

## Literature and medicine: some major works

M Faith McLellan

As those who have tried it can attest, asserting the existence of a canon of works in any field is an enterprise fraught with peril, especially in view of academic debates about the desirability or even the possibility of doing so.<sup>1</sup> In literature and medicine, as in other areas of inquiry, opinion is bound to be divided about which literary works constitute core texts. A list of any kind invariably excludes some very fine works; and writings by non-westerners, women, people of colour, and contemporary authors tend to be slighted, as do innovative forms. In future essays I will explore other, less traditional works that are being used to examine the relationships between literature and medicine. Here, however, I will provide a brief overview of selected major works of fiction, widely regarded as established masterpieces, that I believe are indispensable for understanding the intersection of these two very different disciplines.

I have several requirements for this selection. First, although a core text reflects particular times, places, and circumstances, its truth must be able to transcend those particularities. A core text that can be read on several levels—literal, symbolic, metaphorical, or allegorical—is especially rich, and often especially difficult. Events depicted in these works may have a one-to-one correspondence with biographical or historical events, they may be standing in for something very different, they may have mixed features, or the author's intentions may not be discernible, especially when one level of interpretation cannot be sustained throughout the work. Whatever their composition, the works are complex and multifaceted. They demand interpretive skills and the thoughtful engagement of the reader. Reading such works is demanding; these texts do not easily give up their treasures, and they repay multiple readings.

More specifically, major works in literature and medicine must tell us something about medical practice or epistemology, the history of medicine, or the experience of illness, patienthood, disability, or "otherness"; they must represent "the tangled verbal knots of body and self, illness and culture".<sup>2</sup> They may give insights into the character, education, daily life, or decision-making skills of medical practitioners. These depictions allow readers to set themselves against the characters in the work, in a continuing process of evaluation and reflection. The sense of identification that readers have with fictional characters has, of course, long been regarded as an important function of literature in general.<sup>3</sup>

The introduction of medical themes into texts—dealing, as they do, with vulnerability, chance, contingency, disease, disappointment, suffering, and death—adds a complicating layer onto the already complex nature of an engaging literary work.<sup>4</sup> In addition to the empathetic imagination that they may awaken in readers, literary texts may create or increase "sensitivity to complexity of character and situation; heightened awareness of self and other; the ability to embrace contraries and ambiguities and to imagine and empathize with alternative realities; the power to effect catharsis and give meaning; and an appreciation of both the truth-value and the necessary fictionality of narrative, especially in self-presentation".<sup>5</sup> Part of that self-presentation in works relevant to literature and medicine is how patients and their families, friends, and communities interpret illness. Within this multiply layered experience ambiguities, tensions, and conflicts often arise, and the very structure of major literary works that deal with these themes reflects this complexity.

Thus, for the purposes of this discussion, I am considering only novels or novellas. Short stories, plays, and poems, which may be equally useful for teaching and learning in medicine, will be dealt with in future essays. Several of the novels discussed here are quite long, in accordance with the maxim of one of their creators, "... only the exhaustive can be truly interesting".<sup>6</sup>

With this background, I suggest the following major works as indispensable for the study of literature and medicine in western culture: *Middlemarch* by George Eliot (1874), *The Death of Ivan Ilyich* by Leo Tolstoy (1886), *The Magic Mountain* by Thomas Mann (1924), *Arrowsmith* by Sinclair Lewis (1925), *The Plague* by Albert Camus (1948), and *Cancer Ward* by Aleksandr Solzhenitsyn (1968). Four of these authors received the Nobel Prize for literature: Eliot and Tolstoy predated the awards.

Since *Middlemarch*<sup>8</sup> and *Arrowsmith*<sup>8</sup> have recently been dealt with,<sup>9,10</sup> I will note in passing only a few of their virtues. Part of the value of *Middlemarch* is its depiction of the doctor in the process of becoming a mature person, in the everydayness that comprises the moral life. Apparently trivial decisions—"a steady series of minor accommodations"—that come back to haunt Mr Tertius Lydgate with their overwhelming, permanent power are unfolded gradually in "the small moments in the long haul, or the seemingly irrelevant big moments" of the novel.<sup>11</sup> *Arrowsmith*, despite the occasional exasperation that the impulsiveness and erratic enthusiasms of the eponymous hero may evoke in some readers, stands alone in its depiction of the transformation of a medical student to country doctor to physician-scientist in American medicine. It is a unique contribution that takes dead aim

*Lancet* 1996; 348: 1014–16

Department of Anesthesiology and the Institute for the Medical Humanities, The University of Texas Medical Branch, Galveston, Texas 77555-0830, USA (M Faith McLellan BA)

at the personalities and values of medicine's practitioners while tracing an important evolution in the history of medicine.

