



# Medicine as Storytelling: Emplotment Strategies in the Definition of Illness and Healing (1870-1930)

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**Medicine As Storytelling:  
Emplotment Strategies in the Definition of Illness and Healing  
(1870-1930)**

A dissertation presented  
by  
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to  
The Department of Comparative Literature

in partial fulfillment of the requirements  
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Comparative Literature

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**Medicine As Storytelling:  
Emplotment Strategies in the Definition of Illness and Healing (1870-1930)**

**Abstract**

This dissertation analyzes medical and literary sources from Russia, Italy, and France in the years 1870-1930. By tracking imagery, rhetorical devices and, above all, emplotment strategies that are employed in medical texts and practices as well as in literary works by Dostoevskii, Tolstoi, Chekhov, Svevo, Bulgakov, and Romain, my study argues for the narrative structure of medical knowledge, both in its formulation and its transmission. I address plot-construction as the theoretical node that lies at the core of several practices in the medical field, regardless of their variety and their social and cultural situatedness. Perspective and agency are the organizing principles for chapter subdivision—from the surgeon as the sole author of illness narratives in Chapter 1, on death as the ending, which focuses on the late nineteenth century, we move to the negotiation of that same authorship and authority between doctors and patients in Chapter 2, devoted to the theoretical concept of narrative reliability and tracks the fin-de-siècle emergence of psychoanalysis; from the rhetoric of pharmaceutical advertisement in the 1920s and the diffused authorship it entails, addressed in Chapter 3, we take a post-human turn in Chapter 4, by exploring bodily glands as endowed with narrative agency with the rise of endocrinology and experimental surgery in the years 1900-1930. This formal structure, which shows a gradual shift in perspective and agency as the inquiry moves from one chapter to the next, foregrounds a double historical trajectory that underlies the project—the non-linear transition from the positivist model to the Freudian and post-Freudian stage in the history and epistemology of medicine runs parallel to a gradual and not less problematic evolution of the literary medium.

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*A Zampa*

## **Introduction**

This project rests upon the assumption that medicine, similarly to literature and the arts, is a system of representation. As a consequence, medical knowledge—in both its formulation and its transmission—entail a substantial interpretive endeavor on the part of those involved in the description of the body (its discrete parts as well as its functions) and the definition of illness and healing—most notably, patients and physicians, but also institutions, authorities, insurance companies, and caregivers. Interpretation, which is by its nature site-specific and necessarily rooted in the socio-cultural background of those who perform it, calls for one or more narratives. More specifically, my argument is that the interpretive nature of medicine, as both a field of knowledge and a set of practices that involve a number of actors, makes medical narratives subject to most of the rules that underlie the production, transmission and reception of literary texts.

### **Why Theories of Narrative?<sup>1</sup>**

This is not a thematic account of how doctors, patients or diseases are portrayed in literary texts; nor is this a project anchored in psychoanalysis and psychoanalytic theories of literature, a glorious trend that flowered in the 1960s and brought together different ways of looking at storytelling. Moreover, my approach and the nature of the evidence I bring dispense with fieldwork, and should therefore be distinguished from the ethnographic genre of medical anthropology. The present inquiry, rather, stems from the argument that theories of narrative, originally a stronghold of literary studies but increasingly an intellectual and theoretical concern

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<sup>1</sup> All the authors and works mentioned in this Introduction may be found in my list of Works Cited.



for the most disparate disciplines (from law to evolutionary biology, from IT to entomology, from post-humanities to architecture) provide an invaluable toolbox of categories and definitions that can be employed fruitfully to approach the field of medicine from a humanistic perspective. Symptomatically, theories of narrative, today flanked in importance by other methodological trends in the literary field (such as World literature, the digital and the environmental humanities) are accorded considerable attention by disciplines more or less contiguous to literature, which provides literary scholars, who are trained readers, with new territories to explore and new challenges to take on.

The field of medicine lends itself to a narratological approach. When looked at closely, it yields a remarkable number and variety of stories belonging to different genres; these include the anamnesis, the diagnosis, the so-called “SOAP notes” (a template used to write notes in the patient’s chart – the acronym stands for “subjective, objective, assessment and plan”), case reports, clinical-pathological conferences, journal articles, patient blogs, and many more. Some of these narratives are written, others are spoken; some are stated, others are silently inferred or assumed. Literary theory, and especially theories of narrative, represent a privileged framework to analyze this constellation of expressive forms, which has become increasingly complex with globalization and the use of technology – patients are now Googling their diagnoses as soon as they have received them; big hospitals are facing problems of data organization and streamlining.

Among the manifold theoretical problems addressed by theories of narrative, a case can be made for questions of emplotment proving a particularly fruitful lens to look at medicine, its rituals, notions and practices across different cultures and different epochs. Although medicine is not fiction—people get sick, heal, recover, or die for real—it shares with literature an abundance of imagery and storytelling devices, with metaphors and plot-construction representing in many

cases a sheer cognitive necessity to make sense of events and phenomena, and to formulate and share knowledge about them. As literary theorists have consistently argued, from Aristotle to our days (Gérard Genette, Paul Ricoeur, Wayne Booth, Peter Brooks, Monika Fludernik), plot provides a narrative with an underlying structure, which defines stories and experience as unfolding over time. In other words, plot constructs “meaningful totalities out of scattered events”<sup>2</sup> by ordering a set of otherwise unrelated elements into causal-temporal chains. Since clinical thinking and diagnostic reasoning, but also pharmaceutical advertising and policy-making, depend on time sequences and suggest causal links, they can be conceived of as fundamentally narrative enterprises.

Ricoeur identifies two distinguishing features of the plot: succession and configuration. The latter is related to spatial knowledge and metaphors, and it can be seen as making sense of the world through the mutual relationship (or the mutual position) of different elements in a given moment. It corresponds to a snapshot assessment of the patient’s condition and of the progress of the disease; in other words, to the clinical picture. Succession, on the other hand, inscribes all the events and threads of a story within a timeline sequence. Its engagement with temporality makes it a founding pillar of clinical narratives: how has the illness originated and developed? How is the clinical picture expected to progress? How will the story unfold? How do epidemics affect the future of a community?

The course and trajectory of a disease, its eventfulness within the frame of a broader life-story, the doctor’s prognosis and the case history all gesture to the temporal dimension of medical narratives. In *Reading for the Plot*, Peter Brooks defines narrative as “one of the large categories or systems of understanding that we use in our negotiations with reality, specifically

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<sup>2</sup> Paul Ricoeur, *Hermeneutics and the Human Sciences* (Cambridge: Cambridge University Press, 1981), 278.

[...] with the problem of temporality.”<sup>3</sup> Although all claims to directionality and teleology brought about classical narratology have been long challenged, the concept of “narrative time” still entails a major concern embedded in the very structure of emplotment about how the present will be seen in light of the subsequent events. Needless to say, medical narratives appear conservative on this front, as concerns about the ending and time-boundedness highly resonate with the idea of mortality.

The act of emplotment necessarily implies a considerable degree of interpretation. By virtue of explaining and reconstructing a course of events, of converting a patient into the main character of a scientific narrative about illness, the discipline of medicine falls into the hermeneutical category of the ‘Verstehen’. Texts like diagnoses or case reports, in their narrative form, always engage the conventional narrative features of literary writing, most notably authorship. There are almost as many plausible ways to make sense of one set of events and signs as there are people who attempt to do so, as the concept of “differential diagnoses” makes clear. However, there might be only one explanation which represents the efficient ideal. Diagnostic reasoning resembles a semeiological investigation in that it decrypts symptoms – verbal, sensorial, patients’ utterances, test data – and transforms them into signs that are meaningful and relevant to the medical discourse and transmissible within the medical community as well as to patients and their kin. Those fragments of experience that symptoms represent are inscribed into the overarching narrative of a professional medical discourse through the mediation of the physician(s)’s authorship. In some ways, a patient tells the doctor a story in order to have it retold in a coherent and comprehensive form, once it gets filtered and processed through the scientist’s interpretive endeavor. Patients’ recollections themselves are most times

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<sup>3</sup> Peter Brooks, *Reading for the Plot. Design and Intention in Narrative* (Cambridge, MA: Harvard University Press, 1984), xi.

guided and shaped into a specific form through a set of questions that physicians ask, which pushes patients' voices into a lower narrative frame within the authorial hierarchy.

The act of emplotment inevitably discloses the historical and social situatedness of the clinical encounter, as the production and transmission of medical knowledge anchors itself in the specific time and place and in the specific evolution stage of knowledge about the field. The diagnostic process hinges upon the framework of knowledge and the set of assumptions against which the patient's symptoms are read. Signs and symptoms are biological elements as much as they are products of a specific society. Since plot is a sequence of events, one should ask with Yuri Lotman what can be considered eventful within a given context.<sup>4</sup> One should also consider how the determination of what is normal and what is pathological may change considerably as we travel in time and space, and how pharmaceutical and public health campaigns morph as a result. In their being authored, medical texts reveal much about the background of those who write them and about the underlying assumptions of the culture in which health care is offered, organized and institutionalized. Social, ethical, political ideologies, as well as predominant explanatory schemes to which the individual or collective "author" of a medical story subscribes play a major role in clinical assessment and therapeutic choices. These elements further wed emplotment with interpretation and they all gesture at the pronounced subjectivity that characterizes medical narratives. Besides the variety implied by the concept of differential diagnoses, one can observe to the flourishing of numerous subplots and parallel plots to refer to ailment, each one tailored to a specific audience (the scientific community, patients and their families) and revealing a different approach to the same set of data and signs.

Alternative forms of emplotting illness include the patients' own narratives, which,

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<sup>4</sup> Yuri Lotman, *The Structure of the Artistic Text* (Ann Arbor: University of Michigan Press, 1977), 232-3.

among other things, strive to explain how the subplot of disease ties into a larger narrative of one's life. Patients constantly negotiate authorship of their story with physicians. From a patient's perspective, emplotment may as well represent a response to the story delivered by the doctor. Wolfgang Iser and other classical reader-response theorists focus on the readers' constant engagement with the story being told, and their attempts to "uncover the plot" and determine what is likely to happen as the action progresses. This 'virtual plot' is a constantly shifting combination of memories of the past and predictions about the future, and it differs from the 'actual plot' of the text as a unified, definitive whole. More recent theories of narrative (such as Monika Fludernik's) incorporate cognitive theories in their account of this phenomenon. This dynamic may be fruitfully employed to describe the doctor/patient interaction during the course of the disease, whereby the patient does not simply listen to the doctor's story and respond with an alternative version; rather the patient is constantly engaged in co-authoring the story, by reacting to and predicting the doctor's emplotment right at the onset and throughout its unfolding.

### **Scope and Methodology**

I have chosen to study a specific period and area (1870-1930 in Europe) that are crucial in the history of Western medicine because of the magnitude of the shifts that occurred in the medical discourse and practice over a span of just a few decades. Moreover, the more I dug into the primary sources, the clearer it appeared that numerous questions and nodes with which we grapple today in the medical humanities and public health in the United States and beyond, originated, in embryonic form, during those decisive years—patient empowerment, the arbitrariness of the distinction between 'normal' and 'pathological', the complex choreography of all the numerous subjects who have their say in defining illness and healing, which results in a

diffused authorship, questions of determinism as opposed to the social environment in determining the roots of certain syndromes, behaviors or diseases, the phenomenology of alien entities, of prosthetic components and devices hosted by the human body. Therefore, in order to unpack and explain our current concerns, it is imperative to cast light on that crucial epoch. Besides the much studied transition, all but linear, from the positivistic approach, where the patient is voiceless and barely features in the story as a ‘type’, to a Freudian and post-Freudian model of doctor-patient interactions, it should also be noted that in the second half of the nineteenth century the chemical industry was on the rise in Belgium and Germany, which paved the way for the emerging of pharmaceutical groups; moreover, advertisement as we know it has its roots in the early twentieth century, and so do public health campaigns; finally, with the golden age of experimental surgery and animal to human organ transplantation in the 1910s and 1920s, questions of narrative agency are raised by the debates around the very definition of ‘human’. These concurring phenomena led to the result that within only a few decades the palimpsests of narrative voices that claimed authorship and authority over stories of illness and healing became extremely layered, and narrative theory provides an invaluable apparatus of definitions and categories to illuminate this complex transformation and for us to gain a deeper understanding of phenomena that surround us today—something that sociology, anthropology and other humanities could reveal not as effectively. However, a narratological inquiry cannot by any means be divorced from a historical understanding of such a complex transition. Parallel to a profound change in the medical episteme at the turn of the century run notable transformations in the literary medium and the literary aesthetics. The analysis of works of literature alongside texts and practices of medicine, therefore, allows me to track these two evolutionary trajectories alongside each other. By no means am I arguing for a teleology that is

binding or absolute in any of these two fields. Just as we can mention examples of ‘modernist’ techniques employed *avant la lettre* in nineteenth-century literature, or Realism as a goal for writers well into the twentieth century, especially in certain national traditions, we can stay assured that patient accounts existed well before psychoanalysis, and that patients happen to be reified today just as they were in the epoch of Jean-Martin Charcot, Paul Broca, and Cesare Lombroso. The trajectories that I am considering are not linear, straightforward or univocal, yet major and irreversible transitions take place within the fifty years on which this dissertation focuses, even though through leaps and winding, non-linear paths.

In Europe all throughout the nineteenth century medical discourse and practices evolved at different speeds in different regions—with Russia lagging behind Western Europe until the late decades of the 1800s, when most disparities were evened out. Although I am aware that medical and literary sources produced in countries different from Russia, Italy and France could be analyzed through my theoretical and methodological lens with remarkable results, I have chosen to focus on Russia, Italy, and France, and to draw from there constant references to contemporary debates in the United States, because of the wealth of materials that those three areas yield, because they are the national traditions with which I am most familiar, and because the connections among scientists and writers across these three countries in the period I have studied provide remarkable case studies for my inquiry—among them are Lombroso’s fascination with Dostoevskii and Tolstoi, and his encounter with the latter in Yasnaya Polyana; the ties between Vienna and Trieste in the field of psychoanalysis and Italo Svevo’s relationship with Freudian techniques; French surgeons of Russian descent during the emigration wave of the 1920s who inspire the writings of Svevo and Mikhail Bulgakov. These case studies and interconnections stand out as paradigmatic, and particularly revealing when we consider that

those three traditions are rarely studied together, and that their role in any discussion of the medical humanities is often peripheral (this holds true for Italy, but especially for Russia).

As to methodology and structure, this work follows two arcs, two movements—one is historical, the other is theoretical-narratological, and the two are intertwined. On the one hand, while all the four chapters point to contemporary debates in the Medical Humanities, they follow a chronological order in terms of the materials they cover. On the other hand, the concepts of ‘perspective’ and ‘agency’, in their narratological formulation, have served as organizing principles as I analyzed different modes and forms of emplotment in the four chapters. In Chapter One I compare death to the ending of stories and I claim that both cast retrospective light on previous events and re-order them in new causal-temporal chains. The focus is on the late nineteenth century and the positivistic model, in which the surgeon was the sole storyteller, especially in the case of post-mortem examinations. From there we move to Chapter Two, which analyzes the patient as (un)reliable narrator at the turn of the century, when we begin to see a negotiation of authorship and authority over illness narratives between doctors and patients. Chapter Three performs a further switch in perspective and agency; it is devoted to the rhetoric of medical and pharmaceutical advertisement and to the diffused authorship that it entails. In Chapter Four the analysis takes a post-human turn, as I examine how bodily glands and human-made devices do not only become propellers of the plot, but are also endowed with narrative agency. These two overarching movements—the historical and the theoretical—are inseparable and inter-dependent, and in each chapter I present literary and medical sources side by side, with the purpose of highlighting common tropes, imagery and storytelling devices.

I am drawing on traditional as well as very recent theories of narrative (Bakhtin, Ricoeur, Genette, Kermode, White, Fludernik, post-classical narratologists), on semiotics (Lotman) and



on foundational studies in epistemology (Canguilhem, Foucault). The work of Hayden White, the scholar who coined the term ‘emplotment’ in his *Metahistory*, has been my major methodological inspiration—White successfully ties together a rigorous narratological analysis with a deep historical understanding of his sources, and this is the ambitious goal I set for myself as I undertook this inquiry.

### **Existing Scholarship and State of the Field**

A number of invaluable studies have been produced on the intersection of literary theories and medicine in different disciplines, for a variety of audiences and from different perspectives in the past twenty-five years. Susan Sontag’s essays on the metaphors attached to tuberculosis, cancer and AIDS, alongside Elaine Scarry’s argument on the incommunicability of pain are foundational works in the field. Outside literary studies proper, the history, sociology and anthropology of medicine have questioned the purported objectivity of clinical observation and medical science by showing an increasing interest in “illness narratives,” or the use of diagnoses, definitions and stories to enable power dynamics (Charles Rosenberg, Arthur Kleinman).

Although these studies originated within or around medical communities, some of them refer explicitly to literature and literary theory and they masterfully draw on concepts and definitions that are central to our fields (classical narratology in Charon and Montgomery, Peter Brooks and “time horizon” in Del Vecchio-Good & Good, postcolonial theory in Arthur Frank). Some of these texts are targeted to a strictly medical audience (Del Vecchio & Good), others are addressed to Medical Schools as institutions, as they argue for a reform of the traditional curriculum by enriching it with a humanistic approach (Montgomery, Charon). A major interest can be detected in the poetics of disabilities (Couser), now a lively sub-field of the Medical Humanities, while a long and florid tradition, well known to literary scholars, investigates

narrative strategies in psychiatry, psychoanalysis and experimental psychology. Very noble and encouraging practices come to us from the non-academic world, too: narrative techniques and storytelling as therapy are now incorporated into an increasing number of programs offered to terminal or chronic patients and run by outstanding social workers, sometimes under the aegis of a university department (such as the Narrative Medicine program at Columbia University). My intention to pursue this topic ripened while reading this fine scholarship and learning about patients' workshops, and I gained much by meeting a few of these authors and parsing with them some compelling problems.

The present study puts itself in dialogue with all these experiences, theories and scholarly endeavors, while it aims to fill a gap that is disciplinary and methodological, to address the need for a better understanding of the medical system and institutions here in the United States and globally, since many areas of the world have mutated the American model for healthcare. This study contributes a perspective that has not been much explored and developed, a voice that is still perhaps too feeble, yet of crucial importance. Works that originate within the field of literary studies, and authored by researchers of literary theory, theories of narrative and comparative literature, are hardly present in the firmament described above. Moreover, the texts that are deemed foundational to the Medical Humanities and engage with literature to a lesser or greater degree (Charon, Montgomery, Kleinman) are now over twenty years old, and in the meantime the field has been burgeoning, with journals, conferences and curricula multiplying in the US and abroad. A response from the field of literary studies is needed to the call for a humanistic approach to medicine that historians, philosophers, sociologists and anthropologists have taken on with striking results. The problem of emplotment and a number of other major concerns of narratology appear to be central to a wide variety of medical procedures, as well as to the

formulation and transmission of medical knowledge, and they have not yet been addressed as they should. Only by illuminating the field of medicine with an approach that is at the same time historical and narratological can we hope for a better understanding of today's healthcare, and literary scholars are particularly well equipped to adopt this approach. Finally, most of the scholarship on the Medical Humanities has been produced in and for the Anglophone world. One of my main goals is the expansion of the geographical focus of inquiry of that field outside the Anglophone world—we need to put those debates in perspective by exploring their origins and by providing a broader and more detailed context.

## **Goals**

The goal of this work is twofold: I aim to illuminate the years 1870-1930 in the history of medicine by employing narratology, a discipline that pertains to literary studies, to chart a territory that is not literary; by the same token, as I bring into our focus of inquiry medical texts and practices, this introduction of foreign, non-literary materials necessarily prompts us to reassess our established categories and definitions—for instance, what counts as 'unreliable narrator' when we consider mental health patients? What additional or alternative meaning does 'emplotment' take on when pharmaceutical companies suggest to potential patients how to tell their stories to doctors in order to obtain a diagnosis and a prescription? It also changes our understanding of literary texts, when they are analyzed alongside medical sources and practices from the same epoch. My goal is to transform literary studies from an interdisciplinary perspective.

Although clearly grounded in comparative literature and literary theory, this work aims to engage a very broad public that ranges from literary scholars to historians, from philosophers of medicine to medical anthropologists and sociologists. Needless to say, this project is meant to be

a contribution to the field of the medical humanities, and an attempt to build bridges between the literary and the medical scholarly communities and promote synergy between the academic world and policy-makers.

### **Chapter-by-Chapter Description**

The first chapter compares death to the ending of stories in that they both cast retrospective and reordering light over the events that have led to them; it is devoted to questions of epistemology that emerge from the exploration of the body's interiority. Narrative truth rests not on actual events alone, but also upon closure: just as the ending gives significance and coherence to the whole story in retrospect, then death, the grand finale *par excellence*, yields knowledge about bodily functions, the spatial and temporal course of diseases, and it uncovers the deceptive quality of superficial symptoms. In *The Birth of the Clinic*, Foucault argues for the emergence of the "clinical gaze" in the nineteenth century and examines the autopsy as a practice of revelation. Under the ordering gaze and the steady hand of the surgeon, the ultimate truth, the back-story about signs and symptoms that the patient showed on the surface, finally unfolds. This appears clearly in the obsession about post-mortem examination that emerges from Paul Broca's case studies on aphasia and kindred disorders of speech. A practice with analogous epistemological consequences can be traced back as early as the Renaissance with fictional examinations of the body's interiority that serve the same illuminating function over bodily function as death in the real world and replace it for that purpose. At that time, physicians, just like architects and natural philosophers, are presented with the task of making sense of an additional spatial dimension of knowledge that is offered to them. They describe discrete parts of the body, as well as bodily functions, in great detail and they relate them to one another by making use of spatial reasoning and the imagery from exploration travels and maritime navigation. The ordering gaze of the

surgeon—or the writer—is engaged in this process of emplotment. As a more recent example of the same phenomenon, the chapter also analyzes a very peculiar yet well-established medical genre, the “Clinical Problem Solving” section of the *New England Journal of Medicine*, which shows the same emphasis on the revelatory power of death despite today’s supposedly increased attention to patients’ perspective in constructing illness narratives. Sign/symptom decryption, hints and inductive reasoning characterize the quest for the one correct explanation, the most compelling and most efficient emplotment possible, which makes these exercises similar to detective stories. In the end the anatomist-pathologist cuts open the cadaver and unveils the truth, often showing which of the competing assumptions is the right one. Authors discussed include Foucault, Kermode, Broca, Lombroso, Dostoevskii, Tolstoi, Vesalius, Rabelais, and Burton.

Whereas Chapter One envisions one homogenous category of readers and writers, i.e. physicians/surgeons, Chapters Two, Three and Four all address problems of plot negotiation or “emplotment wars” among multiple parties, by introducing perspectives alternative to the doctor’s. Competing ways to make sense of the same set of elements, signs, and events are made objects of an analysis that aims to investigate and show the meaning and consequences of emplotment on a large scale. The focus of Chapter Two is the concept of the “unreliable narrator.” If the deceptive quality of modern storytelling has been acknowledged since Fielding, Russian Formalists drew attention to the action of “laying bare the device” or the abolition of the fourth wall in theater, and twenty-century theories of narrative (Booth, Chatman, and more recently, Greta Olson and Jim Phelan) have developed the notion of the “unreliable narrator,” that is not only the storyteller who falls into contradictions or who misses logical steps, but also the one whose utterances and expressions slip outside the boundaries of the institutionalized “discourse” on a specific matter. This is often true for patients in their interactions with

physicians. With the establishment of Freud's talking cure, the patient's voice makes it into the threads of the story, although the physician has the last word and still frames the whole narrative. Literary works examined belong to the Russian tradition—Tolstoi's *Death of Ivan Ilych*, Chekhov's *Ward N. 6*, and for reference Gogol's *Diary of a Madman*—and the Italian—Italo Svevo's *Zeno's Conscience*—with Freud as the medical subtext.

Chapter Three is devoted to the condition of diffused authorship allowed for by medical advertisement. It offers the analysis of rhetoric, authorship and emplotment in the formulation and transmission of medical knowledge in two phenomena set apart by several decades—Jules Romains's play *Knock* and contemporary direct-to-consumer advertising and public health campaigns. Secondary sources that help me frame the argument are Aristotle, Althusser's concept of interpellation, Canguilhem's famous essay on the normal and the pathological and works recent medical anthropology, with Hayden White's emplotment towering over the chapter and tying together all these approaches.

In the fourth and last chapter the analysis takes a posthuman turn, as I discuss how bodily glands and their functions complicate our established notions of narrative time and agency. The chapter offers a reading of two modernist texts, Italo Svevo's short story "Doctor Menghi's Drug" and Mikhail Bulgakov's novella *The Heart of A Dog* against the background of early twentieth-century endocrinology and experimental surgery. These works of literature are examined through the lens of narratology, of thing theory and alien phenomenology, and of Bruno Latour's and Donna Haraway's writings on the cyborg and actor-network theory. Svevo's and Bulgakov's texts are also put in dialogue with recent ethnographies written by medical anthropologists on patients whose bodies host human-made devices.

## CHAPTER ONE

### THE GRAND FINALE: DEATH AS THE REVELATORY ENDING

It is November 24, 1959 and Boris Eikhenbaum, a leading figure of the Russian Formalist school of the 1910s and 1920s, is giving the introductory talk to a play by Anatolii Mariengoff at the Leningrad Dom Pisatelei (the House of Writers). Eikhenbaum is replacing the designated speaker, Igor' Gorbachev, who is stuck in Riga, and the audience looks quite disappointed by this change in the program. Decades of deep and abrupt transformations on the political and cultural scene alongside the end of the Formalist enterprise, while leaving Eikhenbaum's prestige unchanged, have yet pushed him to the periphery of the writers' association. Given the mood of the audience, Eikhenbaum decides to cut down his speech substantially. He talks for about fifteen minutes and closes his intervention by remarking that the most crucial virtue of a speaker is the ability to understand when it is time to conclude.

As somebody who has devoted the first half of his career to revealing the formal features in literary texts and their function in literary evolution, Eikhenbaum is aware of when and how the ending should occur, and of the ways to build up to it effectively. He discusses these specific matters in his 1925 essay "O. Henry and the Theory of the Short Story." In the following passages, for instance, he points out the differences between short and long literary forms in the way the story ends, and he celebrates O. Henry as a master of short-story writing by virtue of his well-crafted closures:

By its very essence, the story, just as the anecdote, amasses its whole weight *toward the ending*. Like a bomb dropped from the airplane, it must speed downwards so as to strike with its war-head full-force on the target . . . Short story is a term referring exclusively to plot, one assuming a combination of two conditions: *small* size and *plot impact on the ending*. Conditions of this sort produce something totally distinct in aim and devices from the novel . . . The culmination of the main line of action must

come somewhere *before* the ending. Typical for the novel are "epilogues"-- false endings, summations setting the perspective or informing the reader of the *Nachgeschichte* of the main characters (*cf. Rudin, Voyna i mir* [War and Peace]) . . . the short story, on the contrary, gravitates expressly toward maximal unexpectedness of a finale concentrating around itself all that has preceded. In the novel there must be a descent of some kind after the culmination point, whereas it is most natural for a story to come to a peak and stay there. The novel is a long walk through various localities with a peaceful return trip assumed; the short story--a climb up a mountain the aim of which is a view from on high.

[...] for O. Henry this quality of the unexpected constitutes the very heart of the construction and bears a perfectly specific character. His endings are not merely a surprise or contrary to expectation, they appear in a sort of lateral way, as if popping out from around the corner; and it is only then that the reader realizes that certain details here and there had hinted at the possibility such an ending . . . [T]he ending not only serves as the *dénouement* but also discloses the true nature of the intrigue, the real meaning of all that has occurred.<sup>5</sup>

Eikhenbaum concludes his speech at the House of Writers promptly and with witty remarks on timing and endings, he goes back to his seat in the audience, next to his daughter's, and as the applause ends, he dies reclining his head on her shoulder,<sup>6</sup> as though loosely following a script he had outlined in his literary scholarship and in his very last words. The whole scene could well have been authored by O. Henry:<sup>7</sup> all elements tend towards the climactic moment of the powerful finale, which sheds new light upon those events that have preceded and gradually prepared it, in a sophisticated construction.

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<sup>5</sup> I am quoting from Boris Eikhenbaum, *O. Henry and the Theory of the Short Story*, trans. by I.R. Titunik (Ann Arbor, MI: Michigan Slavic Publications, 1968), 4, 21-22.

<sup>6</sup> This scene is described by Eikhenbaum's daughter (Ol'ga Eikhenbaum, "Iz vospominanii O.B. Eikhenbaum," in Boris Eikhenbaum, *Moi vremennik. Khudozhestvennaya proza i izbrannye stat'i 20-30kh godov* [Saint Petersburg: Inapress, 2001], 642), Viktor Shklovskii (see his "Boris Eikhenbaum," in Viktor Shklovskii, *Tetiva. O neskhodstve skhodnogo* (Moscow: Sovetskii pisatel', 1970), 45 et passim) and Roman Jakobson ("Boris Mikhailovich Eikhenbaum," *International Journal of Slavic Linguistics and Poetics* 6 (1963): 160-167). The two Formalist scholars, however, did not witness that tragic event.

<sup>7</sup> See his "O. Genri i teoriya novelly," in Boris Eikhenbaum, *Literatura. Teoriia, kritika, polemika* (Leningrad: Priboi, 1927), 166-209.



Moreover, Eikhenbaum's death, in which the scholar seems to embody his own theoretical principles in a powerful synthesis, may as well be read as the ultimate example of what Aage Hansen-Löve defines "Formal behavior": not only did Formalism and Formalist critics make their way into the literary production of their time, both as authors and characters, but the Formal method was internalized by its creators on a deeply existential level, which blurred the borders between life and the concepts of their literary theories.<sup>8</sup> Analogously to the so called "structural behaviour" of the Tel Quel group in France in the 1960s, Russian Formalists often described their lives in strictly theoretical terms: "in reality there is no *syuzhet*, but only *fabula*" (Shklovskii, *Tret'ya fabrika*), "life became an artistic device" (Eikhenbaum, *O chtenii stikhov*), "our current life has no *syuzhet*" (Shklovskii, *O Pil'nyake*).<sup>9</sup>

Death indeed is a plot-trigger, a prime mover of storylines, it allows for the possibility of authorship by suggesting ways in which events may be ordered in causal-temporal chains. By virtue of this epistemological function, death brings together medicine and theories of narrative in powerful ways, as the circumstances and the framing of Eikhenbaum's "ending" seem to illustrate.

