

WG on matters medical

Winston Graham set his novels in a wide range of periods from the late sixteenth to the late twentieth centuries which, in order to write with anything like verisimilitude, required a huge amount of prior knowledge in diverse areas of everyday life such as cooking, diet, medicine, transport, modes of dress and speech and so on. He also invested his characters with an eclectic assortment of livings – tin and copper mining, loss adjusting, mechanical and electrical engineering, dying, perfumery, fight promotion, painting, conducting, professional boxing, valuation, law enforcement, jurisprudence, holy orders, medicine, safe-cracking, drug smuggling – all requiring some degree of specialist knowledge on one side of the law or the other. It is well documented that the author took his background research very seriously – "He researches like a detective," said Valerie Grove in 2002¹ – and to consider all aspects of his endeavours in this regard is beyond the scope of this study, which intends to focus, rather, on the narrower but still challenging field of matters medical. These loom large not only throughout the Poldark series but also in four contemporary novels and WG's only professionally-produced play, which will now be considered in turn.

(1) The twelve-volume Poldark saga (1945-2002)

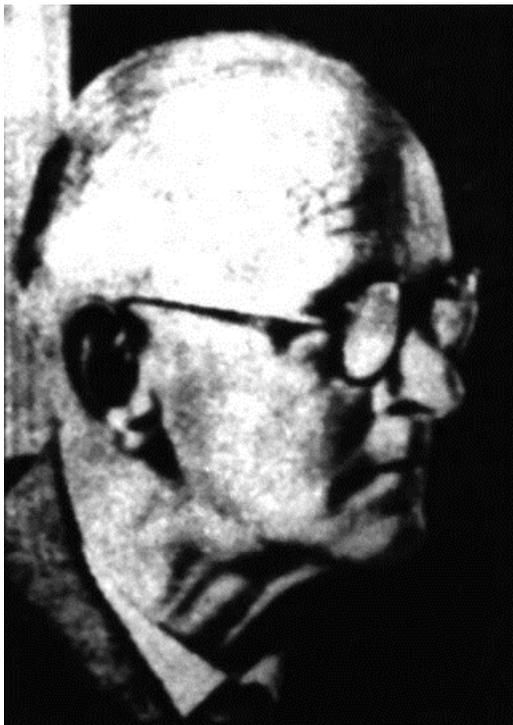
Nine of the 402 speaking parts in the Poldark saga are attributed to doctors or surgeons, namely Choake, Enys, Sparrock, Sylvane, Behenna, Longman, Anselm, Gurney and Mather, who between them practise to a standard fortunately long since eclipsed by the advent of germ theory, anti- and asepsis, anaesthesia, effective prophylaxis and treatment and a generally greater if still incomplete understanding of the human organism. After his introduction early in *Demelza*, Enys, who represents the most forward thinking and sympathetic arm of his worthy but largely ineffectual calling, survives to the saga's end; Anselm's role, more modest, is nonetheless key, since it is he who provides Elizabeth with the abortifascient which, in causing her death, drives the story powerfully on.²

No living practitioner could have advised WG on late-eighteenth-century current practice, though he may have received guidance on where to look

for the most comprehensive historical accounts. In Book Two, Chapter Eight of *Memoirs of a Private Man* he cites two sources: *Surgeon's Mate, The Diary of John Knyveton, Surgeon in the British Fleet During the Seven Years War, 1756-1762* and William Fordyce's *A New Inquiry into the Causes, Symptoms and Cure of Putrid and Inflammatory Fevers; with an Appendix on the Hectic Fever, and on the Ulcerated and Malignant Sore Throat*.³ No doubt there were others. His texts reveal an author well-versed in all the rudimentary treatments – the Peruvian bark, Melrose water, salt of wormwood and so on; also in the nonsensical flummery – *an acute gouty condition of the abdominal viscera which is manifesting itself in severe cramp-like spasms of the extremities*⁴ – which passed back then for diagnosis. The absence of even the most basic understanding of pathology, bacteriology, even anatomy in those days is effectively conveyed.

(2) *Night Without Stars* (1950)

In order to write convincingly about a man subjected to surgical treatment for an eye badly damaged by shrapnel, WG needed specialist knowledge of the issues and techniques involved and, in order to acquire it, and possibly arrange to view such surgery, he first approached Dr Reginald Curnow, Cornwall's Medical Officer of Health (MOH), a Perranporth resident whose son Robert was a sometime tennis partner of the author's.



