Arthur Conan Doyle: the many faces of Sherlock Holmes

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SUMMARY

Sir Arthur Conan Doyle trained as a doctor and practised in a number of areas, but found real success only as an author. He is best known as the creator of the Sherlock Holmes stories. This article considers the individuals in Doyles' life that seem to have inspired the character of Holmes, a flawed genius with dark aspects (including intravenous drug use and instability of mood).

DECLARATION OF INTEREST None.

Sir Arthur Conan Doyle is a very well-known figure in English literature, and is undoubtedly best known as the creator of Sherlock Holmes (Lycett 2008). He was born in 1859, and graduated from the University of Edinburgh in 1881, having completed his undergraduate medical training. In the course of this training, he encountered a remarkable physician named Joseph Bell, who had made a name for himself in providing startling deductions based on his observations of patients in his clinic.

Early career

After a spell as a ship's doctor, during which he visited the west coast of Africa, Doyle returned to the UK to establish himself in practice. This proved difficult, and after an arrangement with a colleague from medical school broke down, he opened his own independent practice in Southsea. However, few patients attended for treatment, leaving Doyle short of money but with plenty of time to write. He had already achieved some success in this area (publishing his first story in Chambers's Edinburgh Journal when he was 20 years old), and there followed a succession of further short stories, although Doyle was increasingly aware of the need to publish a novel. After several attempts at such a work had foundered, he recalled Dr Bell and began to construct a story based on a character who applied the same observational methods to the detection of crime: Sherlock Holmes. The result was a short novel entitled A Study in Scarlet, which appeared in Beeton's Christmas Annual in 1887.

Although not immediately successful, this paved the way for further stories featuring the character.

Doyle continued to make efforts to succeed as a doctor, and abruptly left Southsea for Vienna in 1890 to study ophthalmology. On his return, he practised in London for a time, but eventually abandoned medical practice altogether to concentrate on writing. He soon achieved great success with the Sherlock Holmes short stories, once they were published in The Strand Magazine, but also wrote a large number of other short stories and novels. By 1893, Doyle had tired of his creation and, at the end of a story entitled 'The Final Problem', he consigned the character to a watery grave at the Reichenbach Falls. However, such was the public demand (and hence the potential for substantial earnings) that Holmes was resurrected in 1903 for a further series of short stories.

Analysing Holmes

In later life, Doyle spoke dismissively of the Holmes stories, memorably referring to them in the introduction to *The Case-Book of Sherlock Holmes* as occupying 'the fairy kingdom of romance' (Doyle 1927). However, when one examines the stories themselves, it becomes apparent that they deal with many dark and disturbing themes, incorporating as they do stories of greed, exploitation, wounding, mutilation and murder. The settings include sinister boarding houses, decaying family estates, opium dens and disreputable docks. In many respects, the stories appear to delve beneath the privileged world that Doyle and many of his readers occupied, to enter the Victorian underworld.

The character of Holmes himself is complex. Rather than being cast straightforwardly as a crusader for justice, he is described (most prominently in the earlier books) as a man of science who is able to find sufficient stimulation for his great intellect and thirst for logic only in solving crimes that have baffled the professional detectives. When he is not engaged in such work, he sinks into a torpid state in which he bemoans the 'hopelessly prosaic and material' world, with 'the yellow fog that swirls down the streets and James Reed is a consultant forensic psychiatrist at Reaside Clinic in Birmingham. Correspondence Dr James Reed, Reaside Clinic, Birmingham Great Park, Birmingham B45 9BE, UK. Email: james.reed@bsmhft.nhs.uk

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drifts across the dun-coloured houses' (Doyle 1890; quotations from 1993 reprint: p. 111). In the early novels, his only escape from this is to resort to intravenous drug use, and he is described as an habitual user of cocaine ('a seven per cent solution'). The act of preparing and using the drug is described in detail at the opening of *The Sign of Four* (1890). Doyle clearly intended that Holmes would find fulfilment only in a lethal struggle with his arch-enemy Moriarty at Reichenbach – a violent ending to a brilliant yet tortured individual.

