

THE HEROIC PHYSICIAN IN LITERATURE:

CAN THE TRADITION CONTINUE?

ANNE HUDSON JONES

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The heroic physician in literature.



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8. *The Heroic Physician In Literature: Can The Tradition Continue?* presented by Anne Hudson Jones, May 12th, 1993, in Louisville, Kentucky.

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The Eighth
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THE HEROIC PHYSICIAN IN LITERATURE:
CAN THE TRADITION CONTINUE?

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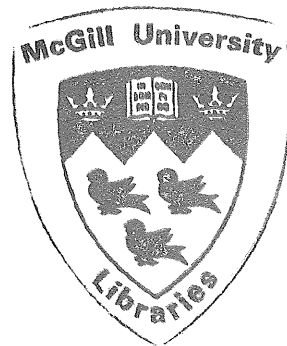
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JOHN P. McGOVERN AWARD LECTURESHIP

THROUGH the generosity of the John P. McGovern Foundation to the American Osler Society, a John P. McGovern Award Lectureship was established in 1986. The lectureship makes possible an annual presentation of a paper dedicated to the general areas of Sir William Osler's interests in the interface between the humanities and the sciences – in particular, medicine, literature, philosophy, and history. The lectureship is awarded to a leader of wide reputation who is selected by a special committee of the Society and is especially significant in that it also stands as a commemoration of Doctor McGovern's own long-standing interest in and contributions to Osleriana.





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One of the founding editors of *Literature and Medicine*, Dr. Jones served as the journal's Editor-in-Chief for ten years (1984-1993). At the request of the Editorial Board, she is continuing her association with the journal in the newly created position of Senior Consulting Editor. In addition to several special issues of the journal that she has edited (*Images of Healers*, 1983; *Tenth Anniversary Retrospective*, 1991; *General Issue*, Fall 1992; and *General Issue*, Fall 1993), she is editor of *Images of Nurses: Perspectives from History, Art, and Literature* (University of Pennsylvania Press, 1988). She has also published numerous articles, chapters, and reviews about various aspects of literature and medicine.

In 1991 Dr. Jones received the President's Award of the American Medical Writers Association.

THE HEROIC PHYSICIAN IN LITERATURE: CAN THE TRADITION CONTINUE?

In the 1938 Hollywood film *Young Dr. Kildare*, the second of sixteen movies in this popular series, Jimmy Kildare explains to his childhood sweetheart why he can't stay in Dartford, Connecticut, and go into practice with his father, a country doctor. He says:

There [are] two ways of being a doctor: One is for the living you can make out of it. Now I could marry you and settle down and count on taking over my father's practice. . . . [But] being a doctor can be bigger than three meals a day. Ehrlich was that kind of a doctor; so was Lister. I'm certainly no Lister, but . . .¹

Young Dr. Kildare does not yet know exactly what kind of doctor he wants to be, but he does know that he is not in medicine only for the living he can make from it. He has been inspired by the heroic tradition of doctors such as Ehrlich and Lister to seek something more. Sir William Osler was also the kind of physician who inspired, and continues to inspire, other physicians to practice medicine as a special profession, almost as a secular holy calling. The existence of the American Osler

Society attests to the continuing power of the heroic tradition in medicine. It is the development and decline of this tradition as it is reflected in literature that is my subject here.

The heroic tradition of medicine and doctors does not have a long history in literature. By contrast, the comic tradition of physicians in literature goes back many centuries. In Western culture, writers have always made fun of doctors. An oft-quoted biblical injunction sets the tone: "He that sinneth before his Maker, let him fall into the hands of the physicians."² By the Middle Ages, the physician appeared in literature as a stock character, ridiculed or portrayed as a quack. Examples include the physicians in Boccaccio's *Decameron* (ca. 1351), Chaucer's *Canterbury Tales* (1387-1400), and the Italian *commedia dell'arte*. This comic tradition of stupid, greedy physician-quacks reached its peak in Molière's comedies in seventeenth-century France: *Le Médecin volant* (*The Flying Doctor*), *Don Juan* (*Don Juan*), *L'Amour médecin* (*Doctor Cupid*), *Le Médecin malgré lui* (*The Doctor in Spite of Himself*), and *Le Malade imaginaire* (*The Imaginary Invalid*), all written and first performed between 1658 and 1673. It was not until the nineteenth century that the physician in literature took on heroic characteristics. The temporal correlation between the appearance of the heroic physician in literature and the development of medical science is no coincidence. Only when medicine had begun to develop as a modern empirical science that might eventually be able to offer efficacious treatments for patients did the physician in literature acquire the attributes of a hero.

