

POST-COLONIAL SIDE EFFECTS:

PERCEPTIONS OF DOCTORS AND MEDICINE IN 20<sup>th</sup> CENTURY IRISH

LITERATURE

By

Jacob Pinkston

RECOMMENDED:

*Tim Hays*

*Richard K. Sully*

*Chris Coffey*

Advisory Committee Chair

*D. B. Coyle*

Chair, English Department

APPROVED:

*Tim Hays*

Dean, College of Liberal Arts

*Lanene K. Sully*

Dean of the Graduate School

*March 30, 2010*

Date

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By

Jacob Pinkston, B.A.

Fairbanks, Alaska

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## Abstract

Though the English medical structure was firmly implanted in Ireland by the end of the 19<sup>th</sup> century, Irish authors and historians continued to question it well into the 20<sup>th</sup> century because medicine represented a colonial structure whose effects on Irish society continued even after the Republic of Ireland gained independence. Irish literature and folklore combined with historical and biographical material show a general dissatisfaction with English medicine, particularly with regards to the social hierarchy it creates, its effects on patient care, and the religious influences on medical practices. Using James Joyce's *Ulysses*, John McGahern's *Amongst Women*, and Clare Boylan's *Beloved Stranger* combined with the folklore surrounding the 19<sup>th</sup>-century healer Biddy Early, this thesis exposes an underlying sentiment of distrust toward English medicine in 20<sup>th</sup>-century Ireland. The works of other authors such as William Butler Yeats, Samuel Beckett, and Brian Friel are also touched on in order to give a larger context to this thesis. While some characters within these works highly respect those who practice medicine, many resent the aspects of the medical structure inherited from colonial rule. Through these characters, authors rebel against the colonial medical structure still present in their nation.

## Table of Contents

	Page
Signature Page .....	i
Title Page .....	ii
Abstract.....	iii
Table of Contents.....	iv
Introduction.....	1
Chapter 1 A Place at the Top: English Medicine and the Social Hierarchy.....	6
Elevation through Medical Education .....	7
Buying Respect .....	13
A Respected Profession .....	17
Medical Diaspora.....	19
Distrust of the Top .....	23
Reduced Roles for Women.....	26
Chapter 2 Of Little Regard: Perceptions of Patients and Treatment .....	31
The Influence of Class on Treatment.....	31
Psychiatry.....	39
Problems with Medical Treatment.....	45
Chapter 3 Medical Doctrine: Faith and Doctors in <i>Ulysses</i> and <i>Biddy</i> Early Stories .....	48

Conclusion ..... 58

Works Cited ..... 59

## Introduction

The English colonization of Ireland was perpetrated through psychological as much as physical means. In this way it resembles a form of colonialism outlined by Ashis Nandy, which “releases forces within the colonized societies to alter their cultural priorities once and for all” (xi). The alteration of Irish medicine and the creation of hospitals and medical schools not only changed the cultural priorities of the people but even the basic structure of Irish society. In examining the literature and history of Irish medicine in the twentieth century, I will expose the way English medicine ignored or discouraged native healing techniques already in place and created a system in which those in control had a vested interest in maintaining the colonial medical structure even after the Republic of Ireland had gained independence.

Though this thesis will mostly investigate reactions to English medicine in twentieth-century Ireland, the way the English discussed, or failed to acknowledge the presence of, a preexisting Irish medical structure in the Middle Ages established the tone that would dominate the changes in patient treatment all the way up through the twentieth century. Gerald of Wales’s twelfth century text, *The History and Topography of Ireland*, on the surface appears to argue against the colonization of Irish medicine except that it ignores the existence of any healers in pre-colonial Ireland:

The island has little use for doctors. You will not find many sick men, except those that are actually at the point of death. There is here scarcely any mean between constant health and final death. Anyone born here, who has never left its healthy soil and air, if he be of the native people, never

suffers from any of the three kinds of fevers. They suffer only from the ague and even that very seldom. (53)

Ireland was not as impervious to disease as Gerald asserts, but Peter Froggatt acknowledges a partial explanation for Gerald's account: "Ireland's geographic position might have saved its inhabitants from some of the continental pandemics (though it did not save it from the Black Death in 1349) and its indigenous culture may have fostered certain socio-medical practices somewhat outside the mainstream of European experience" (183). Despite providing an explanation for the health of Irish Celts, which Gerald details, Froggatt not only shows that the Black Death affected the Irish, but also demonstrates the English failure to recognize the medicinal practices of a people whose treatments differed from their own. In *Ulysses* ex-medical student James Joyce refutes the idea that the Irish had no medical practices prior to colonization: "[A]s the best historians relate, among the Celts, who nothing that was not in its nature admirable admired, the art of medicine shall have been highly honoured" (lines 14.34-35). Early accounts of Ireland, which attempt to justify colonial expansion, fail to recognize this regard for the people's own medical practices because they do not honor the Celts' abilities at anything, including healing.

The perception of a medical vacuum justified English medicine's efforts to take over the treatment of the Irish, but despite the colonizers' failure to recognize Irish healers, these herbal and spiritual practitioners held an important place in Irish society through the nineteenth century. One such healer, Bidy Early, who lived from 1798-1874, became the center of focus for important literary figures and folklorists in the

twentieth century. Accounts of Bidly Early provide an essential tool in examining a dying breed of Irish medicine and Irish reactions to both it and the English medicine that replaced it. While more accounts of her exist, I will be focusing on those by William Butler Yeats and Lady Gregory, Edmund Lenihan, and Meda Ryan. Much of Yeats and Lady Gregory's accounts are word for word explanations of the same events, so I will be citing these accounts from Lady Gregory's book *Vision's and Beliefs in the West of Ireland* because Lady Gregory explains that Yeats collected them on her behalf. Other Bidly Early stories will be overlooked because they fail to show a true representation of either the woman or Irish sentiment. For example, critic Richard Jenkins calls Nancy Willard's American *Ballad of Bidly Early*, "a fiction of her own creation" (171). Conversely, he argues, "Ryan's popular book from 1978 seems to have been disproportionately important—it can still be bought in tourist shops up and down the Irish west coast" (176). Accounts of Bidly Early and her treatments will be used throughout this thesis as a point of contrast with the English medicine portrayed in the literature of the twentieth century.

Sentiments toward English medical structure will be examined using works by some of Ireland's most important twentieth-century authors, who, by bringing to the forefront of their works the problems that arose from the colonization of Irish medicine, expose the English structure, which is still a part of their nation. Each chapter of this thesis will discuss an element of English medicine's overarching structure that twentieth century authors expose as problematic. The first chapter, "A Place at the Top: English Medicine and the Irish Social Hierarchy," will discuss how these authors question the

manner in which English medicine created a higher social standing for English doctors, while removing power from the Irish healers they replaced. By examining the way in which the comedic and overall ridiculous character of Buck Mulligan actually gains respect through his medical education, I intend to show that Joyce, though a proponent of science, was skeptical of the English structure of medicine. Since Buck Mulligan is frequently examined in criticism as a fictionalization of Oliver St. John Gogarty, critics generally fail to recognize his importance as a representation of the Irish medical student. Other authors like John McGahern concern themselves more with the way in which individual members of Irish society questioned the power of doctors, while Clare Boylan attempts to show that both doctors and patients are caught up in an institution that does not benefit either. Each of these authors' unique perspectives, combined with a brief analysis of hierarchal structures of postcolonial Ireland posited by William Butler Yeats, will reveal how authors questioned both the power that English medicine had even in a free Ireland and the disintegration of the distinctly Irish medicine symbolized by Bidy Early.

The second chapter, "Of Little Regard: Perceptions of Patients and Treatment," will focus on how doctors treated their patients, both historically and in literature. Treatment from English doctors will be contrasted with accounts of Bidy Early's relationships with patients. Once again Joyce's *Ulysses* and McGahern's *Amongst Women* expose the improper conduct of doctors who view their Irish patients as beneath them, while Boylan's *Beloved Stranger* exposes how the economic institution of English medicine provides limits treatment opportunities for both doctor and patient.

The third chapter, “Medical Doctrine: Faith and Doctors in *Ulysses* and Biddy Early Stories,” will investigate how Joyce’s *Ulysses* exposes religion’s place in even the supposedly scientific English medicine. The complex relationship between the Catholic Church and English medicine, which Joyce demonstrates in *Ulysses*, complicates the perceived polarity between Western scientific medicine and native faith-based medicines that dominate examination of colonized cultures’ medicine. The chapter will also examine how the Catholic Church helped to suppress knowledge of the traditional Irish healer Biddy Early.

Irish reactions to colonial structures, such as medicine, became more prevalent in the twentieth century because with Irish independence came a desire for the nation to find its own literary voice, a voice James Joyce helped to create in *Ulysses*, which Declan Kiberd calls “one of the first major literary utterances in the modern period by an artist who spoke for a newly-liberated people” (327). Like *Ulysses*, each of the texts addressed in this thesis arises from a politically liberated people, who recognize that they are still confined by the societal institution of English medicine and are not content to continue suffering the effects of colonial medical structures.

## Chapter 1

### A Place at the Top:

#### English Medicine and the Social Hierarchy

The economic and social standing of doctors who replaced Irish healers most clearly demonstrates the effects of medical colonization. The rise in power of doctors correlates to the restructuring of social hierarchies in other colonial and postcolonial zones. This restructuring is evident in India as well as Ireland. Ashis Nandy points out in *The Intimate Enemy: Loss and Recovery of Self under Colonialism*: “Modern colonialism won its great victories not so much through its military and technological prowess as through its ability to create secular hierarchies incompatible with the traditional order” (ix). In Ireland in the nineteenth and twentieth centuries these hierarchies placed doctors near the top. The purpose of this chapter is to show how the literature of twentieth-century Ireland both recognizes and questions the economic and social hierarchies created by the implementation of English medicine. The class differences between practicing physicians and their patients will be discussed in more detail in the next chapter. However, as I will demonstrate in this chapter, class and social hierarchies are certainly linked, particularly by the education system that creates the doctors who practice English medicine.

