samuel Warren’s fictionalized Passages from the Diary of a Late Physician, which has gone through numerous editions since its publication in Blackwood’s Magazine in the 1830s. Here Warren, who was a doctor, provides a case study of a vicar tailed by a blue hound—the tentative diagnosis is that of an “optical delusion.”48 A letter by W. G. appended to the story substantiates the diagnosis: “such spectra are by no means rare among studious men, if of an irritable, nervous temperament, and an imaginative turn.”49 The account, however, like J. Sheridan Le Fanu’s “Green Tea” (1869) with its spectral monkey is, like Mortimer’s initial considerations of the Baskerville hound, sited within a psychological nexus.

When Mortimer describes his meetings with Sir Charles before the baronet informs him of the legend, the doctor attests that his patient’s “nervous system was strained to breaking-point” and that Sir Charles’s voice “vibrated with excitement” when he questioned him whether he had on his nocturnal medical journeys “seen any strange creature or heard the baying of a hound.”50 Shortly before his death, Mortimer greets Sir Charles at the door of Baskerville Hall and notes an expression of “dreadful horror” on the baronet’s face as he stares over Mortimer’s shoulder but when the doctor turns round, he glimpses what he believes is a “large black calf.”51 Interestingly, Warren also portrays his patient’s phantom hound as being as “large as a young calf.”52 Prompted by Sir Charles’s excited state Mortimer is forced to investigate the incident. He concludes that the cause of the anxiety is “chimerical” and urges Sir Charles to go to London for a change of scenery.53 Mortimer is suggesting that Sir Charles is affected by isolation and by indigenous superstitions. However, the doctor’s confidence in his own diagnosis is undermined by the manuscript with which the baronet entrusts him before departure. The tale of the degenerate Sir Hugo records fatal predictions for the Baskerville heirs, which Otranto-like, Sir Charles’s corpse in the yew alley on the night before he is due to leave for London seems to endorse.

While Sir Charles dies from cardiac arrest after being pursued by the hound, Sir Henry’s encounter with it, though not fatal, leaves him traumatised. Presented at first as an amiable and able-bodied Canadian, Sir Henry suffers from a process of psychological undermining by
the deviant Stapleton and by the sound of his dog. As Watson and Sir Henry hunt for Selden on the moor at night they hear the baying of the hound and the doctor notes that on their return to the house “the baronet’s nerves were still quivering from that cry which recalled the dark story of his family.” Watson is also affected by the sound and he fears descending to the “level of these poor peasants who are not content with a mere fiend-dog but must needs describe him with hell-fire shooting from his mouth and eyes.” Nor is Holmes immune to its howls as Watson describes how he, “the man of iron, was shaken to the soul.” When Watson and Holmes shortly after discover what they, at first, believe is Sir Henry’s body at the bottom of a cliff, the doctor describes the detective succumbing to hysteria: “Now he was dancing and laughing and wringing my hand. Could this be my stern, self-contained friend? These were hidden fires, indeed!” When Stapleton comes upon the scene of Selden’s body, it is Watson, after Holmes asks him to deflect suspicions of the hound, who provides a false medical interpretation of what has occurred: “I have no doubt that anxiety and exposure have driven him off his head. He has rushed about the moor in a crazy state and eventually fallen over here and broken his neck.”

Holmes’s treatment of the investigation is to ensure that the hound reveals itself. Indeed, his advice to Sir Henry to seek the isolation of the Baskerville domains, though to “forbear from crossing the moor in the hours of darkness” is contrary to Mortimer’s medical advice to Sir Charles to seek the company of London. Mortimer wants to distract Sir Charles’s anxieties; Holmes wants to expose the propagator of these anxieties. But the detective’s actions which culminate in Sir Henry being used as bait to tempt Stapleton to release the hound endanger his life as the detective readily acknowledges. His tactics somatise the curse to the family; after he shoots the dog, he remarks, “It’s dead, whatever it is.... We’ve laid the family ghost once and forever.” Sir Henry, however, suffers from a delirious fever induced by psychological trauma after the hound attacks him and attempts to tear his neck in a manner reminiscent of the legendary account of Sir Hugo’s death. Oppenheim argues that Doyle knew that such “severe trauma” was an “excusable cause of male breakdown.” At the end of the case Sir Henry needs to undertake a long voyage abroad with Mortimer in an attempt to restore his “shattered nerves.”