This chapter will draw on established theories of narrative in order to reveal the ways in which death, be it real or fictionally recreated, creates the conditions for an ordering, a structuring of signs and events into a coherent storyline by allowing the surgeon to examine the body with an acute gaze and steady hands. The exploration of the body's interiority casts a retrospective light on the course and development of diseases, on the 'backstory' that lies behind

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<sup>8</sup> Aage Hansen-Löve, "Le formalisme russe," in *Histoire de la littérature russe, III: Le XXe siècle. La Révolution et les années vingt*, ed. E. Etkind, G. Nivat, I. Serman, V. Strada (Paris, 1988), 646 (translation mine).

<sup>9</sup> *Ibid.*, 737.

superficial symptoms, but also, in earlier epochs, on bodily configurations, functions, and on discrete parts. I will wed medical epistemology with categories from literary theory through the exploration of death as the ending. These interdisciplinary correspondences have first been given scholarly attention by Foucault in his *The Birth of the Clinic*, a ground-breaking study on the rise of the clinical method and its portentous consequences in the human sciences. Foucault's theories will inform the central part of this chapter, which is devoted to the late nineteenth century as the celebratory moment of the clinical gaze in a true positivist spirit, with readings of Paul Broca and Cesare Lombroso, on the one hand, and Dostoevskii and Tolstoi on the other. However, anatomy as a method finds its first coherent formulation within the Renaissance aesthetics, with curiosity as a prime mover of scientific discovery, and the exploration of interiority (bodily, geological, architectural) as a ubiquitous approach. For this reason the first part of this chapter will offer a digression into early modernity through the analysis of this phenomenon in Rabelais and Burton, through the lenses of Vesalius and Oviedo. The discussion of death as an event that bestows sense on what has occurred, of the unmatched revelatory power it derives from its irreversible character, of the way it illuminates grey areas in medical knowledge and settles diagnostic controversies by finally unveiling truths of which the body was the one and only repository during lifetime, will lead into a final, brief incursion into contemporary case studies in the *New England Journal of Medicine* with the goal of showing the plot-building endeavour set in motion by death and evaluated in the light of the post-mortem interrogation, and with the intent to highlight how a medical-biological authorship over illness narratives remains largely preponderant in our times. The reading and the analysis of sources belonging to three distinct time-slices will highlight epoch- and culture-specific inflections of one and the same emplotment process, which has the surgeon—or the writer who anatomizes and

explores fictional bodies—as the sole storyteller.

Not only does the event of death re-order past events into new hierarchies and causal-temporal chains, as this chapter aims to show, but it also actively shapes the unfolding of the future and, interestingly, it is itself amenable to numerous emplotting solutions. The event of a death, or of multiple ones, often determines the future trajectory of an individual, a family, a community, a state. An obvious example is provided by mourning practices, more or less elaborated rituals that are automatically set in motion when somebody passes away: they allow for meaning building, as through them a community makes sense of its identity by drawing balances and determining goals. In a similar fashion, a will, alongside informal requests or instructions voiced during a deathbed speech by a dying person – itself a moment that encompasses past, present and future –, can deeply influence the course of events for years after the decease of those who expressed them. A line from the Italian director Marco Bellocchio's 2006 film *The Wedding Director (Il regista di matrimoni)*, “In Italy the dead rule,” underlines the binding power of the dead person's will, which becomes a foreclosure of the goals and desires of those who survive. Medical anthropologist Cheryl Mattingly builds upon this concept when she contends that these plots do not only anticipate future events, but they also determine how those events will be understood as they unfold.<sup>10</sup> The complex meaning-making process that death generates is acknowledged by Arthur Kleinman in his *The Illness Narratives*, when he argues that “death is an awesome process of making and remaking meaning through which we come to constitute and express what is most uniquely human and our own.”<sup>11</sup>

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<sup>10</sup> See her chapter “Emergent Narratives” in *Narrative and the cultural construction of illness and healing*, ed. Cheryl Mattingly and Linda Garro (Berkeley and Los Angeles: University of California press, 2000).

<sup>11</sup> Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988), 157.

The very process of dying lends itself to a process of emplotment. With the establishment of Intensive Care Units and with the advanced medical technology available in our hospitals, the event of death allows for competing descriptions, a cluster of different narratives, each springing from a specific agenda or ethical standpoint. Whereas until past mid-twentieth century determining the moment when death occurred was a straightforward process, today that moment has to be picked quite arbitrarily along the continuum of dying. When a patient is put on life support and kept alive for an undetermined period of time, the family, the authorities, religious beliefs, insurance companies, organ transplant supporters all can have their say, and as of now there is no unified procedure to abide by, but quite a few ones, equally legitimate, and based on different definitions of 'death'. In order to sidestep this hurdle, physicians had to coin and accurately define concepts such as "irreversible coma," ad hoc committees were formed to create a common set of criteria to determine what counts as death, and problematic if not contradictory entities, such as "brain-dead body" or "living cadavers" still pose numerous questions, both philosophical (the Cartesian split between body and mind seems to be still operating) and ethical.<sup>12</sup> Brain death and cardio-pulmonary death can surpass each other in importance according to the legislator. Not only have discursive practices been introduced in both medicine and law to define the status of death, but after the introduction of organ transplant, protocols and procedures are now followed and enacted, not unlike play scripts, to determine with legal certainty that the patient is dead but that their organs are still alive. To describe such a convoluted process, historians of medicine have coined the concept of "choreographed death." An example of choreographed death is provided in a recent New York Times article:

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<sup>12</sup> See on this Margaret Lock, "Inventing a New Death and Making it Believable," *Anthropology and Medicine* 9 (2002): 97-115.

To authorize D.C.D. [donation after cardiac death], doctors must follow a strict procedure. Amanda would be taken, technically alive, to an operating room, where her breathing tube would be removed. If her breathing ceased naturally and her heart stopped quickly (within an hour), she would be moved to an adjacent room and Kleinman would count off precisely five minutes, during which time Amanda would be prepped for surgery with antiseptics and surgical drapes, while Kleinman carefully watched for signs of a returning heartbeat. If there were none, Amanda would be declared legally dead; the stoppage would then be considered “irreversible.” Before her organs were seriously damaged by the lack of oxygen (every minute counts), the surgeons would rapidly open Amanda’s torso and remove them for transplant.<sup>13</sup>

All of these procedures are arbitrary, and the way death is defined, enacted and described is often a result of a negotiation between contrasting actors, each with their own agenda, each with their own narrative. Death is a powerful agent of meaning-making, casting its re-ordering light in all temporal directions. As the scope of this analysis is the emplotting function of death over the past, which is, however, never disjointed from its emplotment of the present and the future, it is now time to go back to our opening parallel between death and endings and address narrative theories on closures and finitude.

As literary theorists have consistently argued, from Aristotle to our days (Genette, Ricoeur, Booth, Brooks, Mink), plot provides a narrative with an underlying structure, which defines stories and experience as unfolding over time. In other words, plot constructs “meaningful totalities out of scattered events”<sup>14</sup> by ordering a set of otherwise unrelated elements into causal-temporal chains. In *Reading for the Plot*, Peter Brooks defines narrative as “one of the large categories or systems of understanding that we use in our negotiations with reality, specifically [...] with the problem of temporality.”<sup>15</sup> Narrative truth does not rest on events alone, but also upon closure: the ending of stories gives significance to previously unnoticed details and

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<sup>13</sup> Darshak Sanghavi, “When Does Death Start?” *New York Times Magazine*, 20 December 2009.

<sup>14</sup> Ricoeur, *Hermeneutics and the Human Sciences*, 278.

<sup>15</sup> Peter Brooks, *Reading for the Plot*, xi.

coherence to the whole story in retrospect, as Eikhenbaum points out in his essay on O. Henry. A narrative possesses directionality towards an ending, or an outcome, which illuminates the whole story and provides it with teleology, boundedness, and an ultimate meaning. For this reason, guesses and concerns about how the story will turn out, and about what meaning the present will acquire from the vantage point of the ending, are constantly present as structural components in all story-telling (and story-listening) and plot-building, both in fiction and in medicine.

As Frank Kermode reminds us in his canonical book on ending and meaning *The Sense of An Ending* (1967), this necessary retrospectivity of narrative, the sense of an ending that will finally determine the meaning of our lifetime experiences, is strongly related to the finitude of the human condition, to the consciousness of our existence as unfolding within the limits of mortality. The importance of eschatological fictions speaks to the unsustainability of being without a closure, and to the difficulty of conceiving worlds without beginning or ending. Therefore the need of an ending in stories seems to spring from the finitude of life, and death constitutes the grand finale *par excellence*, its irreversible nature allowing for the releasing of final meanings.

Not only is medicine one of the fields that most remind us about our mortality, but its daily practices – such as tracking the trajectory of a disease, investigating its causes, or trying to predict how the clinical picture is expected to progress, how the ‘story’ will unfold – amply characterize the discipline as steeped in temporality. Since clinical thinking and diagnostic reasoning depend on time sequences and suggest causal links, they can be conceived of as fundamentally narrative enterprises, with the clinician as the author.

Although temporality is the founding pillar of any narrative, one should not underestimate the spatial dimension as its complementary component. Ricoeur identifies two distinguishing

features of the plot: succession and configuration.<sup>16</sup> Succession inscribes all the events and threads of a story within a timeline sequence and as such it is closely engaged with temporality. Configuration, instead, is related to spatial knowledge and metaphors, and it can be seen as making sense of the world through the mutual relationship (or the mutual position) of different elements in a given moment. In modern medicine, it corresponds to a snapshot assessment of the patient's condition and of the progress of the disease; in other words, to the clinical picture. This spatial aspect of medical emplotment gains particular importance in Renaissance Europe: alongside Vesalius's anatomical method, characterized by an inherent temporality, a cartographic approach to the study of the body's interiority and its discrete parts, seen in constant correspondence with the outside world, establishes itself, with the first anatomical atlases as its most tangible results.

The concept of death as a privileged condition which allows the surgeon to superimpose an ordering, classificatory gaze on things and the world, and to make sense of the body's interiority through dissection practices or fictional exploration, originates in the Renaissance, although its roots lead us back all the way to Classical antiquity. It is time to direct our analytical gaze to early modern Europe.

### **1.1. Exploring the Body's Interiority in Renaissance Literature. François Rabelais's and Robert Burton's "Synthetic" Method.**

The semiotic richness and the conceptual density that underlies the post-mortem investigation, one that engages the surgeon as a reader and a writer, is already made explicit in Aristotle's *On Generation and Corruption* (*De generatione et corruptione*, ca 350 BC), whereby the body of a dissected animal is described as a text whose letters aggregate in smaller or larger groups –

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<sup>16</sup> Ricoeur, *Hermeneutics and the Human Sciences*, 277-280. See also Id., *Time and Narrative*, Vol. 1 (Chicago: U of Chicago Press, 1984).

words or phrases (722a28 and following). A reading of the body follows two stages, it goes back and forth on the same hermeneutical path: disassemble its object, materially or ideally, down to its simplest units, in order to comprehend the structure underlying its composition. Moreover, in *On the Parts of Animals* (*De partibus animalium*, ca 350 BC, II, 1), he uses the word for letter of the alphabet, *stoicheia*, to refer to the basic constitutive units of the animal's body. The pen and the scalpel become two contiguous and allied tools in the pursuit of knowledge. Plato had made a similar claim in the *Phaedrus* (ca 360 BC) by reading the text as a body, the *logos* as *soma* (264C): once the structure according to which the body had been designed is clear, we can create a general and comparative syntax, which would enable classification (646b1-2). These remarks could be put in conversation with twentieth-century debates on how one should proceed when analyzing a text, whether by starting with the word (Henri de Mechonnic, among others) or with the sentence (Paul Ricoeur). The idea of a making and unmaking of the world through anatomy can be traced in Galen's *On the Usefulness of the Parts of the Body* (*De usu partium corporis humani*, second century AD, XVII, K IV 360-61, 366), which spells out the correspondences between anatomy and taxonomy, and between these two and the world order: one needs to understand and recompose the divine plan.

The cultural and scientific episteme in Renaissance Europe, as well as its aesthetics, are characterized by a rich network of hidden correspondences between apparently separated realms, such as plants, animals, minerals, planets, and the human body. It was the natural philosopher's task to decipher the signs which revealed these echoes and similarities, by tuning in to detect these subtle but strong affinities according to which God has created the world and written his



book of nature.<sup>17</sup> According to Paracelsus, “the pulse can be comprehended from the firmament; physiognomy in the stars; [...] breath in *Eurus* and *Zephyrus*; the fevers in earthquakes [...]”.<sup>18</sup> Man, indeed, is made from a quintessence of the four elements and the firmament, thus being a microcosm reflecting a macrocosm and intimately connected to it. He has two sides, the elemental and the sidereal.

Fields like physiognomy and phytognomonics highlighted these affinities and correspondences. Notably, Giovanni Battista della Porta’s *De humana physiognomonia* shows in the frontispiece a large engraved portrait of the author surrounded by human and animal heads, to foreground those common patterns and traits on the surface which suggested deeper analogies.<sup>19</sup> Anthropomorphic landscapes and maps were also very popular and they argued for the continuity between the body and other territories. Indeed, the body was central to the Renaissance system of knowledge. The scrutiny of the surface, though, was not considered enough. In his essay on physiognomy, Montaigne recalls the example of Socrates, whose traits were everything but harmonious and could deceive about the philosopher’s soul.<sup>20</sup> The surface – be it that of bodies, plants, or mountains – suggests an interior which may or may not correspond to what is visible. Therefore, as Paracelsus put it, “it’s man’s function to learn about things and

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<sup>17</sup> For a detailed discussion of this apparently inexhaustible topic, see Ian MacLean, *Logic, Signs and Nature in the Renaissance* (Cambridge: Cambridge University Press, 2002).

<sup>18</sup> Paracelsus, *Paragranum*, in Paracelsus, Theophrastus Bombastus von Hohenheim. *Essential Theoretical Writings*, edited and translated with a commentary and introduction by Andrew Weeks (Leiden: Brill, 2008), 129.

<sup>19</sup> See also his *Phytognomonica* (1588).

<sup>20</sup> Michel de Montaigne, *Essais*, édition Villey-Saulnier, Presses Universitaires de France, coll. “Quadriges”, July 2004, 1062.

not to be blind about them”.<sup>21</sup> What triggers man’s curiosity, one infers, is in part the duty to explore nature in order to get closer to God.



Figures 1.1-4. *Clockwise*. Arcimboldi, Drawing; Attributed to Matthäus Merian; Joos de Momper, *Anthropomorphic Landscape*; Matthäus Merian, *Homme allongé*.

A third, additional dimension is added to the knowledge of the world by means of the exploration of that mysterious interiority which is only suggested or hinted at by superficial

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<sup>21</sup> Paracelsus, *A Book on Nymphs, Sylphs, Pygmies and Salamanders*. In *Four Treatises of Theophrastus Von Hohenheim Called Paracelsus*, edited by Henry Sigerest (Baltimore: The Johns Hopkins University Press, 1996), 224.

signs. Both anatomy and perspective are concerned with this new space that is suddenly revealed, with volume rather than surface.

Vesalius's anatomy, in the middle of the sixteenth century, played a major role in this epistemological switch, as it brought about radical changes in the way things in all fields were approached, explored and understood. The hands became as important as the eyes in attaining knowledge, in building arguments, in providing evidence. As the 1604 assay master of 'The Goldsmith's Storehouse' phrased it, an assay master must possess "grounded experience in this Science or mysterie, should have a perfect Eye to vewe, & a stedye hand to waye for other mens senses cannot serve him."<sup>22</sup>

Vesalius advocated a first-hand knowledge, encouraging the physician-*lector* to become a physician-*sector*.<sup>23</sup> Famously, in his *Epitome*, he claimed that many physicians put their patients' lives at risk because they had never dissected a corpse with their own hands, "propriis manibus."<sup>24</sup> Vesalius's new approach towards observation and authority in the anatomical practice and the way it broke with the tradition is evident from the transcription of his 1540 confrontation with the Galenic anatomy professor Matthaeus Curtius.<sup>25</sup> The student's notes are disseminated by the expression "he showed," they highlight Vesalius's emphasis on the manual

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<sup>22</sup> Fols. 5v-6v, quoted in Pamela H. Smith, "What is a Secret? Secrets and Craft Knowledge in Early Modern Europe," in *Secrets and Knowledge in Medicine and Science, 1500–1800*, Elaine ed. Leong and Alisha Rankin (Farnham, Surrey: Ashgate, 2011): 66.

<sup>23</sup> Andrea Carlino, *Books of the Body. Anatomical Ritual and Renaissance Learning* (1994). Translated by John Tedeschi and Anne C. Tedeschi (Chicago: University of Chicago Press 1999), 188.

<sup>24</sup> Vesalius, *Epitome*, quoted in Carlino, *Books of the Body*, 188.

<sup>25</sup> Heseler and Corti, *Andreas Vesalius' First Public Anatomy at Bologna, 1540: An Eyewitness Report, together with Heseler's notes on Matthaeus Curtius' lectures on anatomia Mundini*, edited, with an introduction, translation into English and notes, by Ruben Eriksson (Uppsala: Almqvist & Wiksell, 1959).

dimension of observation alongside the visual one, on the importance of hands-on knowledge, his building his demonstrations through unveiling, through cutting open the tissues and the curtains of all doubts, on providing material evidence instead of appealing to textual authorities:

Before he cut and demonstrated the three ventricles of the brain, he showed them to us on the head of a sheep [...]. He did it by a new and certainly excellent method of dissection. Inserting the fingers of one hand through the suture or partition of the brain he slightly lifted one part of it and in the front part he showed us the first ventricle . . . (219, the 15th demonstration).

Curtius represents the older school, informed by a blind belief in authority, to which Vesalius responds by affirming the central role of independent observation. Curtius's efforts to "explain away their [Aristotle's and Galen's] contradictory statements" (39) reminds of pre-Lobachevskian mathematicians who spent their careers trying to make Euclid's fifth postulate more compelling instead of questioning it. In both cases we encounter that cognitive resistance to paradigm shifts famously described by Ludwig Fleck and Thomas Kuhn. Here are a few examples of this confrontation over methods and over what constitutes "evidence", whether facts or sacred texts:

. . . the ribs are nourished exclusively by this vein. Curtius replied: I am no anatomista, but there can be also other veins nourishing the ribs and the muscles besides these. Where, please, Vesalius said, show them to me. Curtius said: do you want to deny the ducts of Nature? Oh!, Vesalius said, you want to talk about things not visible and concealed. I, again, talk about what is visible. . . I acknowledge that I have said that Galen has erred in this, and this is evident here in these bodies, as also many other mistakes of his. (273, the 22nd demonstration).

. . . Vesalius, a little excited, said: You don't maintain, Domine, that cartilage is fat? Curtius said that that was Galen's opinion. Oh, Vesalius said, much is erroneously translated in Galen, where they ought to have written glottis . . . they have put epiglottis, and vice versa . . . Curtius answered: Oh, we certainly can have this from a Greek copy. Vesalius said: Also Greek manuscripts are corrupt in this point. But we have one manuscript in the Dome of St. Marc in Venice, very old and very good, which is now translated, as you soon will see when it is printed. . . Curtius departed. Then Vesalius said: When we have understood the operations of the vocal cords, we may call them either Petrus, Paulus, Johannes or whatever we want, for I will not

fight about words. (285, the 24th demonstration).

Once the nature of the body had been understood as penetrable and three-dimensional, the most challenging task became making sense of what was found in this new interior space. As Jonathan Sawday points out, “[t]he inwardly directed gaze . . . transformed the body into the locus of all doubt.”<sup>26</sup>

Literature, of course, is deeply informed by this turn towards investigation, subdivision, unveiling and discovery, triggered by curiosity. Interiority, especially the body’s interior, becomes a popular topos. Now, what poets (or writers) and anatomists have in common is their privileged, peculiar gaze that cuts through the outer protective shell or socially crafted exterior conventions and gets to the core, to the *anima*. Most importantly, though, there is a semiotic bond that ties together anatomists and authors of stories. Foucault’s “speaking eye” is instrumental in transforming the observation of the (cut open) body into signs to be deciphered. The anatomist’s gaze mediates between the dismembered body and its reconstitution as language, as signs ordered into syntax, into causal-temporal chains, into a narrative.<sup>27</sup> There is an element of emplotment in the surgeon’s making sense of what is revealed through dissection. “The clinician’s eye becomes the functional equivalent of fire in chemical combustion . . . The clinical gaze is a gaze that burns things to their furthest truth.”<sup>28</sup>

Death constitutes not only an opportunity for emplotment, but a powerful and compelling trigger of storytelling as far as bodily functions and body parts are concerned. It allows for the

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<sup>26</sup> Jonathan Sawday, *Body Emblazoned. Dissection and the Human Body in Renaissance Culture* (London and New York: Routledge 1995), 88.

<sup>27</sup> Michel Foucault, *The Birth of the Clinic. An Archaeology of Medical Perception* (1963), trans. by A.M. Sheridan-Smith (New York: Pantheon Books, 1973), 114.

<sup>28</sup> *Ibid*, 120.

construction of a plot in both its main characteristics: succession and configuration, the temporal and the spatial dimension. When actual death does not occur, the literary imagination proves a superb substitute to serve the same purpose: in a thought-experiment, time is stopped for the narrator to explore the interiority of the body, map its space, and describe those functions that occur either constantly or regularly, as though outside the main plot of somebody's life. In such cases, writers almost replicate death in that the body is offered to them for exploration with no claims for an authorial voice of its own.

The following part of the present analysis aims to foreground the affinities between science and literature as systems of representation in the ways they stage, reconstruct, make sense of the whole new space that is suddenly unveiled and made available through the exploration of the body's interiority, be it real, through dissection, or imagined, through fictional travels. Specifically, we will look at the similar synthetic strategies these two disciplines play out to cope with the limitations of an increasingly deeper exploration of interiority, and of the virtually unstoppable chain of linear partitions.

In his *Gargantua and Pantagruel* (1532), François Rabelais explores the interior environment of the human body and attributes a sense to it by operating a "synthesis" between this new space and the external world on many levels. Himself a physician, Rabelais is well acquainted with the authorities in medicine and natural philosophy, and scholars have consulted and analyzed his annotated copies of Galen's works (the Sheffield Galen) and other medical authorities of the past.<sup>29</sup> Rabelais refers to these authors in numerous ironic passages of *Gargantua and Pantagruel*; for instance, in chapter III, when Gargantua is said to have been born no sooner

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<sup>29</sup> See, for instance, Romain Menini, *Rabelais altérateur. «Gréciser en François»* (Paris: Classiques Garnier, coll. "Les Mondes de Rabelais," 2014).

than the eleventh month after his father's death. The event might sound suspicious to many or even lead them to question the moral integrity of Gargantua's mother, but Rabelais, in a highly ironic tone, appeals to canonical authors to silence his detractors and all the gossip (14):

All the ancient Pantagruelists are agreed that what I say is not only possible, but they have declared that the child born to a woman eleven months after the death of her husband is that husband's legitimate son:  
Hippocrates, *Concerning Nourishment*,  
Pliny the Elder, *Natural History*, book 7, chapter 5,  
Plautus, *The Jewel-Box*,  
Marcus Varro, in his satire called *The Testament*, alleging the authority of Aristotle on this matter,  
Censorinus, *Concerning the Days of Birth*, book 6,  
Aristotle, *Concerning the Nature of Animals*, book 7, chapters 3 and 4,  
Aulus Gellius, *Attic Nights*, book 3, chapter 16,  
Servius, *On the Eclogues*, explaining a line in Virgil . . .<sup>30</sup>

The description of bodies and bodily functions in Rabelais shows a rich exchange, a two-way traffic, between the inside and the outside, which, far from just resembling one another, are blended together, the body becoming a conventional and questionable threshold.

In his seminal study *Rabelais and His World* (1940), Mikhail Bakhtin describes Rabelais's poetics as "grotesque realism" and points out the hyperbolic description of bodily functions, such as the torrents created by Gargantua's urination from the top of Notre Dame, his enormous gullet which can swallow anything (see Chapter XXX, "How Gargantua Ate Six Pilgrims in a Salad"), phalluses stretching as high as bell towers. Special emphasis is put on "eating, drinking, defecation and other elimination (sweating, blowing of the nose, sneezing), as well as copulation, pregnancy, dismemberment, swallowing up by another body – all these acts are performed on the confines of the body and the outer world, or on the confines of the old and

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<sup>30</sup> I am quoting from François Rabelais, *Gargantua and Pantagruel* (1532), trans. by Burton Raffel (New York & London: Norton and Co., 1990).

the new body.”<sup>31</sup> This continuity between the inside and the outside, with the human body defining the space around it, had been spelled out in cartography since the fourteenth century.



Figures 1. 5-6. Heart-Shaped World Map by Oronce Fine (1536); Sebastian Münster, *La Reine Europe* (1588).

Rabelais’s *Gargantua and Pantagruel* stages the correspondence between the interiority of the human body and the geography of the New World. Natural philosophers, as they unraveled the body’s recesses, found themselves wandering within a complex geographical entity. The body was seen as a mysterious territory, an undiscovered country, a land which demanded from its explorers skills and a curiosity analogous to those possessed by the heroic voyagers across the Atlantic ocean. Like Columbian explorers, the early discoverers of the body mapped the venous system, the ear, the female reproductive organs, and they “put down their flag”, dotted their names, like place-names on a map, over the terrain they encountered.

In the Prologue, Rabelais warns the readers against the deceiving nature of the surface and the exterior of a book, anticipating Montaigne’s doubts on physiognomy:

Wouldn’t you say that the monk’s robes hardly determine who the monk is? Or are there some wearing monk’s robes who, on the inside, couldn’t be less monkish? Or

<sup>31</sup> Mikhail Bakhtin, *Rabelais and His World* (1940; publ. 1965), translated by Helene Iswolsky. (Cambridge: MIT Press, 1968), 317.



that there are people wearing Spanish capes who, when it comes to courage, couldn't have less of the fearless Spanish in them? And that's why you have to actually open a book and carefully weigh what's written there. Then you'll understand that the medicine inside is worth more than the whole box seemed to be worth – which is just another way of saying, of course, that what you'll meet in these pages isn't as flighty as the title you find printed on the outside. (7-8)

This is an invitation to look for the relationship between the inside and the outside, between the exploration of the human body and that of the world, old and new. Similarly to Vesalius, rather than specific parts of the body, Rabelais tends to describe functions, such as urination, digestion or defecation. The episode of the unusual birth of Gargantua is an example. Gargantua's mother had been eating tripe and drinking all night (chapter IV) which filled up her bowel and put her stomach to a test. She gives birth not to a baby but to fecal matter. The baby encounters traffic congestion on his way out, because of the consequences of the banquet on his mom's bowels, and he has to make his way upward to a different orifice, and he finally exits from the ear (chapter VI, "How Gargantua Was Born in an Extremely Odd Way"):

[S]he began to moan and cry and wail. And then midwives came from everywhere, to help her. Groping around underneath, they found some fleshy excrescences, which stank, and they were sure this was the baby. But in fact it was her asshole, which was falling off, because of the right intestine . . . had gone slack, from too much guzzling of tripe . . . Then . . . a great doctor . . . made her a good stiff astringent . . . This was not useful. It made her womb stretch loose at the top, instead of the bottom, which squeezed out the child, right into a hollow vein, by means of which he ascended through the diaphragm up to her shoulders, where that vein was divided in two. Taking the left-hand route, he finally came out the ear on that same side (21).

Little Gargantua's travels inside his mother's body, taking advantage of the streams and choosing the most viable route, can be read alongside Andrés de Laguna's 1535 treatise *Anatomica Methodus* where he compares digestion and the digestive apparatus to navigation along fluvial shipping routes in France:

Indeed the intestines are rightly called ships since they carry the chyle and all the excrement through the entire region of the stomach as if through the Ocean Sea. . . Hence from the intestines which are like large ships that carry a milky substance very

many meseraic veins, like small boats or skiffs, bear away the purer juice and send it to the liver, similar to those tall ships which as soon as they have crossed the ocean come to Rouen with their cargoes on their way to Paris but transfer their cargoes at Rouen into small boats for the last stage of the journey up the Seine. (273)

Galen makes a similar comparison when he describes the name and function of the epatic portal through the metaphor of wheat supply to one city's bakeries, which happens through many different routes which resembles the many vessels that perform one and the same function of transporting the chyle to the liver:

Just as city porters carry the wheat cleaned in the storehouse to some public bakery of the city where it will be baked and made fit for nourishment, so these veins carry the nutriment already elaborated in the stomach up to a place for concoction common to the whole animal, a place which we call the liver. It has a single entrance, but this divides into many narrow passages, and long ago some man well versed in Nature's lore, I suppose, called it the porta, a name which has persisted ever since.<sup>32</sup>

In the epoch of sea navigation this resonance is even stronger and it is further reinforced in the Fourth Book of *Gargantua and Pantagruel*, where Pantagruel sets off to sea and makes his way across the oceans, just as his father Gargantua had done within his mother's body.

The description of how Pantagruel is cured from his annoying constipation, in chapter XXXIII, questions the boundaries between the inside and the outside of the giant's body by describing the constant flux of people and fluids in and out, The intervention to free the giant's stomach of the bad food reminds us of the hydraulic qualities of the body-machine, putting the emphasis once more on systemic functions than on individual organs.

