



The Medical Woman as Amateur Detective in Anna Kingsford’s “A Cast for a Fortune: The Holiday Adventures of a Lady Doctor”

Alison Moulds

Abstract

Anna Kingsford’s “A Cast for a Fortune: The Holiday Adventures of a Lady Doctor” (1877) depicts a medical woman who becomes entangled in a murder plot whilst on vacation. Assuming the mantle of amateur detective, Dr Mary Thornton intervenes to prevent Dr George Pomeroy poisoning his sister-in-law, a wealthy widow. This little-known short story appeared at a critical time in the medical-woman movement in Britain. In contemporary medical writing and popular culture, the woman doctor was often represented as unfeminine and even as morbid or morally degenerate. Conversely, Kingsford portrays a healthy woman doctor who upholds professional ethics and criminal justice, while the story’s medical man is an unscrupulous villain. By exposing and denouncing Dr Pomeroy, Dr Thornton restores medicine’s reputation. Drawing on interdisciplinary research across literary studies and the history of medicine, this article positions Kingsford’s story at the advent and nexus of three emerging sub-genres: female detective fiction, the medical mystery, and medical woman fiction. I argue that, through the depiction of its heroine, “A Cast for a Fortune” constructs the amateur female sleuth and early woman doctor not as an outsider, but as the guardian of medico-morality.

Keywords

detective fiction; history of medicine; short story; medical mystery; woman doctor; female detective.

Date of Acceptance: 7 July 2021

Date of Publication: 8 July 2021

Double Blind Peer Reviewed

Recommended Citation

Moulds, Alison. 2021. “The Medical Woman as Amateur Detective in Anna Kingsford’s ‘A Cast for a Fortune: The Holiday Adventures of a Lady Doctor.’” *Victorian Popular Fictions*, 3.1 (Spring 2021): 83-97. DOI: <https://doi.org/10.46911/REWZ4495>



The Medical Woman as Amateur Detective in Anna Kingsford’s “A Cast for a Fortune: The Holiday Adventures of a Lady Doctor”

Alison Moulds¹

Introduction

When “A Cast for a Fortune: The Holiday Adventures of a Lady Doctor” first appeared in the December 1877 issue of *Temple Bar* magazine,² there were few existing fictional portrayals of either female detectives or medical women. In this little-known short story, the narrator-protagonist occupies both roles: Dr Mary Thornton is a physician and amateur sleuth, whose medical and investigatory powers overlap. These interrelated roles do not present a threat to the character’s status or respectability, as contemporary readers might have expected, but instead confer authority and expertise. The narrator’s identity as a physician legitimises her participation in detective work, while her amateur sleuthing validates her nascent status as a medical woman.

¹ This article stems from research for my doctoral thesis. I am indebted to my supervisors, Professor Sally Shuttleworth and Dr Samuel Alberti, for all their support and guidance. An early version of this article was presented at the International Crime Fiction Association’s Captivating Criminality Conference (2018) and I wish to thank delegates who gave feedback via that forum. I am grateful to J. C. Bernthal and Fern Pullan who gave inestimable support on this piece when it was originally intended for an edited collection. Many thanks to the journal’s anonymous peer reviewers, who strengthened this piece immeasurably, and to the *VPFJ* editors for their fantastic support during production. This research was supported by the Arts and Humanities Research Council [grant number AH/L007010/1] and [grant number 1470901].

² A monthly periodical that ran from 1860-1906, *Temple Bar* was billed as “a London magazine for town and country readers.” It was “[i]beral and bohemian” in character, and typically featured a mixture of serialised fiction and general interest articles (Fraser, Green and Johnston 2003: 224).

Dr Thornton becomes entangled in a murder plot while on holiday in an unnamed German lake town. She is called to attend another British expat – a wealthy widow named Ada Pomeroy – who appears to be ailing from a mysterious disease. Ada has been exclusively attended by her brother-in-law, Dr George Pomeroy, and believes she has cancer. The protagonist soon realises that Dr Pomeroy is in fact slowly poisoning the woman so that he can inherit her substantial wealth. While shielding Ada from the truth, Dr Thornton persuades the frail patient to leave the hotel with her. The escape plan is almost thwarted when the protagonist discovers that Ada’s maid, Clara, is in league with Dr Pomeroy, aiding and abetting his poisoning plot in the hope that she will become the doctor’s wife. Once armed with evidence, Dr Thornton reveals the truth to Ada and takes the case to the police, working with them to unravel the mystery and apprehend Dr Pomeroy, who takes his own life to evade punishment. The sensational climax signals the woman doctor-detective’s ascendancy but also marks the end of her sleuthing “adventure.”

This remarkable short story was published anonymously but has been attributed to Anna Bonus Kingsford.³ At the time of its publication, she was studying medicine in Paris and the story engages with the opportunities for aspiring medical women that were opening in Europe. In addition to writing fiction and poetry, Kingsford (who graduated in 1880) used her medical credentials to lend authority to her campaigns for vegetarianism and against vivisection, and she also became involved in the theosophical movement, pursuits for which she is better remembered (“Dr Anna Kingsford” 1888: 8).