Just as the development of the physician is a time-honoured theme in literature and medicine, so is the journey of patients through the changeable landscape of illness. *The Death of Ivan Ilyich* is an important contribution to this theme, first because it teaches readers about learning to listen—to the question Ivan anxiously poses to his doctor, “Would you say my illness is serious or not?”,<sup>12</sup> a question his doctor thinks “inappropriate”. Throughout this short novel, Ivan's vaguely defined but increasingly serious illness provokes a gamut of complicated reactions in himself, his friends, and his family.<sup>13,14</sup> The experience of illness chips away at the “veneer of respectability” that has masked an unhappy marriage and a dull, meaningless job, as Ivan realises that something “new and dreadful was happening to him, something of such vast importance that nothing in his life could compare with it. And he alone was aware of it”. Everyone else in his circle seems devoted to denying that Ivan is ill. His colleagues consider only the effect that Ivan's death “would have on their own transfers and promotions or those of their acquaintances”. Ivan's wife is eager for him to die, though she is torn by conflicting feelings, since his death will mean the end of his wages. His daughter is exasperated by the inconvenience of her father's illness: “I'm sorry for papa, but why should he torture us like this?”, she asks.

Only a servant boy, Gerasim, truly cares for Ivan. He accepts Ivan's illness, with all its unseemly events, smells, and indignities, as a part of life; his calm attitude towards Ivan's situation enables him to provide a measure of relief for his suffering. Ivan's suffering is not merely physical; he is tormented by a terrible insight, as he asks himself, “What if my entire life, my entire conscious life, simply was *not the real thing?*”. *The Death of Ivan Ilyich* deals with the deepest questions of meaning, with physical suffering becoming the lens through which the most fundamental matters of human experience are examined.

Likewise, Thomas Mann's *The Magic Mountain* places illness in the foreground of a much broader canvas. In this novel, set in the days just before World War I, Mann portrays life in a tuberculosis sanatorium before the advent of antibiotics to raise philosophical questions about the meaning of illness, human nature, and society, all darkly intertwined amidst the coming catastrophe of war in Europe. The protagonist, Hans Castorp, goes to visit his cousin, who is a patient at the International Sanatorium Berghof in the Swiss Alps. His visit is to be for 3 weeks, but by the end of the novel, Hans has remained there for 7 years. It is, after all, a *magic mountain* to which he has come, an environment in which the characters wrestle with beliefs about illness, that it is, in one view, “only love transformed”. But this “romanticizing of TB”<sup>15</sup> is just one of the obsessions of the work, which is otherwise occupied with questions about the nature of spirituality, humanism, and tensions between East and West. Further complicating the examination of these issues is the reader's growing realisation that the characters are living a life of privileged unreality in this dreamlike, isolated place where no-one ever seems to get well and leave, where time has come to a standstill, unlike the real world below, “the flatlands” they have all fled. Some of the characters, like Hans Castorp, are seekers, and the “hermetic, feverish

atmosphere of the enchanted mountain” provides an unusual setting for their quests. Mann himself called the exploration of disease and death “a necessary route to knowledge, health, and life”, though it is unclear by the novel's end how successful the characters' journeys have been.<sup>16</sup>

Camus's *The Plague*<sup>17</sup> recalls another important work in literature and medicine—namely, Daniel Defoe's *A Journal of the Plague Year*, a 1722 account of an outbreak that occurred in London in 1665.<sup>18</sup> Defoe's work, in addition to its meticulous documentation of the time, place, and circumstances of the epidemic, reflects a particular political agenda, supporting government restrictions on travel and trade. That politics and national interests should have so central a role in a community's experience of illness provides Camus with a natural precedent for the enormous stage upon which he sets a fictional account of 20th-century plague. The epidemic occurs in Oran, a North African coastal town, in the 1940s. And it begins casually enough, with the chance discovery by Dr Bernard Rieux of one dead rat—and then another, a municipal nuisance. Soon, however, when a few dead rats have given way to thousands, and one man begins to feel “a bit off colour”, Dr Rieux admits that “everything points to its being plague”. It is, to the residents of Oran, unthinkable that a vanquished disease should resurface in modern times, and much of their energy is initially spent in bewilderment and denial. But after the town is closed because of the epidemic, the citizens are forced to confront the outbreak—of plague, certainly—on one level of interpretation.

On another level, the townspeople are called upon generally to take action against tyranny, with the novel becoming, albeit inconsistently, an allegory. As Camus once wrote, “*The Plague*, which I wanted to be read on a number of levels, nevertheless has as its obvious content the struggle of the European resistance movements against Nazism. . . . In a sense, *The Plague* is more than a chronicle of the Resistance. But certainly it is nothing less”.<sup>19</sup> Further, Camus adds yet another level of complexity to this novel of ideas by using its literal meanings to express his philosophy of the absurd.

Oran's priest, Father Paneloux, urges Oran's citizens not to try to flee the epidemic but instead to fight; they must realise “that there is no island of escape in time of plague . . . there was no middle course”. Eventually, the epidemic subsides, and the townspeople's memories become short:

“Calmly they denied, in the teeth of the evidence, that we had ever known a crazy world in which men were killed off like flies, or that precise savagery, that calculated frenzy of the plague . . . they denied that we had ever been that haggard-ridden populace a part of which was daily fed into a furnace and went up in oily fumes, while the rest, in shackled impotence, waited their turn”.