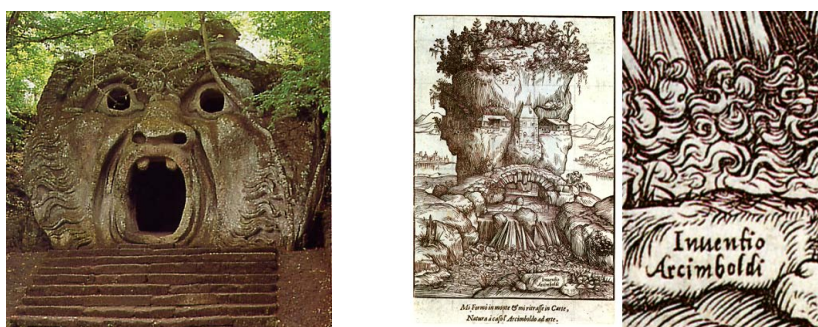
[A]ccording to the doctors' best opinions, it was decided that they had to get rid of whatever was upsetting his stomach. To accomplish this, they made seventeen great copper balls, bigger than those you see at Rome, on Virgil's Needle. Each of these balls opened in the middle and could be closed by a spring. One of his men climbed into the first great ball, carrying a lantern and a burning torch, and was lowered into Pantagruel as if he'd been a tiny pill. Five good-sized fellows, each carrying a pick,

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<sup>32</sup> I am quoting from the following English translation from Greek: M.T. May, *Galen. On the Usefulness of the Parts of the Body*, vol 4.2 (Ithaca, NY: Cornell University Press, 1968), 204-205.

got into five other balls, and three peasants got into three more, each of them with a shovel on his back. Seven strong porters got into seven other balls, each of them with a big basket on his back, and they, too, were lowered down like pills. When they got into the stomach, they unhooked the springs and left their cabins, headed by the man with a lantern, and thus they groped their way for more than a mile, across a ghastly chasm, fouler and more stinking than the fumes of Mephitis . . . And then, feeling their way and sniffing as they went, they . . . reached a small mountain of shit. The pick carriers smashed at it, to break it into smaller chunks, and then the men with shovels loaded it into their baskets, and when everything was thoroughly cleaned up, they all got back into their balls. And then Pantagruel obligingly threw up, and they were back again in a moment . . . (233-234)

This passage, which strongly resembles cave exploration, attributes architectural qualities to the giant's interior, presenting it as a space in all its volume and three-dimensionality, with walls, materials, depths, that men can visit and explore with professional equipment, as they would dark perilous underground mazes.<sup>33</sup> It is interesting, to this respect, to recall the etymology of the word “grotesque”, which we have seen employed to define Rabelais's realism, and which implies the reversal of the traditional orders and hierarchies of inside and outside, high and low, with a special attention to the material over the sidereal or the spiritual, to parts and products of the body normally considered the least noble. It comes from ‘grotto’, ‘cave’. Anthropomorphic grottos speak to both the deceiving nature of physical traits and to the affinity between the interiority of bodies and that of caves in terms of mysterious spaces for exploration.



Figures 1.7-8. Grotto of Bomarzo, Italy; Arcimbaldi, Drawing.

<sup>33</sup> In the Pléiade edition (1994), Huchon's note to the chapter on Panurge, which discusses the building of the Paris walls, shows an interesting convergence of Rabelais's style and architecture.

Underground recesses were considered pools of secrets and treasures to be unveiled, just like the human body. Paracelsus famously mentions curious creatures, half humans, as dutiful guardians of minerals and other hidden treasures.<sup>34</sup>

The most extended exploration of interiority in Rabelais's work is encountered in chapter XXXII, "How Pantagruel Shielded an Entire Army with His Tongue, and What the Author Saw in His Mouth." There the narrator, Alcofribas Nasier (François Rabelais's alter ego, who bears his anagrammed name), during a battle, finds refuge in Pantagruel's mouth, where a whole new world unfolds before his eyes.

The chapter opens with yet another instance of negotiation and smooth transition between the inside and the outside, between anatomy and architecture: on a rainy day Pantagruel sticks out his tongue to provide a protective roof under which the troops can stand "as a mother hen protects her chicks" (230). Alcofribas climbs up the tongue and after walking "for a good six miles" he gets into the giant's mouth. Here Rabelais draws inspiration on *Baldo* (1517), a macaronic narrative poem by Merlinus Coccaius (Teofilo Folengo's pseudonym), especially on his landscapes of body interiors, but the theme itself is older and dates back to the Biblical episode of Jonah in the whale's belly. The style, the tropes, the intonation of this part closely resemble those of journals, reports or travelogues written by explorers, such as Amerigo Vespucci's letters (1500 ca), Gonzalo Fernández de Oviedo's *Natural History of the West Indies* (1535), or Jean Léry's *Histoire d'un voyage fait en la terre du Brésil* (1578). A reading of this chapter alongside contemporary voyage literature (I will use Oviedo here as representative of a whole genre) will give a sense of the extent to which Rabelais is conversant with it. In the best travelogue tradition, the whole narrative is conducted in the first person singular by an

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<sup>34</sup> Paracelsus, *A Book on Nymphs, Sylphs*, 1996.

eyewitness, and things seen and discovered are revealed to the readers gradually in order to recreate the explorer's experience step by step. The narrator is constantly stunned, as though in a fantastic journey: Oviedo's enchantment at Hispaniola is conveyed through such expressions as "that is really a marvel" (10); Rabelais is more literary in his astonishment and he summons all divinities to testify to his reliability: "But, O you gods and goddess, what did I see? May Jupiter blow me away with his three-pointed lightning if I tell you a lie" (230). Wonder is the spring well of curiosity, which propels further exploration. Both reportages, the actual and the fictional, are characterized by a generous use of hyperbole. Everything is bigger, better, extraordinary in the new world. Alcofribas finds "immense boulders, just like the mountains of Denmark (I think they were his teeth), and great meadows, and huge forests, with castles and large cities, no smaller than Lyons or Poitiers" (230-231).

I walked between the great boulders that were his teeth and climbed up on one, and found it one of the loveliest places in the whole world, with fine tennis courts, handsome galleries, beautiful meadows, and many vineyards. And these delightful fields were dotted with more Italian-style summerhouses than I could count, so I stayed on there for four months and have never been happier" (231-232).

The town of Throatland "seemed extremely pleasant, well fortified, and nicely located, with a good climate" (231). In Oviedo's reportage, too, everything is astonishingly huge, the air is fresher, food tastes better, pastures are greener:

Hispaniola is so rich in natural resources that she could enrich many provinces and kingdoms. In addition to having more rich mines and better gold than have yet been discovered in such quantity anywhere in the world, so much cotton grows wild . . . (9)

Moreover,

Cows have multiplied at such a rate that many cattle kings have more than a thousand or two thousand head, and there are quite a number who have up to three or four thousand head. [...] The truth is that the land furnishes some of the best pasturage, clear water, and one of the most temperate climates of the world for such cattle. Consequently the animals are larger and more handsome than those in Spain; and since the weather is mild, and not cold, the cattle are never lean and of bad flavor"

(11).

Oviedo's world, one should add, is peopled by enormous tigers, big trees and gold mines. Both texts share a utopian tone in the representation of their New Worlds. Alcofribas tells us:

Then I found a little village . . . where I was happier than ever, and worked happily for my supper. Can you guess what I did? I slept: they hire day laborers to sleep, down there, and you can make five or six dollars a day. But those who snore really loud can make seven or even seven and a half (232).

Oviedo, too, employs an idealistic, almost Biblical tone in describing the New World as a land of plenty, a beautiful valley: "small towns on this island . . . will grow and become famous, because of the fertility and the abundance of the land" (11):

There are two wonderful things in Cuba [...]. The first is a valley [...]. The floor of the valley is covered with round balls of very hard stone. These stones are so perfectly round that by no mechanical means could they be made more smoothly (20).

One can highlight the tendency of projecting onto new worlds dreams about perfection, about an unspoiled world that has been lost. It is important to notice the constant comparison of what is found in the mouth of the giant to what is known and familiar to reader (the giant's teeth are compared to mountains, the cities of Larynx and Pharynx are as big as Rouen and Nantes, the Right and the Wrong side of the Teeth are compared to the Right and Wrong Sides of the Alps).

In Oviedo comparisons abound in the description of new, unknown animals:

In coat the anteater is very much like our bear, except that it does not have a tail. It is smaller than the bears in Spain, and about the same in appearance except that it has a very much longer snout, and can see very poorly (51). Or:

[the sloth's] voice, heard only at night, is quite different from that of any other animal in the world. Throughout the night at regular intervals it can be heard singing six tones, one higher and louder than the next, and always in a descending order. The highest note is first, and from that it goes down the scale as one would sing *la, sol, fa, mi, re, ut* (55).

These constant comparisons between the New World with its "curiosities" (to use Lorraine Daston's definition of curiosity as having a subject and an object: a curious person, curious

things<sup>35</sup>) and the familiar domain of what is already known is drawn in order to domesticate the new, to channel it into our safe, well-known, agreed upon categories, to provide a grid against which it can be evaluated. Things are made familiar, they need to be made suitable for “digestion” in order to be assimilated, “comprehended” in the broadest possible meaning of the word. Toponymes, too, are modeled on those of the metropole (see “New Spain” in Oviedo). Now, in order to look at how this assimilation is attained at different levels, let us go back to the texts. Alcofribas meets an indigenous man, who is working the land and planting cabbage. He tells him about his world being older than the one outside the mouth and about the stories he has heard about the other world, that is the explorer’s, which leads Alcofribas to remark sadly:

And I began to think how true it was that half of the world has no idea how the other half lives, seeing that no one has ever written a thing about that world down there, although it’s inhabited by more than twenty-five kingdoms, not to mention the deserts and a great bay. Indeed, I have written a fat book entitled *History of an Elegant Throat Land*, which is what I called that country, since they lived in the throat of my master Pantagruel (232).

Besides the obvious parroting of explorers’ reportages, it is worth noting that the text incorporates the indigenous person’s reverse perspective on our world, his point of view, his direct speech. Oviedo has agricultural scenes, too:

An Indian takes in his hand a stick as tall as he is, and plunges the point into the earth, then it pulls it out, and in the hole he has made he places with his other hand about seven or eight grains of corn. Then he takes another step forward and he repeats the process” (14);

or “[The Indian villagers] plant their corn fields, yucca, sweet potatoes, chili peppers, and the other things they use for food” (41). However, the people he describes are never given the word.

Oviedo’s incorporation is less textual and more corporeal, as he documents cannibalism:

The bow-using Caribs, or the people of Cartagena, and most of those who live along that coast, eat human flesh . . . They eat all the men that they kill and use the women they capture, and the children that they bear – if any Carib should couple with them – are also eaten. The boys that they take from foreigners are castrated, fattened, and eaten” (33).

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<sup>35</sup> Lorraine Daston, “Curiosity in Early Modern Science,” *Word and Image* 4 (1995): 396.

Although devoid of cannibalism *per se*, Rabelais's text, too, performs a poetics of incorporation, whereby the introjection of the New World is textual as well as biological (overseas colonies are to be found inside the giant's mouth), similarly to Michel de Montaigne's essay *On Cannibals* (1582). The emphasis on eyewitnessing, moreover, reinforces this concept of physical introjection by the operation of taking in a new world through vision.

It is also worth highlighting that in both Rabelais's and Oviedo's texts the New World is associated with the outburst of diseases. In Pantagruel's mouth "more than twenty-two hundred and seventy-six people" are reported dead from a plague that has been generated by "a stinking, infectious odor recently flowing up to them from the abysses below . . . a foul breath from Pantagruel's stomach, which had begun after he'd eaten so much garlic" (231). Oviedo, instead, locates in Colombia the origin of a disease which was afflicting Europe tremendously, syphilis:

Your Majesty can be assured that this horrible disease came from the Indies . . . Syphilis first appeared in Spain after Admiral Christopher Columbus discovered the Indies and returned home (89).

Just as cannibalism is a practice usually attributed to foreign and suspicious cultures (see, for instance, the more contemporary, twentieth-century rumors about Communists eating children), the same is true about diseases: they cannot belong to our culture; they must come from somewhere else. The example of syphilis is quite telling: not only was it said to have been imported from the Indies, but the Turks used to define it "the morbus of the Christians," the French referred to it as "the Neapolitan disease," whereas Italians called it as "the French disease:"<sup>36</sup> Girolamo Fracastoro's 1530 epic poem in three volume, which coined the name of

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<sup>36</sup> See Girolamo Fracastoro, *Sifilide, ossia del mal francese, libri III* (1522; publ. 1530), translation, introduction and notes by Fabrizio Winspeare, with the original Latin text enclosed (Firenze: Olschki, 1955), 110f.



disease, was entitled *Syphilis, sive morbus gallicus*.<sup>37</sup>

In an imperial age, the depiction of new worlds often implies the *projection* onto newly discovered territories of both the old world's shadows (diseases, cannibalism, violence) and its golden age forever lost and dreamt of (the Eden, the land of plenty, the idealistic and the utopian). This operation serves the purpose of celebrating the imperial power and exorcising fears and dark sides by attributing them to other lands and populations. Reading Rabelais, however, one can argue for an equally important movement in the opposite direction, which makes it a two-way exchange, that is the *introjection* of distant lands into the body. As Michel de Certeau shows in his *Heterologies* (1986), the Renaissance body becomes a territory of negotiation of alterity. It is the locus for the inclusion and appropriation of a whole new set of colonial entities, concepts, images that need to be assimilated and digested in order to make sense of and in order to become "useful" to the empire and its own rhetoric and self-understanding. Metaphors, synthetic in their nature, unlike analogies or similes, are a privileged tool in the literary realm. The exploration of the body becomes a necessary stage to come to terms with the dramatic changes that the new discoveries brought about in the European conception of the world, and the re-configured situatedness of bodies, cultures, population on a suddenly expanded spatial scale. The synthesis, both conceptual and biological, between the inside and the outside operated in Rabelais's aesthetics is paralleled by the emphasis put on bodily functions rather than on individual parts or organs. In their depiction, too, as we have seen, much is drawn on the contemporary activities of mercantile navigation and geographic exploration, which further enriches and complicates the correspondences between the knowledge of the body and knowledge of the world.

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<sup>37</sup> Along the same lines, Russian nineteenth-century novels sometimes define typhus "Asian typhus."

The Vesalian “discovery,” or unveiling, of the body, in the middle of the sixteenth century, introduced a new successful cognitive pattern for making sense of the world. The body and the mutual relation between its parts (a problem already investigated by Galen, whom Renaissance natural philosophers read widely) become the classificatory model for society, politics, the family, the state (the hierarchy and differentiation of organs mirroring social and political hierarchies). Getting to know the body in its most intimate and hidden recesses would yield knowledge about most fields of human activity. Partition as a method stretched into all forms of social and intellectual life, in a virtually endless process. The pattern of all these different forms of subdivision was derived from the dissection of the human body.

As Jonathan Sawday mentions in his *Body Emblazoned*, the fashion for anatomy and the language of partition in the Renaissance generated an extraordinary number of late 16th-century publications which had the word “anatomy” in their titles and which pertained to the most disparate topics: “Religion, death, women, time, war, sin, the soul, the individual, and, especially in England, Catholicism, all could be, in some way, ‘anatomyzed’” (44). This trend continued well beyond the turn of the century, and among the most notable literary works inspired by the dissection paradigm figures Sir Robert Burton’s *Anatomy of Melancholy* (1621). The full title alone—*The Anatomy of Melancholy, What it is: With all the Kinds, Causes, Symptoms, Prognostics, and Several Cures of it. In Three Maine Partitions with their several Sections, Members, and Subsections. Philosophically, Medicinally, Historically, Opened and Cut Up*—is symptomatic of the late Renaissance obsession with particularization, and also rich with terminology that implicitly gestures at narrative: ‘causes’, ‘prognostics’. ‘cures’, ‘historically’.

On the surface, *The Anatomy of Melancholy* presents itself as a medical text on melancholia, today’s depression. In fact, melancholy is used as a lens to scrutinize human

emotions, engaging all the major works of an ideal seventeenth-century library to serve this purpose: Burton draws on fields as disparate as psychology, physiology, astronomy, meteorology, the geography of America, theology, astrology, demonology, Latin poetry. Of course, he also quotes notable anatomists, past and contemporary.

Burton's physiology is mostly Galenic. Besides subscribing to the traditional humor-based physiology, Burton also describes a system based on three organs, brain, heart, and liver. However, more than on its medical or historical value my analysis will hinge upon the style and the narrative structure of this literary work, in order to foreground how the text plays out issues of curiosity and interiority that were central in Renaissance natural philosophy.

The text is organized according to a super-structure of division procedures (there are three partitions, each one divided into parts, then subdivided into sections, members and subsections). The introduction includes the author's note, the author's poem, an address to the reader, an abstract of the text, and one more poem that explains the Frontispiece. Of the three partitions, the first one is dedicated to the symptoms and causes of common melancholy, the second one discusses different cures for melancholy, and the third one addresses different kinds of melancholia, more or less obscure, including religious melancholy and melancholy of lovers. The author provides an extensive index at the end, which is in itself an interesting piece of literature. It is no surprise that the maniacal classification of Burton's *Anatomy* fascinated Jorge Luis Borges.

Burton's work can be inscribed in the culture of the time as an attempt to come to terms with the difficulties of transcribing the body's newly discovered intimidatingly complex structure into a text, let alone the lack of words for an accurate taxonomy of the body in all its most minute parts. A need arose for a system of definitions with which physicians as well as

writers could organize the structure that was now revealed in dissection. “Of the parts of the body, there may be many divisions,” Burton states in 1.1.2.2 (147).

Unlike Vesalius’s anatomy, which is actual, besides bearing remarkable epistemological consequences, Burton’s mainly consists in an intellectual and aesthetic endeavor (a method of inquiry which will inspire Northrop Frye in his *Anatomy of Criticism*)—a thought-experiment that can dispense with the actual death of the body. If in early modern Europe death is the only event that offers the opportunity to satisfy medical curiosity about the structure of the body and the development of unusual biological phenomena, the literary imagination can take on the same emplotting functions as death, by virtue of its God-like, omniscient perspective on the human body and its relationship with the universe, and by virtue of its ability to stop time and make sense of bodily functions and the body’s structure encountering no resistance.

In a sort of pre-encyclopedic spirit, Burton’s classification endeavor aims at showing the harmonious structure, the great scope of God’s creation. It certainly complies with the Renaissance motif of the *liber corporum* (the book of the body), which God himself has written. In order to facilitate our imperfect, finite human reason in following the complexity of these textual creations, God left an epitome, just as Vesalius published an *Epitome* of his *De Humani Corporis Fabrica* (1543).<sup>38</sup> Burton adhered to the Paracelsian belief in the divine order. The dissection of the body, consequently, revealed no less than members, sections, subsections, and partitions of the divine text. The sixteenth century saw the birth and rise of modern hermeneutics triggered by the Protestant Reformation and its predication about going back to the text, to a hands-on interpretation of the Bible, the book of scripture, which questioned authorities and bracketed out blinding dogmas. The task, in both medicine and the exercise of readership, was to

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<sup>38</sup> On the complex net of correspondences within the book of the world, see the extensive discussion in MacLean, *Logic, Signs*, 2002.

re-create, in order to read, the precise system of division by which the body-book had originally been composed by the (divine) author. This process of reconstruction through partition was the main feature of the Vesalian epitome, in that the reader or viewer was encouraged to cut out different structures from the page and to assemble them into *manichini* of the human form. This activity speaks to the notion of ‘craft knowledge’, central to the artisan’s secrets, which is discussed by Pamela Smith.<sup>39</sup>

Burton seems to do the same with his text and its peculiar structure. His work is an anatomy of textuality, as well as a literary investigation of the world and all the things it contains. In a long message to the reader (15-123) the author, under the *nom de plume* of Democritus Junior, divides the body into containing and contained parts (drawing on Hippocrates, but also partly on Galen’s opposition between similar and dissimilar systems), thus stating clearly from the onset the principles of division that would inform the whole work, whose topic is division itself. Once more, the body becomes a pattern for spatial organization of knowledge. Not only does it model units of measure (feet, inches etc.) and cartography, but it also shines through the anthropomorphic language of books and texts that survives to our days (header, footer, text body, coda).

The present analysis of Burton’s work aims to point out the notable, unexpected exceptions within this rigid classificatory structure. Specifically, it will be productive to look at synthesis as opposed to analysis as a method and a pattern to form and convey knowledge of the body/world. As one may expect, the work shows many instances of discrete parts of the body being treated as such. In the spirit of the time, Burton states that the tongue is a weapon that shoots lies, which can hurt badly (“They leave an incurable wound behind them” (1.2.4.4, p.

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<sup>39</sup> See Smith, “What Is a Secret?” 2011.

341), as if lies resided specifically in the tongue and did not involve other parts.<sup>40</sup> Similarly, the eye is considered a stand-alone organ in charge of casting love darts or receiving them, “both active and passive in this business; it wounds and is wounded, is an especial cause and instrument, both in the subject and in the object” (3.2.2.2, 76). On a broader level, as Michael Schoenfeldt remarks,<sup>41</sup> Burton’s medical indications about eating and dietary habits are no less atomized: no general indication is given, but uttermost authority is placed upon individual experience.

However, not unlike Vesalius, who looked at functions rather than singling out and attributing meaning to specific parts of the body, Burton seems to turn to synthesis to make ultimate sense of what he is trying to convey. The “synthetic method”—a label I am employing in its classical philosophical sense—takes many forms in the text.

One element of disruption of the ordered structure is tone, at once satirical and serious (just like Rabelais’s), which provides a constantly flowing humor that leaks through the different partitions permeating the text, animating its otherwise dry construction. This stylistic fluidity is further reinforced by the technique of “stream of consciousness” narrative (*ante litteram*), a good example of which is the digression on air that will be discussed below, which burgeons with juxtapositions through commas, long sentences, spatial free association.

Another stylistic peculiarity, perhaps more poignant for the purpose of the present analysis, is Burton’s use of digressions. The deeper and the more specific he gets into his subdivisions, the more surprising become his sudden switches into digression.

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<sup>40</sup> For an accurate analysis of the role of the tongue in Renaissance medicine, see Carla Mazzio, “Sins of the Tongue,” in *The Body in Parts. Fantasies of Corporeality in Early Modern Europe*, edited by David Hillman and Carla Mazzio (New York and London: Routledge, 1997), 53-80.

<sup>41</sup> Michael Schoenfeldt, “Fables of the Belly in Early Modern England,” In *The Body in Parts*, 252.

Burton himself warns us about this stylistic choice a few times in the opening part. In the opening poem, “Democritus Junior to His Book,” for instance, he claims that “ my master’s pen may wander / through devious paths, by which it ought not stray” (6), and in “Democritus to the Reader,” we find almost an apology for distraction:

There be many other subjects, I do easily grant, both in humanity and divinity, fit to be treated of, of which had I written *ad ostentationem* only, to show myself, I should have rather chosen, and in which I have been more conversant, I could have more willingly luxuriated, and better satisfied myself and others; but that at this time I was fatally driven upon this rock of melancholy, and carried away by this by-stream, which, as a rillet, is deducted from the main channel of my studies. (35-36)

An attitude that Daston mentions as a facet of curiosity in early modern Europe,<sup>42</sup> distraction is ultimately a detour, a digression *latu senso*.

In Burton, digressions are consolatory (on the discontents and passions of the mind, 2.2.6.3), ethnographic (on exotic simples altering melancholy, 2.2.6.3), meditative and poetic (on the misery of scholars and why the Muses are melancholic 1.3.2.15), on imagination and its wonders (on the force of imagination, 1.3.2.2), on the nature of spirits and devils (1.2.2), and more. The choice of devoting the very first digression to ‘the anatomy of the body’ itself, (1.1.2.1, 146-147) in a meta-reflective fashion, is not of secondary importance. After summoning the main authorities, past and contemporary, “Galen, Bauhinus, Plater, Vesalius, Fallopius, Laurentius, Remelinus etc.”, as a poet would do with the Muses, Democritus Junior (that is, Burton), with a synthetic move, offers a summary about the body as “a small taste, or notice of the rest” (147). In other words, the author tells us what we are going to read about and, not unlike Vesalius, he gives us an “epitome” (147), in his own definition, as a guideline or a set of instructions to peruse as we go through his text in order to re-construct it in the proper way.

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<sup>42</sup> See Augustine’s “distracted curiosity” in Lorraine Daston, “Curiosity in Early Modern Science,” 401.

The digression on air, placed within the “Member” on the air rectified, (2.2.3, 34-61) is perhaps the most interesting, by virtue of its all-encompassing scope that ranges across the major fields of knowledge of the time, and by virtue of the actual, physical detour that it entails. The author is discussing cures for melancholy, among which he lists rectified air. In the midst of a discussion on breathing and exercising, he gives way to his imagination, and shares with the readers his visionary journey:

As a long-winged hawk, when he is first whistled off the fist, mounts aloft, and for his pleasure fetcheth many a circuit in the air, still soaring higher and higher, till he be come to his full pitch, and in the end when the game is sprung, comes down amain, and stoops upon a sudden: so will I, having now come at last into these ample fields of air, wherein I may freely expatiate and exercise myself for my recreation, awhile rove, wander round about the world, mount aloft to those ethereal orbs and celestial spheres, and so descend to my former elements again. In which progress I will first see whether . . . (34-35)

And here begins a list of theories, reportages, descriptions about the world, its fauna and flora, its geography, the sky, the planets, the orbits—theories that our author could easily verify or falsify, scientific controversies that he could easily set from his newly conquered vantage point. Among other things, he wants to see whether “the sea be open and navigable by the Pole Artic, . . . whether Hudson’s discovery be true of a new ocean . . . whether Marcus Polus the Venetian narration be true or false of that great city of Quinsay and Cambalu; whether there be any such places, or that, as Matth. Riccius the Jesuit hath written, China and Cataia be all one . . . As I go by Madagascar, I would see that great bird ruck, that can carry a man and a horse or an elephant, with that Arabian phoenix . . . I would observe all those motions of the sea, and from what cause they proceed, from the moon (as the vulgar hold) or earth’s motion, which Galileus, in the fourth dialogue of his System of the World, so eagerly proves and so firmly demonstrates; or winds, as some will . . . whether Mount Athos, Pelion, Olympus . . . be so high as Pliny, Solinus, Mela relate, above clouds . . . I would see those inner parts of America, whether there be any such



great city of Manoa or Eldorado in that golden empire . . .” (passim). He goes on discussing the routes of migratory birds (38), the possibility to head down and “descend and see what is done in the bowels of earth” (40), the dimensions of the earth, Paracelsus’s creatures, then he zooms back out and wonders about altitude sickness (49), then further out to the universe and addresses the hot topics of sun spots, epicycles (50), geocentrism (52), inhabitants of other worlds (54) and much more.

A few pages later he suddenly goes back to the discussion on air rectified that he had interrupted to set off on his imaginary journey: “But my melancholy spaniel quest, my game, is sprung, and I must suddenly come down and follow.” (61). Here follows a discussion on what is the right environment with an appropriate quality of air, what wind, what country, what sort of house one should choose to cure melancholy, and the author quotes Galen and others.

From a close-up perspective on individual, dissected parts of the body/text, the narrative scope suddenly widens dramatically to comprehend broad entities such as the world, the stars, the universe, as well as details of distant lands, with occasional zoom-ins. The deeper we go along this linear partition to define the details of melancholia, the closer we get to the sky and the celestial spheres. Inversion, an informing principle of Rabelais’s aesthetics (high-low, noble-embarrassing, ethereal/bodily), is encountered in Burton’s text with regards to the microcosm/macrocosm mutual relationship. Inside the body we find nothing else than the outside world. It is symptomatic that literary instances of sudden digressions/detours from the details of the small-scale, detailed picture into a broader-scale scope in order to gain or regain knowledge abound in the Renaissance: the passage about Astolfo flying to the moon to retrieve his friend’s Orlando’s brain and wisdom, in Ludovico Ariosto’s *Orlando Furioso* (1516), is only one example of this trend.

On the one hand, Burton seems to suggest that in order to learn about the infinitely small and specific in the body we need to maintain the awareness of the complex and thick net of correspondences between the body and the universe. A discussion on planets, sea navigation, or nymphs and sylphs would not fit anywhere in such a taxonomic partition, yet it is of uttermost relevance to the understanding of melancholy and it cannot be left aside. Therefore digression proves an effective strategy both narratively and epistemologically as it allows for synthesis. Burton's technique, however, also speaks to the elusiveness, the ineffability the observer faces when she looks for something at a progressively close distance, as if through a magnifying lens that allows the glance to penetrate closer and closer into the core of things. In his account on seventeenth-century microscopy, C.H. Lüthy mentions that a similarly uncanny experience is common in the pursuit of knowledge through the observation of the very small (corpuscles, but also Robert Hooke's minute details in his *Micrographia*) and other efforts to explore not interiority but magnified surfaces.<sup>43</sup> Trying to pinpoint or locate things by a close observation of surfaces is a frustrating enterprise as the shapes and the definition (both visual and conceptual) of things remain ultimately blurred and nothing revelatory is unveiled.

