

## Book

### Faulks' guide to psychiatry

I recently undertook a small study on literary depictions of psychiatry. In other words, I asked my friends at a dinner party to name the best novel about psychiatry. The winner was *One Flew Over the Cuckoo's Nest*—although one person steadfastly insisted on Thomas Harris' Grand Guignol piece *Silence of the Lambs*. Neither were flattering choices for the profession. For Ken Kesey, psychiatry was an agency for the social control of deviancy, freedom, and imagination. His imagined mental hospital was a gulag of the mind. The best that could be said for Hannibal Lecter was that he had some style. Now Sebastian Faulks has also tackled psychiatry and psychiatrists. He neither hates psychiatry like Kesey, nor fears it like Harris—instead he is more than a little in love with the subject and its practitioners. But although this bodes well for the self-esteem of my profession, it does not always lead to an easy read.

Kesey had read little about psychiatry, and Harris probably nothing at all. Faulks seems to have read nearly everything. He has tackled Kraepelin, Charcot, Griesinger, and many others, read the secondary sources and histories, and talked to many contemporary icons as well. No-one can accuse Faulks of not doing his homework. But there are many times when one wishes he had left the library early. It is not that Faulks is wishing to impress with his reading and erudition, but that he is so excited by his subject matter that he tries too hard to make the reader share that excitement.

*Human Traces* takes place during the most extraordinary time in the history of psychiatry—and, indeed, the history of ideas—the decades either side of the start of the 20th century. His two protagonists are Jacques Rebière, son of a Breton peasant, and Thomas Midwinter, born into an emerging middle-class Victorian family whose

father could easily have said “where there's muck there's brass” and walked straight out of J B Priestley, except that Faulks decides to place him in Lincolnshire rather than Lancashire. Jacques and Thomas both study medicine, and after a chance meeting in Deauville, end up together at the Salpêtrière where Charcot is well into his stride. Both are determined to

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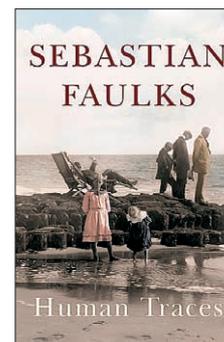
unlock the secrets of the mind, but are not just seekers after ultimate truths, they are also idealists. Jacques has a schizophrenic brother, kept chained by his own father in an outhouse, whilst Thomas is shaken by his work as an assistant in a very well described late Victorian asylum, which possesses the longest corridor in Europe, and so must be the old Friern Barnet. Their shared excitement at the prospects afforded by modern ideas and new discoveries about the brain bring them together, but this being a novel, they are also linked by Jacques falling in love with Thomas' sister, and rescuing her from a suffocating late Victorian marriage, which could have come from the pages of Charlotte Perkins Gilman.

From Paris the action moves to Austria, where the two doctors open a private clinic for “nervous disorders”, again convincingly and authentically drawn. Faulks captures the moment when psychiatry started to move out of the asylum and engage with the neuroses (before our modern obsession with severe mental illness put it firmly back in its place). Here Jacques attempts a primitive psychoanalysis on one of his patients, Fraulein Katerina von A, who is suffering from

unexplained abdominal pain. But it is Thomas who diagnoses the physical abdominal pathology, saves her life, and then marries her. More action follows when Thomas travels to East Africa, solely it appears, to allow Faulks to delve into evolutionary psychiatry; Thomas seems to foretell by a century the ideas of contemporary psychiatrist Tim Crow on why schizophrenia is the price we pay for the evolution of the human brain. Faulks also gives the obviously sane Thomas frequent auditory hallucinations, which have no narrative purpose other than to bring to our attention the modern debate on whether or not hallucinations are ipso facto part of psychosis, or can be on a continuum with normality.

I have only just skimmed the surface of Faulk's research and therein lies the problem. The subject matter becomes too broad, the number of bases that need to be touched too many, without even including those ideas that will not be around for another century. Just as Pat Barker in her *Regeneration* trilogy gave her non-fictional central character, W H R Rivers, theories about the nature of traumatic neurosis that he did not, and could not, have had for another half century, Faulks similarly ends up anticipating theories that could not have been articulated in his chosen period.