While Diana Barsham convincingly argues that The Hound of the Baskervilles can be read in the context of war trauma, the text also responds more broadly to the vexed question of empire. In his histor-
military war writings, *The Great Boer War* and his six-volume *The British Campaign in France and Flanders* (1915–1920), Doyle consistently celebrates the gallantry of British and colonial troops while attempting to absorb them, even the recalcitrant Irish, into an imperial unity. Despite Holmes’s intervention, a fragile future is evoked in the untenanted Baskerville Hall as its heir seeks a cure abroad. In “The Adventure of the Blanched Soldier” Holmes emerges in the post–Boer War period to attempt to cure the problems of another house. While the hound can be read as a metaphor for medical disorders, in the later story it is the ghostlike soldier himself who requires treatment for his physio-psychological problems.

Holmes is approached by James Dodd to investigate the mystery surrounding his former army mate, Godfrey Emsworth. Holmes reveals that Godfrey is being hidden by his family in the remote Tuxbury Old Park to prevent what they believe is the discovery that he has contracted leprosy—an incurable and infectious disease with unknown transmission at that period. Holmes, however, exposes Godfrey and the young man explains that during the war he was ambushed by Boers, his two comrades were killed and he was shot in the shoulder by an elephant gun. He managed to seek shelter at night in a house where he climbed into an unoccupied bed. Next morning he discovered that he was, in fact, in a leper hospital and had spent the night in a leper’s bed. It is as if he awakens in a *fin-de-siècle* Gothic nightmare: “In front of me was standing a small, dwarf-like man with a huge, bulbous head, who was jabbering excitedly in Dutch, waving two horrible hands which looked to me like brown sponges.” Interestingly, as Rod Edmond points out, the agent of infection is Dutch rather than native, highlighting the war between two “competing colonising powers.” Emsworth returns to England and seeks isolation in the belief that he has contracted leprosy. Disease is inscribed in the Emsworth family estate as Holmes, employed to discover the mystery surrounding Godfrey’s sequestration, becomes involved in eradicating toxicity from Tuxbury Old Park.

The story also has a biographical association in its reference to the regiment that Doyle was rejected by when he tried to enlist in the army in 1899 and which resulted in his volunteering as a doctor instead. In a typical Holmesian manner, the detective identifies Dodd’s connection with the Middlesex yeomanry:

“From South Africa, sir, I perceive.”

“Yes,” he answered, with some surprise.
“Imperial Yeomanry, I fancy.”
“Exactly.”
“Middlesex Corps, no doubt.”
“That is so, Mr Holmes, you are a wizard.”

The story operates within a medico-military context but its allusions to secrecy and family estates also demonstrate similarities with *The Hound of the Baskervilles*. Contrary to *The Hound* in which Watson’s narrative predominates, in “The Adventure of the Blanched Soldier” Holmes dispenses with the services of Doctor Watson and relates the story himself. However, like the earlier narrative initial suspicions of the family are centred on the question of inheritance; Dodd reveals to Holmes that Godfrey was “the heir to a lot of money, and also that his father and he did not always hit it off too well.” Moreover Dodd describes the location of Tuxbury Old Park as “inaccessible” and the house as “wandering” and “of all sorts of ages and styles, starting on a half-timbered Elizabethan foundation and ending in a Victorian portico.” The interior is “all panelling and tapestry and half-effaced old pictures, a house of shadows and mystery.” Like Baskerville Hall, it has its ancient retainers in old Ralph and his wife, Godfrey’s former nurse, who has a “queer appearance.” Fitting its post–Boer War setting, the resilient Dodd explains his attempt to uncover the mystery surrounding Godfrey in military terms. He portrays his attempt to gain admittance to the house as a “frontal attack” but acknowledges that it is “so large and rambling that a regiment might be hid away in it and no one the wiser.”