Dr Reginald Curnow (1903-1970)⁵

After qualifying from Bart's in 1925, Dr Curnow entered the public health service in 1928, serving for two years in West Bromwich and then for eight in Derbyshire as deputy MOH before becoming MOH, Cornwall in 1939. Like WG's wife Jean, Dr Curnow was a native of Devonport, thus returning almost if not exactly home. He remained county MOH until his retirement in 1964 (in which year he was appointed OBE), having during his tenure transformed Cornwall's Health and Welfare Services from those of a backward county into a match for others anywhere. He died, aged 67, in 1970.^{6,7}

His *BMJ* obituary records that Curnow was "an approachable man ... with contacts in every department of the hospital service",⁸ which made him the ideal candidate to further WG's unusual request and, after cautioning that eye surgery could make gruesome viewing,⁹ he duly put the author in touch with Truro-based ophthalmologist A. Gerard East, who was happy to offer whatever help he could. WG takes up the tale:

I talked over details at length with [Dr East] and wrote the passage [describing an iridotomy]. Then a week or so later he rang up and asked me if I'd like to see the operation performed. I said, "God, thanks, no!" But after twelve hours of indecision – if I was a writer, what was I thinking of, turning that down? – I got dressed up in surgeon's coat and mask and went along and saw it all at close quarters. Afterwards the surgeon's wife laughed to see the colour of my face. I never mind dead people; but to see the surgeon cut his patient's eye made me feel terrible.¹⁰

The Curnow family's version of the story, still fondly remembered, ends rather differently:

... As the surgeon removed the anaesthetised patient's eye from its socket and lay it on his cheek, there was a loud thud as the great novelist passed out cold on the floor of the operating theatre.¹¹

Wherever the truth lies, having written a description of the procedure before actually choosing to view it, did WG's attendance make any differ-

ence? According to him, very little – he "slightly altered three sentences."¹²
Thus do writers suffer for their art.

