

**Catherine Wynne, “Sherlock Holmes and the Problems of War:  
Traumatic Detections.” *English Literature in Transition, 1880-  
1920* 53.1 (2010): 29-53**

The relationship between medicine, war and criminal detection are under investigation in Catherine Wynne’s article on Arthur Conan Doyle. In particular, Wynne is interested in what she names Doyle’s varied “traumatic detections”, (31) his responses to war in medical journalism, and the Sherlock Holmes canon. By the end of the article, Wynne hopes to have shown us “that Doyle’s own traumatic experience of war was more profound than is commonly recognised or perhaps more than he ever knew himself” (49).

The article’s opening arguments consider Doyle’s medical journalism emerging from his period as a doctor during the Boer War (1888-1902). During his time in South Africa Doyle wrote extensively of disease and war medicine, especially on the infections prevalent in conflict. His writings on, and discussion of disease management in *The British Medical Journal*, for example, are invaluable contributions to the study of war and disease. Analysing these medical narratives along with Doyle’s other war writing, Wynne shows us how important were Doyle’s interrogations of disease control, but also how propagandist some of his writing could be. However, Wynne also reveals how much of Doyle’s medical journalism reflects an uneasiness about the war that might readily be characterised as trauma. Certainly Doyle’s work “engages with developments in the exploration and identification of traumatic disorders” (36) which Wynne shows with felicity in her detailed examination of both contemporary and modern scholarship on war and trauma (36-8).

The second half of the article shifts focus on to Doyle’s detective fiction in order to follow the traces of trauma into imaginative writing. Wynne selects two Sherlock Holmes fictions for particular analysis, *The Hound of the Baskervilles* (1901-2) and “The Adventure of the Blanched Soldier” (1926). The first of these, as Wynne reads it, is a narrative of nervous disorder, in which the traumatic events of the Baskerville family history come together to create a powerful anxiety in the contemporary Baskerville, Sir Henry. Wynne sees the novel not only as a story of trauma but of imperial conflict, too, ending in a “fragile future” (42) where solace is sought abroad. The hound itself acts in the novel as “a metaphor for medical disorders” (42). In the latter story, “The Adventure of the Blanched Soldier” it is the soldier himself “who requires treatment for his physio-psychological problems” (42). As it turns out, in this story Doyle combines infectious disease (leprosy) with the trauma of conflict (medicalised as neurasthenia) which require the case to be solved not by Holmes alone but in concert with a leading medical specialist. As Wynne implicitly asserts, clinical diagnosis and criminal detection are often methodologically similar.

Indeed in reflecting on the paralleling of crime investigation with medical diagnosis, Wynne uncovers their connection in the literature on neurasthenia in the years following the end of the Great War (1914-18). In one work, for example, Wynne reveals the authors’ dependence on both Freud and Sherlock Holmes in their exploration of “the patient’s state of mind” (47). Having highlighted these various congruences (which give Wynne her concept of traumatic detection) the conclusion to the article stresses once again the varied responses to war in Doyle’s different generic

writings; the gallantry of soldiers is evident in his war histories, the trauma of mutilated bodies in his medical journalism, and the recovery from illness (and trauma) in *The Hound of the Baskervilles* and “The Adventure of the Blanched Soldier”.

Wynne’s article offers several important new contributions to our knowledge of Doyle, and is for that reason, a significant new study. First, it places Doyle’s fiction and non-fiction within the context of war trauma in the Great War, and recognises his reflections as important historical documents in the ongoing scholarly debates about trauma in that period. Second, it regards as important – indeed central – Doyle’s experiences as a doctor, especially as these might have gained a foothold in his detective fiction. It is all too common in Doyle scholarship to relegate his medical knowledge to a footnote about observational techniques and the inspirational teaching of Joseph Bell at the Edinburgh Medical School. Here, Wynne places Doyle the doctor on centre stage and shows us how valuable it is to recover specific medico-scientific contexts. Third, and most importantly for the present context, Wynne’s article is a fine example of the detailed historical work that marks the best literature and science criticism. By exploring Doyle’s medical writing and its various counterpoints in the medical work of the period, Wynne is able to explore with great effect how Doyle’s fiction might be an extended investigation of the same themes refracted by generic difference. This linking of fiction to other scientific writing in order to think about their shared themes and explorations is proving a rich seam of scholarship at present. Wynne’s article is a further excellent example of its importance.

Martin Willis  
University of Glamorgan