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“I Have notes of Several Similar Cases:” The Case-Structure and Sherlock Holmes**Shilpy Malhotra**

The nineteenth century is suffused with methods and terminology that are drawn from such disciplines as geology, palaeontology, evolutionary biology, etc. As the nature of evidence was at the heart of these scientific disciplines, by mid-century, evidence per se became their common preoccupation thereby establishing a continuum among the various disciplines. Such preoccupations were also specifically shared with a genre that was particularly created around the act of seeking and interpreting evidence, that of the detective fiction. The methods and terms characteristic of the various scientific disciplines were also made available to the fictional detective who investigated in a manner that recalled the models provided by such disciplines. It was even evident in the narratological reconstructions of the plot by the observer, namely, the detective, and its representation to the reader in the form of case structures.

This paper studies the inter-relationships between detective fiction and nineteenth-century scientific texts in light of the practices and methodologies of the Great Detective. The popularity of such scientific detectives as Holmes reflects a characteristic of modernity: “the emergence of the intellectual professions as new repositories of social power” (Martin A. Kayman 46). By turning to such disciplines as evolutionary biology, medicine, forensics, as well as to those that wrote about them, (Darwin, Lyell, etc) writers such as Doyle promoted a new kind of common sense that seemingly defied the everyday experiences of their readers and yet present them as ultimately comprehensible. The essay examines how the development of the case structure that is familiar to the readers of detective fiction from Sherlock Holmes onwards has origins in the professional anecdotes, specifically Samuel Warren’s fictional “Passages from the Diary of a Late Physician.” The importance of the professional anecdotes lies in their form and function in that they inaugurated the case structure that typified Holmes’s stories and explored a discursive space that such detectives as Holmes came to occupy.

Samuel Warren had obtained both legal as well as medical training. Thus the connection between medicine and law, between the professional anecdote of the “Passages” and the juridical-medical collaboration seen in the character of the detective Holmes is a point of interest. Incidentally, two other professional anecdotes, “The Confessions of an Attorney” and “The Experiences of a Barrister” are also attributed to Warren. While their authorship is outside the purview of this paper, it takes cognisance of the fact that these two can be located within the sub-genre of the professional anecdote each of which has at its centre, an investigative figure. The detective fiction of Holmes moves away from the medical or legal sphere of the aforementioned professional anecdotes into the purely criminal one but draws on its predecessors for structure and form.

The case structure is a natural fall-out of the work pattern of a physician. The physician in the “Passages” functions as a lone narrative figure that links many characters and events. The nature and content of the narratives, however, is determined by the nature of his profession, that is, medicine. Notice that the narratives that appear individually in the “Passages” are different and separate but are codified by the narrator’s discipline thereby collectively producing the structure of the case-history. This larger narratological reconstruction is mapped onto the detective genre. Each case, in Warren’s “Passages” and in Holmes’s canon, presents a problem, sometimes more than one problem that are found to have connections with each other, and are

specific to the profession of each, in the one medicine and the other, crime. Further, both the "Passages" and the Holmes's canon is a reconstruction of anecdotes into a series of tales. It marks a transition from mere entertainment to instruction and as the observant eye of the physician reappears in Holmes, bodily decay and corruption is displaced by criminality. Each chapter and story centres on a complete case. This not only meets the requirements of serialization which both Warren's "Passages" and Doyle's stories were required to fulfil but also by virtue of thus imposing a discipline upon the text, it underscores the disciplinary effect that the text in turn has on its readers. For, the warning that the story carries is immediate and complete. For instance, in "A Slight Cold," the patient, suffering from a simple cold, neglects the physician's advice and the cold develops into a serious illness which ends in the death of the patient. The moral of the story is then complete and absolute: a physician can alone prognosticate the serious form a disease can assume if his advice is disregarded. It is therefore in the patient's best interest to follow the professional's advice notwithstanding that it is in the nature of the professional's practice of his discipline not to fully reveal his diagnosis or to explain what he recommends his client to do.

The concept of a professional investigative figure, called upon to comprehend and solve a specific problem is not unfamiliar to detective fiction. Doyle's Sherlock Holmes identifies himself as a private consulting detective on his introduction in *A Study in Scarlet*.

I have a trade of my own. I suppose I am the only one in the world. I am a consulting detective, if you can understand what that is. Here in London we have lots of government detectives and lots of private ones. When these fellows are at fault, they come to me, and I manage to put them on the right scent. They all lay the evidence before me, and I am generally able, by the help of my knowledge of the history of crime, to set them straight. (Sherlock Holmes Vol. I 17)

Later in the *Sign of Four*, Holmes further reiterates this position:

I am the last and the highest court of appeal in detection. When Gregson, or Lestrade or Athelney Jones are out of their depths---which by the way, is their normal state---the matter is laid before me. I examine the data, as an expert and pronounce a specialist's opinion. (Sherlock Holmes Vol.I 124)

By presenting himself as a professional who can be called upon in difficult cases to advise others, Holmes appears very much in the fashion of a consulting physician. He differs from this consulting physician in that he is a specialist in his field whereas the physician in Warren's *Passages* is a medical professional, a general practitioner, not a specialist or an expert in his field. Professional anecdotes of the likes of Warren's "Passages" introduce a professional who has training and expertise in a specialised field, in this case medicine, and whose services are available for hire. Even Sherlock Holmes who in Dr. Watson's words worked "for the love of his art, than for the acquirement of wealth" is conscious of detection as a trade and does not rule out the exchange of money for services that he renders for his "bread and cheese" (*Sherlock Holmes Vol I 397, 17*).