A similar mechanism seems to underlie Burton's inquiry on melancholia. His turning to digressions seems to suggest that subdivision as a classifying principle does not work all the way through. At some point this organizational method cannot take the author any further, so he slips out of it in interesting twists that are both literary and epistemological. An unexpected ellipsis in a linear argument, an elusiveness similar to Burton's, characterize to some extent the style of Vesalius's description of the brain ventricles in his *Fabrica*. One of the reasons that triggered the exploration of the body interiority in the Renaissance was the attempt to locate specific entities,

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<sup>43</sup> C.H. Lüthy, "Atomism, Lyceus and the Fate of Seventeenth-Century," *Early Science and Medicine* 1 (1996): 1-27.

such as the *sensus communis* or the soul, which dwelled in the depths, protected by a set of layers and shells. Descartes famously located the soul in the pineal gland, for instance. Burton's view on this was that "[the brain] is the most noble organ under heaven, the dwelling-house and seat of the soul, the habitation of wisdom, memory, judgment, reason, and in which a man is most like unto God" (1.1.2.4, p. 153)

In general, Vesalius did not conceive of the body in parts, but rather he sees it a fabric where different functions take place. Despite all the contemporary calculations to locate the *sensus communis* (precise diagrams, lines along which the surgeon had to cut) which suggested that the explanation of interiority will get us to the core of something, to some well circumscribed trove, Vesalius showed skepticism about the ventricular localization of the soul:

I do not understand how the brain can perform the [separate] functions of imagination, judgment, cogitation, and memory, or subdivide the powers of the primary sensorium in whatever other manner you may desire according to your beliefs.<sup>44</sup>

Here we have yet another acknowledgement of the impossibility of locating things in one specific region, no matter how far we go with cerebral dissection or, more broadly, with linear partition. This sense of ineffability, a surrendering to an uncanny elusiveness, is played out on the stylistic level as well. In Chapter I of Book VII of the *Fabrica*, Vesalius is discussing the ventricular localization in humans and animals, but he strangely leaves the argument suspended, without developing it to a conclusion:

But what impiety can such a description of the uses of the ventricles (as it concerns the powers of the Reigning Soul) produce in ignorant minds not yet confirmed in our Most Holy Religion! For such [ignorant ones] will examine carefully (even though I myself were silent) the brains of quadrupeds. These closely resemble those of men in their parts. Should we on that account ascribe to these [beasts] every power of reason,

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<sup>44</sup> Vesalius, *Fabrica*, 623, quoted in Charles O'Malley, *Andreas Vesalius of Brussels, 1514-1564*. (Berkeley: University of California Press, 1964), 180.

and even a rational soul, on the basis of such doctrines of the theologians?<sup>45</sup>

Vesalius does not provide an answer and the whole tirade remains suspended. Perhaps he has no convincing opinion about it, more probably it is an unsafe ground to venture on. In any event, he changes topic abruptly and starts discussing the *materia dura*. As Burton slips out of his strict analytic method and travels to the cosmos, Vesalius leaves an empty space, a no better defined ellipsis, his own “rectified air” to mark the transition to his next topic. Burton and Vesalius respond to strict, linear partition with two concepts that resonate with each other in their synthetic nature, ‘digression’ and ‘factory’. Therefore, if we refer to Ricoeur’s distinction, while Rabelais’s text privileges “configuration” over “succession” in its staging the emplotment propelled by the exploration of the body’s interiority, Burton and Vesalius retain both dimensions of the plot equally in their synthetic approaches to the human body.

Over the two centuries following the composition of these works, the practice of medicine and the ways in which medical knowledge was produced and transmitted underwent profound transformations, whose epistemological implications are outlined by Foucault in his *Birth of the Clinic*. In the late nineteenth century, the exploration of the body made possible by death occurs within a significantly different episteme compared to Rabelais’s, Vesalius’s and Burton’s times. It is to positivist emplotment that we now move, with the analysis of Broca, Lombroso and late nineteenth-century literature.

## **1.2. Measure for Measure. The ‘Speechless’ Patient in Late Nineteenth-Century Neurology, and Cesare Lombroso’s “Social Anatomy” of Dostoevskii and Tolstoi.**

In his *Birth of the Clinic*, Foucault indicates the seventeenth century as the epoch in which the

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<sup>45</sup> Quoted in Charles Singer, *Vesalius on the Human Brain*. London (New York, Toronto: Oxford University Press, 1952), 6.

early modern medical episteme is gradually overturned and substituted by a new system of representation characterized by an abstract, quasi-botanical classification. Foucault then outlines the transition from that new episteme to eighteenth-century medicine as a “grammar of signs,” to the clinical method, which rises and establishes itself in the nineteenth century, and which constitutes the primary focus of his analysis.

In describing the surgeon as a reader and an author/authority, Foucault reveals the profound epistemological implications of the clinical gaze cast on the dissected body. No reading is objective and unbiased, Foucault tells us, and the clinic as an institution where a number of interests intersect (medical research, state legislation, social control) “owes its real importance to the fact that it is a reorganization in depth, not only of medical discourse, but of the very possibility of a discourse about disease.”<sup>46</sup>

The clinic inaugurates a new perception of the body, a new use of language, new dynamics between disease, life and death. Foucault entangles illness in many different discourses and outlines for it a picture in which structures are spatial, determinations are causal, phenomena are anatomico-physiological. In ways unknown before, the clinical gaze determines with uncontested rigor the definition of illness and the normal/pathological distinction, generates power dynamics, and shapes the healing space. It unmakes and remakes the world.

Among the most crucial practices available to the physician-reader and their trained eye, the post-mortem examination occupies a prominent position in Foucault’s argument:

The constitution of pathological anatomy at the period when the clinicians were defining their method is no mere coincidence: the balance of experience required that the gaze directed upon the individual and the language of description should rest upon the stable, visible, legible basis of death. This structure, in which space, language, and death are articulated --what is known, in fact, as the anatomico-clinical method-- constitutes the historical condition of a medicine that is given and accepted as

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<sup>46</sup> Foucault, *The Birth of the Clinic*, xix.

positive. (196)

If finitude is a structure in which “space, language and death are articulated,” the post-mortem examination becomes the privileged tool for the formulation and the advancement of medical knowledge. In this picture the patient’s voice is silenced and the clinician retains full authorship over illness narratives.

The last quarter of the nineteenth century in the history of neurology represents a golden age, characterized by a positivist optimism towards unstoppable medical progress. Scientists embraced the machine-model of the brain as an organ that operates in discrete functional parts.<sup>47</sup> In their renowned studies on language loss and speech disorders, neurologists Carl Wernicke and Paul Broca postulated and developed theories of cerebral localization:<sup>48</sup> language functions, in all their complexity, were supposedly controlled by one specific area of the brain. It is, of course, no accident that the same decades in which localization theory was established in neurology also witnessed the predominant role of cell theory in biology, atomic theories in physics, cellular pathology in medicine, and “idea particles” in psychology.<sup>49</sup> The prevailing approach to understanding a complex phenomenon consisted in breaking it down to its essential components. Holism would only develop in the early twentieth century in response to this method.

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<sup>47</sup> Anne Harrington, “Kurt Goldstein’s Neurology of Healing And Wholeness: A Weimar Story,” in *Greater Than the Parts: Holism in Biomedicine, 1920-1950*, ed. Christopher Lawrence and George Weisz (New York: Oxford University Press, 1998), 26.

<sup>48</sup> Paul Broca, “Remarks on the Seat of the Faculty of Articulated Language, Following an Observation of Aphemia (Loss of Speech)”, first published in *Bulletin de la Société Anatomique* 6 (1861): 330-357, trans. Christopher D. Green; Carl Wernicke’s *The Aphasic Symptom Complex* (1874), English translation in eds. *Boston Studies in the Philosophy of Science: Proceedings of the Boston Colloquium for the Philosophy of Science*, vol. 4, ed. R.S. Cohen and M.W. Wartowfsky (Dortrecht: Reidel, 1966-68).

<sup>49</sup> Tizard 1959, quoted by Anne Harrington, “Beyond Phrenology: Localization theory in the Modern Era,” in *The Enchanted Loom: Chapters in the History of Neuroscience*, ed. Pietro Corsi (New York: Oxford University Press, 1991), 208.

The classificatory imperative of the time led to the proliferation of diagrams and to the establishment of the case study: patients, far from being considered in their individuality or ‘phenomenologically’, with no prejudgment, were turned into an archive of cases, from which neurologists were to extract general norms and patterns to be applied for diagnostic purposes, in a hermeneutic circle. Neurologists strived to find a “case that would provide a ‘veritable schema’ of a particular form of aphasia,”<sup>50</sup> and patients, deprived of their individuality, were considered little more than medical commodities. In Starr's study on aphasia, for instance, patients’ cases are introduced only by progressive numbers, with no mention of names or other individual characteristics.<sup>51</sup> Moreover, in the 1860s, at the Hôtel-Dieu in Paris, patients were offered as “gifts” by colleagues for the sake of the advancement of science.<sup>52</sup> Interestingly enough, in the study of speech disorders, patients' words were considered relevant only to determine the underlying pathology; no effort was made to understand what patients actually wished to convey. Aphasic patients were speechless in the broadest possible sense. As Anne Harrington points out, “[i]n this non-dialogue, the final doctor-patient encounter generally occurred at the patient’s autopsy, when the neurologist would check the accuracy of his predictions against the revealed physical state of pathology or injury in the patient’s brain.”<sup>53</sup> In the face of diseases that could not be cured, the classificatory and diagnostic purposes came before any therapeutic goal, and dissection proved an irreplaceable tool for physicians to learn about the origin and evolution of pathologies of which the individual happened to be the host. In this era of medical history, while

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<sup>50</sup> Jacyna, *Lost Words* (Princeton University Press, 2000), 119.

<sup>51</sup> M. Allen Starr, “The Pathology of Sensory Aphasia, with an analysis of fifty cases in which Broca’s Centre was not Diseased,” *Brain* 12 (July 1889): 82-99.

<sup>52</sup> Jacyna, “The Discourse of Aphasia,” 85.

<sup>53</sup> Harrington, “Kurt Goldstein’s Neurology of Healing And Wholeness,” 25-45, 27.

diagrams and the mapping of the brain show that “configuration” was still a concern, succession was the feature of plot that death revealed most vividly.

An illuminating example of this era’s predominant approach, heavily reliant on the post-mortem examination, is provided by the case of Paul Broca’s patient Leborgne, more famously known as “Tan.” Broca reports that Leborgne was transported to the Bicêtre Hospital on April 11, 1861, and that,

[t]o the questions that I addressed to him the next day on the origin of his malady, he responded only with the monosyllable tan, repeated two times in sequence, and accompanied by a gesture of his left hand.<sup>54</sup>

In a humiliating synecdoche, the patient “Tan” is named after his pathological utterance, which, in a clinical context, encompasses his whole being and alone becomes his full identity. After the examination,

[t]he probable diagnosis was therefore: original lesion in the left anterior lobe, propagated to the striate body of the same side. As for the nature of this lesion, everything indicated that it was a matter of a progressive, chronic softening, but extremely slow, for the absence of all phenomena of compression excluded the idea of an intracranial tumor. (347-8)

The eagerly awaited death of the patient occurs only six days later, and it allows Broca to finally prove or disprove his assumptions, to literally unveil the truth and solve the mystery: “The patient died on 17 April, at eleven o’clock in the morning. The autopsy was done as soon as possible, that is to say, at the end of twenty-four hours.” Here follows a detailed description of the direction of the cuts, and the progressive unveiling of interesting features of the brain, an account of the damaged organs and of how the disease had progressed spatially and over time. These findings are then compared to the symptoms that the patient had shown when he was alive: “Having said this, it is impossible not to recognize that there had been a correspondence

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<sup>54</sup> Broca, “Remarks on the Seat of the Faculty of Articulated Language,” 343.



between the two anatomical periods and the two symptomological periods.” (355) Everything that was assumed has now found a proof; the surgeon is now able to make sense of all the symptomatic phenomena that manifested themselves in Tan while he was alive.

Broca’s approach is quite paradigmatic of the era. Another example one could mention is E.A. Shaw, who, while presenting his cases in “The Sensory Side of Aphasia” (1893), keeps emphasizing the importance and decisiveness of the post-mortem examination to formulate a final diagnosis, which would confirm or amend the provisional, pre-mortem one.

In the diagnostic endeavors of late nineteenth-century neurology death was the agent that allowed for an emplotment process, whereby the surgeon, their objectifying gaze and their trained judgment, would determine the story one-sidedly. Whatever meaning the patient might have conferred to their experience was irrelevant. This was the time when photography as a diagnostic tool and as objective proof had just been introduced in the medical field (see, for instance, Charcot and his Tuesday lessons on hysteria at the Salpêtrière), which further enhanced the importance of the surgeon’s gaze and the reliance on sight as a privileged sensorial experience in medical research. Visual observation seemed to yield an unproblematic revelation of truth. The failure to grasp the limitations of this approach and its inevitable subjective charge laid the foundation for a shift in prominence from the communicative function of visual observation to its flip side, that is an objectification of the patient, a scientific approach not unfamiliar to Cesare Lombroso.

The theories of Cesare Lombroso (1835-1909), professor of forensic medicine and public hygiene in Turin, later chair of psychiatry (1896) in the same university, bear the mark of their times. Obsessed with quantitative data, classification and standardization, Lombroso

maintained that madness, genius, and criminality could be measured. Among other instruments, he used the craniograph devised by Paul Broca; the induction coil, derived from Volta, Galvani, Faraday and Rumkhorff, to measure sensitivity to electric discharges; Edison's "electric pen" for graphological measurements. Throughout all his career, Lombroso collected skulls and other anatomical specimens of all sorts of criminals, brigands' clothes, objects used by murderers, writing samples and wax death masks of convicts who died in prison.

In 1898 he founded the museum of psychiatry and criminology in the anatomical institutes building of the university. His office was there as well, and the two areas – the cabinet and the displayed collection – semantically complemented and illuminated each other. Today the Cesare Lombroso museum of criminal anthropology, the result of valuable curatorial work, includes additional artifacts, including Lombroso's own skeleton, as per his will.

Among Lombroso's abundant scholarly production, the most relevant work is certainly *Criminal Man* (L'uomo delinquente, 1876), published in five editions which follow the evolution of the author's theories. Based on the observation of 3839 criminals, the book meticulously describes physiognomic, bodily and behavioral features of the delinquent person.<sup>55</sup> For instance, we learn that a few typical facial traits of criminals include a narrow forehead, an abnormal shape of the skull and the asymmetry of the face, a receding chin, enormous frontal sinuses, orbits and zygomata, bulky mandibles, prominent eyebrows, ape-like features. Lombroso did not neglect the criminal behavior of children, plants (especially carnivorous plants), and animals (notable are the descriptions of the violent and criminal actions of Angora cats, male ants, and

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<sup>55</sup> See the whole part two in volume one, "Anthropometry and physiognomy of 852 criminals," in *Criminal Man*, translation and with a new introduction by Mary Gibson and Nicole Hahn Rafter (Durham, NC : Duke University Press, 2006), 50-57. For the following analysis, I will be using the fifth and last edition of the book (1897), which has not been translated into English.

even doves, a bird the reader would probably consider beyond suspicion).<sup>56</sup> Interesting are also the sections of the book devoted to criminal jargon, songs, tattoos, and graffiti on prison walls.<sup>57</sup> The language of criminals was treated as a symptom and the manifestation of their biologically determined condition, not as words with a meaning. In this respect, Lombroso's approach was not dissimilar to Paul Broca's attention to the utterances of his aphasic patients.

All the remarks Lombroso inferred from his observations, exposed in his thick volume and culminating in his theory of atavism, would have amounted to pure speculation and would have certainly not make him famous, had it not been for an event that, in Lombroso's view, provided the one piece of evidence, the indisputable proof of the scientific soundness of his analysis.

In December 1870, the anatomy of the skull of a brigand, Giuseppe Villella, showed that the median occipital depression, which accommodates part of the cerebellum, was larger than normal. The wax calque of the cranium showed, instead of a regular posterior cranial fossa, "a perfectly regular tri-lobed cerebellum." This is how Lombroso described the moment when he saw that depression:

. . . like a vast plain beneath an infinite horizon, the problem of the nature of the criminal, which reproduced in our times the characteristics of the primitive man all the way down to the carnivores, was illuminated.<sup>58</sup>

Since this specific feature appears in lemurs, rodents and other mammals, Lombroso deduced that primitive biological traits had re-manifested themselves in Villella, and this undoubtedly constituted the primary cause of his criminal behavior. From that day Lombroso kept Villella's

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<sup>56</sup> I, 13-15.

<sup>57</sup> To these topics Lombroso devoted his *Palinsesti del carcere* (1888).

<sup>58</sup> Cesare Lombroso, "Discours d'ouverture au VI Congrès d'Anthropologie criminelle," in *Actes du VI Congrès d'Anthropologie criminelle* (Turin, 1906), 6.

skull right on his desk as the tangible proof of his scholarly success. It has been sitting there ever since, visible to the museum's visitors.

In 1908 in La-Chapelle-aux-Saints, France, a specimen of Neanderthal Man was found in which the facial bones appeared preserved. Lombroso had a reconstruction of the face made on the basis of the published photograph. The collection of comparative anatomy in the Lombroso museum displays this and other anatomical specimens that were supposed to “show the presence of the brigand Villella’s cranial anomaly in mammals evolutionarily distant from humans.”<sup>59</sup>

Once more, the post-mortem dissection seemed to Lombroso to provide the decisive proof of a theory he had previously inferred from observation of behavior and superficial traits. After the unveiling of that one characteristic that could generate a pattern and a classificatory criterion, Lombroso could hermeneutically move back to observation of physiognomies and behaviors to further confirm his theory (or to disprove it, provided this was even an option).

Lombroso’s theory of atavism springs from the anthropologist’s engagement with the fields of craniology, physiognomy – founded by Lavater at the end of 18th century –, and phrenology, developed by the German physician Franz Joseph Gall (1758-1828). Lombroso was also indebted to Darwin’s *The Origin of Species* (1859). Physiognomy postulated a correspondence between crime and facial features and other bodily characteristics. The skull has particular importance, as the craniological research of that time assumed that crime is a form of behavior controlled by a specific part of the brain. These studies of the criminal mind and body, which retain little or no scientific importance today, lay at the core of criminal anthropology, the basis of modern criminology.

‘Atavism’ (from the Latin *atavus*, meaning great-great-grandfather) is a term that

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<sup>59</sup> Cesare Lombroso Museum of Criminal Anthropology, *Visitor’s Guide*, 39.

Lombroso coined to define the biological condition of people who failed to evolve all the way to a full human state and therefore show physical features and behaviors that are typical of earlier stages of human evolution.<sup>60</sup> The first notable consequence that such a theory entails is that criminals can be scientifically differentiated from non-criminals. Furthermore, Lombroso argued in *Criminal Man*, we can distinguish between the born criminal, who is known by his anatomy, and the occasional criminal. Heredity is considered to play a decisive role. Although towards the end of his career Lombroso acknowledged that psychological and sociological factors could be of some relevance in the etiology of crime, criminal anthropometry remained the field that most informed his methodology: in a brusque turn away from previous theories of crime and punishment (most notably, Cesare Beccaria's), Lombroso argued that crime is the result of measurable causes, and no room is left for free will. This raises the problem of responsibility for a given crime and, consequently, questions on the meaning of punishment. Prison, Lombroso argues, has no effect on the born criminal. One could try treatment, or opt for a death sentence, since the criminal threatens society as a wild animal does.

Born as a medical theory, atavism bears philosophical and legal implications, which makes the scope of Lombroso's work expand beyond its original field (biology, psychiatry) into the social sciences. He, his disciple Enrico Ferri, and the other scholars in their circle can therefore be defined as 'social anatomists'.

Undoubtedly, death as an event allowed Lombroso to proceed in his medical employment quite considerably, for the better or the worse. From the point of view of narrative, the post-mortem examination of skulls belonged to criminals allowed the scientist to take that further step along the hermeneutic circle which proved necessary for his career, as it supposedly enabled him

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<sup>60</sup> See Lombroso's "Atavism and Evolution," *Contemporary Review*, vol. 68 (1895): 42-49.

to determine the temperament of living people, and the likelihood of their developing criminal behaviors, on the basis of their anatomical features alone. Generalization and typologies, major components of Lombroso's method, made the task even easier.

Lombroso enjoyed prestige and popularity all over Europe, and this was initially due to the popularity of the German and Dutch translations of Ferri's 1896 essay on criminals in the arts, which was based on Lombroso's theories, and which drew the attention of those interested in criminology from a variety of perspectives, including literature. The interconnections between Lombroso's criminal anthropology and the literature of that time are worth exploring. The following section analyzes the dialogues, real or imaginary, between Lombroso's theories and the two main Russian writers of the late nineteenth century, Fyodor Dostoevskii and Lev Tolstoi.

What fascinated Lombroso first and foremost was the figure of the artist. The literary production was the output of their mind and therefore came second in importance. In his *Genius and Insanity* (1872), Lombroso argues that the genius and the madman represent two sides of the same neurological condition, degeneration, a state reached through a regression along the phylogenetic arc, or an arrested development at an earlier stage of evolution.<sup>61</sup> The latter description applies to the born criminal, while the former holds true for the geniuses, as their madness is considered a form of compensation on the neurobiological level for intellectual overdevelopment. Geniuses and madmen showed similar cranial stigmata and other deviations. However, compared to a criminal's insanity, in the genius the evolutionary throwback is of modest proportions. In this type, positive qualities are mixed with the degeneration of selected somatic organs. Examples of geniuses whose cranial asymmetry supposedly testifies to this

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<sup>61</sup> For more on this see also "Atavism and Evolution" (note 54).

reverse evolution are Pericles, Kant, Dante, or the sub-microcephaly in Descartes.<sup>62</sup>

This theory alone was extraordinarily influential upon European literature. Max Nordau dedicated his *Degeneration* (1892) to Lombroso, and the Pre-Raphaelite Brotherhood was among the literary circles which most famously incorporated this originally Lombrosian concept into their aesthetic.

The reciprocity between the two fields was acknowledged by criminologists and writers alike. For instance, Emile Zola declared himself heavily indebted to Lombroso's theories, as he constantly referred to *The Criminal Man* during the composition of his *La bête humaine* (1890), one of the twenty novels composing the Rougon-Macquart cycle (*The Rougon-Macquart. Natural and Social History of A Family under the Second Empire*, 1871-1893), the chief monument of French naturalism, characterized by a documentary, scientific approach to the description of human behavior, and socio-biological determinism as prevailing over free will. Lombroso, in turn, wrote an essay on Zola's novel, *La Bête Humaine and Criminal Anthropology* (1890),<sup>63</sup> and one must note that Paul Broca and Claude Bernard, too, commented on Zola's production, as they considered *Thérèse Raquin* (1867) a source of interesting examples of their medical types.<sup>64</sup> This wedding of criminal anthropology and literature took fascinating forms all over Europe. Among the most interesting examples, one could mention August Goll (1866-1936), lawyer and chief of police in Copenhagen. He investigated the ways in which crime

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<sup>62</sup> *L'uomo di genio in rapporto alla psichiatria, alla storia ed all'estetica* (Torino: Bocca, 1888), 7.

<sup>63</sup> "La bête humaine e l'antropologia criminale," *Fanfulla della domenica*, June 15, 1890. An English translation is published in *The Criminal Anthropological Writings of Cesare Lombroso*, 1-25. Lombroso further comments on Zola in *Più recenti scoperte ed applicazioni della psichiatria ed antropologia criminale*, 354-360.

<sup>64</sup> Jacyna, *Lost Words*, 118-9.

evolves in the individual against the background of literary portraits. For instance, he considers Macbeth as an example of the occasional criminal who chooses to do wrong.<sup>65</sup>

Lombroso shows a peculiar approach to literature. Far from taking into consideration the aesthetic or structural complexity of the masterpieces he analyzes, or from showing awareness of any fictional filter, Lombroso reads them as additional proof to support his theories, thus myopically failing to grasp the rich array of significance they offered. *The Criminal Man* features numerous examples from literary works – besides criminals' own literary production (vol. 1, part III, chapter 12) –, and its first edition (1876) had a stand-alone chapter on criminals in novels.

According to Lombroso, the discoveries of criminal anthropology have been anticipated by brilliant works of literature and can be, in turn, used to better analyze society through literary types. What authors wrote can now be properly diagnosed and interpreted as accurate criminological observations, therefore literary works provide both relevant proof to support Lombroso's theories and interesting case studies for criminal anthropologists to analyze. Among other examples, *The Criminal Man* lists Fedor Dostoevskii's *Memoirs from the House of the Dead* and *Crime and Punishment*, Emile Zola's *La bête humaine*, Gerolamo Rovetta's *Baraonda*, Arne Garborg's *Kolbotnbrev*, Henrik Ibsen's *Hedda Gabler*, *The Pillars of Society*, and *Ghosts*, Gabriele D'Annunzio's *The Victim*, Luigi Capuana's *Profumo* and *Giacinto*, Giovanni Verga's *The She-Wolf*. He does not forget to add a few lines on Max Nordau's *Degeneration*.<sup>66</sup>

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<sup>65</sup> August Goll, *Types of Criminals in Shakespeare*, trans by C. Hagee (Groningen: Wolters, 1908).

<sup>66</sup> III, 610-11.



To Lombroso, Fedor Dostoevskii was a criminal anthropologist *ante litteram*, and excerpts from his literary works are employed quite often to illustrate Lombroso's theses. As Lombroso points out, Dostoevskii's sketches of convicts in Siberia, from his *Memoirs from the House of the Dead* (1860), "do not only provide support, but also valuable contributions to the field of criminal anthropology."<sup>67</sup> In *The Criminal Man*, the chapter "On the Intelligence and the Instruction of Criminals" (vol. 1, part III, chapter 9) reports Dostoevskii's descriptions as examples of light-hearted, carefree and merry criminals (I 507), of the dreamers among them (I 511), and of their educations (over half of the convicts Dostoevskii describes could read and write, I 530). In his analysis of political crime, Lombroso reports on Dostoevskii's 'mattoid' characters in *The Demons* (1872).<sup>68</sup> He also remarks that all of Dostoevskii's characters who fall into his category of "born criminals" are quite tall and well built, which, he argues, confirms his theories (II 549, footnote 2).

Lombroso's employment of Dostoevskian sources finds its most paradigmatic formulation in his analysis of *Crime and Punishment* (II 539-541), in which the author, in the character of Raskol'nikov, "has splendidly portrayed an occasional criminal as a variant of the born criminal." (539) Lombroso points out that Raskol'nikov is devoid of special physical features, whereas Svidrigailov, a "born" murderer and rapist, has "hair fairer than normal and eyes exaggeratedly cerulean." (539) In a simplifying summary of the plot, Lombroso underscores that Raskol'nikov hesitates before committing the crime and that he is deeply shocked afterwards, that he ends up confessing his guilt and feels relieved after doing so, and that he goes back to being an honest man. Lombroso totally fails to see Dostoevskii's critique of the legal

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<sup>67</sup> Lombroso, *Più recenti scoperte ed applicazioni*, 344.

<sup>68</sup> *Ibid.*, 349-352.

system and of those same deterministic ideas promoted by criminal anthropologists. Dostoevskii re-affirms the role of free will vis-à-vis social or biological determinism. The issues of responsibility, blame, and free will are portrayed in a complex relationship, and Lombroso completely disregards it. There is no decisive proof of Raskol'nikov's guilt, but the magistrate Porfirii Petrovich plays a complex psychological game (the moth and the flame) with him and finally gets him to confess. Finally, Lombroso neglects that the punishment that Raskol'nikov inflicts on himself is in fact more relevant than the decision of the court to send him to Siberia. It is precisely through this self-inflicted punishment and through the subsequent suffering that the criminal frees himself and reconnects with humankind.

A sign of Lombroso's reductionist reading of the novel is his conclusion, in which he seems to find a "perfect concordance" between himself and Dostoevskii in the words Svidrigailov, the born-criminal, tells Raskol'nikov, the occasional criminal: we are fruits of the same tree (541).

By the 1880s, Lombroso's criminal anthropology was well known in Russia, mostly through French translations, while philosophical determinism and the positivist urge to apply quantitative methods to the social sciences came directly from France. Dostoevskii was familiar with physiognomy as well as with Franz Joseph Gall's phrenology. As much as he opposed nihilism and reductionism in the social sciences, his proneness to epileptic fits kept him alert to new developments in the field of neurology.<sup>69</sup>

Moved by the curiosity to learn what his own cranium revealed about his character, Dostoevskii once asked his friend Stepan Yanovskii, a physician and amateur phrenologist, to interpret his skull for him. Yanovskii traced a correspondence between Dostoevskii's physical

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<sup>69</sup> James L. Rice, *Dostoevsky and the Healing Art: An Essay in Literary and Medical History* (Ann Arbor: Ardis, 1985).

features and Socrates's, especially the shape of the cranium and his "tightly clenched lips." Apparently, this similarity was the mark of a common understanding of "man's soul."<sup>70</sup> Contemporary observers were often troubled by the discrepancy between Dostoevskii's compelling thoughts and intellectual authority, and the unattractive exterior shell that contained them, which seemed to hint at some frightening secrets concealed within. In his monograph on Dostoevskii, Robert Bird reports numerous examples of people reporting this uncanny experience, and he points out how Dostoevskii himself often declined admirers' requests for his photograph.<sup>71</sup>

We know from Konstantin Barsht's analysis of Dostoevskii's manuscripts that the writer frequently sketched faces parallel to sketching his characters in words.<sup>72</sup> However, none of his protagonists (unlike Tolstoy's) is ever given a detailed face. This holds true for the Underground Man, Raskol'nikov, Prince Myshkin, the Demons, and the Karamazovs. The reader gets acquainted with their nature, their general constitution, perhaps details of the face (Rogozhin's eyes) or the effect that their faces has on the observers (Nastasya Filippovna's photograph), but one never finds a full description of a character's face, whereas Tolstoy indulges in such descriptions and even comments on the facial hair on Princess Bolkonskaia's upper lip. Nevertheless, faces in Dostoevskii's works communicate emotions from character to character and get mirrored. For instance, in *Crime and Punishment*, after killing the pawnbroker and her sister Lizaveta, Raskol'nikov notices the latter's childish smile and he automatically reproduces it on his face. Similarly, in Book II of *The Idiot*, just when Rogozhin is about to stab Prince

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<sup>70</sup> *Dostoevskii v vospominaniakh sovremennikov*, ed. Konstantin Tiun'kin, 2 vols (Moscow: Khudozhestvennaia literatura, 1990), vol. 1, 239.

<sup>71</sup> Robert Bird, *Fyodor Dostoevsky* (London: Reaktion Books, 2012), 7.

<sup>72</sup> Konstantin Barsht, *Risunki v rukopisiakh Dostoevskogo* (St. Petersburg: Formika, 1996).

Myshkin, the latter's face suddenly assumes a horrifying look, as his epileptic fit begins. A feeling of terror is communicated to Rogozhin, who stops his hand as if frozen, and this saves the Prince's life.