## Elevation through Medical Education

An analysis of why students might enter into the university system is necessary in order to understand the importance of a medical education in the twentieth century, and why authors such as James Joyce and John McGahern might examine this structure. An examination of nineteenth century practices is necessary to understand how the medical system of the twentieth century arose. The rise of the doctor in the social hierarchy began early in the nineteenth century. As Gordon Wolstenholme concludes in an essay on Irish medicine in the Victorian Era:

In Dublin... following the Act of Union in 1801 and the dissolution of the Irish parliament, there was a general withdrawal of members of the aristocracy, government officials and politicians to London so that it was the Irish professional classes, and pre-eminently the successful doctors, who took over the gracious homes and became themselves the nobility of Dublin society. (127)

This shift in power to doctors places them at the top of the hierarchy created by colonization. The status of doctors as nobility continued throughout the nineteenth and twentieth century even as power shifted back to Ireland when the Republic of Ireland gained sovereignty.

In composing an account of the history of Irish medicine, which was published in 1951, John Fleetwood concludes, “Historically the latter half of the nineteenth century was the Golden Age of Irish Medicine. Hospitals were built. Medical education and

practice were regularized. Inventions from other countries were applied successfully to Irish patients. The clinical observations of the Dublin teachers, Graves, Stokes, Corrigan and Colles secured them an eponymous immortality” (160). Fleetwood’s work, though dated, brings to light important characteristics of Irish medicine both past and present. By identifying a time that is over fifty years past as “The Golden Age,” Fleetwood acknowledges that Irish medicine does not hold the place that it once did in relation to the rest of the world. The Western influence, which initially inspired Ireland to make its own discoveries, now lead to the “teaching of discoveries made elsewhere” (180). Ireland not only lost its place as a developer Western medicinal techniques, but it actually became further influenced from the outside. Thus, by the beginning of the twentieth-century, Irish medical students were educated based on an amalgamation of practices that came from elsewhere rather than a system of practice distinct to their nation.

In *Ulysses* the medical student Buck Mulligan provides a symbolic representation of this shift to the English-influenced medical education. Though Buck Mulligan is not the only medical student in the work, he is certainly the most prominent and appears in the first words of the novel. His role as a medical student is important to note because he holds a blatantly colonialist perspective on Ireland. Talking to Stephen Dedalus, he remarks, “God Kinch, if you and I could only work together we might do something for the island. Hellenise it” (1.157-1.158). This desire to “Hellenise” the island, rather than restore pre-colonial Irish characteristics, demonstrates a willingness to alter Ireland based on outside influences, a willingness that he does not even feel the need to hide.

Stephen’s status as writer explains why Buck Mulligan would feel the need to

persuade him to help Hellenise Ireland. Though Stephen has a conflicted view of Ireland, in him Buck likely recognizes the successful work of such writers as Lady Gregory and William Butler Yeats, whose recordings of folklore and creation of the Abbey Theatre helped form the revival of traditional Ireland. The writer as Irishman had been attempting to revive Ireland and work against the desires of the medical men such as Buck to “Hellenise” it. Buck’s appeal is not simply to Stephen, but to the artistic community, because the recording of folklore by literary giants threatened the Hellenising process. If the medical man could coerce the writer into ending the Irish revival, his status atop the social hierarchy would be cemented.

Buck Mulligan represents a general movement that ensured that English knowledge, such as that of medicine, continued to be a profitable commodity in Ireland. The ability to control the knowledge that permeated through the university educated becomes even more dangerous to the Irish revival because, as Yeats writes, “The academic class in Ireland, because the visible enthusiasm of the time threatened its or the interests of the classes among whom it dined and married, set its face against all Irish enthusiasm of the time” (“The Academic Class” 150). Through their control of knowledge and failure to acknowledge Irish enthusiasm, or even the medical discoveries made in Ireland prior to the existence of universities, individuals like Buck Mulligan hoped to discourage the work of authors, symbolized by Stephen Dedalus, in order to present a “Hellenised” view of Ireland that placed doctors and the university educated at the top of the social hierarchy.

Buck’s elevated social status places him precisely as an individual who might be

threatened by “Irish enthusiasm” because the current academic structure of which he is a part rose from the decline of traditional Irish medicine. Peter Froggatt, in an essay on medical education in Ireland, describes the alteration in medical education and practice:

In historic times monastic Christianity and the hereditary physician (to clans, septs, and individual patrician families) gave Irish medicine a characteristic structure, but the decline of these patrons, the Ulster, and the scientific *milieu* of the seventeenth century, ushered in a new type of physician who studied at a university usually abroad, imbibed pan-European learning, and possessed a universal rather than a local body of knowledge. (183)

If the traditional medicine that was passed down through families and constructed from local knowledge should come back as a result of the literary revival of Irish enthusiasm, it could resurrect a means of knowledge transmission that would undermine the university and students like Buck who have invested in the current system.

The Irish revival that Buck attempts to end through coercion of the writers that created it is exactly the movement that first helped spread the knowledge of the healer Bidy Early, whose practice more closely resembled the pre-colonial structure of Irish medicine. In an article appearing in the journal *Folklore*, which details the rise in fame of Early, Richard Jenkins contemplates, “From one perspective, the pivotal figure in this story is not Bidy Early, but Lady Gregory. Without the international audience for the Bidy Early legend that was created, forty-five years after her death, by Visions and Beliefs, Bidy would probably be no better known today than Moll Anthony [another

healer]” (176). Lady Gregory, a figure whose collections of folklore, plays, and work in creating the Irish national theatre helped revive Irish enthusiasm, brought recognition to this healer, whose practice worked in opposition to English medicine. Bidy Early posed a threat to the English medical institution because her traditional medicine, consisting of herbal remedies and supernatural ability rather than scientific knowledge, presented an alternative to the academically trained doctors that replaced her.

Like the Irish healers that practiced before colonization, Bidy Early’s mother educated her on the proper use of herbs for healing. Neither Gregory nor Yeats goes into detail about the early childhood of Bidy Early in their descriptions, but people obviously held their own notions of it, which were passed down until Meda Ryan gave a more complete biography. She wrote, “The curative properties of herbs were known to many during this period, and she watched her mother as she brewed and mixed herbs, which were used as cures for various pains, cuts and sores” (9). By watching her mother rather than attending the university system, Bidy received the education that she needed to become a healer. She did not have a university degree, but the people she healed didn’t care.

Ryan’s description of Early’s education also contains another factor that the universities might want to suppress. Because the universities did not include knowledge of Irish herb lore in their education of future doctors, the knowledge of herbs in Ireland had been dying off. The herbs were being replaced by the medicine that the English brought with them, and if the curative properties of herbs should be known by many again, it might lessen the number of those seeking medicine from doctors. However,

despite the disregard of those running the universities, some tried to bring this knowledge back in combination with the medical knowledge of doctors. Michael F. Moloney introduces a 1919 book in which he collected knowledge of herbs in Ireland by stating, “Our concern here is not to glorify the herbalist or the homeopath, and certainly not to decry orthodox medicine. But somehow it seems that the ethno-botany of the Red-Indian and Romany tribes claims the attention of our therapists and pharmacologists, while that of the Celt is neglected and unknown” (9). This book, published before the first publication of *Visions and Beliefs in the West of Ireland* and *Ulysses*, places some value on Early’s knowledge even while refusing to acknowledge the importance of her profession. Moloney follows a path that seems as though it should be acceptable to universities since he does not question the heart of the system but only attempts to add on to it. He does not attempt to restore the role of traditional healers, but rather to give doctors another advantage by passing on traditional herbal healing techniques.

Biddy Early’s abilities as healer are not limited to knowledge of herbs. Other reports claim that her powers were supernatural. In *Visions and Beliefs* Lady Gregory argues that “there’s no doubt at all that the reason of her being able to do cures was that she was *away* seven years. She didn’t tell me about it but she spoke of it to others” (35). The description of her as *away* implies that she was with the faeries, supernatural beings, who would have instilled her healing power. What is particularly interesting about this description is that Early spends time away and comes back with the knowledge much like what would be expected of a medical student. Another report on the origin of Biddy Early’s knowledge claims, “No, she wasn’t away herself. It is said that it was from her

own son she got the knowledge, a little chap that was astray” (36). Whether it was Bidly or her son who learned the knowledge from faeries does not change the fact that the knowledge was ultimately from a source outside of the universities. Belief that people could learn a system that was not a part of their own could hurt the respect toward and income of universities and their graduates, so those educated by universities would likely be interested in squashing any belief in the faerie power.

Other reports claim Bidly’s power arose from a tool rather than an education. Few reports of Bidly Early fail to mention her famous bottle. One account has Bidly telling her son, “Didn’t I meet daddy that’s dead, an’ he gave me this bottle an’ he told me that I’d have enormous power through it” (19). Other accounts say that she got it from the faeries or from her son, but all accounts maintain the enormous power of the bottle to see into the future and to discover cures. While this report does not represent a direct correlation to university education, it does provide an alternative to it, that people like Buck Mulligan would rather be forgotten.

### Buying Respect

Discussion of Bidly Early might have also been dangerous to the social structure of medicine because the healer’s economic standing and medical practices indirectly expose that the laboring class lacks the resources necessary to become doctors. Even if Bidly Early had the desire to receive a university medical education, she could not have afforded it. Ryan’s account of Bidly Early claims that she was raised in a poor family: “She knew what it was like to go without a meal of stirabout so that they would be able to

keep their mud cabin and their little holding of land on which to grow vegetables, potatoes and corn to feed a few cows” (8). In *Amongst Women* John McGahern, through Moran’s justification for not supporting his daughter’s desire to pursue a medical education, exposes the problem of cost: “Going for medicine is a fairly tall order, isn’t it? Even with scholarships it takes money. I consider all my family equal. I don’t like to see a single one trying to outdistance another” (89). His response demonstrates not only the role of money in keeping her from an education but also the higher role in the social hierarchy that the money can buy through this education. He worries that his daughter might obtain a higher status on the social ladder than the rest of the family, which could create a division between her and her siblings. From Moran’s perspective, the hierarchy created by medicine in Ireland threatens the family in addition to the healers that were put out of work when it was established.