Meanwhile Colonel Emsworth explains that his son is absent from home on a world voyage: “his health was in a poor way after his Africa experiences, and both his mother and I were of the opinion that complete rest and change were needed.” While this recalls Sir Henry’s similar trip to restore his shattered nerves, Godfrey is, in fact, hidden on the estate and comes out at night, like the hound of the Baskervilles. He spies on Dodd through his ground-floor bedroom window and while Dodd identifies Godfrey’s face, he describes it as ghostlike and disfigured by whitish patches; the “ghastly face glimmering as white as cheese in the darkness” recalls the spirit photographs that Doyle championed in *The Case for Spirit Photography* in 1922. After Dodd’s pursuit of the figure through the grounds of the estate, in a reversal of the hound’s pursuit in the earlier narrative, he hears the sound of a door closing and is convinced that what he “had seen was not a vi-
sion.” Whatever the mystery is at Tuxbury Old Park it is not a supernatural one.

In the Holmesian canon, the face at the window, often occupied by a liminal figure, is frequently associated with colonial return and prefigures vengeance or exorcism. In *The Sign of Four* (1890), Jonathan Small appears at the window of the Sholto home as he attempts to recover stolen Indian diamonds, and witnesses John Sholto’s partial confession on his deathbed but the sight of his adversary precipitates Sholto’s death without the revelation of the jewels’ location. In “The Adventure of the Crooked Man” (1893), the mutilated body of Corporal Henry Wood appears through the window of the home of Colonel Barclay; the man responsible for Wood’s physical condition collapses with apoplexy at the sight of his old love rival and suitably strikes his head on his fireside fender. The disruption of imperial return to the English home is compounded by Wood’s mongoose Teddy who scales the curtains. A native of the Asian subcontinent, the creature is endowed with an English name. Moreover, the story’s setting among an Irish regiment adds another layer of colonial complexity. Meanwhile, the psychological trauma at the unintentional revenge by her former lover induces brain-fever in Nancy Barclay. “The Adventure of the Yellow Face” (1893) and “The Adventure of the Blanched Soldier” share thematic and structural similarities. The former narrative engages with the question of race; here a black child who is shielded by a yellow mask and hidden by her mother in a nearby house is accepted by the new husband. Holmes initially thinks that the mask conceals a leper or an invalid. Read in the context of this earlier story, Godfrey’s blanched face hidden away in the estate’s lodge suggests that his trauma is infused with racial and imperial unease. In all these stories, crimes and mysteries may be solved but colonial wounds remain.

In an attempt to uncover the secrecy surrounding Godfrey, Dodd also engages in his own observations through a window of his friend’s abode. An opening in the curtain reveals Godfrey in an “attitude of great melancholy” and accompanied by another man reading a newspaper, the title of which Dodd cannot recall. Holmes later remarks that if he could have identified it as either the *British Medical Journal* or the *Lancet* then it would have confirmed his theories that Godfrey was under medical supervision. The detective’s subsequent entry into Tuxbury Old Park is seen as an intrusion; the autocratic Colonel, a decorated veteran of the Crimean War, describes him as a “busybody”—the same insult is used by Roylott in “The Adventure of the Speckled Band”
WYNNE : CONAN DOYLE

(1892) and with its echoes of an abusive paternal figure indicates that all is not well in Tuxbury Old Park. Moreover, while Godfrey’s wartime courage is corroborated by Dodd, the hereditary taint that would indicate a predisposition to neurasthenia is suggested. Hurst notes: “The liability to neurasthenia is greatly increased, if a man’s nervous system was in a depressed and irritable condition before he went on to active service.” Hurst provides an account of a pilot who though immersed in active duty passed the war unscathed until he contracted tonsillitis in 1919. After hospital treatment he was sent in a “half-starved condition to England, the journey now occupying over thirty hours. The fatigue and insufficient food were not new experiences, but the addition of … tonsillitis, which by itself would have only led to a few days of illness, was sufficient to cause a condition of severe nervous exhaustion.” Godfrey’s skin disease does not appear until he reaches England and he chooses a secret segregation at home to avoid the “horrible doom” of “segregation for life among strangers with never a hope of release.” Moreover his skin condition emerges after his war wound has healed, as postwar evidence suggested that “once an injury healed psychological disorders often emerged.”