Although Dostoevskii's characters are struck by the faces they have seen, they seem to find their depiction challenging. In Book I, Prince Myshkin is at the Epanchins' and he suggests that Adelaida paint the face of a man who has been sentenced to death one moment before the guillotine's blow:

“ [...] Paint the scaffold so that only the last stair can be seen clearly and closely; the condemned man has stepped on to it: his head, white as paper, the priest holding out the cross, the man extending his blue lips and staring – and *knowing everything*. The cross and the head – that is the painting, the face of the priest, of the executioner, of his two assistants and a few heads and eyes from below – all that may be painted on a tertiary level, as it were, in a mist, as a background... That's what the painting should be like.”<sup>73</sup>

Dostoevskii powerfully conveys to the reader the emotional charge of a face, but refrains from outlining an exact description, as if caught in the territory of the uncanny.

The poetics of faces in Dostoevskii is much more complex and nuanced than Lombroso argues. The influence of the environment, both social and biological (Dostoevskii was familiar with Claude Bernard's theories), on Dostoevskii's characters is prominent: we constantly read about the unhealthy Petersburg air and the sense of oppression and of crooked ethics associated with it. However, Dostoevskii strongly argues for the importance of free will and often ridicules the supporters of determinism and their limited views. In the 1860s a new generation of thinkers and literary critics, lead by Nikolai Chernyshevskii and Nikolai Dobroliubov, dominated the Russian intellectual debate. Deeply informed by French rationalism, utilitarianism (Bentham), Feuerbach's atheism, Darwin's evolutionary theory, and Claude Bernard's biological

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<sup>73</sup> Fyodor Dostoevsky, *The Idiot*, translated by David McDuff, with an *Introduction* by William Mills Todd III (London: Penguin, 2004), 77-78.

determinism, these radical critics considered themselves critics not only of literature, but also of society. As the stringent censorship did not allow them to address social topics directly, they did so indirectly by analyzing the literary depiction of society. This approach was aesthetically acceptable, since, according to Chernyshevskii's *What Is to Be Done?* and to Dobroliubov's abrasive pamphlets, works of art have the purpose to explain life and express judgment on it, beside the one of representing or illuminating it. In their lack of literary perspective and their considering fictional characters and situations amenable to social diagnosis just as real ones, these new intellectuals showed an approach not so remote from Lombroso's. Even outside Russia, literary critics were at times blind to these nuances. For instance, Émile Hennequin describes Dostoevskii's writing as a direct product of his social and biological environment:

He disowned his intelligence, abjured reason, and exalted madness, idiocy, imbecility, the candor of idiots and the goodness of criminals; he became a mystic.... This troubled, loving, and restless man was thin, sickly, and deathly pale. Sick with epilepsy, having undergone in his youth the frightful shock of a condemnation to death, and having been pardoned on the scaffold only to drag out years in a Siberian prison, with all the vermin of a primitive society, he lived subsequently under the "ink-saturated" sky of St. Petersburg.... In this obscure life and in this snowy and torrid city, the vacillating intelligence and sick sensibility of Dostoevsky were reused and deployed.<sup>74</sup>

Nihilism, faith in progress, reductionism, and, as Chernyshevskii put it, "rational egoism," constituted the core values of the new Russian cultural élite. The best-known literary depiction of the clash between the old and the new generation is probably Ivan Turgenev's *Fathers and Children* (1862). Dostoevskii repeatedly rejected and opposed the rising reductionism, nihilism, and socio-biological determinism in his oeuvre. Both his nihilist characters and his "underground men," such as Svidrigailov in *Crime and Punishment* and Ippolit Terent'ev in *The Idiot*, often commit crimes or suicide, with *The Devils* showing us the

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<sup>74</sup> Émile Hennequin, *Études de critique scientifique: Écrivains français: Dickens, Heine, Tourguenef, Poe, Dostoiewski, Tolstoi* (Paris: Perrin et Cie., 1889), 181-2.

extreme consequences of the new ideology. In the Epilogue to *Crime and Punishment* nihilism and radicalism are presented as a plague of massive proportions. A delirious Raskol'nikov dreams about a pestilence, brought on from Asia by viruses "endowed with intelligence and will," spreading wider and wider, and eventually annihilating humankind with the purpose "to renew and cleanse the earth":

[N]ever, never had any men thought themselves so wise and so unshakable in the truth as those who were attacked. Never had they considered their judgments, their scientific deductions, or their moral convictions and creeds more infallible. [...] each thought he was the sole repository of truth [...] They did not know how or whom to judge and could not agree what was evil and what good. They did not know whom to condemn and whom to acquit. Men killed one another in senseless rage. [...] In the towns, the tocsin sounded all day long, and called out all the people, but who had summoned them and why nobody knew, and everybody was filled with alarm. [...]<sup>75</sup>

Conflagrations and famine cause everybody and everything to perish. It is in this closing part of the novel that Raskol'nikov understands the fallacy of his theories to the fullest degree and reconnects with humankind after the profound separation he had created by killing the pawnbroker and her sister in Part One.

Dostoevskii's most direct and polemical response to the criminal anthropology of his time can be found in Book XII of *The Brothers Karamazov*, which is entirely devoted to the account of Mitya's trial. In chapter V, "The Medical Experts and a Pound of Nuts," we are confronted with the competing assessments, offered by three different medical experts, of the glance of the accused as he entered the law court. In this chapter Dostoevskii offers a bitter satire of the contemporary trends in criminal psychology and anthropology, which casts shadows on the real possibilities of the new forensic psychiatry to come to solid conclusions about the accused and their connection to the crime. The different meanings that the three experts attribute

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<sup>75</sup> Fyodor Dostoevsky, *Crime and Punishment*, the Coulson translation; backgrounds and sources; essays in criticism. Edited by George Gibian (New York: Norton, 1964), 523-4.

to Mitya's glance spring from the pre-existing opinion that each of them has before the observation and from their attempt to find further confirmations of that opinion.

The first expert to express a pronouncement is doctor Herzenstube, who postulates a discontinuity between Mitya's general character and his specific behavior on that day, as a sign of psychotic dissociation. He "roundly declared that the abnormality of the defendant's mental faculties was self-evident."<sup>76</sup> (637-8) This abnormality is demonstrated by the fact that although Mitya was an admirer of women, he looked straight in front of him instead of looking at his left, where women were sitting. Underlying this discrepancy is a more relevant one, which the old physician sees between Mitya's generous heart (he recalls an episode from the accused's childhood) and the crime of which he was accused.

The second opinion is offered by a very famous lawyer, who came to the provincial town of Skotoprigonevsk, where the trial is taking place, from no less than Moscow. He also maintains that "the defendant's mental condition [is] abnormal to the highest degree" (638) and he claims that this condition is the result of an obsession, of the highly irritable state he had been showing in the past weeks anytime people discussed the three thousand rubles he owed his father. According to the Moscow specialist, Mitya's glance further confirms his theory: one would have expected him to look to his right, where his defense counsel, "on whose help all his hopes rest," was sitting. (639) This physician considers this obsession as the first sign of Mitya's impending madness.

Third comes Doctor Varvinskii's pronouncement. Contrary to the opinion expressed by the Moscow specialist, Varvinskii believes that the defendant was lucid and mentally healthy both in the days when the murder occurred and in the law court. He maintains that Mitya's

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<sup>76</sup> All quotes are from Fyodor Dostoevsky, *The Brothers Karamazov*, the Constance Garnett translation, revised by Ralph E. Matlaw (New York: Norton and Co., 1976).

“exceedingly excited state before his arrest [...] might have been due to several perfectly obvious causes, jealousy, anger, continual drunkenness, and so on. But this nervous condition would not involve the mental ‘aberration’ of which mention had just been made” (639). The fact that Mitya had looked straight before him further confirms his hypothesis, as it makes perfect sense: he was looking at the judges, “on whom his fate depended.”

At the end of Varvinskii’s testimony, Mitya expressed his satisfaction by crying: “Bravo, apothecary!” Indeed, this physician has given him back full responsibility in the face of the crimes he is being tried for. This is a murder he did not commit, but the fact that he had desired it, Mitya thinks, makes him deserve the punishment.

Most probably Dostoevskii knew of Lombroso, but it is not certain to what extent he was familiar with his theories. In all likelihood, he would not have been happy to see his characters being interpreted and classified according to Lombroso’s typological categories. If the two had had a conversation, they would have probably disagreed on many fronts. Although Lombroso never had the opportunity to meet his favorite criminal anthropologist among all writers, he did meet the other titan of late nineteenth century Russian literature, Lev Tolstoi.

The Twelfth International Medical Conference was held in Moscow in the summer of 1897. Lombroso chaired a session on psychiatry in which, among other contributions, the French psychiatrist Hyppolite-Marie Bernheim presented a paper on hypnotism and its uses in legal medicine. Lombroso took the occasion to take a trip to Yasnaya Polyana and visit Lev Tolstoi on his estate. Although he did not draw much on Tolstoyan works to illustrate his theories, he had high expectations about the man:

I had found in Tolstoy’s works so many elements in support of my theories (for instance, hereditary illness, eccentric behavior at a young age, epileptic fits, psychic excitement that grows into hallucination) that I could hope to find further



confirmations by meeting the famous artist and novelist in person.<sup>77</sup> He had expected Tolstoi to follow the patterns he had outlined in his criminological works, that is, to show “a cretinous and degenerate look,” as he had described the genius in his *L'uomo di genio in rapporto alla psichiatria* (1894). Lombroso had even chosen a portrait of Tolstoi to illustrate the physiognomic type of the genius in the sixth edition of the book, and Nordau, too, had devoted a chapter to Tolstoi in his *Degeneration*.

When Lombroso arrived at Yasnaya Polyana, on August 15, he was stunned by Tolstoi's strength and well-built figure. He proved to be a sturdy, old peasant type of man – quite contrary to the prototype of the slender, sick-looking person Lombroso's theory would have him. He saw Tolstoi play lawn tennis with his daughters for two hours. Then the writer invited his Italian visitor to a horseback ride to a river for a swim. After fifteen minutes, Lombroso was exhausted and he expressed admiration for Tolstoi's strength, while complaining about his own weakness. At that point, Lombroso recalls, the Russian novelist just “protracted his arm and lifted me up enough above the ground, as if I had been a small dog” (448).

Once they were back in Tolstoi's house, Lombroso started explaining his theory of the born criminal, and perhaps he also mentioned his idea of punishment, including the death sentence as social defense against the beastly behavior of under-developed born criminals:

But here a spiritual wall was raised between us, and we could not understand each other. This wall originated in his firm conviction that neither my theory of criminal law nor the other ones could explain on what human societies based their right to punish a criminal. (449)

Tolstoi had been firmly opposed to the death sentence since he witnessed to a guillotine execution in Paris as a young man. Moreover, the garden of his Moscow house was contiguous

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<sup>77</sup> See Lombroso's recollections in Nikolai Nikolaevich Apostolov, *Zhivoi Tolstoi. Zhizn' L'va Nikolaevicha Tolstogo v vospominaniakh i perepiske* (Moscow; Agraf, 2001), 447-450.

to the park of a mental health clinic directed by the famous neurologist and psychiatrist Sergei Korsakov, who had organized the Moscow Conference. Tolstoi had always looked with admiration on Korsakov and his clinic for the humaneness and empathy of the treatment they offered. It is therefore no surprise that, while Lombroso expanded on his theories,

[Tolstoy] remained deaf to my argument, frowning his frightening eyebrows, as if casting menacing lightning bolts on me from his sunken eyes, and in the end he said: 'This is delirious. Any punishment is criminal!' (449)

The encounter did not have a successful outcome, predictably so. On that day Tolstoi wrote in his journal: "Lombroso was here – a naïve little old man."<sup>78</sup> Later on, in January 1900, he would add: "I am reading newspapers, journals and book, and still I cannot convince myself that what they publish has any value – Nietzsche's philosophy, Ibsen's and Maeterlinck's pieces, Lombroso's science [...] All this represents extreme poverty of thought, of concepts, and of sensitivity."<sup>79</sup>

In the summer of 1897 Tolstoi had momentarily postponed his work on *Resurrection* in order to write *What is Art?* He resumed his writing during the fall, and it is presumable that his meeting with Lombroso had an influence on the novel. In *Resurrection* (published in 1899) Tolstoi ridiculed the theory of atavism and heredity, as well as the conclusions drawn by criminal anthropology. It is in the figure of Breve, the public prosecutor in Maslova's trial, that Tolstoi voices his concerns about the new criminology and mocks Lombroso's theory, and probably Lombroso himself. The main character, Prince Nekhlyudov, on a visit to his native town, in the Nizhny Novgorod province, is serving in the popular jury for a trial of a prostitute, Maslova, who has been accused of murder. Nekhlyudov recognizes in the woman a maid he had seduced and

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<sup>78</sup> *The Journal of Leo Tolstoy*, vol. 1 (1895-1899), translated from Russian by Rose Strunsky (New York: Alfred A. Knopf, 1917; repr. New York: Howard Fertig, 1996), 146.

<sup>79</sup> Leo Tolstoy, *Diari*, transl. by S. Bernardini (Milan: Garzanti, 1997), 444.

abandoned in his youth, and this triggers his guilt and attempt to save her, as well as the rest of the plot.

Breve, the assistant prosecutor, is a convinced positivist and in court he speaks about Maslova's degeneration, typical of the corruption of the times (Book 1, chapter XXI):

Every new craze then in vogue among his set was alluded to in his speech: everything that then was, and some things that still are, considered to be the last word of scientific wisdom: heredity and congenital crime. Lombroso and Tarde, evolution and the struggle for existence, hypnotism and hypnotic influence, Charcot and decadence.<sup>80</sup> (79)

Maslova's accomplice, Kartinkin, is described as an atavistic product of serfdom, and his mistress, Botchkova, as a victim of heredity. Maslova is just a degenerate. She is of unknown parentage, her lawyer claims. Still the public prosecutor maintains that "the laws of heredity were so far proved by science that we can not only deduce the crime from heredity, but heredity from crime." (82)

Nekhlyudov disagrees, and he is not satisfied by the answers provided by criminal anthropology. When asked by Kolosov whether he believes in heredity, he replies that he does not (book 1, ch xxvii). In Book II, chapter XXX, we encounter him reflecting on the new science in a Siberian prison. When Maslova was judged guilty, he decided to follow her. In that prison, Nekhlyudov has seen quite a variety of people. He turns to the famous works everybody quotes, but he finds that they cannot provide an answer to his questions:

And so the investigation of the reasons why all these very different persons were put in prison, while others just like them were going about free, and even judging them, formed a fourth task for Nekhlyudov.

He hoped to find an answer to this question in books, and bought all that dealt with it. He obtained the works of Lombroso, Garofalo, Ferri, Liszt, Maudsley, Tarde, and read them carefully. But as he read he became more and more disappointed. [...] Science answered thousands of other very subtle and ingenious questions touching

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<sup>80</sup> All quotes are from Leo Tolstoy, *Resurrection*, translated by Louise Maude (Oxford: Oxford University Press, 1999).

criminal law, but not the one he was trying to solve. He asked a very simple question: ‘Why, and by what right, do some people lock up, torment, exile, flog, and kill others, while they are themselves just like those whom they torment, flog, and kill?’ And in answer he got deliberations on whether [...] or not signs of criminality could be detected by measuring the skull; what part heredity played in crime; [...] what madness is, what degeneration is [...] – and so on. (340-341)

When Lombroso read *Resurrection*, he claimed in frustration that he had found “factual evidence that [he] had spoken to him [Tolstoy] in vain.”<sup>81</sup>

### 1.3. Storytelling *ex post facto* and the Narrative Structure of the CPC

Lombroso, Broca and all the physicians of their times heavily produced and relied on case reports, which constituted the major part of clinical writing, for the sake of the formulation and transmission of medical knowledge. Case report as a genre had been around since Hippocrates, and the detailed classification of diseases begun in the seventeenth century and described by Foucault drew on the case reports of Thomas Sydenham and his followers. Case-taking, however, did not become a systematic practice until clinical institutions and medical schools manifested their need to produce and codify a professional discourse.

In his 1989 article on “humanitarian narratives,” historian Thomas W. Laqueur brings the clinical report, the autopsy, the parliamentary inquiry and the realist novel under a unifying genre-label, and points out that these kind of writings developed and flourished around the same time, in a rising trajectory that begins in late eighteenth-century and reaches its highest point in late nineteenth-century.<sup>82</sup>

Whereas at the turn of the century literary evolution led the realist novel to extinction, the

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<sup>81</sup> Apostolov, *Zhivoi Tolstoi*, 449.

<sup>82</sup> Thomas W. Laqueur, “Bodies, Detail, and the Humanitarian Narrative,” in *The New Cultural History*, ed. Lynn Hunt (Berkeley: University of California Press, 1989), 176-205.

case report as a genre has persisted until our times. Although the twentieth-century debates on the legitimacy of generalization from an individual to a whole population have gradually confined the case report to accounts of the rare or the new, its structure, as taught to medical students – first, symptoms or complaints; second, signs, objective manifestations found during a physical examination; third, laboratory and other findings – has not changed since the 1890s. A celebration of the diagnostic reasoning, and a cognate of the realist novel, the case report presents its own narrative implications. The final part of this chapter will focus on a specific sub-genre of the case report, one that always features death as the main character and a catalyst of storytelling, the “Clinical Pathological Conference” section in the *New England Journal of Medicine*.

The section of the *New England Journal of Medicine* entitled “Case Records of the Massachusetts General Hospital” was instituted by Richard Cabot in 1910. Even today, in a journal that presents cutting-edge medical research in the driest and most codified style, this section, which stands out for its idiosyncratic genre, still persists. Although its layout has evolved over the decades, with section titles being added, with more and more sophisticated attachments, including the videos accessible in the online version, and with a constant tweaking of the patient description in accordance to rapidly changing privacy policies, the main structure has remained almost unchanged.

The clinical-pathological conference (CPC) is conceived as a word-by-word transcription of the academic event that bears the same name. In a form that highly resembles a drama script, it describes the process of diagnostic reasoning with all the actors involved and in all its stages. The names of all the physicians are reported in italics before their direct speech, and their interaction is captured in full, with the illusion of a 1:1 narrative time/real time ratio. The

conclusion toward which the text is headed is a finalized, ultimate diagnosis.

A puzzling, distinctive medical case, that is, from a literary perspective, eventful (Lotman) and “narratable,” opens the section, and it allows for the plot to unfold. This is a very short description of what has taken place. For instance: “An American student of twenty-four entered March 26, 1923, complaining of pain and dyspnea” (Case 9431, *NEJM* 189, 17: 595) or, more recently, “A 34-year-old man was brought to the emergency department at this hospital because of multiple traumatic injuries that he sustained when a bomb exploded while he was watching the 2013 Boston Marathon” (370; 15, 1441). This part is presented in a succinct fashion by an unspecified narrator, who does not correspond to any of the actors involved, like a voice-over. In later issues of the *Journal*, where the different sub-parts of the CPC are labeled, this one is entitled “Presentation of Case.” After the opening, a quite wordy and not-so-dynamic play begins. The two main parts here are the “Differential Diagnosis” and the “Pathological Discussion.” The former is authored by an expert, unfamiliar with the patient and identified with title and last name (i.e., “Dr. Richard Cabot”), and provides a number of viable diagnoses for the case. Most times this section offers one diagnosis on which those who have given medical assistance to the patient have reached consensus, a second diagnosis given by the expert, and sometimes a third one, offered by residents or medical students. This is in fact a wonderful opportunity for students from all over the world to try their luck and gain visibility. It is however the anatomic-pathologist who has the last word, after she cuts the body open and reveals how things really went.

The clinical consultant enters the scene *in medias res* and tries to solve the puzzle by offering the best course of investigation and treatment, that is, by emplotting the available data in the way that makes the most sense. Details given in the case presentation may be relevant, but

they may also be misleading. For instance, in the case presented as follows: “An American barber of sixty-two entered July 21, 1923, complaining of pain in the stomach” (Oct 25, 1923, p. 602) – how crucial are the patient’s profession, his nationality, his age? Or, in case 32-2006 (Oct. 19, 2006), about a 3-year-old girl who was admitted to the hospital because of fever “after a visit to Africa,” how fundamental should one deem the age of the patient, her gender, and her recent trip to Africa? As if in a detective story, the expert weighs all these elements in making plotment choices that are valued against the background of how the medical staff at MGH actually proceeded in that case, and that also provide an assessment of that course of action. The “Clinical Diagnosis,” found consensually, is given right afterwards in a very laconic fashion – usually one or two sentences (i.e., “Bronchopneumonia. Septicemia, staphylococcus”) – and it is followed by the clinical expert’s opinion (“Dr. Richard C. Cabot’s Diagnosis: Bronchopneumonia”). After further discussion of the pathology by local clinicians, the text concludes with the “Anatomical Diagnosis.” In case the patient is still alive and there is no autopsy report, an “Addendum” at the end summarizes the subsequent clinical course, and the narrative voice is the same omniscient and unspecified one that presented the case at the beginning. There is no meta-reflection, no moral to these narratives, which are meant to be an appraisal of the brilliant inductive reasoning clinicians display in challenging cases, as well as educational tools. This last aspect was emphasized by the Editorial as early as 1923 (NEJM 189: 2), when the journal was facing the threat of a discontinuance of the Case Reports:

Too often in current medical literature we get accounts of brilliant successes, rather than of failures in diagnosis and treatment, which are of far higher educational value. Harbors are made safer for mariners not by records of prosperous voyages, but by buoying the dangerous reefs and sunken ledges that have caused disasters. If for nothing else, these Case Records are of exceptional value because of their honest acknowledgment of mistakes. In them one may either follow step by step the reasoning of the diagnosticians, or with the evidence that was in their possession he may make his own independent diagnosis. In either case, on turning the page, he has

before his eyes the autopsy findings. [...] The complete indexes of each volume make it possible, where one fears a fatal malady, to compare his patient's history and symptoms with the records of cases of the dreaded disease. This is as often a comfort as otherwise; for our fears as well as our hopes are often misleading. (79)

However, the structural detail that we find most relevant to the purpose of the present analysis is the settling, finalizing function of the “Anatomical Diagnosis.” After the whole discussion, it is for the anatomic-pathologist and nobody else to unveil the truth by cutting the body open. This has remained unchanged over the past hundred years: the post-mortem examination provides the final authorial word on illness narratives, despite the supposedly rising importance of the patient’s perspective. What has changed is the much lower frequency of cases ending with the death of the patient. The evolving subtitle of the section itself speaks to this: until May 1943 it was “Ante-Mortem and Post-Mortem Records as Used in Weekly Clinico-Pathological Exercises,” and it clearly stated a juxtaposition between two distinct diagnostic realms; from then until July 2003 the subtitle was simply “Weekly Clinicopathological Exercises;” since then the section has had no subtitle at all.

One could advance many hypotheses to explain this progression: advanced medical technology certainly makes it possible for diseases to be correctly diagnosed through the mere removal of a piece of tissue and to be cured in time; in addition to that, anthropologists or historians of medicine, such as Philippe Ariès, would probably argue that this shift is also due to an increasing denial of death, considered a medical failure in our society. Valuable accounts of this fascinating debate can be found in the specialized literature.

From our point of view, and for the sake of this analysis, the CPC, both in its traditional and its present form, represents a contest and a superb exercise in emplotment of a medical narrative, in which each of the involved physicians superimposes her own unifying story on the elements available, with death allowing for the release of that additional, ultimate and previously



concealed meaning which confirms, re-adjusts or dismisses all the previously assumed plotlines. This element is worth examining by virtue of its interesting narratological implications.

The CPC engages the conventional features of both historical and literary writing, that is, of narrative, in the fullest sense. However, far from questioning the reliability of the narrator and the unsettling non-determinedness of interpretation, the format of these case reports suggest that there is only one “correct” emplotment towering above all the others and against which all the others are measured. Far from fostering the proliferation of meanings, the purpose of the exercise is to narrow the margin for error and ambiguity and to quickly move from hypotheses to a firm diagnosis that only death can help attain. Differential diagnoses are given in order to make the case more engaging and to showcase the brilliant inductive reasoning of the physicians-actors, but in the end one specific explanation represents the efficient ideal in the eye of the medical community, embodied by the transparent, effaced narrator who occupies the outermost narrative frames and authors both the opening and the “Addendum.”

If medical “cases” are socially and biologically constructed, as is particularly evident in Lombroso, Broca, or Charcot, then the reliability of even such an ostensibly external narrator should be questioned and so should the conclusions they infer. Fiction and the medical case report are clearly two different genres, which serve different purposes and are intended for different audiences. However, when we consider the omniscient author of the CPCs as a history-writer, then we will need to come to terms with Hayden White’s *Metahistory* (1973), the birthplace of the word ‘emplotment’, and its emphasis on the arbitrariness of the choices history writers make in producing their accounts.

In Chapter eight of *Tom Jones* the reader stumbles upon the following statement by the narrator: "I am not writing a system, but a history, and I am not obliged to reconcile every matter

to the received notions concerning truth and nature." (288) The crux of the problem is right in this remark. The physician-narrator is not in the position to make a statement along those lines, as every "matter" needs to be "reconciled," or to be assigned a function, in the diagnostic process. The case report has to default necessarily to an unproblematic narrative, which looks more like a detective story, where every detail makes sense in the light of the solution, with no room for indecision. In its openly narrative structure vis-à-vis its rigid refusal of the emplotment as an open-ended process, which lends itself to questioning and is entangled in myriads of equally valuable interpretive endeavors, lies the contradiction of the case-study as scientific prose, as well as its complexity and fascination as a genre.

In the three time-periods examined, death has been outlined as a privileged condition which allows for the releasing of meanings otherwise concealed, and offers a re-reading and re-ordering of previous events into a unifying, crystalized plot-structure by channeling them into new causal-temporal chains. Following Ricoeur's distinction between "succession" and "configuration" as the two major functions of a plot, death propels storytelling in both directions: post-mortem examination unveils, on one hand, the spatial configuration of body parts and their reciprocal position, and on the other hand, it shows to the observer how phenomena and events have unfolded, thus dissipating all initial doubts and dismissing all preceding inaccurate attempts of emplotment. Death can be literal, an event medically and socially determined, as well as fictionally reproduced by the literary imagination to serve this same purpose of plot-triggering: authors can suspend time and gain an omniscient perspective over the body, which is offered to exploration and shows no resistance. If death is a catalyst for storytelling, the surgeon – an explorer, a detective, a reader, and a writer – represents the only authorial voice, whose

reliability is never questioned. Precisely questions of narrative reliability and the negotiation of authorship over illness narratives will be the topics of the next chapter.

## CHAPTER TWO

### THE PATIENT AS ‘UNRELIABLE NARRATOR’: THE EVOLUTION OF A CATEGORY AT THE TURN OF THE CENTURY

#### 2.1. CASE STUDIES FROM NINETEENTH-CENTURY RUSSIAN PROSE: GOGOL’, TOLSTOI, AND CHEKHOV

Frederick Goodwin and Kay Redfield Jamison’s *Manic Depressive Illness*, an established text in North-American psychiatry, has a section on manic states, in which the authors include patient reports on cognition and perception. It is to the surprise of any literary scholar familiar with the Russian tradition that passages from Velimir Khlebnikov’s literary work are offered as examples:

During hypomanic and manic states, thinking becomes very fluid and productive—to the point of loosening of normal patterns of association, as well as racing thoughts and flight of ideas. [...] Russian poet Velimir Khlebnikov [...] hospitalized for his erratic behavior and wild mood swings, described a euphoric grandiosity that ratcheted upwards into a delusional system of cosmic proportions. He was convinced that he possessed equations “for the stars, equations for voices, equations for thoughts, equations of birth and death.” The artist of numbers, he believed, could draw the universe:

[Here follows a passage from *Golova vselennoi* (*The Head of the Universe*, 1919)].<sup>83</sup>

No context is provided which would account for Khlebnikov’s poetics of numbers, no distinction is made between the actual author and his literary persona, or between artistic prose and non-fiction. This technique is moderately reminiscent of positivistic medical anthropology, with its diagnosis of literary characters as ‘types’, while it reveals a dismissal of the conventional distance between readers and the fictional world, and between Velimir Khlebnikov and his literary persona. In its epistemological shortcomings, Goodwin and Jameson’s approach involuntarily gestures towards one of the most significant overlaps between literature and the

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<sup>83</sup> Frederick K. Goodwin and Kay Redfield Jamison, *Manic-Depressive Illness. Bipolar Disorder and Recurrent Depression*, 2nd edition (New York: Oxford University Press, 2007), 38.

medical practice, namely, their common emphasis on storytelling and, as a corollary, on the concept of narrative reliability or, rather, unreliability.

A cornerstone of narratology, the definition of ‘unreliable narrator’ was first formulated by Wayne Booth in *The Rhetoric of Fiction* (1961) as a rhetorical device intentionally encoded in the text by the author with the intent of obtaining a specific reaction from the implied reader. A narrator is “reliable when he speaks for or acts in accordance with the norms of the work, [...] unreliable when he does not.”<sup>84</sup> When unreliability is employed, the reader will experience a distance between the author and the narrator, which creates a bonding between the former and the reader behind the narrator’s back. Lawrence Sterne’s *Tristram Shandy* provides the most famous and most traditional and most cited demonstration of this technique. With Foucault’s reflections on language and power dynamics the category has taken on additional nuances and the assessment of the narrator’s reliability now takes into account discursive checks. The very recent constructivist and cognitivist trends have shifted the focus from the author’s intention while addressing an abstract “implied reader” to the flesh-and-blood reader’s unique reaction (Yacobi), and a synthesis has been repeatedly attempted between the old and new episteme (Nünning, Fludernik, Phelan).<sup>85</sup> Among the recent redefinitions of this classical narratological category, for the sake of the present analysis two are worth mentioning: Greta Olson’s concept of

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<sup>84</sup> Wayne C. Booth, *The Rhetoric of Fiction* (Chicago: University of Chicago Press [1961] 1983), 158-9.

<sup>85</sup> See Tamar Yacobi, “Fictional Reliability as a Communicative Problem,” *Poetics Today* 2.2 (1981): 119-20, 123-26; Ansgar Nünning, “Reconceptualizing Unreliable Narration: Synthesizing Cognitive and Rhetorical Approaches,” in *A Companion to Narrative Theory*, ed. James Phelan and Peter J. Rabinowitz (Oxford: Blackwell, 2005), 91-99, 101, 105; Monika Fludernik. “Defining (In)Sanity: The Narrator of *The Yellow Wallpaper* and the Question of Unreliability,” in *Grenzüberschreitungen: Narratologie im Kontext / Transcending Boundaries: Narratology in Context*, ed. W. Grunzweig and A. Solbach (Tübingen: Narrative, 1999), 76-7; James Phelan, *Living to Tell about It* (Ithaca: Cornell University Press, 2005), 34–37, 49–53.