The division which Moran fears appears possible given Buck Mulligan’s sudden rise in the social hierarchy. Since Buck Mulligan is able to purchase a medical education in *Ulysses*, his social standing rises. Buck achieves his medical education through money from a wealthy aunt, which gains him respect from others in the community. When Buck tells the milk woman that he is a medical student, she responds, “Look at that now” (1.417). This interaction does not say too much in and of itself, but Stephen’s reaction to watching it is more telling:

Stephen listened in scornful silence. She bows her old head to a voice that speaks to her loudly, her bonesetter, her medicineman: me she slights. To the voice that will shrive and oil for the grave all there is of her

but her woman's unclean loins, of man's flesh made not in God's likeness,  
 the serpent's prey. And to the loud voice that now bids her be silent with  
 wondering unsteady eyes. (1.418-23)

Through Stephen's perspective the woman is more willing to listen to the medical man than the artist, which aside from reestablishing the conflict between medicine and the revival of Irish enthusiasm, demonstrates Mulligan's elevated social status as doctor. Of course neither the artist nor the medicine man appears concerned about the woman as an individual. Stephen focuses on Biblical condemnation of Eve's behavior to define the woman's faults, while Buck hopes to silence her. However, the cultural impact of her reverence for medicine produces a foothold in Ireland for the English since she directs her respect toward the cultural institution of English medicine.

Buck Mulligan's case shows an interesting connection between an individual's social and economic status because of the manner in which Buck rises from less noble beginnings. Buck's status as a medical student gains him the respect of those who don't know his past, but his parentage still harms his reputation. Speaking of Buck's aunt who pays for her nephew's education, Simon Dedalus tells Bloom, "I won't have her bastard of a nephew ruin my son. A counterjumper's son. Selling tapes in my cousin, Peter Paul M'Swiney's. Not likely" (6.64-5). Simon looks down on Buck as a shopkeeper's son while those who are not aware of this status, such as the milk woman, only see him in the status of medical man. This reference to Buck Mulligan seems particularly important since it shows that he is a distinct entity from Gogarty. Since Gogarty's father was a doctor, he likely never served in a department store (Turner 644). Joyce's

characterization of Buck Mulligan in these terms must have some purpose. While Mulligan cannot buy the respect of everyone, through the purchase of education he is able to elevate himself in the community despite his less than honorable actions. Whereas Biddy Early rose in respect as a result of her abilities and help to her community, Buck elevates himself by spending money he didn't earn. This sort of upward mobility may seem promising but is not accessible to all and, especially during the time Joyce was writing *Ulysses*, would have barred a laborer like Biddy Early from achieving a higher social standing through her own medical techniques.

The lack of money to spend on education is not the only element that would keep a poorer individual such as Biddy Early out of the universities. The university and school system is costly in terms of time as well as money. As mentioned above, Biddy Early's family were farmers, as she would turn out to be. The harvest did not always allow ample time for studies. McGahern exposes this conflict between farming and education through Moran's views on the futility of studying and the importance of the harvest. When Sheila's husband Sean tells Moran that he studied during the summer, Moran questions the use of doing so. Sean explains that his summer studying was of "[g]reat use. Texts could be read for the year ahead. It gave a great head start once classes began," (McGahern 160). Sean's response, "caused an uncomfortable silence. All the Morans had to work the land since they were small. There had been clashes over the rival demands of school and harvesting, planting or cutting turf" (McGahern 160-61). Though Sean was not studying medicine, the harm that formal education, like that which would be expected of a doctor, caused to the harvest is evident in Moran's attitude toward studying. The

inability of those pursuing an education to work on the harvest meant that farmers like the Morans would have to focus on their work rather than education, creating a barrier to the English system of medicine that dominates their culture.

Yeats portrays this inability of the laborers to rise above their status in the socioeconomic hierarchy, which was imposed under English rule and continued after Irish independence, in his simple two-line poem published in 1938 entitled “Parnell”:  
“Parnell came down the road, he said to a cheering man;/Ireland shall get her freedom and you still break stone” (312). By 1938 Yeats has seen how the hierarchy remains unchanged, and expresses that realization in this bleak poem using the image of the once inspirational figure of Parnell. The lack of upward mobility arises from concerns over time and money, which prevent the laborers from getting an education, particularly a medical one. The cheering man seems particularly reminiscent of Moran, who fought with pride for the independence of his nation but is underwhelmed by the result. The hope that came with independence was replaced by the recognition that the long awaited change did not alter the lives of the laborer. With English institutions like medicine maintaining their foothold, the changes could not possibly be as drastic as Moran and others hoped.

### A Respected Profession

Unlike Moran and Simon Dedalus, many other Irish people held doctors in high esteem. I mentioned above the reaction that Buck gets from the milkwoman. This same

respect for the educated doctor appears in later literature. In his autobiography James Liddy writes, “People regarded the doctor as a god and Doctor Murphy had a cure, bread soda and water in a glass” (14). In his autobiography *My Left Foot*, Christy Brown demonstrates a complex view of medicine because he was misdiagnosed as mentally handicapped and essentially untreatable as a child, but he generally compliments the doctors who helped treat his cerebral palsy. The decisions doctors made about Brown had a great impact on his life, which explains this conflicted relationship. After relating how Dr. Collis told him that Eirene Collis might be able to treat him, depending on what she saw in an examination, Brown writes, “I realized then that everything depended on Mrs. Collis’s verdict—that my future really lay in her hands. If she decided I was too far advanced a case to benefit from treatment, then I would be back to where I was before Dr. Collis found me, back to the old life of inactivity and hopelessness again” (117). With this kind of power, of course the doctor becomes an important figure.

The power of and demand for doctors that the English institution of medicine created allows them to maintain a beloved status. The veneration does not stop with the milk woman of Buck Mulligan’s generation. In Clare Boylan’s 1919 novel, *Beloved Stranger*, Ruth Butler notices the reverence with which her mother Lily views the medical profession: “Like most women of her generation, she revered doctors and believed they wielded power over life and death” (55). This reverence allows her to put complete faith in those who are treating her husband, so she would not think of searching for any other form of help. Since the doctors now wield power over life and death, there is no longer a place for the healers they replaced in Irish society. This respect for

medicine is not entirely passed on to her daughter, but Rose's concerns mostly deal with cost and quality of care. Lily's generation, like the milk woman's, respects those that practice English medicine.

### Medical Diaspora

The impact of English medicine on Ireland not only affected those doctors working in Ireland, but also created a migration of medical workers out of the country. In writing of Ireland as a postcolonial zone, Joe Cleary explains, "From a postcolonial perspective, the story of Empire is not simply a narrative of Western migration to the colonial 'peripheries,' but also one whereby many in the former colonies have migrated to the metropole, either because of economic uneven development or in search of other opportunities not available in the home country" (278). Joyce Delaney's autobiography illustrates this phenomenon of diaspora as it relates to medicine: "When I qualified in 1949, it was every doctor's ambition to become a medical 'all-rounder', and for this it was necessary to get as much experience as possible. We were, like the eggs, for export to England" (22).

The ability to buy into a higher social standing, such as Buck Mulligan had attempted, created a situation in which Irish students flooded into medicine at a rate that surpassed the need for doctors. Declan Kiberd writes that immediately after the establishment of the Irish Free State, "Doctors, dentists, lawyers, engineers and architects were produced in over-abundance, to meet the career-aspirations of the new élite, but most were exported as free, instant experts to the First World" (553). According to John

Fleetwood, this overabundance of doctors could be seen in advertising as well as migration: “As the number of surgeons and physicians became larger they were forced to take on work formerly considered beneath them. Several of them advertised in a more flamboyant manner than the present discreet notices permitted by the G.M.C. would allow” (162). However, even with advertising, doctors would need to look abroad for posts in order to make ends meet and avoid jobs that, while still medical, might not allow them the social position that doctors had held ever since English colonization.

This migration of many doctors out of Ireland has been viewed in different lights by historians of Irish medicine. Two clearly contrasting opinions come from John Fleetwood and J.B. Lyons, who both wrote on Irish medicine in the twentieth century. Fleetwood demonstrates a bleak outlook on the migration of Irish doctors when he writes, “Ireland is a small country and throughout the centuries it has been inevitable that she should absorb much learning from elsewhere. Her sons’ contributions to medicine have been notable, but all too often their work was done and their discoveries made in foreign lands, so that the honour they gained was lost to their native country” (368). This interpretation is very different from Lyons’s, who simply relates, “Many Irish graduates have been trail-blazers abroad” (175). Lyons’s remarks do not present the same belief that Ireland has lost a position of honor. From Lyons’s perspective, Irish medicine has gained honor by having its competency shown abroad rather than lost it by not having it shown at home. The discussion of honor might seem less important than the care of patients, but it is important in determining whether the Irish could take the English medical practices and make them their own. The question of honor is a question of

whether Irish medicine can even be acknowledged to exist. If discoveries are made elsewhere, they cannot claim a position nearly as distinctively Irish as the achievement of a healer like Biddy Early.

This medical diaspora was not limited to doctors. Jones and Malcolm explain, “Ireland not only supplied the world with doctors, but with nurses as well. Yet doctors dominate the literature. Nurses in particular have been unjustly neglected” (4). In *Amongst Women* McGahern acknowledges the exportation of the generally neglected nursing students. After Moran’s wife Rose commented on the lack of nurses in England, the narrator remarks, “Because of the shortages of girls for nursing, many ads were appearing in the daily newspapers” (McGahern 49-50). Moran’s daughter follows up on the ads and becomes a nurse in England, which does not sit well with Moran, who states that “a lot of our people go wrong in England” (49). Moran is obviously not looking for his daughter to become a trail-blazer abroad and would rather she stay in Ireland. This confrontation between father and daughter takes place after Moran stated his belief that the Irish revolution was meaningless because “What did we get for it? A country, if you’d believe them. Some of our own johnnies in the top jobs instead of a few Englishmen. More than half of my own family work in England” (5). Though the rest of his family did not leave to practice medicine, the medical diaspora is indicative of the general migration that lost him half his family to England. Moran’s temper provides some justification for his family’s immigration, but the movement of Moran’s family to England still represents the greater migration of the Irish into England or other lands England had colonized.