While Colonel Emsworth condemns Holmes’s “ignoble profession” and declares that there is no “opening here” for his “reputed talents,” the detective’s talent, after he discounts criminality and insanity as possible reasons for Godfrey’s incarceration, is, in fact, to reveal the medical diagnosis that the Colonel fears by writing a word on a page in his notebook and showing it to him. Holmes’s diagnosis allies criminal and medical detection. The word functions as a passport to Godfrey as Holmes emigrates to the sphere of imperial infection located in the English home. But Holmes comes to the house equipped with the private services of an eminent dermatologist, determined to provide a second opinion on Godfrey’s condition. Significantly, before he sees the dermatologist Emsworth relates his story to Holmes which functions not only to solve the mystery but, arguably, to aid the process of recovery. It is then that the word on the page is revealed as leprosy and Holmes suggests that “good may come of it” when he introduces the dermatologist. Sir James Saunders’s pleasurable greeting by Godfrey’s medical attendant is compared to a soldier’s encounter with Lord Roberts, Commander of British forces in South Africa from 1900 and popular Victorian icon: “The prospect of an interview with Lord Roberts would not have excited greater wonder than was now reflected on the face of Mr. Kent.” In The British Campaign in France and Flanders,
1914 Doyle notes Roberts’s death on a troop visit on November 15 and celebrates his “knightly qualities of gentleness, bravery, and devotion to duty.” Military and medical contexts converge. The imperial disease of leprosy is re-sited within the sphere of combat trauma when Sir James establishes that Godfrey is suffering from pseudoleprosy, or ichthyosis brought on, he believes, by his fears of the disease. He describes the symptoms as a “scale-like affection of the skin, unsightly, obstinate, but possibly curable and certainly non-infective.”

In *Photographic Atlas of Diseases of the Skin* (1905), George Henry Fox describes ichthyosis as a “congenital deformity” that is “mostly hereditary.” It exhibits a “roughened parchment-like appearance” but Fox notes that a “more severe type” of the condition “has been likened to a tessellated pavement or a serpent’s skin.” In a 1907 article in the *British Medical Journal* W. Allan Jamieson describes how ichthyosis results in “dry, dirty white or yellow epidermic plates” and comments on one patient whose scalp was covered in “dirty yellowish, firmly-adherent flakes.” Indeed, Dodd’s depiction of the “fish-belly whiteness” of Godfrey’s face concurs with one description of ichthyosis as fish-skin disease. It is no coincidence that Godfrey describes the night of his attack in South Africa as extremely cold and that Dodd’s investigation into Godfrey’s disappearance occurs in January—ichthyosis is intolerant to cold conditions. Treatments for its alleviation included cod liver oil, the external use of glycerine and Turkish baths. The certainty of Saunders’s diagnosis is, however, challenged in an article published in *The International Journal of Dermatology* in 1977. Here Herman Beerman and Edgar B. Smith contend that Godfrey may have believed that he suffered from the “tuberculoid form” of leprosy which is “characterized by depigmented patches of the skin.” Their interpretation of Saunders’s diagnosis is significant:

The eminent dermatologist must have used the term ichthyosis only in a general sense to describe the scaly condition of the skin. There are several specific diseases identified with this term, but none results in scaling and loss of pigmentation on the face such as troubled his patient.... Why Sir James used the term pseudoleprosy and ichthyosis is not clear ... it is more likely that the specialist was more sure of what the condition wasn’t than what it was. In other words, he used the terms with the primary intention of reassuring young Emsworth that he did not have the disease he feared.

While the dermatologists dislodge the specific identification of Godfrey’s condition, they overlook Saunders’s own explanation as to the possible cause of the disease which allows the story to be read in the
context of war trauma: “Yes, Mr Holmes, the coincidence is a remarkable one. But is it coincidence? Are there not subtle forces at work of which we know little? Are we assured that the apprehension, from which this young man has no doubt suffered terribly since his exposure to its contagion, may not produce a physical effect which stimulates that which it fears?”

Godfrey contracts the condition after being shot in a Boer ambush. In the early twentieth century combat stress was often expressed in physical symptoms. Tom Lutz argues “physicians in the late nineteenth and early twentieth centuries recognized neurasthenia when symptoms presented that were very similar to those that call forth diagnoses of stress disorders now.” Saunders is beginning to offer psychological terms for the understanding of the disease. In his 1917 publication Hurst notes that “a single experience of exceptional horror” is often sufficient to produce nervous disorders. Godfrey suffers the physical trauma of a bullet wound coupled with the shock of waking up in a leper’s bed, the latter of which Saunders theorizes in terms of an anxiety disorder. In keeping with its post–Boer War context, however, Saunders remains vague about the psychological dimensions of Godfrey’s conditions.