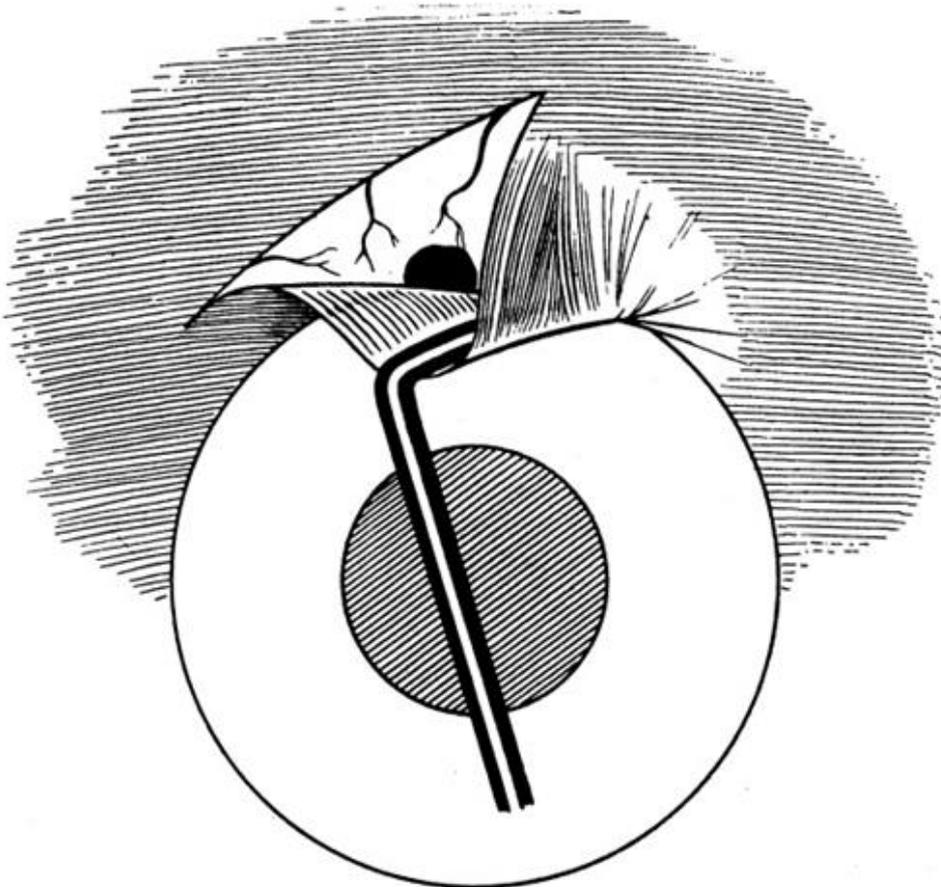
A NOTE ON HOLDING THE CONJUNCTIVAL FLAP IN SCLERO-CORNEAL TREPHING

BY

A. GERARD EAST

TRURO

THE accompanying illustration shows a method which I have found useful in performing Colonel Elliot's operation for glaucoma. An oblique incision is made through the conjunctiva, and a strabismus hook, or some blunt instrument, inserted; the fold of



conjunctiva can then be held by an assistant. There seems to be less risk of tearing than with forceps or other instruments; and the flap can be controlled easily.

An example of the work of Dr East

(3) *The Sleeping Partner* (1956)

The specialist knowledge required in order to complete this novel concerned not so much medical or surgical procedure as pathology – specifically, *post-mortem* decay: the author's requirement being to detail the changes exhibited by the tissues of a corpse buried for three weeks in a cellar under a ton of anthracite.

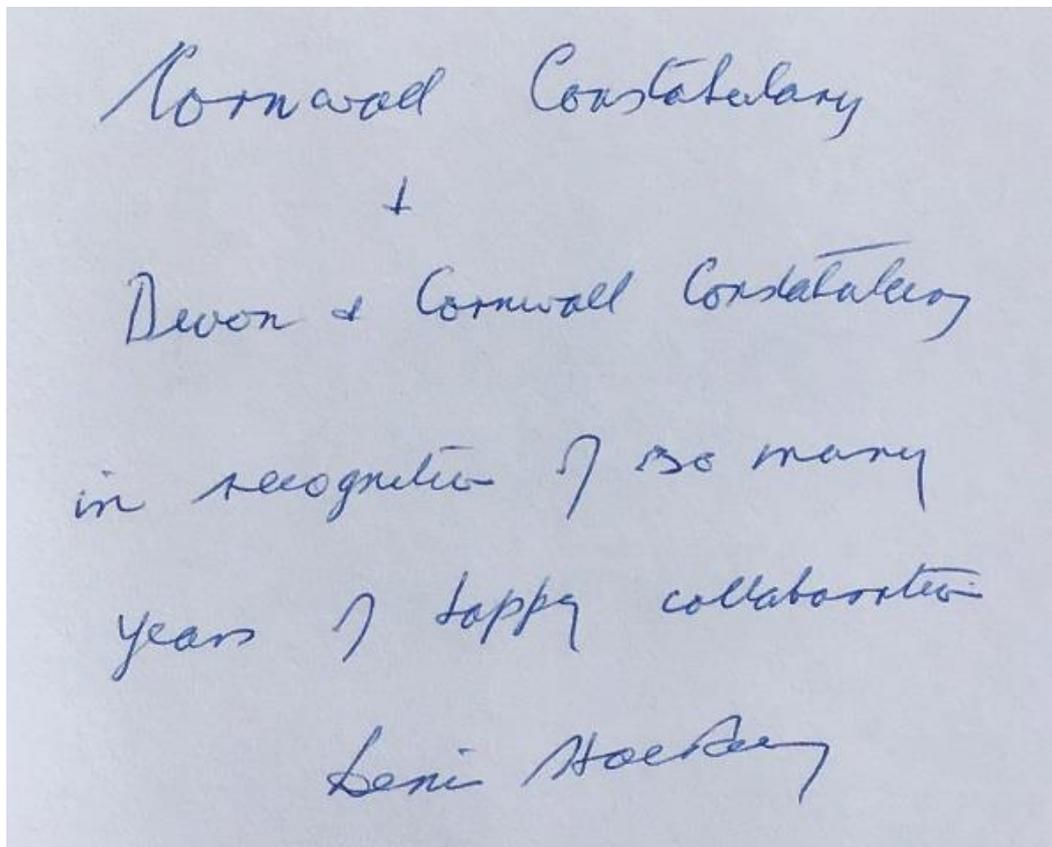
WG again chose his mentor well – pressed into service this time was Cornwall's County Pathologist Dr Denis Hocking. When the two first became acquainted is not clear. However, since Hocking's first Cornish home (from 1934) was in Perranporth and both he and WG were keen surfers, it is probable that their paths crossed well before the war. Whether or no, what is certain (see page 12) is that from this point they remained firm friends until Denis's death four decades later. Hocking was a remarkable man, as the following composited obituary confirms:

Frederick Denison Maurice "Denis" Hocking was one of the most popular men in the west country – a gentle, good tempered person who seemed to find endless amusement and delight in the more gruesome aspects of his profession and whose autobiography, Bodies and Crimes (Book Guild, 1992) is undoubtedly the funniest book ever written by a pathologist.

Though his father and grandfather were Cornish, Denis was born in Bristol and grew up in rural Gloucestershire and then London, which he hated because too noisy. During the Great War he worked ostensibly as an aircraft mechanic but in reality on anti-gas research before, after the Armistice, taking a fellowship in chemistry.

It was as a twenty-two-year-old chemistry student that he chanced to read in Taylor's Medical Jurisprudence the case of a man whose potency depended on his partner wearing elastic-sided boots, which struck Denis as so funny that he determined to take up medicine, which, on completing his fellowship, he did, specialising after graduation in pathology.

Sir Bernard Spilsby and London Coroner Dr Ingleby Oddie took a liking to the young man and encouraged him, but Denis found the "politics" of the Westminster Hospital distasteful and pined for the country. Finally, he persuaded the Royal Cornwall Infirmary to take him on at £200 a year (at a time when there were only two pathologists west of Bristol, compared with more than a hundred now). He moved with his wife Amy and their two daughters to Cornwall in 1934 and never regretted it. His appointment as scientific adviser to Cornwall County Constabulary a year later began his long association with that body and in 1941 he became County Pathologist.



Cornwall Constabulary
+
Devon & Cornwall Constabulary
in recognition of so many
years of happy collaboration
Leni Hoebey

In *Crimes and Bodies* Denis writes: "Here and now I would like to pay my tribute to the police for all my years of happy association with them; years that are quite unforgettable." He presented the Service with a copy of the book inscribed as above. Devon and Cornwall Constabularies merged in 1967. "Nobody wanted it," he laments, "excepting Higher Authority."

His role as HM Coroner included work to produce evidence for both defence and prosecution (he regarded evidence as impartial). During WWII, with Amy's help, he ran Cornwall's blood transfusion service.



Denis Hocking (1899-1996)

Denis carried out 40,000 necropsies during his career. In the early days particularly, conditions were primitive – many of the mortuaries in which he worked had no light, heat or running water – but he loved his job and his colleagues and they loved him.

When I [[Colin Wilson](#)] came to live in Cornwall in 1957, I lost no time in making his acquaintance, and asking his advice about a novel I was writing about a serial killer. I arrived at his home in Carlyon Bay to meet a trim, genial-looking man with pink cheeks and grey (later white) hair. Listening to him recalling cases was an unforgettable experience. He looked so innocent and good-humoured and talked with such

enthusiasm that he sounded like a family doctor describing how he had just delivered healthy twins when in fact he was talking about two women concreted under a garage floor or a young man who had murdered his parents and tipped them over nearby cliffs in a wheelbarrow.

In 1957, a year after the death of his first wife, Denis married his laboratory assistant Kay (Kathleen) O'Donnell, a doctor's daughter who, though twenty-one years his junior, adored and mothered him. In fact he was exceptionally lucky with all his womenfolk: an adoring mother and sister and two adoring wives and daughters. The elder daughter, Dr Elizabeth Hocking, recalls him working incredibly hard, with murders always seeming to happen just as he was relaxing during holidays such as Christmas or Easter. "But, to be honest," she added, "he was never so happy as when he had a good murder." We all noted a touch of Sherlock Holmes about him, as there is about all good pathologists; he revelled in picking up the slight, almost invisible clues that help solve difficult cases.