The migration of doctors out of Ireland also affected Christy Brown negatively. In

his autobiography he relates how the cerebral palsy clinic at which he was being treated lost two doctors with whom he had worked to posts abroad. After explaining how Dr. Warrant left due to what Brown calls “wander-lust,” he relates, “Mr. Gallagher, too, left soon afterwards for Canada. He vanished. I never heard anything of him after that. So it seemed that just as the Clinic was about to be improved two of its ablest workers left” (153). Brown’s autobiography indicates that the loss of Irish doctors abroad was not merely a loss of honor but a loss of those who could actually do good for the people of the country. This migration, which is without a doubt a result of colonization that regularized medicine with the rest of the English colonized world, was detrimental to the country’s sense of identity. In order to stay atop the social hierarchy that was created, doctors had to find good paying jobs, even if these jobs were outside of Ireland.

In contrast to the exportation of doctors brought on by English Medicine, Bidy Early’s medical practices actually imported patients. Because of the limitation in the number of healers as a result of the non-standardized training process and the need of a supernatural ability, reports are that people came from all over Ireland to receive her treatment (Lenihan 47). However, the patients were not strictly from Ireland. One individual reported to Lenihan, “Sure, they came from England to her. Didn’t one o’ the royal family come over one time to be cured, that there was something wrong with her. She came over on the quiet they say” (48). Whether royalty actually visited her is not known for certain, but this is not the only account of visits from the English. Bidy Early, who spent her whole life in Ireland according to all accounts, actually brought patients into Ireland. She was not subject to the diaspora that claimed the medical men

and women who replaced her in Ireland before leaving the country in droves.

### Distrust of the Top

Those doctors that stayed in Ireland were not always as respected as they were by the milk woman or Lily Butler. Despite their position in the social hierarchy and the admiration of many, or perhaps because of these factors, the doctor was disliked by many in Irish literature as well as Irish society. In Lombe Atthill's autobiography he claims that "suspicion is a very strong characteristic of all classes of the Irish peasantry" (170). While he intends to indicate that this suspicion is not only of medicine, he is discussing their suspicion of him as a doctor. Given Atthill's patronizing and less than empathetic view of his patients, this suspicion seems warranted, but it still represents the view that people hold of their doctors.

The position of doctors in the class hierarchy also created some negative reflections on medicine. Though James Liddy is not himself a doctor, he is a doctor's son, which makes relevant one woman's report: "James Liddy is a nice man, but he has never done a day's work in his life" (Liddy 63). Here we see the wealthier class being despised. Her acknowledgment of Liddy's employment history shows how the public's dislike of doctors means that the connection between class and social hierarchies does not actually extend to affection towards the individual in the case of Irish medicine. Liddy is looked down on as a doctor's son who did not have to work like the children of a farmer, such as Moran, would have.

Though Liddy is looked down upon as a doctor's son, in *Beloved Stranger* Clare

Boylan indicates that medicine itself may not represent a real day's work in the eyes of many Irish. Dick Butler's physician, Tim Walcott, explains that when he told his parents about his desire to study psychiatry, "My dad went completely flaming berserk, told me I was a waste of space, a waste of money, a bloody ponce – and that was only when I told him I wanted to study psychiatry. He thought real men earned their living by their hands, by the sweat of their brow" (299). In this work, which is the latest one I discuss, psychiatrists are viewed as less than masculine because they do not "do a real day's work" (299). Walcott's father labels him a ponce because of his profession, not his homosexuality. The choice to label him a ponce because of his profession may seem to be an acceptance of his sexual orientation, but Walcott presents it more as an extreme condemnation of psychiatrists. By demonstrating Dr. Tim Walcott's own conflicts as a result of his profession after she initially presented him as a stereotypically greedy doctor, Boylan shows that the disparity between traditional Irish views and English medicine affects doctors as well as the people they treat.

Perhaps the most blatant attacks on the medical profession come from Moran in *Amongst Women*. He despises doctors for more than their university educations. When his daughter points out that if he had been raised in a different time, he might have been a doctor or engineer, Moran is quick to point out, "I wouldn't have been a doctor" (74). Moran's hatred for medicine is revealed when his daughter Sheila attempts to enroll in a university to become a doctor. I mentioned above his objection to her entering the university because of cost, but that was not his only complaint. The narrator also notes another explanation for Moran's immediate dismissal of Sheila's choice of profession:

Sheila could not have desired a worse profession. It was the priest and doctor and not the guerrilla fighters who emerged as the bigwigs in the country Moran had fought for. For his own daughter to lay claim to such a position was an intolerable affront. At least the priest had to pay for his position with celibacy and prayer. The doctor took the full brunt of Moran's resentment. (88)

Moran's resentment of doctors stems directly from their place in the social hierarchy. Since he does not see them as earning the place at the top that they hold, he hates them. With the rise in the social status comes resentment. As the poem "Parnell" relates, Moran still labors, while those that have entered into the English system of medicine prosper and wield power.

Biddy Early as healer also attracted some resentment. Before going into detail about Biddy Early's life or practices, Ryan relates, "Arguments still exist as to whether Biddy was a witch or person of God because she possessed powers and natural gifts beyond the comprehension of those who knew her personally" (7). In fact, historical records claim that Early was tried for witchcraft during her life (81). This debate over her value and morality partially arises from misrepresentation of her practices by the Catholic Church, but it also comes from a lack of awareness of the source of her education. Her knowledge did not come from a source as easily understood as a university. However, whether those giving accounts feared her or believed her work was important, everyone respected her abilities in a way that Moran and Tim Walcott's father do not show toward the abilities of doctors.

### Reduced Roles for Women

The English medical institution brought with it a patriarchal structure that robbed women of a potential place of power in society. In Irish medicine many women achieved a prominent place in the social hierarchy through their role as healers. In Moloney's 1919 account of herbs he concluded, "The Irish herbalists of to-day are, in the vernacular, 'knowledgable persons,' mostly women, who possess a smattering of our folk botany. The vicissitudes of the nation have retarded the transmission of this knowledge until it is well nigh lost in the wilderness whence it was gained" (8). Moloney indicates that women were able to become involved in a profession that was ceasing to exist, but his purpose was to chronicle their knowledge as the profession of herbalist began to die off, rather than to save these women's jobs.

I should note that Ireland accepted women as doctors earlier than most Western nations. Gordon Wolstenholme reports that "to Ireland's eternal credit, the historic decision was taken to admit women to the licentiate, and hence to the Medical Register...By 1866, of fifty women on the Register, forty-four entered it through the Irish licentiate" (137). While Wolstenholme's comments show early progress in giving women opportunity, this statement is undermined by its appearance in the collection *A Portrait of Irish Medicine*, which contains pictures of men in charge of the medical field and their significant findings. Because English doctors came from universities, which were dominated by men, men dominated the medical field.

Dr. Delaney's autobiography, though it is the work of a successful female doctor, reveals some of the discrimination she faced in the mid-twentieth century. After she was

scared away from hospital work, she began looking for a position, but notes the limited possibilities: “I started pawing through Father’s *British Medical Journals* and seeking out a job that didn’t threaten midwifery, wasn’t rural and had no objection to a woman. In the end I replied to an advertisement from a Dr Jameson, who was recovering from an illness and wanted temporary help ‘of either sex’” (13). The desire to live in an urban or suburban environment does not necessarily reflect the problems she faced because of her sex, but the other two conditions are telling. She is opposed to the decline of the traditionally female profession of midwifery, which is being replaced by hospitals and male doctors. I have mostly discussed the decline of the herbalist or “healer” because I have dealt heavily with Bidly Early, but the decline of midwifery shows another profession lost to Irish women because of the influence of English medicine. The distinction that the employee may be of either sex proves that work was not readily available for women since the willingness to accept women in the role was listed as an exception to the ordinary.

Perhaps because the history of traditional Irish medicine allowed women such a prominent place, neither Delaney’s parents nor Moran discourage their daughters from being doctors on the basis of sex. Though Dr. Delaney faces discrimination after receiving her degree, her parents fully supported her decision to pursue medicine. Also, Sheila Moran’s sex was never used to explain why she should not pursue an education in the field. In fact Moran eventually feels guilty for denying Sheila her opportunity and “was plainly suffering because he had denied Sheila her chance of university but he could not have acted in any other way, perhaps through race fear of the poorhouse or plain

temperament” (89). Moran feels guilty because he knows that his daughter, Sheila, could have been a competent doctor.

However, a medical education did not grant a woman the same respect that it did a man. Even when she has a job, Delaney notes problems with being a woman and a doctor. At a mental hospital one patient is unwilling to discuss masturbation in front of her because she is a woman. This unwillingness poses problems to her as a psychologist, but her colleague Dr. Vinney’s response to it is perhaps more telling. After the patient points out Delaney as the reason he is not talking, Vinney explains, “You mean Dr Delaney? She forgets she’s a lady when she sees patients. Otherwise she’d be no good as a doctor. Now come on” (150). Vinney could be implying that Delaney must actually sacrifice her femininity to be a successful doctor. However, another interpretation is that the patient simply cannot see women as doctors since the patriarchal structure of medicine ensures that nearly every other doctor of the time was a man.

Even in the field of nursing, which women dominated, they could not gain the respect of their male colleagues and patients. After the advent of the hospital structure created a situation in which doctors and nurses worked together, nurses were perceived to serve under doctors rather than in their own unique institution, as they had before this structure was in place. Interestingly, both patients and doctors came to believe that the sole purpose of the female nurses was to provide service for the male doctors. This role led to false perceptions of these women as providing sexual rather than professional service for the doctors, which Joyce recognizes in *Ulysses*. In the “Oxen of the Sun” episode, when nurse Callan comes in to the meeting of Stephen, Bloom, and several

medical students to deliver a message to the young surgeon Dixon, the reaction to the nurse reveals the men's perceptions of the profession: "The presence even for a moment among a party of debauchees of a woman endued with every quality of modesty and not less severe than beautiful refrained the humourous sallies even of the most licentious but her departure was the signal for an outbreak of ribaldry" (14.802-6). This ribaldry includes the medical student Costello calling her a "monstrous fine bit of cowflesh!" (14.807). It also includes the simulation of sex acts that the nurse is implied to conduct with the medical staff. This nurse is viewed as a sex object for the doctors by most of the medical students in the room. This is not the only view as Dixon eventually stands up for the nurse by asserting, "I want patience, said he, with those who, without wit to enliven or learning to instruct, revile an ennobling profession which saving the reverence due to the Deity, is the greatest power for happiness upon earth" (14.823-26). Dixon presents an opposing view, which shows the respect that the nurses deserve, but unfortunately the majority of those training to be doctors in the scene do not show nurses this same respect. Dixon exposes the problem but does not necessarily fix it.