The heroic physician as a character type begins to appear in Western literature around the mid-nineteenth century (just about the time of Osler's birth in 1849), reaches its peak in the 1930s and 1940s (a decade or two after Osler's death in 1919), and is in decline by the 1970s. Thus, in the second half of the nineteenth century and the first half of the twentieth, many works of the Western literary canon featured heroic physicians. Some of the best-known examples are Gustave Flaubert's

Madame Bovary (1857); George Eliot's *Middlemarch* (1871-72); Ibsen's *An Enemy of the People* (1882); Émile Zola's *Docteur Pascal* (1893); Sinclair Lewis's *Arrowsmith* (1925); Sidney Howard's *Yellow Jack* (1933); Sidney Kingsley's *Men in White* (1933); A. J. Cronin's *The Citadel* (1937); and Albert Camus's *The Plague* (1947). I will use four of these works—*Madame Bovary*, *Middlemarch*, *Arrowsmith*, and *The Plague*—to outline briefly the development of this tradition and to establish the heroic attributes of its physician characters. Embedded within their heroic attributes are the very qualities that have led to the decline of this tradition in contemporary literature.

Flaubert's *Madame Bovary* (1857), subtitled *A Story of Provincial Life*, may seem an odd choice for first mention in discussion of this tradition of heroic physicians in literature. Certainly there is nothing heroic about Charles Bovary, who is characterized early in the novel as being "like a mill-horse tramping round blindfold, grinding away at he knows not what" (p. 22).³ Bovary is a fool, set at the study of medicine not out of any sense of calling but because his father is an ex-assistant-surgeon-major. Indeed, Bovary has no heroic aspirations nor any greater expectations of medicine than that it provide him a reasonable living. Presented with "lectures on anatomy, lectures on pathology, lectures on physiology, lectures on pharmacy, on chemistry and botany, on diagnosis and therapy, not to mention hygiene and materia medica," he "didn't understand a word of it; couldn't grasp it . . ." (p. 22). After failing his exams once, he manages to memorize the questions and pass the next time. But he is licensed only as an Officer of Health—not as a full-fledged physician. Although Bovary can set uncomplicated leg fractures and deal with other straightforward medical problems, he cannot successfully carry out more complicated or innovative treatments. Yet his wife and the local pharmacist persuade him, against his better judgment—feeble as it is—to try a new surgical treatment for strephopodia (clubfoot) on the Yonville stable boy, Hippolyte. Although the

operation is reported in the local newspaper as a success, Hippolyte develops gangrene and must have his leg amputated.

No, Charles Bovary does not exemplify characteristics of the heroic physician. He is more like the stock character of the physician-quack, set now in a realistic rather than a comic context. His failures, however, provide occasions for a glimpse of two successively more heroic-appearing physicians. The fifty-year-old Dr. Canivet—a bona fide Doctor of Medicine—is summoned from Neufchâtel to amputate Hippolyte's leg and thereby save his life. Dr. Canivet makes no secret of his scorn for Bovary, one of those Officers of Health who degrade the profession of medicine that Canivet considers a sacred calling. Yet Canivet is equally contemptuous of the specialists in Paris who would even dream of straightening a clubfoot. Canivet represents limited medical competence without heroic aspirations; he is content with his present knowledge and sees nothing good to come from efforts to extend the realm of medical knowledge and treatment. Next to Bovary, Canivet looks heroic simply because he is more competent in Hippolyte's case.

Dr. Canivet's measure is taken again, however, near the end of the novel, when he is called to attend Madame Bovary, who has poisoned herself with arsenic. Shortly after Canivet arrives and prescribes an emetic, the great Dr. Larivière arrives from Paris. His arrival is compared to that of a god, and he is described as one of those "who cherished their art with a fanatical love and practised it with zeal and sagacity" (p. 331). Larivière, disdainful of honors, titles, and decorations, is characterized as an intellectual, a truth seeker, who "might almost have passed for a saint had not his mental acuity caused him to be feared as a demon" (p. 331). He belongs to "that great line of surgeons that sprang from Bichat [1771-1802]" (p. 331). In private, Larivière rebukes Canivet for having given the emetic. No longer the arrogant physician railing about Officers of

Health, Canivet has been put in his place by a greater physician, one he dares not contradict. Next to Larivière, Canivet looks decidedly unheroic—not even competent in Madame Bovary's case.