This article seeks to recover “A Cast for a Fortune” from critical and popular neglect. Placing Kingsford’s story at the nexus of female detective, medical mystery, and medical woman fiction, I will interrogate how the protagonist negotiates her dual identities as both “lady doctor” and amateur sleuth, and how these roles interact within this generic hybrid. As I will show, the narrative thrills its readers with the transgressive appeal of the lady doctor-detective usurping the male doctor-murderer, but Kingsford also uses the poisoning plot as a means to recover or rehabilitate the figure of the medical woman. Detective work functions as a sensational but safe vehicle for the protagonist to demonstrate her skills in diagnosis and patient management, her professional ethics, and her medico-moral authority. Assisting a vulnerable female patient was the most appropriate terrain for the lady doctor, and the characterisation of Dr Thornton defied popular stereotypes of women in medicine as anomalies or outsiders. Ultimately, in “A Cast for a Fortune,” the medical woman’s amateur sleuthing carries a subversive frisson, enabling the heroine to enact and assert her professional identity, but the mystery plot also moderates the story’s more overt challenge to gender and medical politics.

Literary Lineage

Kingsford’s story combines several genres that were already in development by the 1870s, and which would continue to grow in popularity at the *fin de siècle*. In part, “A Cast for a Fortune” is a mystery story, featuring an amateur (woman) detective as its heroine and narrator. Female sleuths had already made an appearance in British fiction, namely in *Revelations of a Lady Detective* (1861/4; attributed to William Stephens Hayward) and Andrew Forrester’s *The Female Detective* (1864). Joseph A. Kestner suggests that there was then a lull in literary

³ Both the Wellesley Index and Curran Index ascribe authorship to Kingsford.

representations of women detectives for over twenty years, until Leonard Merrick's *Mr Bazalgette's Agent* (1888) and Catherine Louisa Pirkis's *The Experiences of Loveday Brooke, Lady Detective* (1894) (Kestner [2003] 2016: 25). Kestner frames Hayward's and Forrester's texts as prototypical works that helped establish the traits of later female detective fiction – including the importance of surveillance and disguise – and its transgressive potential.

Critical genealogies of the woman detective in fiction have largely focused on the professional rather than amateur sleuth. Kestner considers some notable amateurs, but also women who work for private enquiry agencies or Scotland Yard, and those who are self-employed ([2003] 2016: 1), while Kathleen Gregory Klein (1995) concentrates on paid female detectives. Widening the scope to include amateurs of course shows that the figure of the woman detective did not disappear from popular fiction between the 1860s and 1880s. Sensation writers in particular often deployed non-professional female sleuths. Early forerunners to this tradition include the heroines of Catherine Crowe's *Susan Hopley* (1841) and *The Story of Lilly Dawson* (1847) and Wilkie Collins's "The Diary of Anne Rodway" (1856) and *The Woman in White* (1859), with later paradigms appearing in Mrs Henry Wood's *Bessy Rane* (1870) and Collins's *The Law and the Lady* (1875), as sensation and crime fiction scholars have identified (see Costantini 2016: 33-50; Costantini 2015: 266-72; Worthington 2011: 26-7; and Gavin 2010: 259-60). Mary Thornton is part of this literary lineage, though Kingsford's adept use of the short story form more closely resembles that of later female detective fiction.

"A Cast for a Fortune" is also a forerunner to the "medical mystery." The creation of this sub-genre has been ascribed to the prolific author L.T. Meade, who turned to writing detective fiction in the 1890s (Mitchell 1989: 54-5).⁴ Across her prodigious mystery output, Meade collaborated with medically trained authors to refine her scientific content and she depicted both doctor-detectives and doctor-villains. *Stories from the Diary of a Doctor* (1893-5) – co-produced with Metropolitan Police Surgeon Edgar Beaumont – is narrated by Clifford Halifax, a young medical man. In "My First Patient," he investigates a doctor-poisoner in a domestic murder plot. Meade later partnered with surgeon-author Robert Eustace on *The Brotherhood of the Seven Kings* (1898-9). Here, the scientist-narrator Norman Head is pitted against a "great lady doctor," the master-criminal Madame Katherine Koluchy (Meade and Eustace 1898: 656). The gendered and professional politics underpinning Meade's medical mysteries have been interrogated by literary scholars (see Pittard 2011; Clarke 2020), but "A Cast for a Fortune" is perhaps more subversive in its approach to both aspects: it similarly sets a doctor-detective against a doctor-villain, but assigns the former function to a female physician. Kingsford's story thus levelled a more direct challenge to male domination of the "regular" medical profession, though it also mitigated some of this critique, as I will show.

In this period, women detectives existed in print but not yet in practice, since it was not until the 1910s that women began to be employed as police officers (Kestner [2003] 2016: 5-6; Sims 2011: xii). By contrast, women had already made concerted inroads into the medical profession by the closing decades of the nineteenth century. In 1865, there were two women on the Medical Register in Britain, Elizabeth Blackwell and Elizabeth Garrett Anderson. Both registered through "loopholes" which were subsequently closed to prevent other women

⁴ Medical themes also appeared in earlier sensation novels with mystery plots, however. Mrs Henry Wood's *Lord Oakburn's Daughters* (1864) and *Bessy Rane* (1870) both feature medical villains and the former includes a nurse who makes a minor but important contribution towards detective work (see Costantini 2020: 178)

from following suit.⁵ In 1869, Sophia Jex-Blake and several other women petitioned for entry to a medical degree at the University of Edinburgh. Although allowed to matriculate, they were later denied the right to graduate and were forced to take their degrees abroad. There was a more permissive atmosphere elsewhere in Europe: the medical schools in Zurich and Paris (where Kingsford studied), for example, had already taken steps to grant women access to a medical education (see Bonner 1992: 31-56). In 1876, the British government passed the Enabling Act, which officially sanctioned (though did not compel) universities to admit women, prompting the King and Queen's College of Physicians in Ireland to become the first licensing body in the UK to open its examinations to women a year later. Kingsford's story, therefore, appeared at a critical time in the medical-woman movement, as opportunities were beginning to open up and there was a real prospect of more women working as registered practitioners in Britain (and its empire).