He loved good food and wine in moderation and was a great devotee, too, of Meccano: on the day before his death he was making a most intricate model. During the forty years I knew him he always looked twenty years younger than his age, and in his nineties seemed set fair to live well into the twenty-first century.

When Kay contracted flu in March 1996, it hardly seemed life-threatening, but she had been suffering from cancer and died two days after being admitted to hospital. At ninety-seven, Denis understandably felt that there was no point in going on; he died twelve hours after his wife, from "a suspected drug overdose". The couple were cremated together; Kay's wedding ring was later retrieved unmarked from the ashes. Puckish to the last, Denis's suicide note ended with the words "and you can tell HM Coroner I am as sane as he is."¹³

In view of his end, his words in *Crimes and Bodies* on those who opt to take their own lives make poignant reading:

I have always regarded [suicides] as the most tragic of people.

But later comes this:

My greatest tribute goes without stint to my wife. Even before we were married, she was my right hand and later she became half my left hand as well

which adds necessary context. In the obituaries and his book his character shines bright – but even if it did not, the letter he sent WG in response to the author's request for guidance on *p-m* change reveals his impish, bouyant nature just as plainly. Dated 13 November 1954, it begins:

Dear Winston

Re the girl you strangled and put under your pile of anthracite three weeks ago.

I take it that you buried her at once, or at least within a few hours of her death; this makes a little difference, as bodies decompose more rapidly in the air than when buried, and if the burial has been delayed the bugs of decomposition might be well away and would cause signs in 5-7 days the same as seen after burial for some few weeks. However, I think we can assume you got rid of her as quickly as possible.

If the cellar is dry, decomposition will have been somewhat retarded; the same applies to the weather, i.e. dry summer heat as against moist winter weather. I take it that the anthracite was of the small kind – not chunks of coal cum rock – and that it would have been packed nice and closely around her so that not much air would reach her; on the other hand, she would not be quite so sealed from the air as after burial in earth.

[When the body is uncovered] you would see what you would call a fairly nasty sight ...

The letter then goes on for another page and a half to give graphic detailed descriptions of the nature and degree of *p-m* change in SKIN (copper red-brown colour, with greenish shade), HAIR (if pulled, some will come away quite easily, perhaps with bits of skin attached), EYEBALLS (shrunken ... lenses quite opaque and probably wrinkled), EARS (purple black ... rather contrasting with the paler ... face), MOUTH (you must have some bloody froth coming from the mouth and probably the nostrils as well) and BODY (I don't know if she is decently dressed or naked, but in any case her belly will have to blow up). He remarks on the "nasty smell about the place" which the anthracite would not contain "especially when ... raked off her" and regrets that burial will have prevented the proliferation of maggots which by three weeks he would expect to find "wonderfully developed in their millions". Enjoying himself thoroughly, he concludes:

*I suppose you don't want a description of the post-mortem?
Pity.¹⁴*

It is fascinating on re-reading Chapter Fourteen of *The Sleeping Partner* to see to what use exactly WG put this wealth of information. He uses it accurately but lightly in a wholly effective passage that runs just two paragraphs; just eighteen lines; half a page. It is easy to think "So much effort for so little reward!" But surely it is the fact of being prepared to make that extra effort, to go that extra mile, in order to produce extraordinary prose – even a mere two paragraphs worth – that separates the best from the rest.¹⁵

(4) *The Tumbled House* (1959)

Towards the end of *The Tumbled House*, twenty-one-year-old Michael Shorn sustains a bullet wound to the upper thigh but refuses to go to hospital because, when shot, he'd been burgling his assailant's home. An unscrupulous medical student attempts to remove the bullet but, on finding it lodged against the femoral artery, prudently decides to leave it *in situ* and dispenses, rather, advice and antibiotics. Shorn seems to recover but, some weeks later, after a seemingly innocuous scuffle, the wound

starts to haemorrhage and, despite the best efforts of his first-aid-trained girlfriend, he loses consciousness and dies.

To whom did WG turn for help in rendering his text medically, surgically and anatomically sound? He was still living in Perranporth at the time the book was written, so more than likely it was his friend Denis Hocking. In this instance, however, no further information is known.