While Doyle often used medical conditions in his fictional detection, Sherlock Holmes’s deductive techniques were deployed by two medical writers in the treatment of nervous disorders of the First World War. In Shell Shock and Its Lessons (1917), G. Elliot Smith and T. H. Pear attest to the merits of psychological analysis and urge doctors to explore the patient’s “unusual mental processes” in order to comprehend the patient’s state of mind. To demonstrate their thesis, Elliot Smith and Pear cite Freud’s dream theory and Holmes’s deductive methods:

Professor Freud says, “The dream never occupies itself with trifles.” It is probably just because the thoughts and desires underlying the dreams have been refused their normal outlet, that they express themselves in such bizarre forms…. Observation of the sporadic and relatively unusual volcanic eruptions of the mind may prove to be an important foundation of our future knowledge of general psychology…. There is no sharp line dividing normal from abnormal, and the unusual phenomenon is sometimes simpler and more easily understood than the usual, as “Sherlock Holmes” was so fond of demonstrating. From a scientific standpoint, then, we have every justification for pressing to the utmost our study of the unusual mental phenomena exhibited by the patient, and for our belief that their nature is not unimportant, but highly significant for therapeutical purposes.
In a footnote, they elaborate on their reference to Holmes by arguing that Doyle was “merely applying, with inimitable skill and literary resourcefulness, the methods of clinical diagnosis in medicine to the detection of imaginary crimes.”\(^98\) It is interesting that Holmes’s treatment of the case—his exposure of Godfrey’s condition—concurs with Elliot Smith and Pear’s advice on treating neurotic disorders:

> If nobody is available to receive this man’s confidence, to knock away the false foundations of his belief, to bring the whole structure of his nightmare clattering about his ears, and finally to help him to rebuild himself (not merely to reconstruct for him) a new and enlightened outlook on his future—in short, if he is left alone, told to “cheer up” or unwisely isolated, it may be his reason, rather than the lack of it, which will prove to be his enemy.\(^99\)

Furthermore, they caution, “if you isolate a man and put a special nurse to look after him it is impossible to convince him that his case is not serious.”\(^100\) Holmes’s exposure of Godfrey’s condition brings about the possibility of his recovery. The long-term prognosis of his condition, both physiological and psychological, remains vague. Suitably, the final words in this medical case are those of the dermatologist who suspects that the origins of Godfrey’s condition are psychological.

Two years after the close of the Anglo-Boer War an article in the *British Medical Journal* reports a speech that Doyle made at a medical society dinner in which he described how he felt like a “deserter who had been brought back to his old regiment” when he met his fellow medics.\(^101\) Continuing the medico-military analogy he commended the study of medicine: “if army officers had five years’ study in the same sense that our young medical men had five years’ study we should be the terror of Europe.”\(^102\) During the First World War, Doyle’s duties lay not as a doctor but as a public figure who was sent on morale-boosting exercises to the front line by the Foreign Office. In *A Visit to Three Fronts* (1916) published after one such visit he relates an anecdote about a French general who believed that Sherlock Holmes was a real person: “[The general] fixed me with his hard little eyes and demanded ‘Sherlock Holmes, est ce qu’il est un soldat dans l’armée Anglaise?’”\(^103\) Doyle reminded perhaps of the iconic significance of his creation conscripted Holmes to the war cause in “His Last Bow” (1917) in a mission to arrest a German spy. Set in August 1914, this is the sleuth’s last case in terms of Holmesian chronology. Doyle’s post-war Holmes publications are all set before 1914. In “The Adventure of the Blanched Soldier,” the trauma of the First World War is processed from the safe distance of 1903. But this story of a lost wartime friend is not as divorced as it may
seem on first glance from Doyle’s post-1916 preoccupation with Spiritualism. In the concluding lines of “His Last Bow” Holmes points to the coming storm from the East, observing, “a cleaner, better, stronger land will lie in the sunshine when the storm has passed.” In the sixth and final volume of *The British Campaign in France and Flanders* (1920) Doyle concludes that the “war of 1914 may be regarded as the end of the dark ages and the start of that upward path which leads away from personal or national selfishness towards the City Beautiful upon the distant hills.” However, the appendix to volume six features a piece previously published in *The Times*, in which Doyle describes a visit to the Hindenberg line where he sees the bodies of mutilated horses and men. One image of a “shattered man, drenched crimson from head to foot, with two great eyes looking upward through a mask of blood … might well haunt one in one’s dreams.” Doyle processes war differently in his different literary forms. “His Last Bow” celebrates the blood sacrifice, the Boer and First World War histories laud the gallantry of soldiers, the journalism from these conflicts recounts the trauma of mutilated bodies. Rather poignantly, the dislocated heads that appear in the spirit photographs promise spiritual wholeness. Finally, in “The Adventure of the Blanched Soldier” Godfrey Emsworth is recovered from the haunted house of war. From the descriptions of enteric fever and the “slaughter-house” of Bloemfontein to the account of the frontline slaughter of the First World War, it is clear that Doyle’s own traumatic experience of war was more profound than is commonly recognized or perhaps more than he even knew himself.