"A Cast for a Fortune" reflected growing public and professional curiosity in, and consternation toward, the figure of the medical woman. In 1877, leading medical journal, the *Lancet* opined that:

[t]he medical-women question is perennial. It knows no limits; we encounter it at every turn – [...] at medical schools and in hospitals, in periodical literature and in works of fiction.

("Medical Women" 1877: 659)

Between the 1860s and 1890s, the medical woman frequently appeared in print. Her detractors portrayed her as unfeminine and unsexed, even as morally degenerate or as having a morbid interest in medical matters (see Rivington 1879: 135-6). Other commentators presented the medical woman as an object of titillation: caricatures in *Punch* lampooned the woman doctor, with some implying that male patients were eager to consult her because of her feminine charms and sexual attractiveness (see "Lady-Physicians" 1865: 248; "Our Pretty Doctor" 1870: 68). Within the profession itself, opposition was linked both to prevailing ideas about feminine propriety and to fears of competition in the medical marketplace (see "The Admission of Ladies to the Profession" 1870: 474-5). While some commentators sought to undermine and discredit aspiring medical women, those in favour of the movement argued that there was a demand for female practitioners, because female patients were reluctant or unwilling to consult medical men, particularly when it came to their intimate health (see Jex-Blake 1886, for example).

A new literary sub-genre concerned with the figure of the medical woman emerged. Fiction paved the way for more heterogeneous images of women in medicine, though many of these characters continued to be represented as anomalous, androgynous or eccentric. The vogue for medical woman fiction and the tropes which defined this genre were recognised by the close of the century. Jex-Blake reviewed a selection of British and American novels on this theme for the magazine *Nineteenth Century* (see "Medical Women in Fiction" 1893), and journalist Hilda Gregg produced a similar appraisal for *Blackwood's Edinburgh Magazine* five years later (Gregg 1898). Contemporary and modern critics have traced the sub-genre's origins to Charles Reade's *A Woman-Hater* (1877), a novel-with-a-purpose which offered a sympathetic portrait of a woman doctor through the character Rhoda Gale, whose backstory

⁵ Elizabeth Blackwell registered under a special (and short-lived) clause in the Medical Act 1858 which permitted those who had a foreign medical degree and were already practising to register. After studying privately, Elizabeth Garrett threatened the Society of Apothecaries with legal action if they refused to examine her. The Society later stipulated that only those who had studied at recognised medical schools were eligible.

was modelled on the experiences of Jex-Blake and her peers at Edinburgh. Gale is first introduced to the reader as a victim, however – the male protagonist discovers her starving on the streets and essentially rescues her by giving her a medical practice – and she is largely sidelined by the narrative’s romantic plots. Reade’s novel indicates how assumptions about and caricatures of the medical woman were perpetuated, even by her supporters.

By the century’s close, there was a veritable outpouring of fictional portrayals of medical women, including Margaret Todd’s *Mona Maclean, Medical Student* (1892) and Arabella Kenealy’s *Dr Janet of Harley Street* (1893). Like Kingsford, both these authors were medically educated. Todd’s triple-decker is optimistic about opportunities for women, depicting a heroine who combines her feminine charms and medical aptitude. By contrast, Kenealy’s much darker novel suggests that only the androgynous woman who rejects conventional romance will thrive in practice. The relationship between late-Victorian woman-doctor novels such as these and New Woman fiction has been explored by literary scholars, as in Kristine Swenson’s *Medical Women and Victorian Fiction* (2005), Tabitha Sparks’s *The Doctor in the Victorian Novel: Family Practices* (2009), and Lena Wånggren’s *Gender, Technology and the New Woman* (2017). Both nineteenth-century and modern-day critical surveys of medical woman fiction have overlooked Kingsford’s early contribution to the genre, however.

An innovative generic hybrid, “A Cast for a Fortune” filters the nascent lady doctor story through the amateur female detective plot and the medical mystery. Early female detective stories functioned as both escapist fantasies and transgressive tales through their depiction of women “leading professional independent lives,” as Kestner has shown ([2003] 2016: 17). Since women were not employed by the real-life police, such stories enacted “a fantasy of female empowerment completely at odds with actuality” (Kestner [2003] 2016: 13). By deploying the figure of the medical woman, however, Kingsford chose to portray a professional woman with real-life counterparts. Thus, her depiction of a female detective/doctor was inherently more politicised, making an intervention in contentious debates about women in medicine, which were reaching their acme at the time of publication. Kingsford installs her remarkable protagonist as both heroine and narrator, thereby assigning Dr Thornton subjectivity, authority, and agency, and inviting a rapport between the character and the reader.