Further, the skills of the physician are of direct relevance to the construction of the figure of the detective in general and Holmes in particular. The physician's skills may draw on knowledge specific to his profession, that is, medicine; "on the corroboration afforded...by experience" (*The Diary of a Late Physician 212*). Holmes too is aided by his past experiences as an investigating agent.

“I have notes of several similar cases [...] my whole examination served to turn my conjecture into a certainty [...].”

“There was a parallel instance in Aberdeen some years back, and something on very much the same lines at Munich the year after [...].”
(Vol. I 456)

However, both the detective and the physician in practice rely on their ability to observe and analyse. In the case of the physician, then, the resulting gaze is integral to the diagnosis of the patient’s disease. In other words, the relationship that exists between a patient and a physician is a disciplinary one. The patient becomes an object of the physician’s gaze, “the object[s] of anxious medical surveillance” and is also subjected to the power that is inherent in it (*The Diary of a Late Physician* 108). Even the most personal moments of an individual’s life are open to scrutiny and might be made public knowledge. In “Cancer” for instance, Mrs. St_, who undergoes surgery for breast cancer, confides in the narrator of the “Passages,” her innermost fears:

She was alluding, one morning, distantly and delicately, to the personal disfigurement she had suffered. I of course, said all that was soothing.

“But, doctor, my husband”—said she suddenly, while a faint crimson mantled on her cheek—adding, falteringly, after a pause, “I think St_ will love me yet!”

(*The Diary of a Late Physician* 45)

This gaze obtains legitimacy from the fact that it is meant to enable a diagnosis. Consider “A Scholar’s Deathbed” in which the narrator of “Passages” tries to ascertain the extent to which the patient’s reduced circumstances were responsible for the latter’s advanced stage of consumption.

I determined, however [...] to ascertain his circumstances, with a view, if possible, of relieving them. I asked if he ate animal food with relish—enjoyed his dinner—whether his meals were regular. He coloured, and hesitated a little, for I put the question searchingly; and replied, with some embarrassment, that he did not, certainly, then eat regularly, nor enjoy his food when he did. I soon found that he was in very strained circumstances; that, in short, he was sinking rapidly under the pressure of want and harassing anxiety, which alone had accelerated, if not wholly induced, his present illness [...].
(*The Diary of a Late Physician* 47)

The physician intervenes, or rather is asked to intervene with the intention to discipline the body of the ailing person so that through the administration of drugs, he or she is restored to health. This model is replicated in the relationship between the criminal and the detective. The techniques of observation are as central to the function of Holmes as a detective, as it is to the physician of Warren’s “Passages.” In other words, both the professions that of the medical man and the detective require what can be seen as quasi-detective skills. In the novel in which Holmes first makes his appearance, *A Study in Scarlet*, he immediately declares himself as one who “has a turn for observation” (*Sherlock Holmes* 17). In fact, Holmes insists that an ‘ideal detective’ is one that not only possesses “the power of observation and that of deduction” but

also has "knowledge." The pieces of information with which he then constantly surprises his readers with are decisive in arriving at a conclusion in many a case. Both the physician and the detective read symptoms by closely observing deviation from the norm presented by the diseased or the criminal individual. Based on the knowledge acquired by them through the practice of their individual disciplines across many cases, they arrive at the nature of illness and criminality respectively. This kind of reading leads to and enables analysis. In other words, based on that which is known, knowledge about the previously unknown is obtained. It follows then that a physician's skills are central to the making of a detective like Holmes. These are demonstrated by the protagonist of Warren's "Passages" within the discipline of the medical profession which in turn is contained in the literary discipline of the case-structure. Holmes, and those that follow him, thus occupy the discursive space created by the case-structure of the "Passages."

It is no surprise then that in "The Adventure of the Dying Detective" Doyle suggests that Holmes's function as a detective is analogous to that of a physician.

Shall I demonstrate to you your own ignorance? What do you know, pray of Tapanuli fever? What do you know of the black Formosa corruption [...] there are many problems of disease, many strange pathological possibilities, in the east, Watson [...] I have learnt so much during some recent researches which have a medico-criminal aspect [...].

(Sherlock Holmes Vol. II 431)

One hears here the voice of a specialist who declares that a common physician of Warren's "Passages" or even a Dr. Watson no longer has the competency to solve many a problem that is related to medicine. For, disease has moved away from the realm of medicine and into that of the medico-criminal expert. Thus the "pathological possibilities" that Holmes speaks of above cannot be comprehended by ordinary medical science and instead would require the special powers of those like him. Very briefly, "The Adventure of the Dying Detective" is about a Mr. Culbertson Smith who murders his nephew in London in order to come into an estate. The murder weapon, an infectious agent Smith has brought from Sumatra, is cleverly disguised as a naturally acquired exotic disease. Needless to say, none other than Sherlock Holmes can suspect an extraordinary Asiatic disease as the cause of death.