Larivière's attributes recur, in differing combinations, in later heroic physicians in literature. Foremost among these attributes are great talent, a keen intellect employed in the rigorous search for truth, and a savage disregard for material rewards and earthly honors. One more—compassion—bears mention: Confronted with the death agony of Madame Bovary, whom he has arrived too late to save, Larivière sheds a tear that drops onto his shirt. Despite his years of experience with such scenes, he is still moved by Emma Bovary's suffering and by Charles Bovary's grief.

Flaubert's Larivière, a *deus ex machina* come too late, is only a minor character in *Madame Bovary*, but he foreshadows the heroic physicians soon to come. In *Middlemarch* (1871-72), the first great English novel to present a physician as its hero, George Eliot characterizes Tertius Lydgate in much greater depth. Lydgate's "moment of vocation" comes when, as a young boy, he opens the encyclopedia and begins reading under the heading "Anatomy": "From that hour Lydgate felt the growth of an intellectual passion" (p. 98).⁴ He studies in London, Edinburgh, and Paris, and believes that "the medical profession as it might be was the finest in the world; presenting the most perfect interchange between science and art; offering the most direct alliance between intellectual conquest and the social good" (p. 99). He wants both to reform medicine and to "work out the proof of an anatomical conception and make a link in the chain of discovery" (p. 100). In the year 1829, when Lydgate goes into practice in Middlemarch, "the dark territories of Pathology were a fine America for a spirited young adventurer" (p. 101). Lydgate wants to combine the practice of medicine and surgery, reform the profession of medicine, "contribute towards enlarging the scientific, rational basis of

his profession" (p. 101), and carry on Bichat's work by discovering "the primitive tissue" (p. 102); in short, he wants "to do good small work for Middlemarch, and great work for the world" (p. 102).

Flaubert tells nothing of Larivière's personal life, but Eliot tells much about Lydgate's. Lydgate meets and impulsively marries Rosamond Vincy, the prettiest woman in town. She has no understanding of Lydgate's true love of medicine as calling and expects him to pursue it only for the successful living it will provide her. Osler has this to say about Lydgate: "This well-drawn character in George Eliot's 'Middlemarch' may be studied with advantage by the physician; one of the most important lessons to be gathered from it is—marry the right woman."⁵ I do not dispute this. But the larger point is that keen intelligence and great competence in the scientific and technical aspects of medicine are necessary but not sufficient for the truly heroic physician to achieve his goals; he must exercise self-discipline and mature judgment in personal as well as professional matters, lest he ruin his "intellectual life in a soul-wasting struggle with worldly annoyances," as Osler puts it.⁶ The fault, however, is Lydgate's, not Rosamond's. As Eliot phrases it, Lydgate's heroic character is flawed by "spots of commonness": that is, "that distinction of mind which belonged to his intellectual ardour, did not penetrate his feeling and judgment about furniture, or women, or the desirability of its being known (without his telling) that he was better born than other country surgeons" (p. 103). Although he wants to be one of the great men of medicine, he expects to have all the accouterments of a comfortable life. After he fails in Middlemarch and moves to London, he sets up a highly successful practice among the wealthy and becomes "what is called a successful man" (p. 575). Yet he regards himself a failure because "he had not done what he once meant to do" (p. 575). He dies prematurely, of diphtheria, leaving Rosamond and his children well provided for by a heavy insurance on his

life, but leaving his profession unreformed and the primitive tissue undiscovered. Lydgate has heroic attributes and aspirations but because of his “spots of commonness”—his tragic flaw, if you will—he never fulfills his potential.