Medical Identity

“A Cast for a Fortune” opens with the narrator affirming her status as an educated and emancipated woman. Dr Thornton sardonically explains that she has “devoted to serious study the years which most persons of [her] sex give to croquet, kettle-drums and other matrimonial machinations” (Kingsford 1877: 469). Despite this forthright opening, she disclaims any polemical interest in the medical-woman movement, asserting that her “purpose” is not to “deliver a homily upon the higher education of women.” Nevertheless, the character’s support for women’s access to medical education is tacitly conveyed. She explains that she took her degree at “a continental university” (Zurich) because it was “denied” to her by her “own country” (469). Here, Dr Thornton’s experiences seem to reflect the author’s own: Kingsford would have been well-aware of the more permissive atmosphere offered by some European universities, as well as the struggles of studying away from the comforts of home. The narrator is also keen to foreground her pure and noble motives for pursuing a medical education, highlighting her “love of knowledge” (469). This serves to deflect any suspicion that aspiring women doctors were driven by a prurient or morbid interest in medicine, an accusation often levelled by their opponents.

When the story begins, Dr Thornton is taking a holiday in Germany to recuperate from the exhaustion of her degree. She explains that “[t]he fatigue and excitement” of the examinations “impaired [her] health and wearied [her] brain” (469). Kingsford engages with anxieties about the demanding nature of medical study, but her heroine is not represented as constitutionally unsuited for the work, as some critics suggested women would be (see Maudsley 1874: 466-594). In Kenealy’s *Dr Janet of Harley Street*, for instance, the young Phyllis Eve is hard-working and intellectually curious but her feminine sensibilities prove anathema to medical education. She recoils from dissection, and becomes so overwrought by the pressures of study that she appears before her examiners in a state of “nervous tension” (Kenealy [1893] 1894: 177). By contrast, her mentor – the titular heroine – flourishes as a physician because of her more masculine and resilient temperament.

“A Cast for a Fortune” appeared in *Temple Bar* a month after the periodical finished serialising Annie Edwardes’s *A Blue-Stocking*. While Edwardes portrays her intellectual young woman (Clementina Hardcastle) as somewhat eccentric – a product of relentless “over-cramming” (October 1877: 173) – Kingsford largely eschews caricature in her depiction of Dr Thornton. The protagonist is an independent and educated woman – but rather than being morbid, she is healthy, energetic, and self-sufficient. When she realises that Ada is being poisoned, she acts swiftly and decisively to save her.

Kingsford’s protagonist is confident in her professional identity, using her recently acquired title “Dr” with “natural and irrepressible gratification,” a feeling which she anticipates “the sympathetic reader will surely condone.” By making “public use of the honourable prefix,” she establishes herself as a professional woman in the eyes of society. When she signs herself “Dr Mary Thornton,” this is also the reader’s first encounter with her name (Kingsford 1877: 469): thus Kingsford ensures that the character’s identity is firmly interlinked with her role as doctor in the reader’s imagination. Dr Thornton’s pride is not represented as vanity or egoism, for her medical authority is also recognised and validated by other characters. The hotel’s waiter experiences “intense admiration” when he sees Dr Thornton sign the guest book with her new title (469), for example, while Ada learns of her credentials through the hotel staff, and sends her a note officially addressed to “Dr Mary Thornton” requesting “a professional visit” (470). Even the police recognise her position as “a qualified physician” (489). In part, this is a fantasy of the medical woman’s social acceptance, enacted outside Britain, in a more tolerant continental setting.

The story also engages with the contemporary medical-woman movement by touching on arguments about patient preference – the idea that women doctors might be a more natural or appropriate choice for female patients. In “A Cast for a Fortune,” the supposedly natural or instinctive bond between two women overrides familial ties between man and woman. Ada “feel[s] sure” she can “trust [the] sympathy and good faith” of Dr Thornton, even though she is a stranger (473), later telling the doctor “I can’t help but trusting you” (476). The story depicts the medical woman building an emotional bond with her patient. When Ada asks her to assume the disguise of an old school-friend, Dr Thornton is initially wary of the unusual request, which seems to point to a case of an “unpleasant and delicate nature,” but she is moved by “more worthy feelings” and curiosity about “so interesting a patient” (470-1). The sight of this “pale, fragile-looking lady” with “her sweet colourless face and emaciated form” has already awakened the protagonist’s compassion (470). She develops a strong attachment to Ada in the course of the narration, later referring to herself as “the best friend” the sick woman has (480). Dr Thornton is uniquely placed to help Ada because of her position as both a physician and a woman. Dr Pomeroy has prohibited his victim from consulting any other

doctor, but Ada is confident that Dr Thornton can assist her undetected: “Ladies are so rarely physicians, that neither my brother-in-law nor my maid would ever suspect you” (473). The woman doctor is able to carry out her work unnoticed, and thus emblematises discretion and confidentiality. Such invisibility was also associated with the female detective, as I will show.

In arguing that female patients should have access to women doctors, many campaigners avoided casting aspersions on the conduct and character of medical men. Rather than accusing male practitioners of inappropriate behaviour, they suggested that women were uncomfortable with the prospect of being examined by or confiding in men. In a landmark essay on women in medicine – first published in 1869 and expanded and revised for an 1886 book – Jex-Blake acknowledged “the honour and delicacy of feeling habitually shown by the gentlem[a]n of the medical profession,” but emphasised that “a difficulty which may be of no importance from his scientific standpoint, may yet be very formidable indeed to the far more sensitive and delicately organized feelings of his patient” (1886: 7-8). In part, this was a tactic designed to mollify medical men, whose support women needed in order to secure medical training and professional appointments. “A Cast for a Fortune” clearly departs from this ameliorative approach, depicting a medical man who is an outright villain. Instead, it draws on the familiar trope of the vulnerable female patient whose body is exploited or manipulated by an unscrupulous male doctor.