“fallible narrator” and James Phelan’s “bonding unreliability.” Olson draws a distinction between “fallible” and “untrustworthy” narration, whereby the former is attributable to external circumstances, while the latter is caused by the narrator’s disposition: “fallible narrators do not reliably report on narrative events because they are mistaken about their judgments or perceptions or are biased.” She mentions Huckleberry Finn and Marlow from *Lord Jim*. “Conversely, untrustworthy narrators strike us as being *dispositionally* unreliable. The inconsistencies these narrators demonstrate appear to be caused by ingrained behavioral traits or some current self-interest.” Here Olson offers the examples of Defoe’s *Moll Flanders* and Dostoevskii’s *Underground Man*. These two types of unreliability may generate quite different responses from the readers, who are more inclined to justify the former, given the circumstances, while being more skeptical, if not critical, towards the latter.<sup>86</sup> Phelan differentiates between “estranging” and “bonding” unreliability, in order to account for the effects that the technique creates on the audience’s relationship to the implied author. While the bonding type brings the audience closer to the author, the estranging type, conversely, increases the distance between them.<sup>87</sup>

All the subdefinitions and subtypes of narrative unreliability that flourished in the past twenty years are not to be considered mutually exclusive. The ample revisiting of this traditional category rather testifies to its layers of complexity. Interestingly, medicine does not show an equally detailed definition of ‘narrative unreliability’, and physicians tend to base, instead, their assumptions upon general and sometimes slippery criteria of commonsense and consistency.

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<sup>86</sup> Greta Olson, “Reconsidering Unreliability: Fallible and Untrustworthy Narrators,” *Narrative* 11 (2003): 101-2.

<sup>87</sup> James Phelan, “Estranging Unreliability, Bonding Unreliability, and the Ethics of *Lolita*,” *Narrative* 15 (2007): 223-4.

The nineteenth century in Europe witnessed a monumental rearrangement of medicine as a field, with an increasing systematization and classification of illnesses and the standardization and institutionalization of treatment. Whereas Russia initially lagged helplessly behind France and Germany in this rearrangement, the reforms of the 1860s and the institution of zemstvo doctors reduced the gap significantly,<sup>88</sup> and by the end of the century Moscow began hosting international conferences on medicine (for instance, the one on psychiatry in 1897, after which Lombroso's encounter with Tolstoi, described here in Chapter 1, took place). The same decades in Russian prose saw the rise of the Realistic aesthetic, which yielded its most precious fruits and, by the end of the century, started fading in the face of incipient modernism.

In this chapter I propose the category of “narrative unreliability” as a lens through which we can not only observe the transition from early to late Realism over almost a century of Russian literature, but also account for the profound changes within the medical discourse and the medical institutions that occur in those same decades. To serve this purpose, I will look at three literary texts on a medical topic produced in three different epochs of Russian literary and medical history—Nikolai Gogol's “The Diary of a Madman” (1834), Lev Tolstoi's *Death of Ivan Il'ich* (1886) and Anton Chekhov's “Ward No. 6” (1892)—which present the reader with an unreliable narrator as the main character and stage that character's interactions with his community, and most notably with physicians, caregivers, and the medical institutions.

Gogol's literary production precedes both the Great Reforms of mid-century in Russia and the rise of the clinical method in medicine all over Europe, and it shows both late-Romantic traits and an early-Realistic aesthetics. “The Diary of a Madman” is a first-person narrative

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<sup>88</sup> See Alexander Vucinich, *Science in Russian Culture, 1861-1917* (Stanford: Stanford UP, 1970), especially chapters 2 and 3; Nancy Frieden, *Russian Physicians in an Era of Reform and Revolution* (Princeton: Princeton UP, 1981), especially chapters 3 and 4.

written from the perspective of a titular counsellor, Aksentii Ivanovich Poprishchin, who is oppressed by the strict rank system of state service in Petersburg and becomes a victim of social exclusion. The protagonist leads a life of alienation and shows signs of increasing mental instability, until he convinces himself that he is King Ferdinand of Spain and gets confined to a lunatic asylum.

Poprishchin's writing is quite extravagant from the start—he is most interested in bizarre events or mysterious monsters about which he reads in the news— and interspersed with hints of paranoia, as he suspects his department head is conspiring against him. However, it is not until a few pages into the diary that the reader detects signs of potential unreliability. This occurs when the character hears two dogs talking to each other and is able to follow the conversation. “I must confess that I was staggered to hear it speak just like a human being.”<sup>89</sup> Yet one can allow this detour into grotesque as a late manifestation of Romanticism, as a dreamy, visionary passage *à la* Hoffmann. It is only when Poprishchin follows the dogs and reads their epistolary correspondence—which, naturally, includes occasional French phrases—that the implied reader starts questioning his mental soundness. However, dates in the journal still follow a chronological order and the remaining details still hold together.

Contrary to what we find in such works as Laurence Sterne's *Tristram Shandy* or Viktor Shklovsky's *Zoo*, Gogol's text shows a strong inner coherence within the protagonist's world, as the madman never contradicts himself. Therefore the author has to resort to a number of devices to reveal Poprishchin's unreliability to the reader behind the character's back, that is what James Phelan defines as “bonding unreliability.” At times, however, Poprishchin's reasoning, albeit coherent in itself, clearly goes against commonsense, and the character's unreliability becomes

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<sup>89</sup> I am quoting from Nikolay Gogol, *The Diary of a Madman, The Government Inspector and Selected Stories*, trans. by Ronald Wilks (London: Penguin, 1972 [revised 2005]), 176.



obvious to the reader with no rhetorical intervention on the part of the author. This is the case when Poprishchin stops following a chronological order in his journal entries, invents names of months (for instance, 'Februarius'), or when his prose, towards the end, loses those causal-temporal links that would be necessary for the reader to understand it.

The technique that Gogol' employs most masterfully to convey, on one hand, his character's alienation and mental breakdown, and, on the other, the emptiness and cruelty of the society that surrounds him and that has probably led him to madness, is what Shklovskii defines 'estrangement'. Once Poprishchin is convinced that he is King Ferdinand of Spain, he decides to make himself a new cloak that his position requires. He must assemble it in a very bizarre way, which he is not aware of, but the reader understands it from other characters' reactions, deemed inexplicable by the protagonist: "The cloak is ready now. Mavra screamed when I put it on." (192) The entry of "April 43rd, 2000" constitutes the vertex of estrangement. The main character relates that the Spanish deputation has come to take him to Spain, yet the reader soon understands that they have come to take him to an asylum:

A strange country, Spain: in the first room I entered there were a lot of people with shaven heads. However, I guessed that these must either be grandees or soldiers, as they're in the habit of shaving their heads over there. But the way one of the government chancellors treated me was strange in the extreme. He took me by the arm and pushed me into a small room, saying: 'Sit there, and if you call yourself King Ferdinand once more, I'll trash that nonsense out of you.' (193)

In Poprishchin's mind, Spain is pictured as a building, which suggests that the hospital can be seen as a country, with internal rules, hierarchies and borders. The hospital begins to be perceived as its own province, a space shaped by power-dynamics and hierarchies, although this correspondence is only suggested and not taken any further. Towards the end Poprishchin even leads a mission to the moon and other residents follow him, until the guard beats them all, thus restoring the initial order.

Poprishchin's candid unawareness and his surprise, juxtaposed by means of estrangement to the reader's clear understanding of the facts, generate compassion in the latter and introduce dramatic tones to a story that used to be characterized by involuntary humor and a grotesque atmosphere. Gogol's character is ethically pristine. His nonsense does not spring from ill will. In other words, as Greta Olson would put it, he is a 'fallible' narrator, as opposed to an 'untrustworthy' one,<sup>90</sup> whereby the former is unreliable because of external circumstances (lack of information, naïveté, mental illness), while the latter's unreliability is the result of his or her disposition and will and as such it takes on ethical overtones. Poprishchin is curious about the world, knowledgeable about literature, history, and geography, he has noble feelings for his Director's daughter, assumes the best about his torturers and finds a justification for their actions until the very end. The implied reader, therefore, is bound to feel sympathy for him, a feeling that is further reinforced with the last entry of his diary, when Poprishchin, beaten and tortured in a hospital, helplessly cries for help and calls out for his mother.

The functions of language, of writing and reading in the text are worth considering as well. Poprishchin is a writer, but also a reader, a decoder, and a commentator. Gogol' makes him perform the same actions he expects the implied readers to do when presented with his short story. Poprishchin clearly recognizes anomalies, such as the strange diseases and the uncommon creatures speaking indecipherable languages he reads about in newspapers, although he is not able to detect his own. He reports a theater play he has seen, whose main character is Filatka the fool, whom he derides and to whom he fails to relate. He notices inconsistencies in the style of dogs' letters: "The style is amazingly jerky. You can see at once that it's not written by a human being. It starts off all right, and then lapses into dogginess . . . Let's have a look at another letter.

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<sup>90</sup> Olson, "Reconsidering Unreliability: Fallible and Untrustworthy Narrators," 101-2.

Seems rather long. Hm, there's no date either" (185) These are the comments a reader might express after reading one of Poprishchin's later entries. Poprishchin is even aware of estrangement as he reads the dogs' correspondence: they describe, in estranging language, a celebratory ribbon the Director has just received: "It was some sort of ribbon. I sniffed at it, but it didn't have any sort of smell at all. Then I gave a furtive lick, and it tasted salty." (184) Poprishchin understands at once what the dogs are writing about and comments: "Ah, he's so ambitious!"

This sophisticated *mise-en-abyme* seems to suggest the possibility of repetition ad infinitum; therefore just as Poprishchin sees inconsistencies in others but fails to see his own, the reader and society at large may fall prey to the same mechanism, Gogol' seems to warn us. This technique is strengthened by a further refraction of perspectives. In Poprishchin's mind dogs, with their estranged and naïve views, are more acute than humans, a claim that is sometimes made about madmen, especially in the Russian tradition, where they are considered closer to God and have access to higher truths than ordinary people (one could mention the *iurodivy* tradition for the sake of comparison, but also, when referring to today's mental health patients, the view of higher-functional autistic people as savants)<sup>91</sup>. The dogs' writing, which after all originates within Poprishchin's mind, offers another estranging perspective on society that stresses the nonsense of its main preoccupations and values. For instance, one dog reveals that her owner is solely concerned about gossip or petty details after a ball, and claims that her own suitor, a dog named Trésor, is better-looking, much better educated and more interesting than Teplov, her owner's suitor.

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<sup>91</sup> On the religious, medical, and folk treatments of madness and "iurodstvo," see Harriet Murav, *Holy Foolishness: Dostoevsky's Novels and the Poetics of Cultural Critique* (Stanford: Stanford UP, 1992), especially chapter 1.

In this text the asylum is not yet a structured institutionalized space as it would be by the second half of the century, and it is only briefly sketched. Lunatic asylums were established in Russia during the reign of Catherine II, in the late eighteenth century, but their institutional relevance remained quite modest for long. Prior to reforms of medical education that followed the Russo-Crimean War (1854-55), a psychiatric profession did not exist in Russia. There were, instead, a few isolated practitioners who ran the asylums in Petersburg and Moscow, while the attempts to introduce the study of mental illness in the empire's medical schools were still timid and unsuccessful.<sup>92</sup> For this reason, most of the interactions in Gogol's text do not take place with doctors but within Poprishchin's mind, and there is no reference to a Foucauldian discourse nor to doctor-patient power dynamics, although the description of the hospital anticipates the one we will find in Chekhov, and the practices employed are bitterly critiqued: our hero is beaten, his head shaved, cold water is poured over his head. By the end of the story Poprishchin is undoubtedly a madman and he is clearly unreliable—the author suggests no social construction of this assessment—but society is to blame. Narrative unreliability, achieved through estrangement, is a powerful tool of Gogol's harsh social satire, which does not yet take on Foucauldian overtones. The focus of Gogol's concerns are the alienation and annihilation that society inflicts on people like Poprishchin, and the combination of bitter social critique and an estranged, grotesque atmosphere, situates Gogol's text within early Realist prose while letting Romantic motifs still shine through it.

In his seminal *Birth of the Clinic*, Foucault describes the epistemic change which took place in medicine from mid-eighteenth to the late nineteenth century with the formulation and

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<sup>92</sup> See Julie V. Brown, "A Socio-historical Perspective on Deinstitutionalization: the Case of Late Imperial Russia," *Research in Law, Deviance and Social Control*, 7 (1985): 167-188; and Id. "Revolution and Psychosis: the Mixing of Science and Politics in Russian Psychiatric Medicine, 1905-1913," *Russian Review* 46 (1987): 283-302.

the development of the clinical method. The institutionalization and standardization of medical practice, the classification of diseases and 'types', the objectification of the patient and the medical gaze as an instrument of power are all features of the clinical method that Foucault accounts for and that will reach full bloom with positivistic reductionism.

In Russia, after the 1830s, when Gogol's text appeared, medicine underwent epochal changes: the innovations coming from the West added up to the significant reforms in the field that a peculiar season in the country's history brought about. Alexander II's liberal reforms of the 1860s fostered major efforts in the field of public health and the work of the newly-instituted zemstvo doctors brought about a better coverage of healthcare among the population and significant improvements of hygienic conditions even in peripheral provinces.<sup>93</sup> Most importantly, the second half of the nineteenth century saw the rise of physicians' consciousness as a group, an exponential increase of their social importance, and their coalescence into professional organizations. Between 1856 and 1890 the number of physicians doubled, while a reformed medical education enhanced their competence. The Judicial Reform of 1864 instituted local self-government units, the zemstvos (*zemstva*), which were put in charge of managing public health. Far from the central bureaucracy, zemstvo doctors saw their autonomy increase, even at the time of Alexander III's counter-reforms of the late 1880s, while their cooperation during the numerous epidemic waves solidified their corporate consciousness.<sup>94</sup>

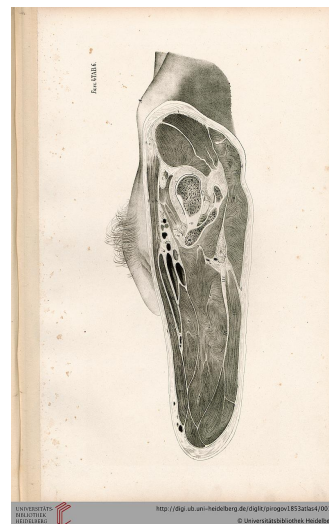
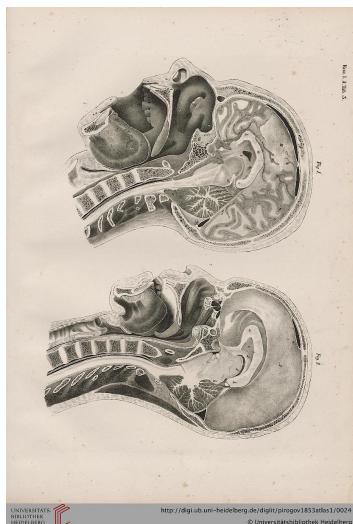
Among the most fervent promoter of medical *korporativnost'* (corporatism) was Nikolai Pirogov. The first to use anesthesia on a battlefield, Pirogov founded field surgery and was among the creators of experimental surgery. His anatomic atlas, *Topographical Anatomy of the*

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<sup>93</sup> Frieden, *Russian Physicians in an Era of Reform and Revolution*, Chapter 1.

<sup>94</sup> *Ibid.*, 53-75.

*Human Body*, published in four volumes between 1851 and 1859, with his detailed drawings facilitated the work of surgeons immensely and became famous all over Europe. Pirogov became professor at the Medical School in Dorpat (today's Tartu), where he became acquainted with the local corporate traditions that he wanted to see extended to the Russian academic environment. His *Diary of an Old Doctor*, which he wrote in the two years preceding his death in 1881, constitutes a precious record of the rapid changes that occurred in the field of medicine over his lifetime.<sup>95</sup>



Figures 2.1-4. Tables from Nikolai Pirogov's *Topographical Anatomy* (1851-59).

<sup>95</sup> Ibid., 5-11.

At mid-century epidemics were still considered administrative emergencies. The main bulk of physicians' work consisted in stressing prevention, improving hygiene, and limiting contagion through isolation and quarantine. With the rapid advancements in Western medicine, the etiology of fatal diseases like cholera became clear, and techniques to reduce their impact were discovered. As a result, physicians gained unprecedented visibility and undisputed authority as experts in taking antiepidemic measures. Russian physicians were no longer seen as *chinovniki* (clerks). Cognizant of Western medical thought, they applied their knowledge at home while seeing their social status grow. The number of medical journals increased considerably, *Vrach* (The Physician) being the most influential, and the Society of Russian Physicians in Memory of Pirogov had the first congress in 1885. By the mid-1880s Russian physicians had become a corporate group—their social status and their authority was unprecedented.<sup>96</sup>

Such was the state of Russian medical institutions when Lev Tolstoi wrote *Death of Ivan Il'ich* in 1886. At that time, European neurologists such as Charcot and Lombroso were at the peak of their careers and their quantitative methods were widely accepted in the medical field. The first University clinic in Russia had just been established in 1884, when the Faculty of Medicine at Moscow University received funds from the city Duma to erect a twelve-building hospital on vacant lands by Deviche Pole. As we have seen in Chapter 1 with the character of Nekhlyudov in *Resurrection*, Tolstoi firmly rejected the new medical approaches on the basis of their finitude, while he deeply admired neurologist and psychiatrist Sergey Korsakov, head of Psychiatry at the Moscow University Clinic, because of the humaneness of his methods for treatment.

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<sup>96</sup> Frieden, *Russian Physicians*, 105-120.

Undoubtedly a realist writer, Tolstoi veered away from physiological sketches or naturalistic prose, a genre that Dostoevskii, instead, explored and which was in many respects the literary counterpart to determinism in medicine. In Tolstoi's *Death of Ivan Il'ich* the reader is confronted with a clash of paradigms in the definition of being ill, which seems to anticipate Arthur Kleinman's distinction between 'illness', that is, one's unique experience of being ill, both in emotional and physical terms, and 'disease', that is, the standardized medical definition of that same condition or a description of the biological process that underlies it.<sup>97</sup> As a corollary of this paradigm clash and because the narrative is conducted from the point of view of the patient, the reader is also exposed to the tragic consequences of a positivist approach to healthcare. One day the protagonist, a successful judge, falls from a ladder and gets injured. Initially he seems to recover, but gradually his mysterious disease becomes more and more serious until he dies. One of the most powerful components of this text are the dialogues between Ivan Il'ich and other characters, especially his family and the doctors who visit him. The irreducible gap between Ivan Il'ich's and the doctors' points of view appears clearly:

Just one question mattered to Ivan Ilych: was his condition serious, or not? But the doctor ignored this mislaid curiosity. From his point of view, it seemed idle and not up for discussion; his diagnosis was a toss-up between a floating kidney, chronic catarrh, and appendicitis. It wasn't a question of the life or death of Ivan Ilych, but a quarrel between his floating kidney and appendix.<sup>98</sup>

Classical narratology (Genette, Ricoeur, White) maintains that emplotment is a cognitive necessity to make sense of the world. Among the phenomena, manifestations, and events that surround us, each 'author' will choose the ones that he or she deems important and will order them in causal-temporal chains, thus explaining the world through a *fabula*. The process of

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<sup>97</sup> Kleinman, *The Illness Narratives*, 3-5.

<sup>98</sup> I am quoting from Leo Tolstoy, *The Death of Ivan Ilych*, trans. Ian Dreiblat (New York: Melville Books, 2008), 43.



selection, just like that of ordering, is absolutely arbitrary. In *The Structure of the Artistic Text* (1970), Yuri Lotman maintains that “we take an event to mean the smallest indivisible unit of plot construction. [...] within the same scheme of culture the same episode, when placed on various structural levels, *may or may not become an event.*”<sup>99</sup> In medicine a similar procedure takes place: from a set of symptoms and the patient’s recollections the doctor proceeds to a diagnosis and an explanation of the biological phenomenon in its evolution just like an author or a reporter constructs a story out of a set of scattered events. Ivan Il’ich’s symptoms (“a strange feeling of pressure in his left side” and “in his mouth [a] fetid taste”, 41, 56) are interpreted differently by each doctor. In other words, each of them builds a different story to explain what is happening to the protagonist and comes to a different diagnosis:

This month he had visited another famous one, and this one told him almost exactly what the first one had, but put the questions differently . . . A friend of a friend of his—a very good doctor—diagnosed him with a totally different illness and . . . his questions and assumptions confused Ivan Ilych even more . . . Another doctor—a homeopath—offered yet another diagnosis and gave him a new prescription. (47)

One can even argue that a patient tells his or her story to a doctor in order to have that story retold by an authoritative source in medicine, that is, a 'reliable narrator' according to that field's conventions.

Ivan Il’ich realizes that doctors see him merely as a patient, the bearer of a syndrome, and therefore conceive of him in a synecdochal fashion—he is no longer a person, but a set of kidneys. Yet he understands that the medical paradigm is the dominant one when it comes to define and heal his disease and that he lacks the language and the knowledge to be able to communicate with his doctors and be taken seriously by his interlocutors:

The doctor said «This-and-that and such-and-such indicate an et-cetera-and-so-forth

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<sup>99</sup> Yuri Lotman, *The Structure of the Artistic Text*, trans. by Gail Lenhof and Ronald Vroon, Michigan Slavic Contributions 7 (Ann Arbor: University of Michigan Press, 1977), 232-3.

inside of you; but if my investigations don't confirm blah-blah-blah and you-get-the-idea, we'll have to assume so on and so forth. And if we assume that . . .» and so on. [...] The whole way [home] he racked his brain over everything the doctor had said, trying to translate the muddy scientific jargon into simple language and find in it an answer to the question *Is it bad, is it really something very bad, or is it nothing to worry about?* (43, 44-5)

Moreover, being himself a judge, Ivan Il'ich is familiar with the authority that comes with being the repository of knowledge in a certain field. He is aware of the power conferred to those who pronounce a sentence on those who receive one and compares it to the power that the formulation of a diagnosis entails:

Everything was just as he had expected; everything was done just as it always is. The doctor's pretentious self-importance was familiar—he had seen the same in himself at court—and the sounding, and listening, the needless questions with obvious answers, and a heavy look that seemed to say, *Listen, just leave it to us, we'll take care of everything—we know precisely how to make the arrangements, it's the same for anybody*. It was exactly the same as at court. This famous doctor cut exactly the same figure to Ivan Ilych that he himself must have cut presiding before the accused. . . . But he did not say anything; he stood up, laid some money on the table, and, after letting out a sigh, spoke: «I suppose patients like me often put uncomfortable questions to you,» he said. «In general, is this a dangerous illness or not?» The doctor glared at him through his glasses with one eye, as if to say: *If the accused will not confine himself to the questions put to him, I shall be obliged to have you removed from this hall of justice*. «I have already told you what I consider necessary and expedient,» the doctor said. «Further testing will complete my diagnosis.» And the doctor bowed. (43-44)

We have here a situation which Foucault has analyzed from several perspectives. In *The Order of Things* (1971) he highlights the discursive checks in power dynamics and the employment of the scientific discourse as an instrument of power. In *Discipline and Punish* and *The Birth of the Clinic*, he underscores the clinical gaze as a means of reification and control over the patient. It is clear to Ivan Il'ich that the doctor has the authority to define the disease and prescribe the cure. Anything the character has to say is dismissed as irrelevant; in other words, although Ivan Il'ich is an educated and lucid patient, he is considered 'unreliable' by doctors inasmuch as his questions and remarks do not align with the current discourse and the methodological standards

of the medical discipline. From the doctors' perspective, physical examinations and tests are more insightful than any word a patient may utter.

Tolstoi's style, however, shows that from the standpoint of mere commonsense Ivan Il'ich as a narrator is all but 'fallible' or unreliable. Unlike Poprishchin, he is in fact acute and reasonable and gains deeper and deeper awareness of the broader psychological causes of his disease: he understands that he has been pursuing futile goals, has given importance to wrong values, and has lived in insincerity all his life. This is the character's take on the etiology of his disease. The story is told in the third person, yet from the character's perspective, which allows the reader into Ivan Il'ich's inner reasoning and shows the incommunicability between him and others. By doing so, Tolstoi shows the conventionality and the social-constructedness of 'narrative unreliability' within doctor-patient interactions as well as the power dynamics involved. There is no bonding between author and implied reader behind the character's back: Ivan Il'ich is unreliable only to the doctors' eyes, as he gets trapped in the discursive net woven by the clinical method and its institutional representatives. He does not necessarily have to suffer from a mental illness for his words to be considered unreliable.

Tolstoi's style makes this dynamic clear to the implied reader, who is bound to sympathize with the protagonist. Unlike Gogol', Tolstoi adheres to a realistic style and makes no concessions to the grotesque in this novella. He does not even largely employ estrangement here, if we exclude one short dreamy passage in which Ivan Il'ich, on morphine, has a vision in which his organs take on a life of their own, and while the appendix takes the turn the doctors predicted, he grabs his kidneys floating in the air.

In terms of space and its function, Tolstoi's text does not yet feature the hospital as an institution. The doctor's cabinet represents an interlocutory stage for doctor-patient encounters,

in-between the home and the hospital. This spatial setting allows Ivan Il'ich to step out of the patient's role and be himself again when he is left alone in his study at home.

Among the three authors here examined, Chekhov was the only physician. He graduated from Moscow Medical School in 1884, the year in which the University Clinic was built. Not only was he a devoted doctor—he wrote “Ward No. 6” by night while managing a cholera epidemic in the Melikhovo region: “I have been appointed cholera doctor, and my section includes twenty-five villages, four factories and one monastery”<sup>100</sup>—but he also greatly contributed to public health efforts by conducting an epidemiological survey of health conditions in the prison colonies on Sakhalin Island in 1890.

When Chekhov started practicing, zemstvo medicine was already well-established and zemstvo doctors well-represented in the Pirogov Society and held by other members in high esteem as those who served the people and thus embodied the profession’s humanitarian goals. In an address to the Third Congress of the society, F. F. Erisman, a zemstvo physician, stated:

Undoubtedly these congresses of Russian physicians are significant for physicians and Russian in general. Not only do they discuss questions of private practice and medical specialties, but also the improvement of medical and sanitary science in Russia, and the development of our treasure, to which there is no equal in Western Europe—our public zemstvo medicine.<sup>101</sup>

Part of an élite with specialized technical knowledge, zemstvo doctors maintained ties with the international medical community, while serving people in remote areas and using their skills for social progress. Nancy Frieden mentions the mystique and the idealization of the zemstvo

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<sup>100</sup> Letter to his editor Alexei Suvorin from Melikhovo, August 1, 1892. I am quoting Chekhov’s letters from Anton Chekhov, *Letters of Anton Chekhov to His Family and Friends with Biographical Sketch*, trans. by Constance Garnett (New York: The Macmillan Company, 1920), 308.

<sup>101</sup> Quoted in Frieden, *Russian Physicians*, 119.

physician “as an altruistic, self-sacrificing servant of the people.”<sup>102</sup> In a letter of 1890, Chekhov expresses his and everybody else’s esteem of zemstvo medicine:

I believe in both Koch and spermine and I praise God for it. All that—that is the kochines, spermines, and so on—seem to the public a kind of miracle . . . but people who have a closer acquaintance with the facts know that they are only the natural sequel of what has been done during the last twenty years. A great deal has been done, my dear fellow. Surgery alone has done so much that one is fairly dumbfounded at it. To one who is studying medicine now, the time before twenty years ago seems simply pitiable. . . If I were offered a choice between the “ideals” of the renowned sixties, or the very poorest zemstvo hospital of to-day, I should, without a moment’s hesitation, choose the second. (245)

Medicine and literature always coexisted in Chekhov’s life. His engagement with the literary medium was deep—he was a writer before becoming a doctor— and he often introduced doctor characters in his literary works, especially in his theater plays (Lvov in *Ivanov*, Dorn in *The Seagull*, Astrov in *Uncle Vania*, Chebutykin in *The Three Sisters*). In 1888 he wrote to Alexei Suvorin: “medicine is my lawful wife and literature is my mistress” (Letter from Moscow, September 11). It is in “Ward No. 6” that Chekhov highlights most effectively the common characteristics between medicine and narrative reliability.

The profound social and ethical consequences of the clinical method, and the spatial organization of the power dynamics it entails constitute the main themes of Chekhov's text. As the title suggests, the reader is presented with the physical structure in which the institutionalization of medical care takes shape along with its discursive features. In the story, the exquisitely formal question of narrative unreliability is tightly intertwined with major issues in the philosophy of medicine, such as the social constructedness of medical truth, the arbitrariness of the normal/pathological dichotomy and the power dynamics associated with the medical gaze.

The hospital as a structure plays a remarkable role in the text, as the poetics of the inside

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<sup>102</sup> Ibid., 122.

vs the outside informs the discussion about other dichotomies and their arbitrariness. Since Gogol's times mental health had undergone profound changes:<sup>103</sup> lunatic asylums (сумасшедшие дома) had given way to hospitals and clinics, and the year 1845 saw the first Lunacy Act in England, which marked the institutionalization of mental health care, while in Russia in 1857 the first department of psychiatry was established at the Medical-Surgical Academy in Saint Petersburg. Nicholas I inaugurated a season of enthusiasm for asylum-building. Only six years set Tolstoi's and Chekhov's texts apart, yet medicine was progressing fast, and the 1870s and 1880s witnessed further profound changes in the methods, practice and institutions of medicine, especially in the fields of neurology and psychiatry. By the mid-1870s zemstvos were required to provide care to all the insane people in their area, which made medical facilities for the mentally ill overcrowded. In 1877 the world's first University Clinic with a department for nervous diseases and psychiatry was founded in Tartu by the surgeon Eduard Georg von Wahl. In 1882 Charcot established his famous neurology clinic at the Salpêtrière, while by the 1890s all Russian universities had a program in psychiatry. For the first time in history, mentally disturbed people were considered patients who needed treatment.