Appearing half a century after *Middlemarch*, Sinclair Lewis's *Arrowsmith* (1925), the preeminent American novel about a heroic physician, develops and extends this tradition in literature. Like Lydgate, Martin Arrowsmith receives his call to medicine as a profession when he is a young boy, in his case by reading *Gray's Anatomy* and helping old Doc Vickerson, an alcoholic, in his rather questionable practice of medicine. Instead of being educated in London, Edinburgh, and Paris, however, Arrowsmith attends the fictional University of Winnemac, a large midwestern state university probably based on the University of Michigan. In the medical school there, he is inspired by two quite different physicians: Max Gottlieb, a German, Jewish professor of bacteriology, who has worked with Koch and Pasteur and represents for Arrowsmith the ideal of scientific research; and T. J. H. “Dad” Silva, professor of internal medicine and dean of the medical school, who represents the Oslerian ideal of clinical medicine, as Lewis makes clear—“Silva's god was Sir William Osler, his religion was the art of sympathetic healing, and his patriotism was accurate physical diagnosis” (p. 82).⁷ Arrowsmith initially gives up research for marriage to Leora Tozer and starts a private practice in Leora's hometown, Wheatsylvania, North Dakota. Unlike Lydgate, Arrowsmith has married the right kind of wife—this time, anyway. Leora loves him completely, sacrifices her life to his, and wants nothing more. The thing Arrowsmith likes most about her is “her singular ability to be cheerfully non-existent even when she [is] present” (p. 324). As Gottlieb has predicted, however, Arrowsmith fails at private practice and later fails at public health work. Arrowsmith is no “Dad” Silva. When he is finally given the opportunity to join Gottlieb at the McGurk Institute in New York City, Arrowsmith

finds his true vocation: not medical practice, but scientific research. Gottlieb tells him he has the qualities necessary in a scientist: he is curious and stubborn, and he does not accept rules. Gottlieb then contrasts the true scientist with the ordinary man:

To be a scientist—it is not just a different job, so that a man should choose between being a scientist and being an explorer or a bond-salesman or a physician or a king or a farmer. . . . [I]t makes its victim all different from the good normal man. The normal man, he does not care much what he does except that he should eat and sleep and make love. But the scientist is intensely religious—he is so religious that he will not accept quarter-truths, because they are an insult to his faith.

He [the scientist] speaks no meaner of the ridiculous faith-healers and chiropractors than he does of the doctors that want to snatch our science before it is tested and rush around hoping they heal people, and spoiling all the clues with their footsteps. . . . (P. 267)

Gottlieb closes this exhortation by telling Arrowsmith that to be a scientist is born in a man and that he will do his best to protect Arrowsmith from that American bitch-goddess Success, the destroyer of good science—and good scientists. He concludes: “May Koch bless you!” (p. 268).

In this famous scene, Gottlieb portrays the attributes of the practicing physician—the Silvas inspired by Osler—as inferior to those of the scientist. Silva’s religion of sympathetic healing is scorned by Gottlieb in his praise of the religion of science. And at this point in Western literature, the heroic physician is displaced by the heroic physician-scientist, with the emphasis on scientist. The sympathetic physician may do some “good small work,” but it is the scientist who will do “great work for

the world" (*Middlemarch*, p. 102). In Lewis's novel, no one—physician or scientist—is portrayed as able to do both. Lydgate's ideal of combining them is no longer feasible; Arrowsmith must choose between them.

Arrowsmith's big chance comes when he is sent to a plague-infested island in the West Indies to carry out an experiment on the efficacy of an antiplague phage. Gottlieb rigorously instructs Arrowsmith to give the phage to half the residents and deny it to the other half. True to his mentor, Arrowsmith tries to carry out the controlled experiment. But after his wife, Leora, dies of plague, Arrowsmith, in his grief, gives the phage to all who want it. When he returns to New York to confess his failure, he finds that he has lost Gottlieb to senile dementia. Ironically, despite his failure, Arrowsmith is given a hero's welcome in New York, is soon remarried—this time to a beautiful woman of wealth and considerable social position—and then is offered the assistant directorship of the McGurk Institute, with the expectation that he would become the director of the Institute within two years. He declines the offer, abandons his new wife and son, and runs away to the Vermont woods with one of his true-scientist buddies. The novel ends with Arrowsmith's words: "I feel as if I were really beginning to work now. . . . We'll plug along . . . for two or three years, and maybe we'll get something permanent—and probably we'll fail!" (p. 430). Arrowsmith breaks free of the bonds of marriage and society that imprison Lydgate; he accepts external failure as the price of true personal success in doing good science; and he understands that the quest is its own reward. Thus, he is portrayed as more heroic than Lydgate. But Arrowsmith is heroic only as a scientist, not as a physician.