Faulks wishes to tell us the entire history of psychiatry during that tumultuous period, but can only do so through his fictional characters. He is, therefore, forced to push plausibility to its limits. Before the narrative has even got into its stride, the Breton curé who stimulates Jacques' interest in science manages to mention not just a “clever young German” called Wernicke who has found the part of the brain that controls speech, but also a “gentleman named Broca” who has done likewise. Given that Breton



**Human Traces**  
Sebastian Faulks. Hutchinson,  
2005. Pp 624. £18.99.  
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clergy were a bastion of Catholic conservatism at the time, this was a priest well in advance of his times. The asylum doctor, who anticipates Andrew Scull in lamenting the failure of the “great confinement” to solve the problems of mental illness, also speculates that the general paralysis of the insane was caused by syphilis, but is unable to explain why. Medical thinkers who were obscure to their contemporaries and will only achieve fame with the benefit of hindsight populate the pages of this novel, while the major figures of the day who will vanish into obscurity are glossed over, because they can contribute little to Faulks’ exposition.

There are limits to how far fictional characters can articulate in conversation the ideas that the author wishes to inform us about. Faulks, therefore, creates in its entirety Jacques’ first paper on hysteria, in the same way

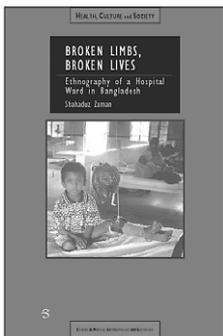
that Ian McEwan created a bogus but convincing *British Journal of Psychiatry* paper as a coda to *Enduring Love*. Faulks wishes to show us how Jacques is starting to look for the unconscious origins of illness, and so we are treated to his 12 pages of clinical notes on Katerina von A, whose twisted ovarian cyst he had failed to diagnose. Freed from the need to slip the ideological debates into normal speech, these formal set pieces are surprisingly gripping.

*Human Traces* reads like a *Who’s Who* of the origins of modern psychiatry, with one exception. A glance at the chronology will show that also attending the audience for Charcot’s lectures that so gripped Jacques and Thomas, and indeed the reader, was a young Dr Freud. As the novel progresses Freud’s own reputation would steadily increase, and even if not universally accepted, most of

those in the trade would be aware of him and his theories. Not so Jacques or Thomas. Instead, Faulks decides to convey Freud’s contribution via Jacques own intellectual journey, so that his notes on Fraulein Katerina become a foretaste of *The Interpretation of Dreams*. Given that Faulks takes so much trouble to ensure that his narrative is firmly rooted in historical fact, the absence of its most influential character is unsettling.

*Human Traces* is long, ambitious, and intellectually demanding. That is no failing. But it is also a novel, and on that level it fails to satisfy. Faulks is to be congratulated for tackling serious subjects in a serious manner, but it is a pity he did not decide to write a non-fictional history of psychiatry. Now that would be something.

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**Broken Limbs, Broken Lives: Ethnography of a Hospital Ward in Bangladesh**  
Shahaduz Zaman. Transaction Publishers, 2005. Pp 252. US\$49.95. ISBN 9-055-89229-7.

## In brief

### Book On a Bangladeshi ward

“You! What are you doing with that X-ray? Want to be a doctor?” These are the words of a passing junior doctor as he shouts at a patient with the audacity to sneak a peek at the X-ray at the bottom of his bed. Perhaps his boldness is not so surprising. Neither he nor his family have been told anything about his diagnosis, treatment, or prognosis since his admission a few weeks ago. This anecdote does not hark back to a Victorian hospital, but is from a contemporary orthopaedic ward in a major Bangladeshi teaching hospital.

Through such snapshots taken from the viewpoints of the various players in the hospital theatre, the author of this engaging book paints a vivid picture of the many differences and surprising similarities between medical care in the developed and developing world. As a

Bangladeshi public-health doctor and anthropologist, Shahaduz Zaman looks at the experiences of all the people involved in this hospital—the patients, doctors, nurses, relatives, and auxiliary staff.

What Zaman shows us is that while the fundamentals of medical science are similar the world over, the practice is not. This hospital runs on a budget half the size of what it requires, and this lack of resources leads to ingenious solutions, but also puts severe pressure on the staff. The continual stresses of the job eventually take their toll on health workers, with patients and relatives bearing the brunt, whether through the payment of baksheesh, scolding, or even physical abuse.

This book is not just about hospitals, however. Zaman touches on the history, politics, and people of Bangladesh. Indeed, the book starts

with the case of a patient rushed into hospital because his hands have been hacked off. The jaded admitting doctor assumes that he is the victim of fighting between the different political parties. Zaman also uses what he has learnt about the hospital to reflect on such issues as the purdah of women, the importance of family, and the hierarchical nature of society itself. This context allows the reader to understand the wider challenges that exist in providing health care in Bangladesh.

Ultimately, this anthropological study provides a much-needed reminder that Victorian-style health care is no longer good enough, no matter where in the world you are. The quality, not just the presence, of health care matters.

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