(5) *Shadow Play / Circumstantial Evidence (1978/9)*

WG wrote a small number of plays (the first in 1933 before he'd published even one novel), but only one was produced professionally, as *Shadow Play* at Salisbury in 1978 then, retitled *Circumstantial Evidence*, at Guildford, Richmond and Brighton in 1979.¹⁶ The protagonist, Raymond Palmer, is a doctor, twice married, who is tried before the Disciplinary Committee of the General Medical Council on a charge of committing adultery with a patient, April Durgan.

As the trial proceeds, it is soon disclosed that April Durgan is dead, having apparently committed suicide. In the witness box, her distraught husband Maurice accuses Palmer of having killed her. After a three-day hearing the doctor is cleared of all charges, but in the meantime his defence counsel has learned that April Durgan and Palmer's first wife – two physically healthy women – met their untimely deaths in precisely the same way, with the clear inference that both "suicides" were really murder made by someone with medical training to look like suicide. After Palmer provides solid alibis to rule him out of involvement in either case, it becomes clear that both crimes were committed by his second wife Vivien.

The murders were committed by rendering the victim insensible with drink or drugs and then introducing a lethal dose of tablets into the stomach via stomach tube, slipped down the throat with a little glycerine to prevent bruising (which would show at *post mortem*). With the tube removed, leaving no sign, the conclusion would be drawn that the patient had swallowed the tablets voluntarily in order to commit suicide.

There was already good reason to believe (see page 13) that this devious method of murder sprang from the fertile mind of Denis Hocking. However,

in Chapter Six of *Crimes and Bodies*, entitled "Some Tragic Poisonings", he confirms it beyond doubt:

*When a massive dose of barbiturate is found in the blood, with considerable remains of the drug still in the stomach, it can be confidently assumed that this large amount was voluntarily (suicidally) taken. No murderer could force a large quantity of pills down the throat of a resisting victim without some signs of that resistance being obvious. **But I could suggest ways in which a potential poisoner, if he had medical knowledge, could do this without trace.** Vide the play by Winston Graham *Circumstantial Evidence*.*

(6) *Stephanie* (1992)

Matters medical are central to two threads of this novel, the first of which follows the fortunes of a drug mule who flies from India into Heathrow with eighty packets of heroin secreted in his bowel and the second of which leads to the title character's death at the hands of a doctor using the same stomach tube / apparent suicide method previously deployed fourteen years earlier in *Circumstantial Evidence*.

On *Stephanie's* dedication page WG expresses his

... most grateful thanks to Dr David Jackson, whose help and advice have been quite invaluable.

Also, at an earlier stage, to Dr Denis Hocking, my friend for so many years.

David Jackson, chief police surgeon at Heathrow and a Savile Club friend of the author's, dealt exclusively whilst at work with drug smuggling.¹⁷ In his notebook WG records information supplied by Jackson about a man from Colombia who

refused to be x-rayed because he said it would give him cancer. He was examined anally but complained and worried about his internal haemorrhoids. They kept him four days

*and he passed two normal motions. They kept him another seven days and he passed 170 packets of cocaine worth about £60,000.*¹⁸

Here, then (with the locus switched from Colombia to India, a country with which the author was much more familiar, and the drug from cocaine to heroin) is the basis of the novel's plot. Incidentally, as the tale of Prasad, the mule, unfolds, WG's usually meticulous research habit lets him down. After inflicting upon Prasad a blockage of the "upper bowel", where four packets of heroin are lodged, the author allows him to survive untreated for two weeks, which is unlikely – either dehydration or peritonitis would carry him off – then treatment, when finally given, comprises "a massive dose of antibiotics" which would be of no help at all. (He would need, rather, fluid therapy and surgical intervention). All this suggests that, unusual in one normally so diligent, WG wrote the passages concerned without consultation, resulting in the kind of slack prose his better, more motivated self would roundly scorn.¹⁹

As for WG's thanks for Hocking's help and advice, this surely refers to the recurring murder method, used first in 1978 (the "earlier stage") then shamelessly recycled – in a different medium, so why not?²⁰ – in 1992.