Dr Pomeroy’s designs on Ada are pecuniary, as the story’s title indicates. The protagonist immediately suspects he plans to murder his sister-in-law “for the sake of coin,” and these suspicions are validated after his death (Kingsford 1877: 475). Searching his papers, Dr Thornton and the police learn that he was debt-ridden. Yet the story also hints at his sexual misconduct and impropriety. He has already proposed to Ada, an act which filled her “with horror” (472), not least because their union would have been prohibited under the 1835 Marriage Act, which barred a man from marrying his sister-in-law. Further, Dr Pomeroy’s papers reveal that he has made false promises of marriage to both Clara (Ada’s maid and his accomplice) and the unwitting Nelly, the mother of his illegitimate children. Dr Thornton intervenes to shield Ada from Dr Pomeroy’s machinations, thereby acting as a protector of vulnerable and virtuous womanhood.

Dr Pomeroy’s villainy is wholly enmeshed in his status as a medical man. Dr Thornton recognises that the assault on Ada is “conducted by a person possessing medical knowledge and professional means of obtaining the poison” and she brands his act “deliberate scientific murder” (474-5). The character’s abuse of power recalls the actions of real-life doctor-poisoners from the preceding decades. His probable namesake was Edmond-Désiré Couty de la Pommerais (sometimes Anglicised to ‘la Pommeray’), a French doctor who poisoned his mistress as part of an insurance scam. The real-life Pommerais hoped to pass off digitalis poisoning as ill-health but scientific evidence produced by another doctor revealed this almost-undetectable poison, and Pommerais was executed in 1864. Kingsford likely drew on figures closer to home for her British audience as well, such as William Palmer and Edward Pritchard.⁶

⁶ William Palmer (1824-56) and Edward William Pritchard (1825-65) were medical men tried and executed for murder in infamous causes célèbres. Palmer, a debt-ridden practitioner living in Staffordshire, was prosecuted for the murder of his friend John Parsons Cook. There were suspicions that he may also have murdered his mother-in-law, wife, brother and children, in the hopes of benefiting from their life insurance policies. Glasgow-based Pritchard – who was also in debt, and who was having an affair – was convicted of poisoning his wife and his mother-in-law. For an analysis of how popular fiction engaged with cultural anxieties about the doctor’s abuse of power in the domestic sphere, see Cheryl Blake Price (2015).

These medical men's motives and methods anticipate those of Dr Pomeroy in "A Cast for a Fortune." Kingsford's would-be murderer also prefigures later fictional medical villains such as the eponymous character in Julia Frankau's *Dr Phillips: A Maida Vale Idyll* (1887), Arthur Conan Doyle's Dr Grimesby Roylott in "The Adventure of the Speckled Band" (1892), and Edmund Bickleigh in Francis Iles's *Malice Aforethought* (1931). In order to evade trial and punishment, Dr Pomeroy later takes his own life with a lancet, the emblematic tool of his profession. Dr Thornton recognises that "his anatomical knowledge" has "unerringly guided him" to sever an artery in his throat (Kingsford 1877: 491). The story thus connects his suicidal act with his scientific expertise.

Kestner argues that female detective narratives typically enact an "appropriation of power," reversing the male gaze through female surveillance ([2003] 2016: 226). In "A Cast for a Fortune," this appropriation is twofold, since it is not only the female sleuth that triumphs over the male villain, but the female physician who usurps the corrupt medical man. The approach is clearly transgressive, but Kingsford also downplays some of the more subversive implications of her narrative. There is no suggestion that Dr Pomeroy is meant to figure as a synecdoche for the wider body of medical men, for example. His "absolute and unconditional refusal" to allow Ada to see "any other physician than himself" exemplifies how he acts alone. In his tyranny, he not only prohibits Clara from admitting any other doctors to see Ada, but even prevents his patient from "consulting one by letter" (Kingsford 1877: 473). Moreover, Kingsford does not provide a broader critique of male practitioners or cast aspersions on the medical community at large; indeed, Dr Thornton expresses incredulity that the poisoner is a "member of [her] own honoured profession" (475). The narrative suggests that, by denouncing Dr Pomeroy, Dr Thornton will restore the reputation of the medical profession. As a woman doctor, she functions not so much as an anomaly or outsider then, but as the guardian of professional and moral ethics.

The medical man is excluded from the story's close (given Dr Pomeroy's suicide), but this does not facilitate the woman-doctor's professional advancement. Whereas later novels such as Todd's *Mona Maclean* and Kenealy's *Dr Janet of Harley Street* portray medical women leading successful careers, Kingsford's closing scene shows Dr Thornton establishing a domestic idyll with Ada rather than a thriving practice. The ending is more dissident for its disruption to the heteronormative marriage plot, as the image of two women cohabiting suggests that the man's conventional role within the home and family has been displaced. Although the story concludes with Dr Thornton's home life, this final scene taps into wider discourse about the medical woman's social and moral function. Dr Thornton and Ada offer employment to Dr Pomeroy's abandoned mistress, Nelly, and the story presents domestic service as providing redemption to the working-class "fallen" woman. Jex-Blake argued that women doctors could play a reformatory role through "contact with their sinning and suffering sisters" (1886: 44). Kingsford's short story enacts this in its final scene, framing Dr Thornton as the moral protector and champion of vulnerable women more broadly.