The people behind the character

Dr Joseph Bell

As already mentioned, the most obvious model for the character of Holmes is the physician Joseph Bell. Doyle was later to write to him, saying 'My dear Dr Bell, it is most certainly to you that I owe Sherlock Holmes' (Baring-Gould 1967). Holmes's trick of deducing details about prospective clients simply by looking them over was directly inspired by Dr Bell's own behaviour in his out-patient clinic, which was celebrated in Edinburgh at the time and described by Doyle in his autobiography (Doyle 1924). However, some of the darker themes of the character and of the stories may also be accounted for by examining important figures in Doyle's private life.

Charles Altamont Doyle

His father, Charles Altamont Doyle, is the first of these. Born into an artistic family, Charles Doyle showed promise as an artist and took up a job as a draughtsman for the Scottish Office of Works in Edinburgh in the late 1840s. While there, he met and married Mary Foley. The couple had a large number of children (of whom seven survived), their eldest son being Arthur Ignatius Conan. Charles pursued a parallel career as an artist and illustrator. Although he initially enjoyed a certain degree of success, he was unable to match that of his more successful brothers (one of them, Richard, was an artist for *Punch* and designed the magazine's masthead).

There is now good evidence that Charles Doyle rapidly descended into chronic alcoholism, accompanied by bizarre and disruptive behaviour that had a profound effect on his family. At some point after being dismissed from his job in 1876, he was admitted to Blairerno House, a residential home for alcoholics. During the several years that he spent at Blairerno House, Doyle repeatedly 'escaped' to get drunk. This behaviour finally resulted in his transfer to Montrose Royal Asylum. A contemporary review of his history suggests that he developed Korsakoff's psychosis, and subsequently epilepsy (Beveridge 2006). He continued to paint, although it is recorded that his skill in doing so declined as his condition worsened. He never returned home, and died some years later following a severe seizure.

Dr Bryan Waller

Charles Doyle's increasing emotional and eventually physical absence left a gap in the family home. The second significant figure in Arthur Conan Doyle's life, and one concerning whom there has been a great deal of speculation, is a man named Bryan Waller, also a doctor. Dr Waller is known to have lodged with the Doyle family while Charles was still at home, but he remained an important figure for a long time after Charles's departure. It has often been suggested that Mary Doyle conducted a lengthy extramarital affair with Waller, a conjecture lent some weight by the fact that later in life, following her husband's permanent accommodation in institutions, she moved herself and the rest of her family to Waller's house in Yorkshire.

Conan Doyle himself wrote very little about Waller, although an oft-quoted remark in his autobiography ('my mother had adopted the device of sharing a large house, which may have eased her in some ways but was disastrous in others'; Doyle 1924: pp. 25–26) is thought to refer to him. References in his letters show a marked ambivalence to Waller (describing what amounts to a physical confrontation at one time; Lellenberg 2007: p. 153), yet he was to some extent a role model - Doyle attended the same university to study the same subject, and later in life Waller was best man at Doyle's first wedding. However, it does appear that Waller was a difficult man, and he has been described as 'arrogant, snobbish, cruel and imperious' (Pirie 2005).

Rather than a straightforward representation of Joseph Bell, one might see Holmes as a synthesis of characteristics of Bell, Charles Doyle and Bryan Waller. Bell's love of logic and deduction is obvious, but one can also see aspects of the arrogant and imperious Waller. However, it is Charles Doyle who can most clearly be seen – not only in Holmes's artistic and creative abilities (including creation of disguises and skill in playing the violin), but also his substance addiction and descents into deep depression, even perhaps to the point of illness. It cannot be insignificant that it was only a few months after his father's death in October 1893 that the death of Holmes was described in 'The Final Problem', which appeared in the December edition of The Strand.

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Conclusion

There is much in the adventures of Sherlock Holmes that is of interest to psychiatrists, not least the psychopathology apparent in the central character. However, no less interesting, as I hope to have shown here, are the personal and professional experiences that shaped Doyle and ultimately found expression in his writings.

References

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