Just as *Madame Bovary* is a pivotal work, looking both backward and forward in its characterizations of physicians, so is Albert Camus's novel *The Plague* (1947). Its protagonist, Dr. Rieux, is heroic because of circumstance: he practices medicine in a passionate effort to fight relentlessly against

death, even though in time of plague he cannot win. For Camus, Rieux is an absurd hero, trying to do the impossible, knowing it is impossible. Because he is battling an ancient disease with no effective weapon, Rieux is like physicians from past eras. He is the model for the image that William F. May identifies as the physician as fighter.⁸ Because he cannot succeed, Rieux is free to try with all his might. His is a world of plague, failure, and death, but it is a simple world: it is clear what is evil, and it is clear that evil should be opposed. The allegorical aspects of this novel—the plague representing the Nazi occupation of France in World War II—help explain this simplicity. In the early years of the AIDS epidemic, before anyone understood what was really happening and while people were referring to the mysterious disease as a plague, many of the articles and books about AIDS used epigraphs from Camus's *The Plague*. In the face of such a killer disease, resistance seemed the only humane or heroic response. Dr. Rieux and his plague fighters, most of them ordinary men who accept their responsibility to work and fight for the communal good, provided a compelling image of heroism for those who struggled against AIDS with no effective weapon.

Dr. Rieux is not a researcher. He has a modest private practice and no dreams of contributing to the history of medical science and discovery. His heroism comes from his self-sacrificing devotion to medicine and from his stalwartness throughout the plague. Rieux seems more intelligent and honest than most of the others in the city of Oran, but he insists that he is no more heroic than others: "there's no question of heroism in all this," he says. "It's a matter of common decency."⁹ He does what he can do. In his unremitting fight against death, he looks backward to prescientific physicians who were impotent in the face of disease and death; yet he also foreshadows the image of the modern physician as unheroic technician.

In summary, the heroic physicians in these novels are all

white men, of European or Anglo extraction; they are "called" to the profession of medicine or medical science; they have extraordinary intelligence and talent; their profession becomes a replacement religion or philosophy for them; they practice it to do more than just make a living from it; they care more about intellectual knowledge and truth than they care about success in material or worldly terms; and to be successful they must sacrifice personal and family relationships to their work. These characteristics sound lofty, idealistic, truly heroic. Why, then, might such a tradition be in danger or decline?

This tradition is currently challenged by many different medical and cultural changes. I will focus on four: first, the remarkable success of medical technology in keeping bodies alive indefinitely (with the concomitant high costs); second, the continuing impotence of medicine to cure many diseases—represented most powerfully by AIDS; third, the social changes in gender roles; and, fourth, the assault on Western values by an increasingly multicultural population.

The first two of these challenges are clearly reflected in British and American literature of the 1970s and 1980s. An interesting shift has taken place, with the patient displacing the physician as hero, especially in drama. Mel Gussow, the *New York Times* drama critic, wrote about this shift in 1979 in an article titled "The Time of the Wounded Hero."¹⁰ In 1979, AIDS was still unknown; Gussow was writing about plays such as Michael Cristofer's *The Shadow Box* (1977), Arthur Kopit's *Wings* (1978), Brian Clark's *Whose Life Is It Anyway?* (1978), and Bernard Pomerance's *Elephant Man* (1979). As I have written elsewhere, part of what seems to have been going on was that "[t]o the age-old fear of suffering serious injury or illness, we now have added the peculiarly contemporary fear of becoming a victim of sophisticated medical technology, whose 'miracles' can prolong the impaired lives and suffering of people, sometimes against their will."¹¹ Also, developing out of the civil rights movement, the women's movement, and

a growing distrust of professionals, the patients' rights movement had come of age. In many ways, this movement was a response to the physician as unheroic technician. May's discussion helps explain how the heroic physician-fighter Dr. Rieux leads to the unheroic physician-technician:

The spectacular success of modern medical technology has reinforced the definition of the physician as fighter. It creates a cultural momentum; it produces a moral scheme out of the technologist's impulse: what can be done should be done. . . . [I]n recent times, a piety toward the machine argues for the endless prolongation of life. The sheer existence of the machinery and a team that knows how to use it argues for its mechanical employment. The machine becomes autonomous. Instead of the machine serving the patient's life and assisting that person's recovery so as to permit him or her once again to serve others, the patient serves the machine.¹²