Detective Identity

Dr Thornton is primarily identified as a woman and a physician; she is never directly referred to as a detective, and she only assumes this responsibility through carrying out her duty to her patient. This merging of different professional roles anticipates the dual identities of later fictional female detectives. Grant Allen's Hilda Wade is a nurse (*Hilda Wade*, 1900), while Richard Marsh's Judith Lee is "a teacher of the deaf and dumb" (Marsh [1911] 2011: 247). More specifically, Kingsford's Dr Thornton also predates Matthias McDonnell Bodkin's

fin-de-siècle detective-heroine Dora Myrl, a qualified physician. Bodkin similarly engages with contemporary debates around women in medicine, and Myrl's professional struggles are highlighted in her declaration that "practice didn't come, and I couldn't and wouldn't wait for it" (Bodkin 1900: 6). She instead chooses a different vocation and establishes herself as "MISS DORA MYRL *Lady Detective*" (18-19). In Bodkin's short story "The Palmist," Myrl similarly exposes the machinations of a murderous male physician, Dr Phillipmore (who, like Dr Pomeroy, is a poisoner and philanderer). While the detective work of these later characters tends to overtake their other professional responsibilities, Dr Thornton's medical identity is never subsumed by her amateur investigation. Conversely, it is buttressed and reinscribed through her intervention in the poisoning plot.

Both of the heroine's identities are in the process of being formed. At the beginning of the story, Dr Thornton is newly qualified and has yet to establish herself in medical practice. Until she is called to attend Ada, she has been "[l]uxuriating in a new sense of idleness and irresponsibility" – it is the mysterious case which calls her back to medicine and involves her in detective work (Kingsford 1877: 469). Ada is both patient and victim and Dr Thornton holds herself "responsible" for the woman's health and for protecting her from Dr Pomeroy's machinations (478). While the protagonist's professional identity is central to her sense of self, she must conceal her medical credentials during the mystery. Ada requests that Dr Thornton visit her in the guise of "an old friend or school-fellow" so that Dr Pomeroy does not suspect she is seeking a second opinion (470).

The fact that Dr Thornton assumes a ruse to visit her patient immediately positions her in the role of detective. Forrester's and Hayward's stories established disguise as one of the main activities undertaken by (professional) female investigators. In *Revelations of a Lady Detective*, Mrs Paschal proudly remarks that she could "play [her] part in any drama in which [she] was instructed to take a part" (Hayward [1861/4] 2013: 19). Literary scholars have identified this trope as one of the key features of the genre, interrogating how female detectives assume various gendered and classed roles (see, for example, Miller 2005: 59-60). Although Dr Thornton is not used to such subterfuge, she immediately steps into the character of an old school-friend, even adopting "a foreign mode of pronunciation" as part of the ruse. On meeting Ada for the first time, she converses with her "in the character assigned" and assumes "an unrestraint which [she] was far from feeling" (Kingsford 1877: 471). Despite her initial reservations, Dr Thornton seems adept at playing her part, deploying skills in discretion and confidentiality that also underpin her medical role. Further, she is granted invisibility because her disguise seems so plausible – no one expects a woman (especially a lady) to be a doctor *or* a detective.

This first meeting between the female leads entails both a medical examination and a preliminary investigation, and Dr Thornton shifts imperceptibly between her roles as physician and detective. She asks "questions relative to [Ada's] symptoms and condition," makes "the necessary examination of [her] patient," and enquires about the preparation of Ada's food, thereby combining the skills of diagnosis and detection. Dr Thornton conceals her suspicions, presenting this final question as part of a routine medical examination. From the outset, Dr Thornton refers to her attendance on Ada as "[m]y case" and there seems to be an implicit play on the word's clinical and criminal connotations (474). Later, when Dr Thornton visits the police, she explains "[her] view of the 'case'" (486). The quotation marks draw attention to the slippage or blurring between medical and legal discourse at the very moment she hands the matter over to the police authorities. Throughout the story, the protagonist appropriates the terminology of law and justice – she describes her aim to "place [her] conclusion with regard to the identity and motive of the criminal beyond possibility of doubt" (475) and later refers to Clara as "a prisoner" and "my captive" (486).

The qualities that make Dr Thornton a good physician also make her a good detective, thereby strengthening her dual identity. Her powers of keen observation are crucial to diagnosing Ada's illness and untangling the mystery, her discretion wins the patient/victim's trust and eludes the villain, and the fact that her "tones carried conviction" enables her to persuade Ada to follow her plan (475). Dr Thornton acts calmly but decisively to separate her patient from the poisoner and makes all the necessary arrangements for Ada to quit the hotel undetected. Kestner suggests that fictional female detectives are "empowered through the exercise of rationalism" ([2003] 2016: 24); Dr Thornton enacts her authority through both her reasoning and her capacity for action.