(7) Novels requiring a lesser degree of medical expertise

- *The Forgotten Story* (1945) in which the symptoms shown by a victim being slowly poisoned by arsenic had to be described accurately but with sufficient subtlety so as not to telegraph to the reader their cause. The requisite knowledge may have been gleaned by reading – however, this kind of question would have been right up Dr Hocking's alley; so too procedure concerning the exhumations which occur later in the book, so he may well have helped here too.
- *Marnie* (1961) in which the protagonist's deep-seated psychiatric problems, rooted in repressed childhood traumas, were a bold tale to attempt in what we might now consider (*cf.* the second quote below) those relatively *unenlightened* times.

In preparing to write the novel, Graham

read standard books on psychology such as [Charles Berg's] Deep Analysis (1950) (and) also consulted a Home Office pathologist friend on the habits of women thieves.²¹

In a letter to Richard Church dated 22 April 1961 (i.e. written soon after the book's publication), WG confides:

I too was worried about Marnie [his character]; but I refused the advice of my publisher and my agent, both of whom wanted me to soften the ending; and on the rightness of that I have no second thoughts. A psychiatrist who read the book in typescript said among other things: "She'll be all right," and from that I took a sort of comfort. He suggested that in these fairly enlightened days she might get off without even a prison sentence; but of that I have my doubts.²²

Professional input this time, then, before writing *and after*.

- *After the Act* (1965) in which the incipient invalidism of Morris Scott's wife Harriet (which he, medically qualified, appreciates the ramifications of better than she) feeds into the determination of her unfortunate fate.
- *The Walking Stick* (1967) in which childhood polio and its treatment, both described in some detail, leave the book's protagonist physically and mentally maimed.

In both these cases, either background reading or an informal chat with a medical friend would have given WG all he needed.

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NOTES AND SOURCES

¹ *Poldark's romantic climax, The Times, 7 May 2002*

² Given the importance of Anselm's role in advancing the plot, it behoved WG to ensure that every detail regarding

the formulation, administration and possible side-effects of the abortifascient were correct. The book in which Anselm appears – *The Angry Tide* – was published in 1977. Who, at this time, would WG have turned to for expert advice if not Bachelor of Medicine, Master of Science and Fellow of the Royal Institute of Chemists Denis Hocking?

³ In keeping with *Memoirs'* error-strewn text, WG writes *James* rather than *William* Fordyce, then claims the book (published in 1773) first surfaced in 1789.

⁴ *The Angry Tide*, 3.15

⁵ *West Briton and Cornwall Advertiser*, 24 October 1963

^{6, 7, 8} *The British Medical Journal*, 17 October and *Cornish Guardian*, 24 September 1970

^{9, 11} *Rear-view review* – The Tumbled House by Dan Atkinson, thelionandunicorn.wordpress.com, 30 January 2021

^{10, 12} *Argosy*, December 1967

¹³ Compiled from obituaries by H W Haskins in the *British Medical Journal*, Vol. 313, 28 September and Colin Wilson in *Science and Justice*, Vol. 36, issue 4, both 1996.

^{14, 18} Original documents held in the Graham archive of the Courtney Library of Truro's Royal Cornwall Museum.

¹⁵ Talent helps, but without application is not enough, as WG understood. In 1937 he advised an audience: "The man who spoke of 2% inspiration and 98% perspiration wasn't far wrong so far as novel writing is concerned" – a precept that served him well all his life.

¹⁶ To date, no further UK production has ensued although, surprisingly, the play has been produced at least twice in German translation, in Hannover in 1998/9 and in Hamburg in 2004. For more, see [IN PROFILE \(PART TWO\)](#)

¹⁷ *Memoirs*, 2.11

¹⁹ *Stephanie* is a tired book, arguably WG's weakest, written by a man well into his eighties soon (perhaps *too soon*) after the supreme effort of 1990's *The Twisted Sword*. For more, see [LATE-ERA NOVELS](#)

²⁰ WG has form for this – see also *Night Journey* (1941) / *Top Secret : Next of Kin* (1961) and *No Exit* (1940) / *Greek Fire* (1957). In each case the later work recycles a significant

plot-point of the earlier; indeed, several sentences from *No Exit* reappear verbatim in *Greek Fire*.

²¹ *Hitchcock and the Making of Marnie* (Revised Edition) by Tony Lee Moral, The Scarecrow Press, 2013

²² The letter is among the Richard Church Papers held by the University of Manchester's John Rylands Library.

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