

**Christine Falls.** Benjamin Black (*nom de plume* of John Banville). London, UK: Picador, 2007. ISBN 13: 978-0-33044532-0. Price: £7.99. Pages: 400 (paperback)

Aptly named, the book represents many fallen Christians. The main character is a pathologist named Quirke who was brought up with Malachy Griffin (Mal), now an obstetrician at the same hospital. Griffin's father, a prominent judge, rescued Quirke from an orphanage and favoured him over Mal, giving rise to feelings of indebtedness towards the judge, and guilt and conflict with Mal. A large and shambling man, Quirke has lived alone since his wife died during childbirth years before (his wife, Delia, was the sister of Mal's wife, Sarah) and, while he has apparently moderated his drinking quite a bit, he still drinks so much, you wonder how he ever does any work.

The book is set in the 1950s, mostly in Dublin but partly in Massachusetts, USA. We meet Quirke as he unsteadily visits his department at Holy Family Hospital late one night after a going-away party for a nurse taking a baby to the USA. Mal the obstetrician is, strangely, in the pathology office writing a report. Nearby is the body of a young woman named Christine Falls. Quirke later discovers that this body has been sent from the hospital to the morgue. He has it brought back and finds that the cause of death on the release form, pulmonary embolism, is incorrect. Christine Falls bled to death after giving birth.

Quirke also learns that Christine Falls worked for a while in Mal Griffin's house, as did Dolly Moran, the old woman in whose house she was living when she died. He gets Christine Falls' record of admission changed, thinking to protect Mal, who he suspects of complicity in the pregnancy and cover-up of the death. He visits Dolly, who is later found tortured and murdered. Quirke himself is first warned off investigating, then savagely mugged by a pair of heavies, nicely described as "they would beat or maim or blind or

kill without rancour, going about their workaday task methodically, thinking of something else".

The nurse delivers the baby to the orphanage and unmarried mother's 'refuge', the Mother of Mercy Laundry. Nuns, priests and a lay group called the Knights of St Patrick (an authoritarian and secretive network) figure prominently, doing what they regard as good. Quirke, while trying to trace what happened to Christine Falls and her baby, comes up against the well-guarded secrets of Dublin's high Catholic society, among them members of his own family.

Little Christine, Christine Falls' baby, goes from the orphanage to a young couple, Claire and Andy Stafford. Nervous and fragile, Claire is besotted. Andy, a nasty piece of work, dislikes the baby and the idea of a baby, and ends up making it with the older woman downstairs, Cora, the "homely but hungry for it" menopausal stereotype. These lesser characters are rather predictable. Andy regards women as prey that would always want to have sex with him. Mal's wife, Sarah, has funny turns, finds it difficult to deal with her alien status as an American, and in general withdraws when the going gets rough. Sarah and Mal have a daughter: naïve, pretty Phoebe. Phoebe wants to marry a Protestant – but we have to assume knowledge of how terrible this would have been in Ireland in the 1950s, as no sense of the outrage comes across in the narrative.

This book is not a thriller in the ordinary sense, but is more of a novel, carrying the reader on with meticulous, but depressing descriptions (it always seemed to be rainy, foggy or dirty), and well-delineated characters. It's far from a rattling yarn; more of a meander through some intrigues of the authoritarian Catholic church in 1950s Ireland, including trying to deter Quirk from his laboured investigations, not only into the mystery, but into his own emotional state.

Despite the elegant language and the writing that holds your attention, the book is disappointing in what it doesn't achieve. Where is the fury or desolation felt by the young women

punished for becoming pregnant and then deprived of their babies? The physical description of the reddened hands and swollen ankles of pregnant Maisie at the Mother of Mercy Laundry is painstaking, but what of her feelings? Where is the anger towards the Catholic hierarchy, who so clearly believe they have the right to manage other people's lives? The inner journey of Quirke to the realisation of his own involvement and responsibilities lags behind the reader's understanding, including those of the twists and turns of the plot.