But Dr Rieux knows that the way Oran rose to meet the challenge of plague will have to be repeated “in the never ending fight against terror and its relentless onslaughts, despite their personal afflictions, by all who, while unable to be saints but refusing to bow down to pestilences, strive their utmost to be healers”. Camus's thoughtful and sobering vision is a valuable one for healers of many kinds.

In keeping with the exploration of illness as a vehicle for political, historical, and social allegory, Solzhenitsyn's *Cancer Ward*<sup>20</sup> evokes the world of Stalinist Russia

through his portrayal of a group of hospitalised cancer patients. The cancer ward becomes a microcosm of the Soviet Union, with patients from many areas exiled there. In this hospital, the treatment of patients is marked by secrecy, ambiguity, and evasiveness. There is a sense of uneasy despair that pervades the atmosphere of the ward, but there is also a spirit of inquiry, as the discussion among the patients turns to how to transcend their circumstances—specifically, illness, but, by extension, oppression in various forms. “A hard life”, some of the patients ultimately conclude, “improves the vision”. And what this vision causes a few of them to see is the connection between their personal illnesses and the sickness of their state: “A man dies from a tumor, so how can a country survive with growths like labor camps and exiles?”.

This brief overview can only suggest some of the ways in which major works of fiction can illuminate and enrich physicians’ and other caregivers’ understanding of the totality of the illness experience, the lives of their patients, and, ultimately, clinical practice. The insistent message of the writers of these texts is that illness is a common human experience that affects, in ways we find familiar, the individual body, and, often surprisingly, the corporate body—groups, nations, societies, and cultures.

#### References

- 1 Bloom H. The western canon. New York: Harcourt Brace, 1994.
- 2 Hunter KM. [Forum]. *PMLA* 1996; **111**: 303-04.
- 3 Nussbaum MC. Poetic justice: the literary imagination and public life. Boston: Beacon Press, 1995.
- 4 Nussbaum MC. The fragility of goodness: luck and ethics in Greek tragedy and philosophy. Cambridge: Cambridge University Press, 1986.
- 5 Woodcock J. Teaching literature and medicine: theoretical, curricular, and classroom perspectives. In: Clarke B, Aycock W, eds. The body and the text: comparative essays in literature and medicine. Lubbock: Texas Tech University Press, 1990: 41–54.
- 6 Mann T. The magic mountain. Lowe-Porter HT, trans. New York: Vintage International, 1992.
- 7 Eliot G. Middlemarch. New York: W W Norton, 1977.
- 8 Lewis S. Arrowsmith. New York: New American Library, 1925.
- 9 McLellan MF. Images of physicians in literature: from quacks to heroes. *Lancet* 1996; **348**: 458–60.
- 10 Jones AH. Images of physicians in literature: medical *Bildungsromans*. *Lancet* 1996; **348**: 734–36.
- 11 Coles R. Medical ethics and living a life. *N Engl J Med* 1979; **301**: 444–46.
- 12 Tolstoy L. The death of Ivan Ilyich. Solotaroff L, trans. New York: Bantam Books, 1981.
- 13 Connelly JE. The whole story. *Lit Med* 1990; **9**: 150–61.
- 14 Banks JT. Death labors. *Lit Med* 1990; **9**: 162–71.
- 15 Sontag S. Illness as metaphor and AIDS and its metaphors. New York: Anchor Books, 1990.
- 16 Mann T. The making of *The Magic Mountain*. In: Mann T. The magic mountain. Lowe-Porter HT, trans. New York: Vintage International, 1992: 727.
- 17 Camus A. The plague. Gilbert S, trans. New York: Vintage International, 1991.
- 18 Defoe D. A journal of the plague year. Oxford: Oxford University Press, 1969.
- 19 Camus A. [Letter to Roland Barthes, 11 January, 1955.] *Club*. The review of the club du meilleur livre, February, 1955.
- 20 Solzhenitsyn A. Cancer ward. Bethell N, Burg D, trans. New York: The Noonday Press, 1974.

## Medicine and art

### The primeval forest

Susan Beulah



Susan Beulah

The primeval forest (acrylic on canvas, 120×420 cm) is one of a five-panel series of paintings by Susan Beulah that was commissioned for the new Camelia Botnar Research Laboratories at Great Ormond Street Children’s Hospital, London, UK. The series, which is on permanent display (one on each of the five floors of the building), represents evolution from the earliest stages of the Earth’s creation to the present. The primeval forest was painted from sketches made by the artist at the Bay of Islands, New Zealand, which reminded her of the period in the Earth’s history when the sea began to give way to the land. Lime and emerald greens, and mustard yellows, were applied in thin washes of acrylic paint to give a translucent effect of sunlight shining through leaves and ferns.