Not only does Dr Thornton quickly deduce that Ada is being poisoned, but she begins to suspect that the maid Clara is in league with Dr Pomeroy. She drops her disguise as an old school-friend with the maid so that Clara can help Ada leave the hotel, yet she distrusts her from the outset, finding "something antagonistic [...] in this particular person, something indefinable and vaguely felt" (Kingsford 1877: 480). Dr Thornton's judgement of the maid's character is underpinned by snobbery – she later characterises Clara's motivations as stemming from "the balance of a low-born and uneducated woman's mind" (485). Yet, within the moral schema of the story, Clara's suspicious behaviour quickly vindicates Dr Thornton's prejudices. After learning the name of their destination, the maid finds an excuse to re-enter the hotel to send word to Dr Pomeroy. Dr Thornton realises this and acts swiftly, suddenly changing their travel plans. Her suspicions aroused, she then "watche[s] [Clara] narrowly," and notices that the maid is concealing in the bosom of her gown a package of which she is "curiously apprehensive" (481). Eager to ascertain the contents, Dr Thornton arranges for the women to have interconnecting rooms at their new hotel, and drugs Clara with chloroform during the night, which allows her to retrieve the package undetected. She finds that it contains a note from Dr Pomeroy promising to marry Clara once the "object" they are working towards – Ada's death – has been "satisfactorily accomplished" (483).

During the investigation, Dr Thornton's use of power is sometimes ambivalent. She initially declines to tell Ada why she is suffering, asking the patient to trust her implicitly. Even when Ada is hesitant to go against Dr Pomeroy's wishes – "fearful of offending him" – Dr Thornton does not reveal the truth. She fears that, given the patient's "nervous and enfeebled condition," it would be "unwise to subject her to the shock" (476). Modern readers may feel concerned that this erases patient autonomy and choice, but Dr Thornton points to the fact that such "white lies" come more easily to established practitioners, signalling that she is acting within the parameters of accepted medical conduct at that time (476).

Dr Thornton also exploits her knowledge of and access to medical paraphernalia, using chloroform to subdue Clara. She feels uneasy about this action, suggesting it "bore an unpleasant resemblance to robbery or violence" (483). Earlier female detective fiction engaged with the moral ambivalence and opprobrium surrounding surveillance, but emphasised its importance to rooting out criminal wrongdoing. Indeed, the woman detective's especial strength lay in her ability to spy on other women. Thus Miss Gladden explains to the reader that "a woman detective has far greater opportunities than a man of intimate watching" (Forrester [1864] 2012: 3). In "A Cast for a Fortune," Dr Thornton's twin roles as doctor and detective grant her the opportunity to observe closely both the female victim and the female criminal. The sequence in which she orders interconnecting rooms, enters Clara's bedroom, and administers the chloroform to render her "completely insensible" suggests an abuse of power, but it does not connote sexual impropriety, as it would were she

a male doctor or detective (Kingsford 1877: 483). Furthermore, although Dr Thornton's actions may be ambivalent, they are ultimately validated when her suspicions about Clara are shown to be correct and Ada's life is saved. The note she retrieves from the maid proves to be a crucial piece of evidence which she uses to persuade Ada of Dr Pomeroy's villainy (of which the victim has hitherto been ignorant) and later presents to the police.

Despite her independent detective work, Dr Thornton eventually cedes authority. Once she has revealed Dr Pomeroy's plot to Ada, she decides to "place the whole affair" in the hands of the police, since she believes it has "assumed dimensions which make it unfit for two women to deal with any longer" (486). Here, she uses her gender to denigrate her authority, identifying herself as a woman rather than as a doctor. Later, she emphasises her constitutional incompatibility with detective work. When Dr Pomeroy is apprehended, Dr Thornton suggests that she is "woman enough to shudder" at the sight of the "livid and terror-stricken features of the detected villain" (489). This distaste (coded feminine) is contrasted with the masculine zeal of the police-officer who "enjoyed the scent of a fresh victim" (488). Klein contends that fictional female detectives are persistently "undercut" either in their role as woman or role as detective and attributes this to authors' struggles to reconcile "two divergent scripts" (1995: 4). In "A Cast for a Fortune," Dr Thornton's capacity for detection seems to be undermined by her feminine distaste for apprehending the culprit.

The lead policeman is a consummate professional, who acts "decisive[ly]" and "coolly" (Kingsford 1877: 488). These traits recall Dr Thornton's own conduct in the case, despite her self-effacing statements. Yet he also realises that Dr Thornton has made a mistake in allowing Clara a moment of freedom, during which time the maid sent a telegram to Dr Pomeroy to alert him to Ada's movements. The policeman quickly deduces which train Dr Pomeroy will have caught in pursuit of his victim, and acts swiftly to apprehend him. The assistance of the police provides new insights and resources, with the "athletic constable" well-placed to restrain the prisoner (489).

If Dr Thornton's role as detective recedes, then her identity as a physician nevertheless remains of paramount importance. Along with her evidence, it convinces the police to take immediate action. Despite her miscalculations regarding Clara and her capitulation to the police authorities, Dr Thornton works closely with them to bring justice and restore order, effectively maintaining her role as detective as well. Here, the relationship between the professional and amateur detective is collaborative or symbiotic rather than combative – as in *Revelations of a Lady Detective* and *The Female Detective*, Kingsford depicts a woman "supporting state institutions of enforcement" (Kestner [2003] 2016: 14). Dr Thornton's skills prove integral to the unravelling of the plot: once Dr Pomeroy has been detained, she identifies a dark-coloured bottle in his possession as the poison. She also translates his private papers into German for the police and these prove crucial for revealing his motive, exposing the extent of his debts.