An authentic incident that took place in 1933 in Calcutta bears testimony to Holmes's belief that what his "science of deduction" is capable of achieving, ordinary medical science cannot. A Mr. Amarendra Chandra Pandey died of plague germs which were injected in his arm on a crowded platform at Howra station. Suspecting foul play, Amarendra's family started conducting enquiries: Amarendra's half-brother Benoyendra had been mishandling family funds and estate of which both Amarendra and Benoyendra were joint owners. Investigations revealed that Benoyendra, who had previously made repeated attempts to acquire a stock culture of virulent plague from the Haffkine Institute in Bombay, succeeded in obtaining the said culture a few months before the peculiar incident took place in Calcutta. Although the culture was actually acquired by a Dr. Patel, that the bill for it was paid by Benoyendra served as evidence for conviction. This coupled with Benoyendra's suspicious behaviour a year prior to the incident convinced the crown beyond reasonable doubt that Benoyendra along with friend and accomplice Taranath was guilty of Amarendra's murder and the two were condemned to death by the Calcutta High Court. One is not certain if Amar's solicitor had been

an ardent admirer of Sherlock Holmes or even whether the murder had been conceptualised from “The Case of the Dying Detective.” However, the two plots are strikingly similar.

Those stories of the Holmes’s canon that deal with poisons highlight the potential of Holmes, who has the ability to combine his knowledge of medicine with his knowledge of crime. Holmes’s antagonists consistently use poisons that are exotic in their origins. In *The Sign of Four*, Bartholomew Sholto is murdered using a thorn that has been “dipped in some powerful vegetable alkaloid.” Jackie Ferguson in “The Adventure of the Sussex Vampire” and Jefferson Hope in the *Study in Scarlet* use South American arrow poisons. Except for Dr. Roylott in the “Adventure of the Speckled Band” who uses an Indian snake, all others use toxins that have been derived from tropical plants. These are popular perhaps because traditional doctors such as Watson will find it difficult to detect them in an autopsy. Detection is then left to specialists such as Holmes who “dabble with poisons a good deal” (*Sherlock Holmes Vol I 9*). Objectively speaking, Holmes’s experiments with poison are very similar to those conducted by Mr. Sterndale in “The Adventure of the Devil’s Foot.” However, semiotically they are very different from each other. Dr. Sterndale demonstrates that his experiments in Africa have morally corrupted him. As a result he adopts African tribal practice and uses a poisonous root to execute Mortimer Tregennis in a trial in which he serves both as “judge and executioner:”

I have spent much of my life outside the law, and that I have come at last to be a law to myself. So it was now. I determined that the fate which he had given to others should be shared by himself. Either that or I would do justice upon him with my own hand.

(*Sherlock Holmes Vol. II 441, 490*)

Holmes’s experiments on the other hand, are represented as strictly scientific, as part of the much respected and valued tradition of forensic medicine. Suspecting that the powder he found at the site of the second murder is a significant factor in the two deaths, Holmes tests it upon himself and Watson in a near fatal experiment.

“Upon my word, Watson! I owe you both my thanks and an apology. It was an unjustifiable experiment [...] I take it [...] that you have no longer a shadow of doubt as to how these tragedies were produced?”

(*Sherlock Holmes Vol. II 483-84*)

Similarly, Holmes’s familiarity with the concept of animal poisons and his observation of the dummy bell-pull helps him apprehend the murderer in “The Adventure of the Speckled Band.”

The idea of a snake instantly occurred to me, and when I coupled it with my knowledge that the doctor was furnished with a supply of creatures from India, I felt that I was probably on the right track. The idea of using a form of poison, which could not possibly be discovered by any chemical test was just such a one as would occur to a clever and ruthless man who had had an eastern training. The rapidity, with which such a poison could take effect, should also, from his point of view, be an advantage. It would be a sharp-eyed coroner, indeed, who could distinguish the two little dark punctures.

(*Sherlock Holmes Vol. I* 421-22)

Thus Holmes emerges as the prototype of the forensic scientist. He employs not only the power of rational thought but also of specialised knowledge and most of all scientific instruments. The stories show that ordinary small objects of everyday existence, if observed carefully, point directions based on which mysteries can be unravelled. His powerful knowledge is the result of systematic study and well organised filing of “pre-existing cases that serve [me] so well” (*Sherlock Holmes Vol. I* 456).

Holmes’s literary successors continued to appear in case-structures well within the twentieth century whereby the form almost became essential to the process of the telling of crime and detection. The encyclopaedic knowledge of crime thus collectively created furthers the claim first made by Holmes that he is able to guide himself “by the thousands of other similar cases which occur to my memory” (*Sherlock Holmes Vol. I* 396). The case-structure then offers the ultimate reassurance that nineteenth-century readers were most desirous of: crime like any physiological contagion fits into established patterns and is in the last instance comprehensible.

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