Notes

2. Ibid., 153.
3. Ibid., 153–54.
4. Ibid., 153.
5. Ibid., 123.
6. “Mr. Punch’s Personalities,” *Punch, or the London Charivari*, 170 (12 May 1926), 517.
8. Ibid., 347.
9. Ibid., 353.
10. Ibid.
11. Ibid., 347, 353.
12. Ibid., 354.
15. Ibid., 163.
21. Ibid., 436, 483.
25. Ibid., 152.
30. Jones and Wessely, From Shell Shock to PTSD, 11.
34. Ibid.
35. Ibid., 115, 119.
37. Ibid., 111.
40. Ibid., 136.
42. Ibid., 153.
45. Ibid., 1445.
47. Ibid., 19, 14.
49. Ibid., 118.
51. Ibid.
52. Warren, 114.
54. Ibid., 104.
55. Ibid., 106.
56. Ibid., 133.
57. Ibid., 136.
58. Ibid., 138.
59. Ibid., 157.
60. Oppenheim, 155.
65. Doyle processes the trauma of the First World War with his post–Boer War story. This is not unusual as Doyle’s engagement with contemporary conflicts through the lens of an earlier war has a precedent in his 1891 short story “A Straggler of ’15” which he adapted into a celebrated play for the leading Victorian actor Henry Irving. Retitling it *Waterloo*, Irving staged the play between 1894 and 1902. Both story and play commemorate an old soldier’s memories of the famous battle against the backdrop of the first South African War of 1880–1881. During the 1899–1902 conflict Irving removed lines that referred to the difficulties of the First South African War to avoid confusion in the audience. The lines may have been too problematic as the indicate weakness on the British side: “By the Lord, sir, they need some change out in South Africa now. I see by this morning’s paper that the Government has knuckled under to these here Boers. They are hot about it in the non-com. Mess.” William Davies King, *Henry Irving’s Waterloo: Theatrical Engagements with Arthur Conan Doyle, George Bernard Shaw, Ellen Terry, Edward Gordon Craig: Late-Victorian Culture, Assorted Ghosts, Old Men, War, and History* (Berkeley: University of California Press, 1993), 253.
69. Ibid., 41.
70. Ibid.
71. Ibid., 42.
72. Ibid., 41, 46.
73. Ibid., 42.
74. Ibid., 45. In *The Case for Spirit Photography* Doyle records that an “extra” of his son Kingsley who died in the 1918 flu epidemic two weeks before the armistice appeared on a photograph taken by the spirit photographer William Hope. Doyle notes: “It was not a good likeness of my son, though it resembled him as he was some eight years before his death.” A. Conan Doyle, *The Case for Spirit Photography* (London: Hutchinson, 1922), 19.
77. Edmond notes that the narrative's “resolution is uneasy” even though the threat of leprosy is eradicated (515).
80. Hurst, 2.
81. Ibid.
85. Ibid., 57.
89. Ibid., 59, 111.
92. Ibid.
95. Hurst, 1.
97. Ibid., 63.
98. Ibid., 63n.
99. Ibid., 3.
100. Ibid., 33.

102. Ibid.


106. Ibid., 312.

107. On this point, see Bourke, 234.