The police-officer respects Dr Thornton's expertise and authority, acting "deferentially" towards her (Kingsford 1877: 490). When Dr Pomeroy accuses her of being a woman of "infamous character," attempting to entrap him in a "damned lying conspiracy," the police-officer responds with courtesy, identifying Dr Thornton as both a "lady" and a "qualified physician" (490). Here her femininity and respectability (and her class status) coalesce with her professionalism and authority. When Dr Pomeroy is found with his throat severed, the policeman remarks "this is your business rather than mine," recognising her own area of expertise, even if it is anathema to conventional ideas of femininity (491). Further,

as the narrator, Dr Thornton exercises authority over the story and her role within it. The official police remain peripheral characters, unnamed in the text. By contrast, the protagonist is able to negotiate her own identity. Reflecting on the closure of the case, Dr Thornton describes it as “the adventure with which I had begun medical life” (492). At the story’s end then, she reinscribes her professional identity in terms of her budding medical career rather than her short-lived detective work.

Professionalism, Authority and Status

In the nineteenth century, medical and detective work were both divesting themselves of their associations with trade and establishing their professionalism. While physic had long enjoyed a high social status, general practice and surgery were still building their social and cultural capital (see, for example, Digby 1994: 6). Meanwhile, detectives sought to distinguish and elevate their practice from the perceived sordidness of spying, surveillance, and physical danger. Further, both medicine and detection were professions deemed inherently unsuitable for women, perceived as unwholesome, a threat to propriety and femininity (see Slung 1986: xi). As the heroine of Forrester’s *The Female Detective* acknowledges, “the female detective may be regarded with even more aversion than her brother in profession [sic]” (Forrester [1864] 2012: 3). Whether in the real-life medical profession or the ranks of fictional detectives, women had to work harder to prove themselves and assert their authority while still retaining their respectability. Yet in “A Cast for a Fortune” it is through adopting the fraught roles of lady doctor and female detective that Dr Thornton establishes her professional expertise and moral authority. Her medical role legitimises her participation in the case, while her detective work bolsters her professional authority, allowing her to demonstrate her capability and expertise.

Readers may be surprised by the protagonist’s stature in the narrative, particularly since they encounter her in a story curiously subtitled “The Holiday Adventures of a Lady Doctor.” This terminology is worth unpacking. Building on the work of Michele Slung, Elizabeth Miller posits that the term “lady detective” effectively “destabilizes both of its terms by highlighting their contradictory quality [...] calling into question the extent to which [the figure] can fill either role” (Miller 2005: 48). Similar tensions or contradictions underpinned the term “lady doctor,” as medical historians have identified (Digby 1999: 183; Brock 2007: 141). My own research on the medical press has shown that this phrase was used in varying ways – by both supporters and detractors of the medical-woman movement, as a gesture of respect and as a satirical jibe (Moulds 2021). In part, the subtitle of Kingsford’s story is playful, suggesting a light and diverting narrative, perhaps one which even promises titillation. Therein lies the story’s transgressive appeal. Against the grain of Miller’s analysis, I argue that Thornton’s role as “Lady Doctor” does not negate, but rather inscribes, her professional, gender, and class identity – all of which are central to her authority and to the mystery plot.

Kingsford sidesteps much of the conventional opposition to women’s work (and more specifically women in medicine) because she does not depict Dr Thornton receiving remuneration. The heroine is a woman of independent resources, mentioning in the opening passage that she had the “means, mental, pecuniary and otherwise” to pursue her medical studies and she can afford to follow her exams with a “holiday ramble” (Kingsford 1877: 469).

She does not undertake Ada's case for money, but is instead motivated by her curiosity and compassionate interest in the patient-victim. Detective work, therefore, does not undermine or tarnish her social status or compromise her gender identity; rather it provides an outlet for her to rebuild her mental and physical energies after the strain of medical study. In short, the story does not depict financial recompense for *either* medical practice *or* detective work, instead portraying this singular case as the "holiday adventure" of a "lady."

This apparently frivolous mystery plot enables the narrator-protagonist to accrue remarkable authority. Through shielding a vulnerable patient, Dr Thornton demonstrates her scientific and investigatory acumen, her discretion and patient care, and her professional and personal ethics. Further, by exposing and denouncing Dr Pomeroy, she restores medicine's reputation and upholds criminal justice. Kingsford's story represents this early medical woman and amateur detective not as a social or professional outsider, but as the guardian of medico-morality. This approach counteracted charges against the character and expertise of medical women, which circulated so prolifically in popular and medical discourse. Overturning caricatures of the eccentric, anomalous lady doctor, the author instead portrays a healthy medical woman who behaves both rationally and compassionately. Well into the twentieth century, the intersection between medical and moral authority would remain an important site upon which female practitioners sought to consolidate their professional identities (Hanley 2020). Ultimately, "A Cast for a Fortune" uses an escapist "adventure" plot to represent a confident and capable medical woman. Kingsford constructs her heroine's professional identity at the nexus of medical and detective work, a strategy which encapsulates the story's innovative and at times subversive approach to genre, medical politics, and gender politics.

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