No more devastating literary example of this tendency can be found than Kurt Vonnegut's story "Fortitude" (1968), in which a hundred-year-old woman has become only a head on a tripod connected to a mass of pipes and tubing.¹³ She begs to die, but her physician, Dr. Norbert Frankenstein, is caught up in a technological creative frenzy, proudest of the artificial pancreas that cost as much as the State of Vermont. The Westinghouse artificial heart he dismisses as merely a sixty-thousand-dollar pump. The patient, Sylvia Lovejoy, begs her beautician to help her, and the beautician brings her a gun. But Sylvia's prosthetic arms have been designed so that she cannot point a gun at herself or get poison to her lips. When Sylvia discovers this as she tries to shoot herself, she turns the gun toward Dr. Frankenstein and shoots him instead. The ironic twist, however, is that Dr. Frankenstein has designed all the

artificial organs so that they can sustain two bodies, not just one. He has himself hooked up next to Sylvia, and the two of them are together—presumably for eternity. Vonnegut parodies current medical and cultural practices to dramatize the need to set limits somewhere, to pull the plug when a human being has become an assemblage of artificial parts. Further, Vonnegut shows the impulse toward this kind of horrific immortality coming just as much, if not more so, from technologically impelled physicians as from patients.

Another literary perspective on this kind of technological medicine gone awry comes from Samuel Shem's infamous *The House of God* (1978). In this novel, physicians are extremely competent medical technicians who can keep patients alive long after they wish to be dead. The demented old people who are not allowed to die—the so-called gomers, human beings who have "lost—often through age—what goes into being a human being" (p. 424)—are perhaps the best-known examples.¹⁴ But the death of the Man with Agonal Respirations shows contemporary medicine's difficulty in letting a young person—even when comatose and terminally ill with end-stage multiple myeloma and renal failure—die in peace. When the Man with Agonal Respirations tries to die, he is resuscitated, transferred to the Medical Intensive Care Unit, and hooked up to a respirator. Medicine as practiced in this novel makes no human sense; its technology terrorizes patients as well as any doctors who still manage to care about their patients as persons. Performing technological miracles Charles Bovary and Canivet could never have dreamed of, these physicians have much in common with the blindfolded mill-horse, "grinding away at he knows not what" (*Madame Bovary*, p. 22).

I want to mention one more literary example from the 1970s: Brian Clark's drama *Whose Life Is It Anyway?* (1978). In this work, which played successfully in London and New York and was eventually made into a movie, a young sculptor has become a quadriplegic as the result of an automobile accident.

The doctors have saved his life, stabilized him, and now plan to ship him out to a nursing home or long-term care facility. When the patient, Ken Harrison, asks that treatment be withheld so that he can die, the consultant physician, Dr. Michael Emerson, has a psychiatrist diagnose Harrison as clinically depressed and therefore unable to make a rational decision. Dr. Emerson continues to treat Harrison against his wishes. Harrison retains legal counsel, gets a hearing, and wins his right to have treatment discontinued. The response to this play—which was surprisingly popular given its depressing subject matter—demonstrated a widespread public interest in patients' rights to determine the course of their own treatment rather than be the recipient of medical paternalism's sense of beneficence. It is worth noting that the younger physician in this play, a woman named Clare Scott, is at odds with Emerson, her chief, over his continued treatment of Harrison. She listens to Harrison and is personally and professionally troubled by his plight. Although her gender may have nothing to do with her response, there are so few women physicians depicted in literature that her gender cannot be disregarded.

These three—*Fortitude*, *The House of God*, and *Whose Life Is It Anyway?*—are representative of many contemporary literary works that take medicine as their subject. Ironically, the physician-scientist has been so successful in his work that the presumed beneficiaries of that work are rebelling against it; scientific discovery has given way to technological imperative, which seems devoid of any values other than technical competence for its own sake. The mill-horse keeps making his rounds.

The second challenge to the tradition is, on the face of it, the complete opposite of technological prowess: it is medicine's impotence. By the mid-1980s, literature began to reflect yet another medical and cultural crisis—AIDS. The complacent assumption that infectious diseases were eradicated, or at least under control, at least in first-world countries, gave way to

reports of a strange new virus against which medical science seemed completely helpless. In the early days of the AIDS epidemic, allegedly because of the groups first infected, there was not the heroic medical and scientific response many hoped for.