Even the nurse nuns are a subject of ridicule, albeit of a less sexual kind. In a play within a play in Brian Friel's *Crystal and Fox*, Pedro is playing Dr. Giroux when he relates, "I have just had a quick run around the children's, casualty, fever, and maternity wards. I gave every nun a double injection of streptomycin" (82). Fox, dressed as a monk, replies wryly, "Why not! They're all drug addicts" (82). This exchange, though it discusses missionaries rather than nurses in Ireland, shows that even when women as respected as nuns took on the field of nursing, they were the subject of ridicule rather

than respect.

Though the English style of medicine undoubtedly saved lives and granted its practitioners a lofty social status, many Irish were not able to give its practitioners the same respect that might be given to someone such as Biddy Early, who was chosen for her task in a way that any Irish person could be chosen. The clear distinction between the doctor and the people he was meant to treat created a situation in which doctors were not altogether liked or even always respected. In addition to these class concerns, the complex relationship between the life-saving medicine and the people whose culture it permanently altered is represented in the relationships that people have to their doctors even today, as Boylan demonstrates in *Beloved Stranger*. However, the next chapter will address how the creation of social hierarchies is not the only factor responsible for this conflicted relationship. Money, in a more direct sense than previously discussed, would come between a doctor and patient.

## Chapter 2

### Of Little Regard:

#### Perceptions of Patients and Treatment

Literary and historical accounts demonstrate a drastic shift in the treatment of patients created by the implementation of English medicine. This shift is not merely a result of different methods of practice but also results from a certain level of condescension from the university trained doctors, whose treatments, while increasingly effective throughout the twentieth century, were not perfect. Some of Ireland's most prominent twentieth century authors show concerns regarding the English influenced method of treatment of patients and its effects on the doctor patient relationship.

#### The Influence of Class on Treatment

The English influence on the Irish created an unbreakable bond between economic and social standing, which created the class hierarchy. These two elements obviously influence each other greatly, which can be seen in the advice that Mr. Deasy gives to Stephen Dedalus in the second episode of *Ulysses*: "You don't yet know what money is. Money is power. When you have lived as long as I have. I know, I know. If youth but knew. But what does Shakespeare say? *Put but money in thy purse*" (2.236-39). Deasy's comment is important in not only establishing the connection between money and power (power serving as a representation of social status) but also in the way it identifies this connection as English rather than Irish. The choice of Shakespeare to

quote is important as Deasy chooses an English voice to convey to Stephen his message of the proper way of handling money.

This connection of money to power is similar to the comparison between medical practice and power, on which Dr. Joyce Delaney reflects in her autobiography. Dr. Delaney, whose father was also a doctor, relates the story of first telling her parents about her desire to be a doctor and her mother's reaction: "'Medicine is such a *safe* profession,' Mother said. 'Sure with a stethoscope in your pocket the world is your oyster'" (14). The idea that medicine would make the world her oyster certainly shows the power and esteem that comes with it. However, as this section will relate, medicine does not supplant money in its connection to power but rather presents itself as a means to money that actually strengthens rather than undermines the connection between economic and class hierarchies.

This link between the economic and social hierarchies can be seen in direct connection to doctors in the writing of James Liddy, whose book, *The Doctor's House: An Autobiography*, reads more like a collection of prose poems than a traditional autobiography. He writes of his childhood, "Because there are no cars on the road, except the priest's and doctor's, people travel by trap" (9). Though this work was written in the United States and published in 2005, his description of his childhood in Ireland in the middle of the twentieth century reveals the class hierarchy that places the priest and the doctor at the top. The possession of a car is an important symbol differentiating the doctor and the priest from those beneath them on the class hierarchy.

The actual practice of medicine is by no means immune to the effects of this class

hierarchy, which alters the perception that doctors hold of their patients. Lombe Atthill's 1911 autobiography, *Recollections of an Irish Doctor*, perhaps the most famous doctor's autobiography, contains a story about a patient's bill told to him by a doctor's assistant:

So the doctor says, "My fee, ma'am." "Your fee?" says she; "did not I give the man in the hall a shilling?" He called me in and asked me was this true, and I said it was, and he gave me warning at the minute; but you know, the place would not be worth holding if it was not for what the patients give. I burst out laughing, and, at that moment the study door opened, and Sir Dominic, hearing me laugh, asked what it was about. I told him, and he said it was quite true, and joined in the laugh himself.

(169)

This story in and of itself seems to be about a simple misunderstanding. The patient does not understand the doctor's cost and pays his assistant a shilling. However, Atthill's reaction to the story clearly demonstrates the class hierarchy. He explains, "No doubt it was the usual for doctors' servants to look out for tips from patients, but for this woman coolly to pretend that she thought a shilling given to the servant constituted the doctor's fee is a good illustration of Irish character amongst a certain class, and their 'cuteness' in finding an excuse to try and evade paying the debt" (169). Here Atthill brings class into the discussion himself by looking down upon those beneath him in the hierarchy. He demonstrates the connection between the social hierarchy and class by noting the "cuteness" of the lower class. This demeaning attitude toward those poorer than he represents the problems that this formation of hierarchies creates because if he cannot

respect his patients, he will find it difficult to listen to what they have to say and treat them.

The payment of a shilling to the doctor's assistant is particularly interesting because it shows a connection to the description of Bidly Early conveyed by Edmund Lenihan. He writes of Bidly, "She'd take no money for her fees, they'd leave her something like a bottle o' whiskey. You'd get it for a shilling at that time; 'twas very cheap" (26-7). Though money is not directly changing hands, the indirect cost of Bidly Early's services seems to be a shilling. Therefore, it is reasonable for the woman described in Atthill's story to assume that the cost of medical service should only be a shilling since that is the cost of the more traditional Irish medicine that Western doctors like Atthill replaced.

Atthill's lack of reverence for poorer patients can be seen in another doctor he mentions in his autobiography. He relates, "I recollect my old friend Mr. Collis telling me one of his experiences. He attended many patients gratuitously whom he knew to be poor, amongst these a widow lady, who dying slowly of cancer and who, though unable to pay a fee, would send for him unnecessarily and at unreasonable hours" (186). This willingness to attend to patients who cannot afford treatment is admirable, but the begrudging nature with which he treats them is not. Despite the patient's imminent death, the doctor is more concerned with the unreasonableness of requests and times in which the patient seeks help. Atthill's reader is left to wonder what the sentiments of the doctor might be if the patient paid well, but the patient's status as poor makes her more of an inconvenience than someone for whom he should be concerned.

In *Ulysses* the character of Buck Mulligan views the lower class even more maliciously than Atthill does in his autobiography. After demanding the key to the tower apartment in order to demonstrate his control over Stephen, the medical student and possible future doctor Buck demands “And twopence, he said, for a pint. Throw it there” (1.724). This demand shows the medical student’s willingness to exert the power he held over the lower classes. However, Buck’s response to receiving the money demonstrates his views on the class hierarchy. He responds, “He who stealeth from the poor lendeth to the Lord” (1.727). This response is a distortion of the proverb “He that hath pity upon the poor lendeth unto the lord” (Pro. 19.17), one meant to encourage giving. By purposely mocking the idea of charity, Buck Mulligan recognizes his own greedy nature and feelings of entitlement. While Atthill’s comments demonstrate a belief that the poor are greedy, Buck’s comments are more forthright in acknowledging his own culpability in taking money from the poor. In fact, Richard Begam, in an essay on colonialism in Joyce, refers to Buck as the “Anglo-Irish landlord” based on the way he holds the rent money over Stephen throughout the early episodes of *Ulysses* (196). Begam draws a direct connection between the greed of the medical student and the greed of the traditional English oppressors, who were in power before the Irish doctor took over.

In Joyce’s portrayal, Stephen as artist and teacher does not share the greed of the medical student. When he is paid by Deasy, Stephen thinks of the money as “[a] lump in my pocket: symbols soiled by greed and misery” (2.227-28). Perhaps Stephen’s dealings with Buck, who constantly demands his money, or Mr. Deasy, who emphasizes money’s importance, leave him feeling disheartened by the idea of materialism, but no matter the

cause, this view is blatantly different from that held by Deasy and Mulligan. With regards to money, much as in the comparison drawn between perceptions of Ireland by the artist and doctor, Stephen acts as the foil for Mulligan to demonstrate the medical student's failure to empathize with the poorer classes.

This concern over money differentiates Buck Mulligan's actions from stories given of Biddy Early. Though some accounts claimed that she might be willing to accept a shilling, other accounts of Biddy's work claim that she would not accept money for her services. One account of Biddy related to Lenihan claims, "She could be a millionaire. But what I'm coming at, while there was no money in the bottle, an' she was able to do anything with it, she fed the neighbours round her" (41). Here we have a reminder of Biddy Early's famous bottle through which she could see both cures and the future. The fact that she was unable to receive money from the bottle arises from a condition of which she told her son. Biddy claimed the condition was to "take no money whatsoever, or if I did all my powers were gone an' the bottle was no good to me" (19). Though there are many descriptions of how she obtained the bottle, most of them seem to come with this inability to profit attached to it. This condition or Biddy's own goodwill leads her to accept no money for her services in many accounts of her treatment.

