

Out of Hours

BJGP Library:

Bodies of Light and Signs For Lost Children

WOMEN IN MEDICINE

Bodies of Light

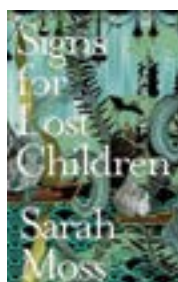
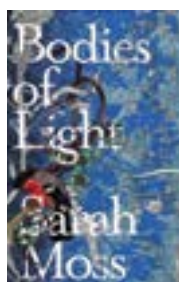
Sarah Moss

Granta, 2015, PB, 320 pp, £7.99,
978-1847089090

Signs for Lost Children

Sarah Moss

Granta, 2015, PB, 368 pp, £12.99,
978-1783781058



There's a lot of rubbish written about work-life balance. The flawed assumption is that there is 'work' and there is '[family] life', and the well-adjusted doctor keeps these cleanly separate. We all know it's not like that. Difficulties with work colleagues or patients may be readily explained by what is going on at home (for us or them).

More positively, events in the family (illness, hardship, a journey) can inspire a productive and fulfilling career in a particular medical specialty. This is the central theme in two recent novels set in the 1860s to 1880s, an era when British women were struggling to gain the right to learn and practise medicine. The UK's first female medical graduate, Elizabeth Garrett Anderson, qualified in 1865; although both the Society of Apothecaries and the British Medical Association promptly banned any further women from joining their ranks. It was not until 1876 that the new Medical Act required British medical authorities to license all qualified applicants, whatever their sex. Social attitudes followed, some decades later.

What kind of women, propelled by what personal, family, or cultural forces, made the choice to resist prevailing norms and expectations and apply to medical school in the early 1870s? In Sarah Moss's novels, the handful of women who entered medicine were either posh girls from distinguished medical families or social misfits spurred on by religious commitment, emotional unfinished business, or, in the case of heroine Ally Moberly, both in equal measure.



In the first book, *Bodies of Light*, we meet Ally's mother Elizabeth, a deeply pious quaker and social do-gooder who spends her days working selflessly in the city's rescue homes to tend to 'fallen women'. Venereal disease, recurrent pregnancy, and the complications of (typically unsupervised or mismanaged) childbirth take their toll along with tuberculosis, malnutrition, infestations, and dysentery.

Trapped in a loveless marriage to an artist she finds frivolous, Elizabeth brings up her daughters Ally and May in what family therapists might call an enmeshed relationship. She imposes a regime of strict discipline, corporal punishment, and emotional blackmail. May's reaction is to have a clandestine affair with Uncle Aubrey; Ally's is to impose an even stricter regime of self-denial (not to mention bouts of hysteria and self-harm), and set her sights on becoming an obstetrician and gynaecologist.

She struggles with a concern of the day — that 'science undermines faith' (hence, scientific study, especially by women, is somehow irreverent) — but her commitment to her mother's charitable cause, along with philanthropic sponsorship from devout women of means, allows her to square this circle.

Ally's neurotic self-discipline leads her to excel at her studies — she sails through finals, collecting a prize — but her mother's puritanical expectations (Ally is expected to return immediately to work for the rescue charity 'to save tens and thousands

*"What kind of women
... made the choice to ...
apply to medical school
in the early 1870s?"*

ADDRESS FOR CORRESPONDENCE

Trisha Greenhalgh

Nuffield Department of Primary Care Health Sciences, University of Oxford, New Radcliffe House, Radcliffe Observatory Quarter, Woodstock Road, Oxford OX2 6GG, UK.

E-mail: trish.greenhalgh@phc.ox.ac.uk

of women from the indignity and neglect of male doctors') cast a shadow over her success. Exhausted and overwhelmed, her psychosomatic symptoms worsen and our heroine doctor becomes a vulnerable patient.

As she recovers, Ally makes up her mind: she will not return home to work under her mother's oppressive gaze in a specialty that no longer interests her. She will forge her own career in psychiatry, a field she understands from more than one perspective.

Moss's second novel, *Signs for Lost Children*, follows Ally as she strives to reform the treatment of people (who appear to be almost exclusively women) categorised as insane, while at the same time containing her own mental health problems. Much of the book is set in an asylum befitting Goffman's description of a 'total institution'. Later chapters follow Ally's efforts — ultimately successful — to establish a residential therapeutic community founded on the principle that mental illness, from which it is possible to recover, may be a reaction to family and societal pressures.

Somewhat implausibly perhaps, given the attitudes of the day, Ally manages to combine her efforts to reform mental health services with marriage and motherhood, although not without years of heartache and miscommunication with her long-suffering husband.

Sarah Moss is an Associate Professor of Creative Writing at the University of Warwick. She was described recently by the *Guardian* as a talented new novelist who is producing 'well-crafted, deeply researched, hard-working novels about hard-working women'. These are the first novels I've read that have attempted to convey the complex influences, social and personal, on women who bucked the stereotype in the early years of women in medicine. For doctors — male or female — wrestling with their own work-life balance, this pair of books is a gratifying read.

Trisha Greenhalgh,

Professor of Primary Care Health Sciences, University of Oxford, Oxford.

DOI: 10.3399/bjgp15X687085