Chekhov's story is told in the third person singular, with no employment of estrangement or the grotesque, and the narrator occasionally steps in with brief comments to make his position clear to the reader. Right on the first pages we are led from the park into the hospital building, and through its main rooms and wards, filled with desolation and decay, until we are introduced to the main characters, the resident Ivan Dmitrich Gromov and the doctor Andrei Efimich Ragin, with a flashback on their lives prior to their encounter.

Positivist optimism and its reductionist methods, already described and condemned by

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<sup>103</sup> My source here is Julie Brown, "Revolution and Psychosis."

Tolstoi in *Death of Ivan Il'ich*, inform medical practice as well as the physical and diegetic space in Chekhov's story. Andrei Efimich suffers from the fact that the hospital is in miserable condition ("the absence of antiseptic treatment and the cupping aroused his indignation"),<sup>104</sup> yet he tries to minimize the problem, while the awareness of the progress that medicine has made in the past twenty-five years feeds his confidence in future improvements:

. . . the science of medicine touched him and excited his wonder and even enthusiasm. What unexpected brilliance, what a revolution! Thanks to the antiseptic system operations were performed such as the great Pirogov had considered impossible even *in spe*. Ordinary Zemstvo doctors were venturing to perform the resection of the kneecap; of abdominal operations only one percent was fatal [...] A radical cure for syphilis had been discovered. And the theory of heredity, hypnotism, the discoveries of Pasteur and of Koch, hygiene based on statistics, and the work of our Zemstvo doctors! (107)

There is the antiseptic system, there is Koch, there is Pasteur, but the essential reality is not altered a bit; ill-health and mortality are still the same. They get up balls and entertainments for the mad, but still they don't let them go free; so [...] there is no difference between the best Vienna clinic and my hospital. 107

Andrei Efimich keeps up with advances in the medical field, which include the classification of mental diseases. He also points out that cold water is no longer poured on madmen's heads, while in Gogol's text this practice was still employed. However, despite his knowledge and the hopes he harbors for advancements in the Russian medical system, Andrei Efimich is not characterized by exemplary ethics. Far from presenting his character as a clearly positive hero who promotes medical progress within a challenging environment, Chekhov instills grey areas in his protagonist's moral behavior. In the first half of the text we learn that Andrei Efimich does not really do much to change the poor conditions of his hospital, he spends his days in idleness, and he drinks considerable amounts of alcohol. Moreover, he fails to understand his patients'

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<sup>104</sup> I am quoting from *Chekhov's Doctors. A Collection of Chekhov's Medical Tales*, ed. by John L. Coulehan, with a Foreword by Robert Coles (Kent, OH: Kent State University Press, 2003), 108.

perspective, as is clear when he tries to convince Ivan Dmitrich that the latter's suffering does not exist, but it is instead a mere idea, or an abstract concept, therefore stoic detachment will suffice to put an end to physical and existential pain.

Compared to Poprishchin and to Ivan Il'ich, Chekhov's character seems to be ahead of the game: he is a physician, he is knowledgeable about his field, he employs and understands medical jargon, he believes in medicine and in the medical institutions. However, his intuitions about the conventional nature of power in medical treatment set him apart from all the other doctors and staff. In his conversations with Ivan Dmitrich, of which Foucault would have approved, Andrei Efimich recognizes that "There is neither morality nor logic in my being a doctor and your being a mental patient, there is nothing but idle chance." (109) He is able to step out of the doctor-patient dynamics and see that the role society assigns to people is often the result of mere chance. Reliability, or lack thereof, is no longer defined a priori, on the basis of abstract commonsense or consistency. Its definition, instead, completely depends on the community in which it originates, on its values and the power relationships among its members:

When society protects itself from the criminal, mentally deranged, or otherwise inconvenient people, it is invincible . . . So long as prisons and madhouses exist someone must be shut up in them. If not you, I. If not I, some third person. Wait till in the distant future prisons and madhouses no longer exist, and there will be neither bars on the windows nor hospital gowns. Of course, that time will come sooner or later. (110)

When the illiterate and ambitious doctor Khobotov, standing with the guardian Nikita behind a door left ajar, overhears Andrei Efimich's conversation with Ivan Dmitrich and declares the former mad (117), the reader is informed, but this all happens behind the protagonist's back. However, hints are given to Andrei Efimich and the reader alike that reveal the gradual fulfillment of the conspiracy, and the reader follows this process, right from the protagonist's initial incredulity, a stage in which Chekhov's style bears a pale resemblance to Gogol's



descriptions of Poprishchin's inner world or Tolstoi's dreamy sketch of Ivan Il'ich on morphine, yet without resorting to a visionary or grotesque atmosphere or to a Shklovskian estrangement. For instance, when Khobotov "for no apparent reason recommended him to take bromide" (118)—and it should here be noted that bromide was not mentioned in Gogol's text—, the reader is aware of what is happening, while Andrei Efimich is not.

The same person uttering the same words and behaving in the same exact way inside and outside the hospital will be considered, respectively, mentally healthy or mentally ill. The demarcation line between what is normal and what is pathological is arbitrary, Georges Canguilhem claims in his writings completed during the Nazi occupation of France.<sup>105</sup> Sociologists of medicine have taken up this concept in the past decades, by focusing on pathologies such as diabetes, hypertension, or mental illness. In Chekhov's story Khobotov's move exemplifies what Foucault theorizes about the power of definitions and what decades later historian of medicine Charles Rosenberg defines as "the tyranny of diagnosis."<sup>106</sup> Once Andrei Efimich is considered sick, the illness gets attached to his identity and informs other people's assessment of all his actions and words. He says to Ivan Dmitrich:

When you are told that you have something such as diseased kidneys or enlarged heart, and you begin being treated for it, or you are told you are mad or a criminal—that is, in fact, when people suddenly turn their attention to you—you may be sure you have got into an enchanted circle from which you will not escape. You will try to escape and make things worse. You had better give in, for no human efforts can save you. So it seems to me. (128)

We have seen how in Tolstoi's novella Ivan Il'ich had a similar intuition when he compared a patient who receives a diagnosis to an accused who stands in front of the judge in court while the

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<sup>105</sup> Georges Canguilhem, *The Normal and the Pathological* (1943), transl. by Carolyn R. Fawcett and Robert S. Cohen, New York: Zone Books, 1991.

<sup>106</sup> Charles Rosenberg, "The Tyranny of Diagnosis. Specific Entities and Individual Experience," *The Milbank Quarterly* 80 (Jun 2002): 237–260.

sentence is pronounced. Andrei Efimich is summoned by a committee whose goal is to assess his mental health. There sat “the military commander, the superintendent of the district school, a member of the town council, Khobotov, and a plump fair gentleman who was introduced to him as a doctor.” During the meeting, these people show their blatant ignorance and Andrei Efimich “for the first time in his life, felt bitterly grieved for medical science . . . “what’s the explanation of this crass ignorance? They have not a conception of mental pathology!”” (120). Andrei Efimich responds to the committee’s dull and petty questions in a knowledgeable and balanced fashion and his interrogators feel their inadequacy.

By employing this technique, the narrator attains the goal of making the reader understand what is at stake, how the normal/pathological opposition originates, how conventional it becomes and whose purposes it serves. Far from assigning the interpretive work to the reader, the narrator steps in with clear statements of judgment:

. . . the fair-haired doctor and he [Khobotov] in the tone of examiners conscious of their lack of skill, began asking Andrey Yefimitch what was the day of the week, how many days there were in a year, and whether it was true that there was a remarkable prophet living in ward no. 6. (119)

To clear the field of all doubts, he also describes the patient Ivan Dmitrich as having “an intelligent young face.” (110)

Before they close Andrei Efimich in a room at the hospital, the postmaster takes him on a trip to Petersburg and Poland, in an attempt to make him ease his mind and regain sanity. During this trip the postmaster behaves like a mentally unstable person: he disturbs people in the train by talking continuously, he gambles and gets drunk. Andrei Efimich puts up with him, but in the end loses his patience and isolates himself. The moments of isolation are his only escape from the dynamics in which he is entangled. In a sense, Andrei Efimich’s hotel rooms have the same function as Ivan Il’ich’s study where he lies alone: they are safe spaces in which the weight of

definitions and the tyranny of the (more or less provisional) diagnosis cannot manifest themselves. After their return Andrei Efimich is exhausted by the postmaster's empty words and by Khobotov's vulgarity and short-sighted questions, therefore he "felt suddenly that the rising disgust had mounted to his throat; his heart began beating violently" (127). He loses his temper and shouts at his interlocutors, which is perceived as yet one more sign of his mental illness, and he gets confined to ward no. 6. In other words, Andrei Efimich departs from the hospital, a place shaped by the constituted order that reigns in it, and he comes back to find himself a victim of that same order. The inside vs. outside dynamic has a tangible physical dimension: after Andrei Efimich gets out of the institution, albeit briefly, he also officially goes out of his mind, and there is no way back into the role he used to have in the system prior to his departure. He is now on the wrong end of the power dynamics, whose conventional nature he further underlines by making reference to uniforms: "It's no matter. It does not matter whether it's a dress-coat or a uniform or this dressing gown." (130) He is now dressed exactly like Ivan Dmitrich and has a bed in the same room, while the doctors wear a white uniform, which is just as conventional, and stay on the other side of the door. One's authority, that is, the extent of one's reliability, largely depends on what uniform one is wearing, on the label by which one is defined, all of which is the byproduct of one's situation and situatedness.

What initially was an abstract intuition for Andrei Efimich, now becomes a unique and embodied experience, and he finally comprehends Ivan Dmitrich's attacks on empty philosophical speculations and general categories. As a response to positivist medicine and its obsession with categorization and types, Andrei Efimich, like Ivan Il'ich, feels his own irreducible flesh-and-blood reaction to the order of things that he has himself helped to create. The narrator further emphasizes his character's and his own view of the hospital as an

institutional locus of power in this short descriptive passage:

Andrey Yefimitch walked away to the window and looked out into the open country. It was getting dark, and on the horizon to the right a cold crimson moon was mounting upwards. Not far from the hospital fence, not much more than two hundred yards away, stood a tall white house shut in by a stone wall. This was the prison. "So this is real life," thought Andrey Yefimitch and he felt frightened. The moon and the prison, and the nails on the fence, and the far-away flames at the bone-charring factory were all terrible. (131)

To the Anglophone reader, the mention of the moon resonates with the word 'lunatic', a term that belongs to earlier medicine, prior to the rigorous systematization of illnesses and the parallel institutionalization of health care. In Gogol's text we have also encountered Poprishchin as the King of Spain in the act of organizing a mission to the moon from the lunatic asylum. Here, instead, nails on the prison fence and bars on the hospital window are superimposed on the moon, as if to remind the reader that a strict new structure has been put in place to manage the ill, and only now, from his peculiar location, standing in a hospital room in a dressing gown, can Andrei Efimich see the frightening consequences that the systematization process has brought about. In Russian the word 'lunatik' means 'sleepwalker' and, more rarely, 'madman'. However, the term used for 'mad', сумасшедший (literally 'gone out of one's mind') still gestures at a border crossing, at an in/out dichotomy.

In conclusion, the narratological category of unreliability proves an insightful lens to track, on the one hand, the evolution of medical institutions and medical epistemology over the nineteenth century, and on the other hand the parallel transition from early to late realism in Russian prose during those same decades. Gogol's text presents the reader with no critique of medicine as a science, nor of physicians as a corporation, although there are some hints of Foucauldian power dynamics when we learn about the brutal treatment that Poprishchin receives in the asylum, compared by the character to an independent state (Spain) with its own soldiers

and laws. The first-person narration allows for no direct comment on the author's part, and while the protagonist never contradicts himself, Gogol' appeals to commonsense and resorts to estrangement and the grotesque, late manifestations of Romantic visionary motifs, to show that the character is unreliable and to denounce the alienation that society generates. Unreliability is encoded in the text as a rhetorical device and it is still a concept on which everybody—the author and the implied reader—can agree behind Poprishchin's back on the grounds of commonsense.

In Tolstoi's third-person realistic narration, no grotesque and very little estrangement are employed. In this text the author argues against positivist science vicariously, by letting the readers learn about Ivan Il'ich's inner thoughts and feelings. The recent changes in the medical institutions and the medical episteme shape a new notion of narrative unreliability: the character is unreliable only from the point of view of those who operate within a different paradigm, the dominant one, and whose questions, language and definitions of being ill are deeply different from Ivan Il'ich's. The implied reader is led to understand the protagonist's frustration and tends to sympathize for him. Tolstoi's resistance to the ascendance of the clinical method and the standardization of medical treatment is expressed clearly, albeit indirectly, and the poetics of space slightly comes into play to serve this purpose: Ivan Il'ich is himself again, and no longer a mere patient, a 'type', when he is alone in his study, while he becomes objectified when he interacts with doctors, be it in their cabinets or at home.

Chekhov's position vis-à-vis medicine is more nuanced and less dogmatic than Tolstoi's, which is in part the result of Chekhov's profession, and in part of a waning of realism in the face of modernism. Rather than with a firm stance, Chekhov presents the reader with the lack of certainties, the multiplicity of equally logical perspectives and the malleability of concepts that his character's experience of the world shows. Like Andrei Efimich, Chekhov embraces progress

in medicine with hope and excitement, yet the power play and the arbitrariness of definitions fill the text with a sense of uncertainty and disquiet. Additional shades of grey and a further suspension of judgement are attained through the characterization of Andrei Efimich as morally dubious. It is no longer possible to appeal to commonsense in order to determine what characters in this storyworld the reader should side with and fully trust. Definitions and categories, even in a science like medicine, are socially constructed, and this awareness creates instability as opposed to the comforting clarity of the author's stance and judgments expressed in realistic novels. Moreover, even when the protagonist possesses the tools and the knowledge necessary to bring about medical improvements in his community, he does not necessarily set out to pursue that goal. Andrei Efimich's unreliability is not as obvious to the reader as Poprishchin's. It does not even spring from a clash of paradigms, as in Ivan Il'ich's experience: Andrei Efimich is a doctor and knows his medicine, but falls prey to the power dynamics of a merciless system of which he himself has been a part and which he has helped to create. Unlike Gogol' and Tolstoi, Chekhov communicates his opinions on his character's reliability to the reader very explicitly. While Gogol' employs first-person narration and can only show his character's unreliability through estrangement and the grotesque, and Tolstoi tells the story of Ivan Il'ich's death in the third person and lets the reader infer from the protagonist's thoughts and reactions that he is not unreliable, but the victim of reification, in Chekhov's story nothing is left to interpretation: the author makes comments to show that, despite his idleness and his unethical conduct, Andrei Efimich's reasoning is sound and, in fact, he is the most knowledgeable and acute among the hospital authorities. In these three texts, the less undisputable and evident the character's unreliability, the more frequently the author steps in with his judgments.

The poetics of borders, their arbitrariness and their negotiability informs the text and

finds its most tangible embodiment in the hospital building and its wards. The crossing of boundaries and the exploration of their porosity, achieved in the text through the juxtaposition of the space inside the building and that outside of it, anticipates the fluidity that will characterize modernist fiction on the stylistic and aesthetic level. It also anticipates a central concern of the history of medicine in later decades, namely, the social construction of truth, methods, and value judgments in the sciences.

The analysis of the patient as an unreliable narrator in these three works, produced in distinct moments of the literary and medical historical trajectory in nineteenth-century Russia, shows, on the one hand, that the history of medical institutions allows for the release of further tensions from these texts that could not be attained by literary analysis alone; on the other hand, it shows that narratology, with its nuanced category of “narrative unreliability,” allows discerning readers to shed new light on the conditions for the formulation and transmission of medical knowledge.

## **2.2. THE PATIENT TALKS BACK: AUTHORSHIP AND PSYCHOANALYSIS IN VIENNA AND TRIESTE**

### **Freud’s Dora, or the Narrator Who Coughs**

The work of Sigmund Freud has been as paramount to literature as it has been groundbreaking in the field of medicine. Over the decades following Freud’s major publications literary authors and critics became increasingly aware of his achievements as both a literary theorist and practitioner, which equal and perhaps surpass in magnitude his contributions to the field of medicine—from Arnold Zweig, who in 1934 considered Freud “the culmination of Austrian literature”<sup>107</sup> to

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<sup>107</sup> *The Letters of Sigmund Freud and Arnold Zweig*, ed. Ernst L. Freud (New York: Harcourt Brace Jovanovich, 1970), 61.

Thomas Mann, who underlined Freud's similarities to Romanticism; from Lacan's unearthing the linguistic texture of Freud's psychoanalytic practice<sup>108</sup> to the elaborate reading of the Freudian concept of the unconscious performed by Jacques Derrida.

It would be of little use, and at any rate beyond the goals of this chapter, to retrace the history of psychoanalytic literary criticism or to rehearse one more time the topic of "Freud and literature."<sup>109</sup> What interests me here is to offer some quick remarks on authorship and perspective in Freud's writings and to use his techniques and his texts as a referential foil and the medical stylistic counterpart to what we have been observing in literature.

Although Freud's methods arrived in Russia with some delay and at least until the turn of the century Russian medical case studies were still quite similar to Jean-Martin Charcot's,<sup>110</sup> his writing style and his approach to authorship and storytelling put him in dialogue not only with Mittel-European writers such as Italo Svevo, who was very familiar with Freud's works and practice, but also with authors like Chekhov, who never met him and died shortly after the turn of the century, but whose narrative style denies to the author the final word on events and characters and accommodates instead different perspectives, none of which is fully embraced, and complicates the notion of narrative reliability.

*Fragment of an Analysis of a Case of Hysteria* (1905), famously featuring the young

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<sup>108</sup> On Lacan and, in general, the area of studies named "French Freud," see, among others, Sherry Turkle, *Psychoanalytic Politics: Freud's French Revolution* (New York: Basic Books, 1978) and Jacques Lacan, *The Language of the Self: The Function of Language in Psychoanalysis* (New York: Delta, 1975).

<sup>109</sup> The essay collection *Freud: A Collection of Critical Essays*, ed. Perry Meisel (Englewood Cliffs, NJ: Prentice-Hall, 1981) is devoted to this topic.

<sup>110</sup> For a discussion of hysteria in late nineteenth-century Russian neurology, see Cathy Popkin, *Hysterical. Episodes: Case Histories and Silent Subjects*. In *Self and Story in Russian History*, ed. Laura Engelstein and Stephanie Sandler (Ithaca, NY: Cornell UP, 2000), 189–216.



patient Dora, is the largest, most comprehensive, fully developed and controversial among Freud's case studies. I will briefly highlight a few key traits of Freud's narrative techniques with the purpose of setting his style apart from that of his predecessors (observed in Chapter 1) and to provide the foil for a richer assessment and a deeper understanding of narrative reliability in the literary texts that the present chapter examines, especially Svevo's, which openly addresses and challenges psychoanalysis.

The subtle and complex negotiation of authorship and authority over illness narratives that Chekhov explores in depth is the promise of psychoanalysis—unlike Charcot's hysteric patients at the Salpêtrière, who were voiceless and reified, Dora speaks, and to a degree her perspective and her version of the story are reported in the case study that Freud compiles. Freud's awareness of the potentials of storytelling and of the literary medium was expressed already in his earlier writings. In *Studies on Hysteria* (1895) he had famously claimed that his writings and his practice are more akin to literary writing and interpretation than medicine proper: "it still strikes me myself as strange that the case histories I write should read like short stories and that, as one might say, they lack the serious stamp of science," and he had defined literature and its forms of representations as privileged diagnostic tools: "local diagnosis and electrical reactions lead nowhere in the study of hysteria, whereas a detailed description of mental processes such as we are accustomed to find in the works of imaginative writers enables me, with the use of a few psychological formulas, to obtain at least some kind of insight into the course of that affection."<sup>111</sup> In the prefatory remarks to Dora's case, in which Freud sets out his methodology, he restates the literariness of his prose by recognizing that "there are many

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<sup>111</sup> *Standard Edition of the Complete Psychological Works of Sigmund Freud* (London: Hogarth Press, 1955-1974), 2: 160–61.

physicians who . . . choose to read a case history of this kind not as a contribution to the psychopathology of neuroses, but as a *roman à clef* designed for their private delectation.”<sup>112</sup> The potentials of storytelling are celebrated and explored. However, from a closer look at the narrative frames and at the authorial voices in this case study, one immediately infers that the doctor, while reporting his patient’s point of view, does not at all negotiate his authority on how the story unfolds.

Just as a literary character, Dora is not a full individual, but she is rather presented metonymically, through the sides that interest the author more—she is a hysteric patient. Dora provides the raw material—her recollections, opinions and complaints—for Freud to reconstruct an “authoritative” and “reliable” story that will explain the causes and phenomenology of her hysteria. Dora’s story lies within the story that we read; the doctor occupies the outermost narrative frame and has the last word. Moreover, Dora’s utterances are seldom quoted directly, in the form of reported speech. They are selected, edited, summarized and filtered by Freud, who acts not as a stenographer, but as an interpreter and an author: “the wording of these dreams was recorded immediately after the sitting” and “[t]he case history itself was only committed to writing from memory, after the treatment was at an end, but while my recollection of the case was still fresh and was heightened by my interest in its publication.” Although this sounds like a realistic, fact-based approach to patient utterances, from the point of view of narratology the process is problematic, as the re-authoring is obvious. “[T]he record is not absolutely—phonographically—exact,” Freud conceded, “but it can claim to possess a high degree of trustworthiness. Nothing of any importance has been altered in it except in several places the order in which the explanations are given; and this has been done for the sake of

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<sup>112</sup> Sigmund Freud, *Dora: An Analysis of a Case of Hysteria*, ed. by Philip Rieff (New York: Macmillan, 1963), 23.

presenting the case in a more connected form” (24). Now, who else but the doctor himself decides what is “of importance” and guarantees the “trustworthiness” of the report, all the more when “exceptions” are confessed? Dora’s voice does not get to us directly, but is instead refracted and reproduced through the doctor’s. We are confronted with a fair amount of filtering and reassembling here.

At times it looks as though Dora is endowed with some narrative agency, since she is allowed to start the session with anything that is on her mind, and this characteristic constitutes a major innovation in Freud’s interactions with his patients, as it strikingly differs from Charcot’s or Paul Broca’s methods: “I now let the patient himself choose the subject of the day’s work, and in that way I start out from whatever surface his unconscious happens to be presenting to his notice at the moment. But on this plan everything that has to do with the clearing-up of a particular symptom emerges piecemeal, woven into various contexts, and distributed over widely separated periods of time. In spite of this apparent disadvantage, this new technique is far superior to the old, and indeed there can be no doubt that it is the only possible one” (26-7). This is a technique that allows Freud, the author of the case, to reassemble the pieces and build a story according to a specific, arbitrary criterion, “the only possible one,” we learn. The passage also suggests a fascinating manipulation of time. Rather than proceeding chronologically, the narrative progresses by thematic clusters in which different time slices are collapsed. The rejection of an all-encompassing timeframe is a common modernist technique that also characterizes Italo Svevo’s novel *Zeno’s Conscience*. However, in Freud’s case study teleology is safe and the authorial voice well audible, reassuring, and certainly reliable, which marks a significant difference between this text and modernist prose. Moreover, the very title of the case seems to point to the irreducible fragmentariness of reporting and recollection, which is another

major component of the modernist aesthetic, one that Chekhov, too, explores. At the same time, however, Dora's case is the largest, most robust and comprehensive of Freud's stories, which raises a contradiction. This account is only apparently fragmentary and provisional—indeed, Freud's method allows for fragmentariness and endows the patient with some agency by letting her present the raw material without abiding strictly by chronology and by employing free-association. This is however a specific technique to let the material emerge piecemeal and Freud interprets and understands these fragments as parts of the coherent whole that he constructs and provides to the reader.

Narrative reliability is undoubtedly an attribute of the doctor, who behaves at the same time as a literary author—he crafts a story, employs imagery, superimposes a narrative to an otherwise fragmentary and segmented sequence of psychoanalytic sessions—and as a literary critic: Dora does not only provide the text; she *becomes* the text that Freud interrogates, interprets, analyzes, and from which he releases meanings and advances science. Interestingly enough, little emphasis is put on the process of interpretation itself, on how meaning has been inferred—the result is offered but little is shared about the different stages that led to it.

At the verge of medicine and literature, Freud's work, while breaking away from previous medical practices, stylistically situates itself at the turning point between late Realism and Modernism by virtue of its narratological features, namely, its treatment of perspective, authorship and narrative reliability. We have seen how Broca considered patients' utterances merely as symptoms of an underlying condition and not as bearers of meaning. Charcot would document hysteria, in words and photographs, without letting the patient's perspective in. In Freud's *Dora* we have partial access to the patient's words, but always through the mediation of the author/doctor's editorial choices. The fact that Dora is constantly coughing, together with the

loss of her voice, reported as one of her recurring symptoms, seem to foreground that the co-authorship between doctor and patient is only an apparent one. Although diagnostic methods have changed since the time of Broca and Charcot, the patient is still in part reified and certainly gendered. Most importantly, though, her words—raw material at the service of Freud’s authorship—become reliable only when appropriately filtered and conveyed through the doctor’s case-story.

**Sickness As Narrative Reliability? The ‘Inetto’ as Storyteller in Svevo’s *Zeno’s Conscience*.**

*“He’s a great man, that Freud of ours; but more so for novelists than for patients.”*

From Italo Svevo’s letter to Valerio Jahier, 10 December 1927.<sup>113</sup>

In the analysis of Dora’s case we have seen how Freud’s work and the introduction of psychoanalysis further complicate the notion of narrative reliability and how, at the turn of the century, the transformations in the medical episteme brought about by psychoanalysis and the transition from late realism to modernism in the style and aesthetics of European literature follow distinct yet intertwined trajectories. In the medical field we witness a gradual, but significant shift from Paul Broca’s and Jean-Martin Charcot’s positivist diagnostic models, whereby patients’ utterances were taken into account solely as symptoms that could confirm or exclude an already assumed underlying mental pathology (this was the case for aphasia and hysteria), to the rise of psychoanalysis. In Freud’s work patients’ voices start breaking into the threads of the story, which constitutes a remarkable innovation. However, as we have seen, the prevailing perspective remains that of the doctor, who guides the patient’s recollections with his questions

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<sup>113</sup> Italo Svevo, *Opera Omnia*, 4 volumes, ed. by Bruno Mayer (Milano: Dall’Oglio, 1992), I, 857 (transl. mine).

and edits the patient's words when he writes up the case study, thus occupying the outermost narrative frame of the story. After all, it was not until post-structuralist theory that the reliability of the narrator of the Dora case itself was consistently questioned.<sup>114</sup> Soon after its formulation at the turn of the century, Freud's exploration of the subconscious began to inform the literary production of the time; most notably, it amply influenced Surrealist prose. Among other texts, André Breton's novel *Nadja* (whose author, like Freud, is also a physician), although written in 1928, still presents the reader with a similarly unbalanced co-authoring of doctor and patient, whereby the concept of 'authorship' is dangerously coterminous with that of 'authority'. Nevertheless, both texts stage the beginning of a negotiation of authorship over illness narratives, with a clash between two different emplotment solutions that are cast over one and the same set of events and symptoms.

Steeped in the *fin de siècle* awareness of transition, Svevo's work mirrors the monumental shifts that were occurring both in the medical episteme and in the literary aesthetics. While Svevo's first two novels are still quite indebted to French realism and naturalism, it is in *Zeno's Conscience* (*La coscienza di Zeno*, 1923) that the writer grapples with the contradictions and the complexities that coalesce around the concepts of authorship, authority and narrative reliability that had been raised in the wake of Freud's psychoanalysis. The analysis of *Zeno's Conscience* marks the final step of the long transition that this chapter has tracked in late nineteenth- and early twentieth-century Europe through the lens of narrative unreliability. We have been looking at two distinct but intertwined evolutionary trajectories that share crucial epistemological traits: one from positivist medicine to the rise of the patient's figure in a post-Freudian stage, and the other, not less gradual or problematic, from realistic literature to

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<sup>114</sup> See among others Charles Bernheimer and Claire Kahane, eds., *In Dora's Case* (New York: Columbia University Press, 1985), and Hélène Cixous's theater play, *Le portrait de Dora* (1976).

modernist, inter-war aesthetics.

Without the shadow of a doubt the authors analyzed in the first part of this chapter— Gogol', Dostoevskii, Tolstoi, and Chekhov— have consistently been considered canonical writers of the Russian literary tradition, although they have been appropriated and re-read differently by the establishment in different eras. Italo Svevo, by contrast, fits the description of an eccentric writer in many ways: born and raised in Trieste, a city of the Austro-Hungarian Empire which would only become Italian in 1918, Aron Hector Schmitz chose the pen-name of Italo Svevo to mark the confluence of the Italian and the Mittel-European cultures within his identity. His social environment, the entrepreneurial bourgeoisie, and his educational background, business, in addition to his unique language, constellated with syntactical imperfections and semantic calques from other languages, further distanced him from most Italian writers of his time. His writings, far from being canonical, fall instead within the domain of what Deleuze and Guattari define “minor literature” in their work on Kafka: “a minor literature doesn't come from a minor language; it is rather that which a minority constructs within a major language. But the first characteristic of minor literature in any case is that in it language is affected with a high coefficient of deterritorialization.”<sup>115</sup> Finally, his literary consecration came unusually late in his life, when he became friends with young James Joyce, who was his English teacher in Trieste and, impressed by Svevo's writings, promoted them among his circles all over Europe. The success of *Zeno's Conscience* abroad provided traction for Svevo's recognition in Italy and, retrospectively, for the “rediscovery” of his previous two novels, which had almost gone unnoticed when they had appeared. However, Svevo's geographical position certainly had one advantage, which proved crucial to the composition of

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<sup>115</sup> Gilles Deleuze and Félix Guattari, *Kafka: Toward a Minor Literature* (1975), transl. by Dana Polan (Minneapolis: University of Minnesota Press, 1986), 16.