One account of Biddy Early does claim that she profited greatly from her services. A man that Lady Gregory labels as Mr. McCabe in *Visions and Beliefs in the West of Ireland* relates, "She was very rich, for there wasn't a farmer but would give her the grass of a couple of bullocks or a filly—she had the full of a field of fillies if they'd all been together" (35). However, this quote is important for multiple reasons. The first reason is

that there is no demand from Early for the resources that make her rich. Instead, she is apparently given them out of the gratitude of the farmers. The source of the account is another important detail. It comes from Lady Gregory, who gives one of the earliest written descriptions of Bidy Early and her practices. No one in the much more recent works of Ryan and Lenihan attribute to her this wealth.

Now this discrepancy in the stories brings to mind two possibilities. The first is that Bidy did not really receive money, and this account simply dies out because it is wrong. The second is that she might have been wealthy, but people changed that characteristic of her in order to better facilitate the image of her as an alternative to English medicine. This dual possibility presents a common question surrounding folklore regarding how much of the Bidy Early mythology is true and how much is deliberately altered to serve a purpose. However, for the sake of my argument the answer to this question is not entirely relevant. If the stories are true, they actually show a lost art and the gracious actions of its practitioners. If the stories are consciously or subconsciously altered, they still represent the opinions of a people dealing with an institution that was thrust upon them as a part of colonization. The Bidy Early stories would be a means of demonstrating a discontent with the direction in which the English style of medicine has taken Ireland particularly in the last two hundred years.

The literary depictions of greed, which Joyce presented and for which Bidy Early offered an alternative, extend right up to the end of the twentieth century. In *Beloved Stranger* Clare Boylan expresses these concerns about the greed of medicine that had shown up nearly eighty years before in *Ulysses*. However, Boylan's work goes into

more detail about the true cost of the greed to patients. Even before Dick Butler needs medical help for the mental instability that plagues him throughout Boylan's work, he is irritated by the idea of getting his eyes checked by a doctor. When his wife suggests that this exam might be useful, he responds, "Stay away from the medics. If there's nothing the matter they'll find something. Remember, that's how they make their living" (19). Dick does not hold the same view of medicine as his wife, who thinks doctors control life and death. He instead views the doctors as people only interested in money and self-interests; he is thus unwilling to seek treatment from them. Apparently, the men of Lily and Dick's generation do not hold the same reverence for doctors that Ruth perceives the women holding. Dr. Tim Wallcott does initially display the greed that Dick fears, which Boylan demonstrates by having him eat an entire pack of biscuits that Dick's daughter brought to the hospital for her father. As he eats them all, he is completely oblivious of any wrong doing (58-59). This greedy consumption is reminiscent of Buck Mulligan's greedy consumption of the money that Stephen makes and is forced to hand over. Walcott eventually shows that he can be a caring physician if not always self-aware, but initially, Boylan depicts him as greedy and patronizing.

The medical structure that emphasizes fiscal gain eventually plays a role in Dick's treatment as he is forced out of the hospital to which he has been committed and into homes that cannot accommodate his mental illness. Dick is actually not forced out for lack of money but for lack of insurance. When she is told that her father must leave the hospital for a geriatric institution, Ruth angrily responds, "You mean an old folks' home? But they're not equipped to deal with mental illness" (214). This statement seems

prophetic as Dick is forced out of geriatric institutions after causing damage to the ones he was in. These events are predicted even earlier when Ruth joins a protest that medical workers are holding over the closure of a medical centre. Their shouts include the call for “More healing, less wheeling, less dealing!” (88). Though these doctors are not protesting the individual patient’s right to treatment, they are protesting the role of economics in matters which affect patient care, just as the health of Dick is affected. Boylan’s novel once again uses both the perspective of doctors and patients to show the concerns over English medicine, this time fiscal concerns. Boylan’s unbiased nature in showing doctors as merely cogs in the institutional machine that harms patients makes her work an important analysis of the postcolonial effects on medicine.

### Psychiatry

The lack of concern for patients extends beyond class issues and into Ireland’s unique relationship with psychiatry. This discipline in particular stigmatizes and disrespects patients. At the early stages of the development of psychiatry, Ireland was at the cutting edge of treatment of the mentally impaired. In Markus Reuben’s account of early nineteenth century asylums he relates, “In 1817, mandatory legislation made Ireland the first country in the western world with a system of public asylums for the insane” (Reuber 208). This creation of the asylum is viewed by some as a positive effect of English control. In their introduction to *Medicine, Disease and the State in Ireland, 1650-1940* Greta Jones and Elizabeth Malcolm write, “British governments, beginning in the eighteenth century, were far more interventionist in Ireland than elsewhere in the United

Kingdom. A state asylum system was established in Ireland thirty years before a similar initiative was attempted in England” (6). The system may also be an experiment, which provides an early example of the idea that “[t]hroughout the later nineteenth century, Ireland functioned as a sort of political and social laboratory in which, parabolically, the English could test their most new-fangled ideas” (Kiberd 23). If the system was an experiment, it was one that apparently worked, as the English did eventually set up their own structure following roughly the same guidelines implanted in Ireland.

However, others take a different view of the motivations for the English establishment of a system of asylums in Ireland. In an article focusing on the end of the asylum structure in Ireland and its repercussions, A. Jamie Saris writes that the “‘colonial’ mental hospital was eventually declared obsolete...culminating in the increasing dispersal of its staff and services from the early 1980s” (323). Saris argues that the asylum structure was put in place as a means to control the Irish, and that it was not ultimately beneficial. He describes how the mentally handicapped Irish individual becomes an “unrespectable character” before discussing the relevance of these people: “The unrespectable character (connected in some fashion to the mental hospital) condenses several strands of history, in the broadest sense, all at once. To be sure it is part of a postcolonial precipitate, a sort of return of a grim post-Famine property-holding rural society” (325). Saris demonstrates that psychiatry exists as a remainder of the influence of colonization by showing the inability of some to separate themselves psychologically from the asylum system that was established by English colonizers. This failure does not simply extend to patients but medical staff as well. Saris explains that

nurses “are contemptuous of how many psychiatrists who have known Tommie [a psychiatric patient] for many years are, in the current political climate of Irish psychiatry, now inclined to gloss over or ignore certain symptoms, such as his constant wandering and incomprehensible speeches that, little more than ten years ago, were the very stuff of his illness in the hospital” (321). Since the old asylum system had become so ingrained in these doctors, they could not create an alternative system when the asylum structure was declared obsolete. With no structure in place, they could only ignore patients’ symptoms.

Doctors also form false diagnoses in order to explain or ostracize people with whom they disagree. In *Ulysses* the medical student, Buck Mulligan, labels the artist, Stephen, as insane because they have different views of the world. The first time Buck discusses Stephen’s sanity, he is relaying something that was told to him: “That fellow I was with in the Ship last night... says you have g. p. i. He’s up in Dottyville with Connolly Norman. General paralysis of the insane!” (1.127-29). This comment, meant more as an insult than proper diagnosis, is telling about the stigmatization of mental disorders. Because the fellow that Buck was with cannot understand Stephen, he labels Stephen as insane. Though this line could be glossed over as an example of the comic character of Buck Mulligan trying to repeat a joke, it is important in demonstrating how mental illness itself is viewed as a joke by the medical student.

However, the literature does not merely condemn the doctors who form the diagnosis, but also the structure in which the doctors operate. In “Fingal” Samuel Beckett offers a less than positive review of the mental asylum that Belacqua visits during his outing with Winnie. In one scene taking place in the grounds of the Portrane Lunatic

Asylum, “the loonies poured out into the sun, the better behaved left to their own devices, the others in herds in charge of warders. The whistle blew and the herd stopped; again, and it proceeded” (29). This treatment of them as animals herded about seems particularly unjustified given Winnie’s later assertion “that the lunatics seemed very sane and well behaved to her” (30). Under Winnie’s interpretation, the asylum is merely a way to get unwanted people out of the way. They may be sane, but they do not fit in outside of the asylum, so they are herded into it like cattle.

The stigmatization of the mentally impaired is particularly relevant in *Beloved Stranger*. After Dr. Walcott simply uses the word “mad” to diagnose Dick’s condition, rather than the more clinical diagnosis, which the scientific English medicine should make possible, Ruth has to stop him because her mother is being upset by the constant application of the word “mad” to her husband. Walcott responds, “It’s a bad word, isn’t it. Worse than bloody or damn. But if I don’t say it, it will be hanging in the air, lurking behind every other thing that’s said” (58). Not only is this description patronizing on the part of the doctor, as Ruth points out, but it also shows the status with which mental impairment is viewed. All conditions are lumped into one category that can only be described with a bad word.

The perception of the insane asylum as essentially a prison for those that society would not accept also prevented people from seeking help even when they really needed it and the asylum system was crumbling. In *Beloved Stranger* Clare Boylan shows this resistance to the idea of mental health treatment in a hospital through Dick’s absolute refusal to commit himself for care. When his wife and daughter try to take him to the

hospital to be committed, he screams, ““They are trying to commit me to an insane asylum!”...His parched face showed rage and terror. ‘They are trying to make me commit myself’” (68). Dick refuses to go willingly, until he is promised attractive women and male company inside that he could not get on the outside. Though his refusal at first seems to be out of stubbornness, Boylan justifies his refusal once he commits himself to the hospital: “He had lost his dignity. Without that he no longer existed” (73). Since the idea of an insane asylum carries with it such a stigma, patients like Dick, who truly need treatment, are unwilling to accept it.

Boylan also demonstrates how Dick’s comparison between the hospital and the colonial lunatic asylums of the past holds merit. Looking at her father’s hospital, Ruth wonders, “Why are all institutions so ... institutional? Why were patients on the highest level separated from the canteen by seven stories? If the aim was to bring them back to normality, surely there would should be a feeling of everyday living in the place of healing” (87). Ruth’s analysis shows that the asylum system that was firmly planted by the English over a century ago is still intact in Ireland. Through Ruth’s interpretation Boylan shows how the Irish, even with independence, are not able to escape the institutional nature of psychiatry implemented by the English while Ireland was a colony. The colonial medical structure still holds a firm grasp on Irish psychiatry.