What will a health professional gain from this book? Perhaps a sense of the clinical detachment, amounting to emotional attenuation, that Quirke seems to have. Is this the result of his early upbringing in the orphanage compounded by his choice of occupation as a forensic pathologist? Or is it one of the risks of working as a doctor? We read of the dangers of "knowing what is best" not just for those women unfortunate enough to have transgressed the "moral Christian code", but for their offspring, condemning them forever to be obedient to their masters in the Catholic hierarchy. As doctors and nurses, it is all too easy to slip into believing that we, too, "know what is best", to demand that patients follow our own moral code, however derived. We can see manoeuvres, today, for example, of refusing treatment, making treatment difficult or unpleasant, or turning care into punishment. Enjoyment of what others may perceive as 'sinful' – too much booze, smoking, eating, drugs, and particularly sex – often result now in condemnation and restriction of access to repair the harm caused. Read the book and reflect on those caught up in this Catholic spider's web of intrigue. How much can you judge them as different from yourself and others around you? And would you have the courage to go on investigating like Quirk?

Reviewed by **Gill Wakley**, MD, FFSRH  
Advisory Editor, *Journal of Family Planning and Reproductive Health Care*

We hope that journal readers enjoyed reading *Christine Falls*, and also discovering whether their opinion of the book matched that of our guest reviewer. In the January 2009 issue, the fiction book under scrutiny will be *The Outcast* by Sadie Jones (448 pages, Vintage Books, 2008, ISBN-13: 978-0-099-51342-1). We want to remind journal readers that if they would like to offer to review an appropriate fiction title of their own choosing then they should contact the Journal Editorial Office by e-mail ([journal@fsrh.org](mailto:journal@fsrh.org)) in the first instance with details of their nominated title.

## JOURNAL REVIEWS

**Quality of life and acceptability of medical versus surgical management of early pregnancy failure.** Harwood B, Nansel T; National Institute of Child Health and Human Development Management of Early Pregnancy Failure Trial. *Br J Obstet Gynaecol* 2008; **115**: 501–508

### Background

Traditionally, evacuation of retained products of conception (ERPC) was the only management available for early pregnancy failure. Today, women can be offered a choice of expectant, medical or surgical treatment. As the efficacy and safety of medical management improves, it is likely to become more widely offered by clinicians and chosen by women. This study looked at the Quality of Life (QOL) and treatment acceptability of women randomised to misoprostol versus vacuum aspiration for primary treatment of early pregnancy failure (EPF). It was a planned secondary analysis from a multicentre randomised clinical trial of misoprostol versus surgical treatment of early pregnancy failure conducted at four urban university hospitals in the USA (ie, Columbia, Miami, Pennsylvania and Pittsburgh).

### Methods

A total of 652 patients were randomised in a ratio of 3:1 between misoprostol and surgical treatment. For this secondary analysis the sample size provided 80% power to detect a 2.9–3.5 point difference in each of the Short Form 36 Health Survey Revised (SF-36R) QOL scales. Randomisation occurred on the day of medical treatment or within 24 hours of surgical treatment. Participants completed a diary prospectively of symptoms experienced for the 2 weeks after treatment. A questionnaire was administered on visit study day 15 (2 weeks after treatment) including QOL, depression, stress and treatment acceptability. The QOL questionnaire was the SF-36R (good validity and US norms established). A separate scale was used for depression-happiness instead of the mental health scale in the SF-36 (also stated to have good internal consistency and test-retest reliability).

### Results

There was a good response rate for this analysis: 93% completed each of the study instruments for this analysis, 96% completed symptom diaries, 94% completed QOL and well-being

questionnaires and 93% completed questionnaires on acceptability and recovery.

Women receiving medical treatment for EPF reported greater bodily pain and lower symptom-related acceptability than those undergoing surgical treatment. All other dimensions of QOL and overall acceptability for both procedures were similar. Women with medical treatment reported a greater number of symptoms, and medical treatment was also associated with a greater number of treatment failures. Symptoms did not affect overall acceptability of procedure but treatment failure did. Overall QOL was not affected in either case.

### Limitations

Expectant management was not a treatment arm: this is something that is offered more often in the UK. There was a single measurement period 2 weeks after treatment; no long-term data are available. This may not be particularly relevant, as most women would have been expected to complete treatment by the end of the 2 weeks. It would have been interesting to note the occurrence of complications thereafter and their impact on QOL. The sample may not be representative of non-urban population (the