In the early literature about AIDS, especially the AIDS plays, as they have become known—Larry Kramer's *The Normal Heart* (1985), William Hoffman's *As Is* (1985), and Harvey Fierstein's *Safe Sex* (1987)—doctors and nurses are barely there. Dr. Emma Brookner of *The Normal Heart* is an exception: female, German but often mistaken for Jewish, in a wheelchair because she is a survivor of polio, she cares for more gay men in New York City than does any other practitioner, but she cannot get a grant to fund her research on these patients. Kramer based Brookner's character on Dr. Linda Laubenstein, "the wheelchair-bound pioneer of AIDS work in New York City."¹⁵ Alluded to in many of the literary works about AIDS is the feud between the American and the French researchers over who first discovered the AIDS virus. Instead of looking heroic, the researchers represented in these works look as if they are primarily concerned with their own fame and glory.

But the AIDS plays are by no means the first works of contemporary literature to show the helplessness of medicine to heal or the failure of physicians to care for those patients they cannot cure. Peter Nichols's *Joe Egg* (1967) and Marsha Norman's *'night, Mother* (1983) are two well-known examples. *Joe Egg* is the story of the young couple Bri and Sheila, who are trying to care for their multiply handicapped daughter—"a kind of living parsnip," as Sheila calls her.¹⁶ They receive no support—moral or otherwise—from the physicians they consult about their daughter's condition and care. In *'night, Mother*, a young woman commits suicide because her epilepsy has made life seem to her not worth living. Medicine has offered nothing that helps her deal with the anguish of her condition.

The point here is not just that medicine is impotent to cure AIDS, epilepsy, and congenital handicaps, but that many people receive no comfort or caring from their physicians. Medicine offers these patients neither cure nor comfort. The sense that physicians are professionally detached and personally unmoved by their suffering sparks bitterness in patients—and results in satirical images of physicians in literature.

The third challenge to this tradition of heroic male physicians comes from changing gender roles. Women have entered medical schools in ever increasing numbers during the 1970s and 1980s. And as women have come into medicine, they have inevitably brought some of their own perspectives and values with them. They are not likely to find husbands who will subordinate themselves so totally as Leora Arrowsmith did to a physician-spouse's career. Yet most of these young women hope to marry and have families. There are not many literary works about women physicians, but the few I know from the late nineteenth century make it clear that a woman who wants to be a physician must give up any ideas of having a family. Twentieth-century works have not challenged that assumption until very recently, probably because there have not yet been many women physician-writers.

For a quick glimpse of the gender and cultural differences that contemporary women physicians struggle with, I know of nowhere better to turn than Perri Klass's *Baby Poop* (1987). In this short essay, Klass describes her conflicting maternal and medical responses as she, as a medical student, accompanies the neurology consult team to see a baby in the newborn nursery. An unmistakable odor from the bassinet announces the baby's need to have his diaper changed. Klass, herself the mother of a small child, volunteers to change the diaper. All the doctors tell her not to: they will do their exam; then the nurse can change the diaper. The neurological exam takes almost an hour; the physicians ignore their own discomfort, as well as the baby's. The situation leads Klass to reflect on "various

kinds of arrogance."¹⁷

The fourth challenge to this heroic tradition comes from demographic changes in the United States (and elsewhere) that are creating a more multicultural population than ever before. More and more physicians practicing in this country are of African, Hispanic, Asian, Indian, or Arabic ethnicity. These physicians may not share the values of the Anglo-European tradition that are reflected in Western medicine and in works of the Western literary canon. For example, they may not place the high value on individualism and autonomy that Western culture does. In the scene from *The House of God* in which the code has been called for the Man with Agonal Respirations, Shem describes the Hindu anesthesiologist, who "pumped oxygen at the head of the bed, looking over the mess with a compassionate disdain, perhaps thinking back to the dead beggars littering dawn in Bombay" (*House of God*, p. 286). The effort and resources expended to prolong the life of a single dying person in this country must look very strange to someone from an economically poorer country.

Ironically, in a time when medical miracles are commonplace, physicians in literature are oddly unheroic. The heroic tradition has been displaced by satire, more bitter now than it was in the earlier comic tradition. Can the tradition of the heroic physician in literature continue? All I can offer are my speculations: if the tradition survives, it will do so because it has responded to these contemporary challenges in ways that revitalize and transform the heroic paradigm. Some aspects will remain the same, I believe. Heroic physicians in literature will continue to have great intelligence and talent, and they will go into medicine because they perceive it as a special calling. Other features, I predict, will change: First, heroic physicians will no longer all be men of Anglo or European extraction. There will be women among them—and men and women of every race and ethnicity. Second, heroic physicians will no longer sacrifice their personal and family relationships so

totally to their work. They will place more value on such relationships and will struggle to balance love and work. Third, for these future heroic physicians, the values of science will be subordinated to human values. And, finally, the heroic quest will no longer require exploration of new frontiers—geographic or scientific; instead, the quest will be to live and practice within limits, to rein in technology and make it serve the communal human good. Larivière provides a helpful model here. When he cannot relieve suffering or prevent death, he allows himself to feel and express his compassion. Neither his limits nor his tears lessen his heroic stature. Rather, they affirm it.