Because doctors are perceived to undervalue the importance of psychological disorders, their patients in literature do as well. In *Crystal and Fox*, the son of the two title characters returns to his family, while he is on the run from the law. The Irish Gabriel talks about his problems in England and the way he actually used psychiatry to

get out of them: “When I was nabbed first—not long after I went over there—they sent me to one of those psychiatrist blokes. And do you know what he said, Fox? He said I was autistic—‘unable to respond emotionally to people.’ Funny word—autistic—isn’t it? Got me off the hook a couple times” (72). Since he does not value the psychiatrist’s diagnosis, he merely sees it as a tool to avoid the legal problems from which he is running. Gabriel becomes even more direct in his reference to psychiatrists as comic figures. Speaking of the psychiatrist, he claims, “And this bloke kept asking me about the show and about you and Crystal and the traveling around. Dead serious. Make a good straight man” (72). As I mentioned, the doctor to which Gabriel refers is English, but Gabriel’s reaction to the doctor stems from his involvement in Irish society, in which the psychiatrist has too frequently cast aside patients rather than truly examining them.

Gabriel’s jocular attitude toward psychiatrists arises from the way in which they were actually viewed by both patients and other doctors. In her autobiography, Delaney, who served in an asylum for part of her career, explained another reason why psychiatrists might have been viewed in a humorous light, noting that when she first took the job she hesitated because of her preconceived notions of psychiatry: “As students we had paid perfunctory visits to Dublin’s largest mental hospital, but the sessions had been regarded as a time-wasting nuisance and it was commonly held that the doctors there were as mad as the patients” (28-29). Even other doctors, such as Delaney, who would later take on the role, did not appear to respect the psychiatrists. With the perception of them as crazy, it is no wonder they were the butt of jokes, such as those by Gabriel.

Despite all the negative effects of psychiatry on Irish society, it does hold a

particular importance in Ireland because of what might be a greater need since mental disorders are not frequently discussed in the folklore. In fact, though the term “mad” is used a lot in the literature, it only appears once in tales of Biddu Early: “My mother used to tell a story about this lad that got rabies an’ he went kind o’ mad out of it. An’ they tied him in a horse-car and they brought him to Biddu an’ she cured him. An’ he went back sitting on the ride o’ the car. He was fine” (Lenihan 49). In this account a patient is taken to Biddu Early with a clear account of what is causing his mental problems. The recognition that it is rabies makes this account less psychological than physical. Psychiatry did not replace the healer as other medicines did, but the early implementation of an incomplete and colonial psychology still damaged Ireland by stigmatizing patients and making treatment more difficult for future generations of doctors.

#### Problems with Medical Treatment

Some in Ireland also became upset with the fact that English could not save everyone. A good example of this imperfection can be seen in the infant mortality rate, which was still 108 deaths per 1000 live births in 1900 (Lyons 149). While we might be tempted to say that the high rate of death was a problem of the time that people just considered a fact of life, it is discussed heavily in *Ulysses* by the medical students in “Oxen of the Sun.” Though many different reasons for the death of these children are proposed by the medical students, in the end the reader is left with “the plain straightforward question why a child of normally healthy parents and seemingly a healthy child and properly looked after succumbs unaccountably in early childhood (though other

children of the same marriage do not)” (14.1273-77). The general debate of the medical students over possible causes demonstrates an awareness on the part of Joyce that a problem exists which English medicine with all its scientific knowledge still had problems addressing. This particular problem is amplified by Joyce since much of the novel can be seen as a portrayal of the struggles that arise from the loss of a child.

While the problem of infant mortality diminishes as medicine develops, characters perceive other problems that medicine in Ireland is unable to address. The infant mortality rate had dropped to 11 deaths per 1000 births by 1981 (Lyons 178), but Moran and his family still do not trust doctors. I have already talked extensively about Moran’s lack of respect for doctors, but I have not mentioned how in the end doctors receive part of the blame for his death. Upon hearing that her father has died, Mona runs angrily out of the room, slamming doors on the way, shouting, “That doctor shouldn’t have been let give him the injection this morning” (180). This passage seems particularly out of place since no doctor is previously mentioned as treating Moran, though he receives visits from a priest. Whether this distrust of doctors is passed down to her from her father cannot be determined for certain, but what is certain is that the distrust of doctors did not end with Moran. Mona’s assertion shows the legacy of distrust and demonstrating that even though one daughter had hoped to join the medical profession, hatred of the profession continues after Moran’s generation. In fact, as mentioned above, Ruth Butler in *Beloved Stranger* might have even more distrust of doctors than the previous generations shown in *Amongst Women*.

Doctors’ inability to explain problems and successfully treat all patients led to

some of Biddy Early's popularity. One of the few interpretations Lenihan offers of the accounts given to him deals with this connection: "If with the benefit of more scientific knowledge, greater hygiene and access to a reasonable medical service, people today are as prone to physical and mental ailments as ever, then it must not be wondered at that in the nineteenth century Biddy and *mná feasa* like her should have been the first recourse of multitudes" (47). Biddy Early maintained her power late into the introduction of English medicine because she was perceived as capable of things that English medicine was not, and the accounts of her may still hold their power for the same reason.

I should note that there are many accounts in which Biddy Early was unable to save those who sought her help, so I by no means wish to imply that English medicine is a worthless system that replaced a perfect one, nor do I think Joyce, McGahern, Boylan or even Lenihan would make that assertion. However, all of these authors do convey the discontent within the Irish population that leads to the look backward to figures such as Biddy Early and other healers.

The literature of Ireland shows that while the English medicine practiced in the nation has achieved a large degree of success in slowing mortality, it has not ultimately won over the people it treats. Because of all three elements laid out in this chapter—the economic concerns, the psychiatric concerns, and the concerns over success—Ruth Butler distrusts the new medicine as much as characters who existed closer to the time of colonization. In fact, her character stands in stark contrast to the milk woman in *Ulysses*, which shows that much of the trust held immediately after the golden age of Irish medicine has faded.

### Chapter 3

#### Medical Doctrine:

#### Faith and Doctors in *Ulysses* and Bidy Early Stories

Colonizers justify medical imperialism by convincing themselves that Western medicine relies on indisputable scientific claims. This view of medicine assumes that Western scientific thought always provide correct answers, which is clearly not the case. Not only is this sort of scientific thought not universal, it is actually held up as something distinctly European during the process of colonization. In his essay on science in *Ulysses*, Booker writes, “In the colonial context, the ideological implications of scientific thought also involve the consistent way in which science and technology functioned as examples of Western superiority in both symbolic and material senses” (127). This idea that scientific methods of treatment are superior to native people’s spiritual techniques, an idea encouraged because science can be defined and manipulated by European powers, helps produce the doctor’s elevated social standing and explains why patients would choose treatment from doctors despite the problems outlined in my second chapter.

However, an understanding that science cannot explain all continued to exist after colonization and helps explain why patients sought treatment from healers such as Bidy Early into the early twentieth century. Joyce had a complex relationship with this Western scientific research, as demonstrated in *Ulysses*. Stephen’s thoughts during the “Oxen of the Sun” episode question the idea that science can solve any problem: “The man of science like the man in the street has to face hardheaded facts that cannot be

blinked and explain them as best he can. There may be, it is true, some questions which science cannot answer” (14.1227-29). Joyce’s views on science, as expressed through Stephen, are not merely a result of the failures of science such as the infant mortality rate. They actually question science’s overall status in Ireland. As Booker explains, “Joyce himself quite often treats science as a sort of official discourse of the British Empire. At the same time, he remained a great proponent of modernity throughout his career, and he is far from the seemingly categorical rejection of scientific thinking and technological progress espoused by some Irish nationalists” (129). Joyce’s views on science as ultimately British lead to the questioning of scientific and therefore medical discourse. He questions this discourse through the artist, Stephen, whose kind has been responsible for the resurrection of traditional Irish figures, such as healers, which scientists and medical men like Buck Mulligan had attempted to silence.

However, Joyce’s support for Western scientific thinking is typical of the Irishman’s acceptance of English medicine. The question must be asked: why the willingness to accept English scientific discourse? John Fleetwood notes advances in nineteenth-century Irish medicine that might provide an explanation:

Historically the latter half of the nineteenth century was the Golden Age of Irish Medicine. Hospitals were built. Medical education and practice were regularized. Inventions from other countries were applied successfully to Irish patients. The clinical observations of the Dublin teachers, Graves, Stokes, Corrigan and Colles secured them an eponymous immortality. A Public Health Act seemed about to usher in a new era of peaceful

progress. The country, despite famine and political unrest, was alive and a factor in medical affairs” (Fleetwood 160).

However, these successes cannot erase all the failures discussed in the second chapter. They prove that medical science solves some problems, but the questions Stephen alludes to remain unanswered.

Perhaps the Catholic Church’s support for English medicine motivated the Irish to accept doctors’ treatments. In Ireland, perhaps more than other colonial zones, we can do what Harding suggests and “abandon the familiar map charted by Eurocentric accounts of the mainly European and U.S. history of science, and by anthropological accounts of other cultures’ superstitions and false beliefs” (61). I have already hinted at the standing of priests in society, but the direct effect of the Catholic Church on Irish medicine shows how they even control the scientifically based field of medicine.

If anyone in what became the Republic of Ireland had as much power as doctors, it was the priests. This power extended into medicine, meaning these two groups were not separated by the normal, or at least perceived, division between science and religion. Since the opening of the first Catholic hospital in 1834, the Catholic Church has opened several more hospitals in Ireland and influenced medical practice. These hospitals gave the church reason to intervene on the side of doctors on important medical legislation. The Church and doctors demonstrated this combination of power when “[t]he Irish free state tried to change things when they came in power – ‘there was a considered attempt from the early 1920s to implement a coherent policy. However, these efforts were thwarted by hospitals and doctors, with the crucial support of the Catholic Church’”

(Jones and Malcolm 9). According to Fleetwood, this coalition occurred again when the Health Services Bill was introduced in 1947 “to provide free medical, dental and nursing care for all citizens without direct charge...created widespread opposition, particularly amongst the Catholic section of the population, who saw a grave threat to the independence of the Mater Infirmorum Hospital, Belfast, the only Catholic hospital in the Six Counties” (Fleetwood 212). Because the existence of Catholic hospitals created a connection between the Catholic religion and Western medicine, the Catholic Church was ready to support medicine when their support was needed.