Medicine is not alone in facing these challenges, but as a compelling microcosm of society at large, it offers an arena in which conflicts of cultural and moral values are dramatically displayed. And literary images are not exact reflections of reality, of course, even in works of literary Realism. Yet there is an integral relationship between what is happening in medicine and the way medicine and physicians are represented in literature. In times of such major cultural changes, what real physicians do as they practice their profession has potential consequences that go beyond the immediate moment and the individual patient.

As I prepared this lecture, I thought a lot about what Osler might say in regard to these matters. I believe that were he still alive, he would be in the forefront of those leading the constructive response of medicine to these contemporary challenges.

NOTES

1. From *Young Dr. Kildare*, MGM, 1938. This was the first of the *Dr. Kildare* films to feature the famous cast of Lew Ayres, as Dr. Jimmy Kildare, and Lionel Barrymore, as Dr. Leonard Gillespie.

2. Ecclesiasticus 38:15, from the Apocrypha. Kathryn Montgomery Hunter quotes this verse in the opening paragraph of her article "The Satiric Image: Healers in *The House of God*," *Literature and Medicine* 2 (1983): 135, and Richard Reynolds and John Stone include an excerpt from Ecclesiasticus 38 in their anthology of literature for medical students, *On Doctoring: Stories, Poems, Essays* (New York: Simon and Schuster, 1991), 23. Unfortunately, a typographical error in *On Doctoring* changes the meaning of the verse completely: "He who *sings* before his Maker, may he fall into the care of a physician." My italics.

3. Gustave Flaubert, *Madame Bovary: A Story of Provincial Life* (1857), trans. Alan Russell (Baltimore: Penguin Books, 1965). All quotations from the novel are from this translation and are cited parenthetically in my text.

4. George Eliot, *Middlemarch* (1871-72), ed. Bert G. Hornback, Norton Critical Edition (New York: Norton, 1977). All quotations from the novel are from this edition and are cited parenthetically in my text.

5. Sir William Osler, quoted in Harvey Cushing, *The Life of Sir William Osler*, 3d impression, vol. 1 (Oxford: Clarendon Press, 1925), 462-63.

6. Osler, quoted in Cushing, 463 n. 1.

7. Sinclair Lewis, *Arrowsmith* (New York: New American Library, Signet Classic, 1925). All quotations from the novel are from this edition and are cited parenthetically in my text.
8. William F. May, *The Physician's Covenant: Images of the Healer in Medical Ethics* (Philadelphia: Westminster Press, 1983), 63-86.
9. Albert Camus, *The Plague* (1947), trans. Stuart Gilbert (New York: Modern Library, 1948), 150.
10. Mel Gussow, "The Time of the Wounded Healer," *New York Times*, 15 April 1979, sec. 2, pp. 1, 30.
11. Anne Hudson Jones, "Literature and Medicine: Illness from the Patient's Point of View," in *Personal Choices and Public Commitments: Perspectives on the Medical Humanities*, ed. William J. Winslade (Galveston: Institute for the Medical Humanities, 1988), 1.
12. May, 64-65.
13. Kurt Vonnegut, Jr., "Fortitude" (1968), in *Human-Machines: An Anthology of Stories about Cyborgs*, ed. Thomas N. Scortia and George Zebrowski (New York: Random House, Vintage Books, 1975), 39-59. "Fortitude" originally appeared in *Playboy*.
14. Samuel Shem, *The House of God* (1978), 10th anniversary ed. (New York: Dell, 1988). All quotations from the novel are from this edition and are cited parenthetically in my text.
15. Randy Shilts, *And the Band Played On: Politics, People, and the AIDS Epidemic* (New York: St. Martin's, 1987), 531.
16. Peter Nichols, *Joe Egg* (New York: Grove Press, 1967), 39.

17. Perri Klass, "Baby Poop," in *A Not Entirely Benign Procedure: Four Years as a Medical Student* (New York: G. P. Putnam's Sons, 1987), 166.