However, this support was a two-way street, as Joyce points out in *Ulysses*. During the early part of the twentieth century, medical decisions were still made based on the teachings of the Church. Joyce demonstrates the Church’s influence over medicine in the “Oxen of the Sun” episode, when the medical students discuss what to do if abortion is necessary to save the life of the mother. Everyone agrees that the law is that the mother should die. However, the medical students do not agree with the law. At one point they “all cried with one acclaim nay, by our Virgin Mother, the wife should live and the babe to die” (14.214-15). Though they point to the Virgin Mary for support, these students are going directly against the Catholic Church. Stephen, in defending the legal position, points out the church’s influence on medicine. He asks, “[W]hat of those Godpossibled souls that we night impossibilise, which is the sin against the Holy Ghost, Very God, Lord and Giver of Life? For, sirs, he said, our lust is brief. We are means to those small creatures within us” (14.225-28). Stephen argues for the continued criminalization of such abortions because God gave life to the fetus, so it should not be taken away. With no

other explanation given, we are forced to accept the idea that the medical students practice under the influence of the Church, even against their own better judgment of how this particular situation should be handled.

The Catholic Church's alliance with medicine not only shaped English medicine in Ireland, but also helped to persuade people not to be treated by Irish healers. Nearly every account of Biddy Early details her conflicts with the priests. These conflicts arise from the power that folklorists see the priests holding in Biddy Early's day. Meda Ryan writes, "By the time Biddy was a girl of thirteen, the clergy had regained their status amongst the peasants and had acquired a place as figures of power" (14). Though Ryan's account does not criticize this power, Lenihan's certainly does: "Those who can believe that nineteenth century rural Ireland was populated by a benighted peasantry ruled over by tyrannical priests and hemmed in by taboos and fears of dark scarcely-understood powers will find no difficulty in believing that Biddy herself was also a victim of these same constraints and shadows" (7). Lenihan's account shows how Biddy Early and her traditional Irish medicine become victims of the priests, which explains one way in which the nineteenth-century priests helped paved the way for English medicine in twentieth-century Ireland.

All accounts of Biddy Early describe various ways in which priests tried to convince people to stay away from her and tried to convince her to stop practicing, but one story of Biddy Early and a priest is told in nearly every source on the woman. This story concerns a priest who as Lenihan describes, "was telling people to keep away from her" (92). This same priest's horse gets magically frozen on a trail, and he needs Biddy

Early's help to get it moving again. Bidy makes him apologize before she is willing to unfreeze the horse, and he can continue his journey. Though this story does not deal directly with medicine, it does describe her revenge against the priests who try to suppress her medicinal power. Lenihan also includes the idea that this incident occurs in all accounts "due to some unconscious (or all too conscious?) desire on the part of people to see respected figures brought low in a way that did no essential damage to themselves or the popular institutions they represented" (93). The priests of Bidy Early's day convinced many to see English doctors, just as the priests of Joyce's day convinced, or according to *Ulysses* forced, doctors to practice in a way that fit the teachings of the Church.

The Catholic Church's control over medicine is illustrated as various literary characters attribute great power to the priests. Some of these characters, such as Stephen Dedalus and Mr. Dixon, look back to pre-colonial times in order to blame the Catholic Church for the English control of Ireland. In "Oxen of the Sun" Dixon discusses the "bull that was sent to our island by farmer Nicholas" (14.582-83). The importance of these lines seems obscured, but with Don Gifford's interpretation that the bull represents the papal bull of Swift's "Tale of the Tub" and Nicholas represents Pope Adrian IV, who granted control of Ireland to Henry II (424), the lines carry a whole new importance. By slipping in the idea that the Pope gave Ireland to the English within a discussion between doctors, Joyce reveals the power that the church gained through colonization and the power which it would maintain in medicine and society as a whole in the Republic of Ireland. The same revelation is present decades later in *Amongst Women*. McQuaid, a

friend of Moran's, hopes, "Maybe the next crowd will be better than this mixture of druids and crooks that we're stuck with" (18). McQuaid believes priests and crooks control the country, and he wants that control to end. Moran defends the priests, but his defense only reveals the power the Church has over a man who is otherwise completely unhappy with how his country is run.

Despite the presence of the Church as an influence over medicine, the personification of nature as almost its own deity persisted in Ireland, reflecting a more traditional view of the natural world. While discussing the infant mortality rate, the medical students of *Ulysses* conclude, "Nature, we may rest assured, has her own good and cogent reasons" (14.1277-78). This view of nature does not coincide with beliefs about the Catholic God. In fact "nature" almost appears to stand in for the concept of "God," whose motives cannot be understood by man. The word cannot simply represent God, however, or there would have been no reason to use it. The general agreement among the medical students seems to be that nature has a way of making up its own mind separate from that of any deity. While this view of nature might seem more scientific, and thus refute the influence of religion on doctors, it does demonstrate through personification, or more likely deification, that nature is not viewed as merely a linkage of living things but as a being which makes conscious choices about how the world should be run.

This perception of nature as a god aligns much more closely with Biddy Early than the traditional views of the supposedly science based Western medicine. The faeries with whom Biddy Early battles to cure people are distinctly natural entities. They control

the environment. In some accounts, Bidy Early is only capable of healing the problems caused by these spirits of nature. Lenihan's research leads him to conclude, "In cases where the ailment brought to her door was not caused by the Good People Bidy seemed to be on less secure ground, and even though she might offer the benefit of her no-doubt-considerable medicinal skills she would not undertake to guarantee results" (65). This portrayal of Bidy shows how she is more apt at dealing with precisely the questions that science cannot.

According to accounts given to Lenihan and Ryan, the priests could also cure problems caused by the fairies and simply refused to. In one account a young woman begs a priest to save her child: "'You must leave him to the mercy of the Almighty God,' the priest had said, 'Wasn't that a hard thing to say, and him having a house full of children. He could cure him if he wanted to. He had the power'" (Ryan 15). This belief that the priests not only hurt Bidy Early's reputation, but failed to help the people who needed it, seems perplexing given the general reverence Irish peasantry holds for priests. However, Lenihan provides a sinister explanation for the priests' actions, explaining that because they were from a wealthier background, priests "put their faith – and money – in education as a means of rising in the world. They were only too anxious to leave behind them the half-lit world of peasant lore and herbal medicine. They would not, on the whole, have been sympathetic to Bidy or her ilk" (88). Once again social standing affects medicine practiced in Ireland, this time through the priests. The priests wish to maintain their standing in much the same way Buck Mulligan attempts to maintain his as medical student.

Though Bidy Early was able to stand up for her right to practice medicine, upon her death priests destroyed the power which she held, thus protecting their place in the society. The destruction of the bottle that gave Bidy Early her power symbolizes an end for traditional Irish medicine. According to Lady Gregory's account, Bidy Early's own belief in Catholicism is used against her. A person labeled as "The Little Girl of Bidy Early's House" relates, "She got the rites of the Church when she died, but first she had to break the bottle" (37). By using her fear of eternal damnation, the priests persuade Bidy Early to break the source of her power, a renunciation of the powers that Bidy held, including healing powers. In most other accounts, a priest has a more direct role in getting rid of the bottle. One person explains to Lenihan that Bidy Early gave a priest the bottle, telling him that he will have the same powers as she had if he uses it, but rather than help people, he throws it into the lake. The priest has the power to preserve Irish medicine but instead tosses it away. Once again the priest's reaction to Bidy Early mirrors Buck Mulligan, who has a desire to toss away Irish culture in favor of a more Westernized Ireland.

Bidy Early remains a popular figure despite the priests' efforts. Lenihan accounts for Bidy Early's popularity by detailing "the growing belief, forced on me by the writing of this book, that even in a technological age such as ours much survives of a different way of looking at life" (9). This perspective, which looks more at the natural than technological, appeals to people because modern science cannot explain all. Ironically, it is appealing for much the same way religion such as Catholicism is. Because people like Dixon realize they cannot understand everything from the traditional Western

vantage point, an older vantage point, which deals with the supernatural, becomes necessary. The fact that the casting of the bottle into the lake is the most popular telling of Biddy Early's end may represent a desire to recover the past, just as Arthur's sword in legend is thrown into the water so that the next great king may receive it.

Biddy Early's relationship to religion and medicine does not differ greatly from that of the characters in *Ulysses*. All of them must confront the fact that their practices cannot cure all, while simultaneously trying to prove their powers are supreme. I do not mean to take the side that Biddy Early is correct or that English medicine is evil, but rather to show that the folklore and literature both demonstrate that some degree of reconciliation is needed between these two different schools of thought, a reconciliation which the Church prevented in Biddy Early's day. This intrusion parallels the Church's intrusion on medical laws and the decisions of individual doctors as portrayed in *Ulysses*. The Catholic Church held an important role in imposing English medicine on Ireland just as Joyce explains the Church held an important role in the overall colonization of the island.

## Conclusion

The effects of English medicine on Irish society, while positive in many respects, damaged Irish culture by forever changing the structure with which the Irish practiced medicine. The shift from healers to doctors created a system in which medical practitioners could not take seriously patient complaints because their social standing was so far above that of their patients. While the general excuse for the destruction of medical culture rests in the need for a scientifically based system of medicine, the power that the Catholic Church wielded over hospitals and doctors distorts the perception of a purely scientific medicine.

Perhaps Moloney was right when he wrote in 1919 that Western medicine simply needs to learn to use Irish medicine rather than looking down on it. However, if this combination occurs with the same disregard for the place of the healer in Irish society that was demonstrated by Moloney, arrogant doctors like Lombe Atthill will continue to practice in society and arrogant characters like Buck Mulligan will appear in literature. While literature should not always be used as an anthropological account of a society, the attitudes revealed in both the folklore surrounding Biddy Early and the literature of some of Ireland's most important authors such as Yeats, Joyce, Beckett, McGahern, Friel, and Boylan establish the overall tone of Irish responses to medicine in the twentieth century. The general distrust with which these literary giants approach medicine reveals the underlying concerns that continue to plague Ireland and the impact that English colonization of Irish medicine had on the whole of Irish society.

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