*Zeno's Conscience*: it allowed him to become acquainted with Freud's practice before other Italian writers, as Vienna, the capital of the Empire, was located just two hundred miles away from Trieste. Svevo became familiar with psychoanalysis between 1908-1910, when his brother-in-law underwent therapy with Freud in Vienna. In the same years he also corresponded with Valerio Jahier, who was being cured by Marie Bonaparte, one of the first French psychoanalysts. However, psychoanalysis was embraced by Svevo in its critical stances more than in its "constructive" endeavors. While he emphasized its literary and heuristic potential, and while he found it a rich warehouse of stories, he consistently expressed doubts about its therapeutic goals and merits.

Published in 1923, *Zeno's Conscience* represents the vertex of Svevo's investigation of what in the Russian tradition is called *lishnii chelovek* (superfluous man), 'inetto' in Italian, a type who has been constant throughout his novelistic production. The novel is opened by a preface by a psychoanalyst, doctor S., who declares that he is publishing the autobiographical notes written by his former patient Zeno Cosini as a therapeutic exercise, and that he is doing so "in revenge," after Zeno has quit psychoanalysis. He also warns the reader about the "many truths and many lies" that constellate the patient's notes.<sup>116</sup> The whole text, therefore, consists of Zeno's first-person narrative about his life and the account of his attempts to get rid of his disease. The autobiography is followed by Zeno's journal, in which he explains why he quit therapy and he tells about his entrepreneurial adventures after the war. No strict chronological order is followed, but Zeno's narrative revolves around crucial strands and nodes in his life, which consist of separate chapters: his conflicting relationship with his father and the episode of the latter's death, his smoking habit, his complex relationship with his wife and with his lover,

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<sup>116</sup> I am quoting in English from Italo Svevo, *Zeno's Conscience*, trans. by William Weaver (New York & Toronto: Everyman's Library, 2001), 3.



the rivalry with his brother-in-law Guido, and the debate on health and disease running as a common thread across all chapters. Throughout these main scenarios, Zeno feels his inadequacy and his ineptitude, which he reads as the manifestation of a disease until by the end of the novel he realizes that it is not he who is sick, but the whole bourgeois society around him, and he starts cherishing his condition as one that allows for flexibility, open-endedness and evolution, unlike the static and rigid “health” of those who surround him. Although the fruit of a different literary season and a different cultural environment, Svevo’s novel certainly resonates with Gogol’s first-person diary of a madman, with Tolstoi’s Ivan Il’ich, with the tone and style of the monologues in Dostoevskii’s ‘Underground Man’, with some of Ragin’s bitter conclusions in Chekhov’s *Ward no. 6*.

However, on the one hand, Freud’s psychoanalysis introduced new ways to define and perform illness narratives, while, on the other hand, Einstein’s theory of relativity, in which Svevo showed particular interest, World War I and the shattering effects of post-war art opened up a whole new aesthetics of fragmentariness and open-endedness in the literary medium while generating new questions on the potentials and limits of language. While Svevo’s previous novels featured an omniscient narrator, who served as a yardstick for the reader to assess characters’ words, in *Zeno’s Conscience* we are left completely in the hands of Zeno, who often contradicts himself or gives hints of unreliability, which shakes the readers’ trust in his story. Doctor S. cannot function as the repository of truth either—his voice appears only in the preface to Zeno’s writings, which, in turn, repeatedly undermines the doctor’s trustworthiness. The effect on the implied reader is one of constant uncertainty and vacillation between taking Zeno’s sides and casting doubts on his authenticity and good will. Through the analysis of the style and structure of Svevo’s novel, on one hand, and of the problematic distinction between health and

sickness that it enacts, on the other hand, I aim to show how the category of narrative unreliability, in its narratological definition outlined at the beginning of this chapter, helps us shed light on both questions and on their reciprocal implications.

The topic and the narrative structure of Svevo's novel testify to the author's awareness of the literary potentials of psychoanalysis decades before the rise of psychoanalytic criticism in French literary studies in the 1960s—with Derrida, Laplanche, Rosolato, Certeau and their circle—and the work of Roy Schafer on narration in the psychoanalytic dialogue in the late 1970s.<sup>117</sup> The fact alone that the last of the eight thematic chapters is titled “Psychoanalysis” (“Psico-analisi”) seems to further suggest that the psychoanalytic discourse and its narrative dynamics should be adopted as an interpretive key to the novel. Not only do psychoanalytic topoi and motifs appear thematically—Zeno's sense of guilt, his Freudian slips or parapraxes (Freud employs the term ‘Fehlleistung’ in his *Zur Psychopathologie des Alltagslebens*—in English, *Psychopatology of Everyday Life*), his relationship with his father, and the cigar as a sign of virility; psychoanalysis becomes an organizing principle of Svevo's text, as it allows the author to treat narrative time and questions of reliability in new ways compared to his previous novels. In a curious symmetry, Svevo's employment of psychoanalysis is symmetrical to that of doctor S. in that they make sense of the same phenomenon by using the same tool, but from two opposite ends. Svevo, too, is a Mr. S, after all.

A fellow Triestine writer, Umberto Saba, claimed that from a cultural standpoint Trieste seems to constantly lag behind other cities by thirty years.<sup>118</sup> This might partially explain why

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<sup>117</sup> Roy Schafer, “Narration in the Psychoanalytic Dialogue,” In *On Narrative*, ed. W. J. T. Mitchell (Chicago: University of Chicago Press, 1981), 29-45.

<sup>118</sup> “Dal punto di vista della cultura, nascere a Trieste nel 1883 è come nascere altrove nel 1850.” Umberto Saba, *Storia e Cronistoria del “Canzoniere,”* (Milano: Mondadori, 1948), 17.

Svevo's first two novels, *Una vita* (*A Life*, 1891) and *Senilità* (*As a Man Grows Older*, 1898) are deeply indebted to French realism (especially Balzac, Stendhal, and Flaubert) and naturalism (Zola), to Bourget's psychological novel, and to Russian realism (Turgenev, Goncharov, Dostoevskii, and their *lishnie liudi*, of which Svevo's *inetti* are the Italian counterpart). In those novels the narrative was still conducted by a third-person omniscient author, and narrative time was therefore impersonal and objective. In *Zeno's Conscience*, instead, Svevo employs what he called "mixed time" ('tempo misto'). Even though we are presented with an autobiography, events are not introduced in a linear chronological order, but in a totally subjective time, which mixes plans and distances, and in which the past (with Zeno as character) constantly comes to the surface and influences the present (with Zeno as narrator). Hence the grouping into thematic chapters which encompass and collapse all the time-slices that one finds at any given moment at the threshold of Zeno's conscience.

Since Zeno is both the narrator and the main hero of this text, and since the whole autobiography is a massive attempt to justify himself both in the eyes of doctor S.—the addressee of the text—and to his own conscience, it is no surprise that the question of narrative reliability in the text becomes particularly complex, as the assessment of the protagonist's trustworthiness poses remarkable challenges. A passage from the chapter titled "The Story of a Business Partnership," ("Storia di un'associazione commerciale") shows this complex mechanism of guilt, self-censorship and self-justification in action. In an instance of Freudian slip, Zeno does not attend Guido's funeral because he ends up in a different one by mistake. The reader knows from the chapter on marriage that Zeno perceives Guido, his brother-in-law, as an antagonist: he is bright, good-looking, self-confident, a talented violinist (unlike Zeno), but most importantly, he married the sister of Zeno's wife, Ada, with whom Zeno himself used to be

infatuated. In their very first encounter Zeno feels open hostility towards him and he would like to kill him by throwing him down a wall. However Zeno's conscience cannot accept this feeling of hatred and jealousy, which triggers guilt in its turn, therefore, as time goes by, Zeno the character masks his deep and unacceptable feelings with the ostentation of love and friendship towards Guido. Even Zeno the writer, after years, keeps concealing his hatred and tries to convince himself and doctor S. that he sincerely loved his brother-in-law. In fact, as Guido's finances were heading towards ruin, Zeno, his business partner, knew what was ahead of him and, instead of offering help, watched things happen with excited anticipation. Guido has simulated a suicide to convince Ada to save his business with her family patrimony, but his attempt succeeded and he died. This event risks awakening Zeno's guilt, so our narrator sets a whole self-deceiving strategy in place to emerge not only as free of blame, but also as a good friend of the deceased. I will emphasize phrases and parts that serve this purpose:

Nella stanza da letto matrimoniale il povero Guido giaceva abbandonato . . . Sulla sua faccia bruna e bella era impronto un rimprovero. *Certamente non diretto a me.*<sup>119</sup>

In the bedroom on the nuptial double bed, poor Guido lay alone . . . On his dark and handsome face was imprinted a reproach. *Certainly not addressed to me.* (386)

Zeno tries his best to save part of Guido's capital and to show himself to be a responsible and loving relative by gambling on the Bourse and buying stocks. His success would also seal his triumph over Guido as a better businessman. Once Zeno has given instructions on which stocks he intends to buy, his job is done, and he only follows the market trends frantically with the hope of influencing them by his excitement alone. Zeno's description of these hours of wait and observation is hyperbolic and he emerges almost as an epic hero:

Così s'iniziarono per me le cinquanta ore di massimo lavoro cui abbia atteso in tutta la mia vita. Dapprima e fino a sera restai a misurare a grandi passi su e giù l'ufficio in

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<sup>119</sup> I am quoting from Italo Svevo, *Romanzi*, (Milano: Mondadori Meridiani, 1985), 1032.

attesa di sentire se i miei ordini fossero stati eseguiti. . . Poi . . . incominciò per me una vera agitazione . . . Ricordo quell'agitazione come un vero e proprio lavoro. Ho la curiosa sensazione nel mio ricordo che ininterrottamente, per cinquanta ore, io fossi rimasto assiso al tavolo da giuoco succhiellando le carte. Io non conosco nessuno che per tante ore abbia saputo resistere ad una fatica simile. Ogni movimento di prezzo fu da me registrato, sorvegliato, eppoi (perché non dirlo?) ora spinto innanzi ed ora trattenuto, come a me, ossia al mio povero amico, conveniva. Persino le mie notti furono insonni. (1034)

Thus for me began fifty hours of the hardest work I have done in my whole life. First, and until evening, I remained striding up and down the office, waiting to hear if my instructions had indeed been followed . . . Then . . . for me a real agitation began . . . I remember that agitation as true toil. In my memory I have the curious sensation that uninterruptedly, for fifty hours, I remained seated at the gambling table, nursing the cards. I don't know anyone who has ever been able to tolerate similar exertion for fifty hours. Every shift in price I recorded, brooded over, and then (why not say it?) mentally urged shared forward, or held them back, as best suited me, or rather my poor friend. Even my nights were sleepless. (388)

This description appears all the more hyperbolic, and almost tragicomic, when we read it alongside Zeno's mistake at Guido's funeral, which instead unmasks all his hatred towards his brother-in-law. He eventually locates the right cemetery, but maintains it is too late to join the ceremony, or, more correctly, he assumes that it *may* be too late, as the Italian text states with the adverb 'forse' ('perhaps'), accentuating thus Zeno's self-justifying and self-deceptive move:

A me non era permesso d'intervenire alla funzione *forse* già cominciata e turbarla. Dunque non sarei entrato in cimitero. Ma d'altronde non potevo rischiare d'imbattermi nel funerale, ritornando. Rinunziavo perciò ad assistere all'interramento e sarei ritornato in città facendo un lungo giro oltre Servola. (1037)

It was not admissible for me to arrive when the service had already begun, disturbing it. So I wouldn't enter the cemetery. But, on the other hand, I couldn't risk encountering the funeral on its way out. Therefore I gave up the idea of attending the interment, and I would return to the city taking a long way around, by Servola. (391)

Zeno almost deliberately avoids the ceremony, of which he is glad, until self-censorship intervenes:

Oramai non mi dispiaceva affatto di essermi sbagliato di funerale e di non aver reso gli ultimi onori al povero Guido. *Non potevo indugiarmi in quelle pratiche religiose. Altro dovere m'incombeva: dovevo salvare l'onore del mio amico e difenderne il*

*patrimonio a vantaggio della vedova e dei figli.* (1037)

At this point I wasn't the least displeased to have mistaken funerals, not paying my last respects to poor Guido. *I couldn't linger over those religious practices. Another duty weighed on me: I had to save my friend's honor and defend his patrimony, for the sake of his widow and children.* (391)

As Zeno walks home he is in a terrific mood, which his conscience cannot accept, so his corrections and explanations soon follow:

Brillava un magnifico sole primaverile . . . I miei polmoni, nel movimento che non m'ero concesso da varii giorni, si dilatavano. Ero tutto salute e forza. *La salute non risalta che da un paragone. Mi paragonavo al povero Guido . . . In quel momento c'era nel mio animo solo un inno alla salute mia e di tutta la natura . . . Il mio passo si fece più rapido. Mi beavo di sentirlo più leggero . . . Avevo perfettamente dimenticato che venivo dal funerale del mio più intimo amico. Avevo il passo e il respiro del vittorioso. Però la mia gioia per la vittoria era un omaggio al mio povero amico nel cui interesse ero sceso in lizza.* (1038)

A splendid spring sun was shining . . . My lungs, taking the exercise I hadn't allowed myself for several days, swelled. I was all health and strength. Health is evident only through comparison. I compared myself to poor Guido . . . At that moment there was in my spirit only a hymn to my health and all of nature's . . . My steps quickened. I was overjoyed to feel them so light . . . I had perfectly forgotten that I was coming from the funeral of my closest friend. I had the stride, the respiration of a victor. But my joy in victory was a tribute to my poor friend in whose interest I had entered the fray. (392)

Since it is beyond the scope of this study to provide a reading of Svevo's text through the lens of psychoanalytic literary criticism *strictu sensu*, I will leave aside any remarks on Zeno's Freudian slips or Freudian imagery.<sup>120</sup> For the sake of my analysis, instead, the passages quoted above are revelatory in two respects.

First, the addressee, whether real (doctor S.) or imagined (Zeno's family, his own conscience), never disappears from the horizon of Zeno's utterances. In a Bakhtinian fashion, Zeno's excuses and convoluted lies are always produced in the arena of a dialogic interaction,

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<sup>120</sup> Mario Lavagetto's introductory essay to the Meridiani Mondadori edition of Svevo's novels engages with psychoanalytical literary theory. See Mario Lavagetto, "Introduction," in Svevo, *Romanzi*, xiii-xc.

which anticipates and assumes possible reactions and objections on the part of the interlocutor, who could be as close to Zeno as his own conscience. For this reason, any statement that runs the risk of presenting Zeno in an unacceptable light is promptly mitigated, edited or explained. The apology results in a much more convoluted version of the traditional Romantic genre of the demon's confession. However, most importantly, this peculiar expressive style, combined with the focalization and narrative hierarchy that the text shows, with Zeno's being both the author and hero of the story, raises substantial problems of narrative reliability, thus bringing the focus of this chapter straight to the foreground.

In all the texts analyzed so far within the frame of this chapter, from early realism in Gogol's "Diary of a Madman" to early modernism in Chekhov's *Ward No. 6* and Freud's *Dora*, we have encountered narrators who were deemed unreliable against the background of somebody else's supposed reliability (the implicit author, society's conventions, medical discourse, power dynamics). In Svevo's novel, instead, readers are left with no such yardstick. They are confronted with a confusing and unsettling absence of a recognized or recognizable authority: they are in the hands of Zeno, whose contradictory statements—the "many truths and lies" about which doctor S. warns us in the *Preface*—create a constantly estranging perspective on the story, and there is no omniscient narrator to whom we can resort to settle all narrative controversies. To what extent and on which assumptions are we to trust Zeno's words? Even post-classical narratology, in its detailed classification, can only offer partial help in attempting a definition of Zeno's unreliability. If we consider that Zeno, as James Phelan would put it, constantly and structurally "underreports," "underreads" and "underregards,"<sup>121</sup> while also undergoing psychoanalysis, it becomes impossible to determine whether he qualifies as a "fallible" or

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<sup>121</sup> See on this Phelan. *Living to Tell about It*, 34, 52.

“untrustworthy” narrator, in Greta Olson’s terminology. Probably he is strictly none of them, but rather a combination of both. Narratology falls short of definitions for Zeno’s monologic narrative.

Zeno’s lies do not appear as the result of ill will; they are rather an unconscious strategy to silence the hero’s sense of guilt that he feels in every domain of his life. The reasons he offers to explain the same choices and events change constantly, and words and phrases accidentally dropped into the text seem to give away his true intentions. While the reader at times seems to catch glimpses of how things may actually have developed, no proof or counter-proof is offered. We are left with no external point of reference to help us assess the ambiguous or even conflicting impulses and utterances that appear in any page penned by Zeno. Precisely this open-endedness of perspectives and the refusal of crystallizing them into a hierarchy sets apart Svevo’s text from the others that we have considered and inscribes it into a modernist aesthetics.

Beyond psychoanalysis, medicine in general deeply fascinated Svevo, and it is no surprise that doctors and diseases are recurring motifs throughout his literary production. Svevo’s specific interest in Basedow’s disease (or Graves’ disease), its poetics and aesthetics, as well as its structural resonances with literature and storytelling will be discussed here in Chapter 4, “Time, Agency, and Bodily Glands,” which analyzes, among other texts, Svevo’s short story “Lo specifico del dottor Menghi” (1904). Doctors who hold firm views and strong opinions on health and healing are often the target of characters’ skepticism. For instance, Zeno’s polemics towards doctor Coprosich (from the Greek *kopros*, ‘excrement’) at his father’s deathbed echoes the clashes between Menghi and doctor Clementi in the earlier text “Lo specifico del dottor Menghi.” In the former scene, the eyes of the doctor, just as the eyes of Zeno’s father, cast their authoritative glance upon our hero almost as the last stronghold of that Foucauldian power-



dynamics and its characteristic reifying gaze that we have seen in full swing in Tolstoy's and Chekhov's texts (Chapter 2.1).

Svevo, even more than Chekhov, found the distinction between normal and pathological quite problematic and the obsession with health and normalcy both limited and limiting of an individual's expression and her ability to morph and evolve out of rigid structures. In a letter to Valerio Jahier, who underwent psychoanalysis unsuccessfully and eventually committed suicide in 1939, Svevo wrote: "Why should we wish to be cured of our illness? Must we really deprive humanity of what it has that is most precious?" Recalling Schopenhauer, Svevo added that those who consider themselves healthy deserve our pained laughter<sup>122</sup> (I, 859, 60). Only twenty years after the publication of *Zeno's Conscience*, Foucault's teacher, Georges Canguilhem, would question the distinction between health and sickness and point to its arbitrariness and social entanglement in his fundamental essay *The Normal and the Pathological*, which he wrote in Paris during the Nazi occupation.<sup>123</sup> The character of Zeno and his story allow Svevo to explore this crucial epistemological question amply in his novel.

While initially Zeno undergoes psychoanalysis with doctor S. in order to become healthy, over time he increasingly questions it and, while growing skeptical of medical definitions, he starts valuing his condition and finally quits treatment. Over time Zeno becomes committed to protecting his illness, because he loves it ("Io amavo la mia malattia," 1063). When doctor Paoli analyses Zeno's urine samples to test his diabetes, our hero, in a pun, states: "I also discovered that my sickness was always, or almost, very sweet" (416) ("Scopersi anche che la mia malattia

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<sup>122</sup> Italo Svevo. *Opera Omnia*. 4 volumes. Ed. by Bruno Mayer. (Milano: Dall'Oglio, 1992), I, 859-60 (transl. mine).

<sup>123</sup> Georges Canguilhem, *The Normal and the Pathological* (1943), transl. by Carolyn R. Fawcett and Robert S. Cohen, New York: Zone Books, 1991.

era sempre o quasi sempre molto dolce,” 1063). Interestingly, Canguilhem employs the example of diabetes to articulate his argument on the arbitrariness of the normal/pathological distinction. Zeno’s complex attitude to questions of health and sickness becomes even more evident against the background of his wife Augusta, the quintessence of bourgeoisie, whose perfect, solid health, discussed in the chapter “Wife and Mistress” (“La moglie e l’amante”), metonymically defines her whole being:

Non so più se dopo o prima dell’affetto, nel mio animo si formò una speranza, la grande speranza di poter finire col somigliare ad Augusta ch’era la salute personificata . . . Avevo una tale fede in quella salute che mi pareva non potesse perire che sfraccellata sotto un intero treno in corsa (786, 792)

I am not sure whether it came before or after my affection, but in my spirit a hope was formed, the great hope finally to come to resemble Augusta, who was the personification of health . . . My faith in that health was so great that I felt it could never perish, unless it was crushed beneath an entire speeding train (156, 162)

In the first years of their marriage, Zeno looked up to Augusta, whose rooted habits and admiration for order and for tangible things used to reassure him and are defined as “health” as opposed to his “sickness”:

Compresi finalmente che cosa fosse la perfetta salute umana quando indovinai che il presente per lei era una verità tangibile in cui si poteva segregarsi e starci caldi. Cercai di esservi ammesso e tentai di soggiornarvi risoluto di non deridere me e lei, perché questo conato non poteva essere altro che la mia malattia ed io dovevo almeno guardarmi dall’infettare chi a me s’era confidato. Anche perciò, nello sforzo di proteggere lei, seppi per qualche tempo muovermi come un uomo sano. (787)

I understood finally what perfect human health was when I realized that for her the present was a tangible truth within which one could curl up and be warm. I sought admission and I tried to remain there, resolved not to make fun of myself and her, because this attack could only be my old sickness and I should at least take care not to infect anyone entrusted to my charge. Also for this reason, in my effort to protect her, for a while I was capable of acting like a healthy man. (157)

Augusta reminds Zeno of his father by virtue of her solid, square, bourgeois certainties, including her faith in official institutions, mainly politicians and physicians, her habit of church-

going, her attachment to material things, such as jewels, and to her daily routine.

However, as time goes by, the horror and the emptiness of Augusta's "ghastly health" becomes evident to Zeno, who alienates himself and start reassessing the potentials of his "sickness" under an existential light:

Una sera . . . le dissi del tempo che andava via e . . . le descrissi un mio eventuale modo di morire . . . Essa si [mise] a piangere . . . e a me quell suo pianto . . . parve molto importante. Era forse provocato dalla disperazione per la visione esatta di quella sua salute atroce? Allora tutta l'umanità avrebbe singhiozzato in quel pianto. Poi, invece, seppi ch'essa neppur sapeva come fosse fatta la salute. (792-3)

One evening . . . I spoke to her of how time was passing and . . . I described to her a possible manner of my dying . . . She [started] sobbing, and to me those tears of hers . . . seemed very important. Were they perhaps provoked by her despair at my precise view of that ghastly health of hers? Later I learned that, on the contrary, she hadn't the slightest idea of what health was. (162-3)

The more acquainted Zeno gets with Augusta, the more flickering he finds the definition itself of health, until, through the filter of time, he starts seeing Augusta's condition as miserable and sick:

Io sto analizzando la sua salute, ma non ci riesco perché m'accorgo che, analizzandola, la converto in malattia. E, scrivendone, comincio a dubitare se quella salute non avesse avuto bisogno di cura o d'istruzione per guarire. (788)

I am analyzing her health, but I fail, because I realize that in analyzing it I convert it into sickness. And in writing about that health, I begin to suspect it perhaps needed some treatment or instruction in order to heal. (158)

These passages emphasize the absolute immobility of Augusta's being in the world. All the other people in their circles, Zeno thinks, are no different, and they are fully satisfied with cherishing the reassuring, predictable and static world they have created for themselves. The condition of the *inetto*, on the contrary, stands out by its extreme flexibility, and is therefore preferable to that "ghastly health" ("salute atroce") which makes human beings ossified and immutable.

Sickness is claimed as a precious tool of self-discovery and a necessary condition for

artistic expression. It is a filter that allows us to see the world not from the usual, banal, established perspective, but from new, estranging ones, which certainly resonate with Svevo's own deterritorialized perspective on literature. In the final pages of the novel, life itself is a disease. A "sick man" is simply one who is aware of being such; one who has a finer understanding of one's own condition than others:

La salute non analizza se stessa e neppur si guarda nello specchio. Solo noi malati sappiamo qualche cosa di noi stessi. (793)

Health doesn't analyze itself, nor does it look at itself in the mirror. Only we sick people know something about ourselves. (163)

Most importantly, Svevo is claiming that narrative reliability does not necessarily coincide with health. In his writings Zeno offers at the same time blindness and clear-sightedness, lies and critical acuteness. His condition of sickness is privileged in that it is not crystallized, and it has the potential to evolve in any and all directions. While being drawn to psychoanalysis as a heuristic tool and an excellent poetic solution for his novel, Svevo rejects, instead, all its pretenses to therapeutic effectiveness, its clear-cut distinction between normal and pathological, and the undisputable hierarchies in terms of authorship and authority that it entails. In Svevo's previous two novels the *inetto* was still dismissed with unmerciful harshness.

The definition of narrative unreliability is not so simple a question as psychoanalysis (and medicine in general) or even literary theory would claim. We have already seen in Gogol' that even madmen possess the ability of coherent argumentation. In *Madness and Civilization*, Foucault attributes to Descartes the expulsion of madmen from discourse. However, in more recent years Allen Thiher has brought our attention to a corollary of the Cartesian 'cogito' by pointing out the philosopher's conviction that "madness cannot affect the products of pure

reason.”<sup>124</sup> Reason is therefore unassailable, even in madmen. This observation makes the definition of narrative reliability, just as the distinction between health and sickness, even more vaporous in Zeno’s text, and shows how the two problems intertwine. Zeno’s sickness does not only emerge as a necessary condition for his production of literature, since it allows for self-exploration, unconventional perspectives, and artistic expression, but it shares with literature its open-endedness.

Zeno’s unreliability and his problematizing the established definition of ‘health’ are as unsettling as life is and should be. In stark contrast with Augusta and other characters’ stillness, Zeno’s condition enables him to experiment with various ways of being in the world and to explore their uniqueness: “Life is neither ugly nor beautiful, but it’s original!” (“la vita non è né brutta né bella, ma è originale”, 972), he declares to Guido, triumphant about his new discovery (330).

In *Zeno’s Conscience* the definition of narrative reliability and the distinction between normal and pathological are problematized through stylistic, thematic and structural choices. The novel testifies to the literary and heuristic potentials of the newly-born psychoanalytic method, which allows for a complex layering of narrative perspectives, by dismissing established narrative conventions on reliability, and for an unprecedented degree of negotiation of authorship over illness narratives between doctors and patients, by allowing the latter to talk back. In a historical and cultural era deeply permeated by the aesthetics of fragmentariness and open-endedness, both the literary medium and, to some extent, medical storytelling, mirror the ambiguity and uncertainties of the world, and can hardly offer stable points of reference or an omniscient voice to settle narrative ambiguities by referring to shared and unshaken values.

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<sup>124</sup> Allen Thiher, *Revels in Madness. Insanity in Medicine and Literature* (Ann Arbor: The University of Michigan Press, 1999), 95.

At the turn of the century the palimpsest of voices negotiating authorship and authority over narratives of illness and healing becomes increasingly layered. In the late nineteenth century the chemical industry in Germany and Belgium developed considerably, which paved the way to the emergence of pharmaceutical groups. Moreover, mass advertisement as we know it emerged in the early twentieth century, and so did public health campaigns. The diffused authorship that resulted from this new picture will be the focus of the next chapter.

## CHAPTER THREE

### “TOUT HOMME BIEN PORTANT EST UN MALADE QUI S’IGNORE.” STORYTELLING IN THE ÂGE MÉDICALE.

In *The Normal and the Pathological*, Georges Canguilhem has shown how the definition of each of those conditions vis-à-vis the other, far from being constant and objective, is constantly reviewed and renegotiated according to the values, goals and the historico-epistemological situatedness of any given society that is called to set policies and draw the line. The concepts of ‘health’, ‘healing’, and ‘disease’ have evolved profoundly since World War II. Over the last decade, medical historians and anthropologists have analyzed the way in which a combination of different actors—pharmaceutical companies, the medical profession, public health officials—have contributed in changing the way we position ourselves within Canguilhem’s distinction. The rapid development of pharmaceutical advertising and, in general, health-related communication in the past sixty years has introduced new questions for the analysis of medical practice and medical knowledge in narratological terms. They have made the old doctor-patient dichotomy seem simplistic and surpassed when it comes to authorship and authority over illness narratives and replaced it with a complex, postmodern configuration of authorial networks whose reliability cannot be firmly determined and whose authority is diffused.

In 1923, when advertising had just taken off in Europe, while pharmaceutical advertising would arrive much later, Jules Romains wrote and staged *Knock, or the Triumph of Medicine*, a comedy that seems to anticipate questions that would appeal to historians and philosophers of medicine several decades later. A revolutionary concept for its times, so absurd that it was the perfect subject for a successful comedy, the main point of Romains’ play was to show how medicine, with its supposedly objective definitions, was just as prone to rhetoric, storytelling and

interpretation as any non-scientific domain.

This chapter brings together two different reflections on rhetoric, authorship and emplotment in the formulation and transmission of medical knowledge on a broader scale than the doctor-patient interaction—the scale that large, concerted and sophisticated communication campaigns allow for. By reading *Knock* and the scholarship of twenty-first century medical anthropologists side by side, I aim to highlight common imagery, rhetoric and storytelling devices that come into play in defining the normal/pathological distinction in a mountain village of interwar France and present-day North American society. My goal is to demonstrate continuity between questions of medical epistemology that emerge from very distant contexts, while proceeding to highlight the inherent narrative structure of medical knowledge, which coalesces around rhetoric, imagery, and most relevantly, emplotment.

While I will read Jules Romains' text, the literary source proper, directly, for the analysis of pharmaceutical advertising, public health campaigns and the evolution of medical terminology, I will also employ secondary sources abundantly. In their research, medical anthropologists such as Joseph Dumit, Jeremy Greene and Nathan Greenslit have employed and analyzed large amounts of materials, ranging from public health guidelines to federal policies on broadcasting and communication, from internal documents of drug companies to advertising campaigns. In reading *Knock* against the foil of modern communication techniques around the concepts of health, I rely on these scholarly sources and on conversations I have had with their authors.

World War II constituted a watershed in the history of public health policies and pharmaceutical advertising and, consequently, in the evolution of the concept of 'health'. In the



1950s medicine began relying heavily on statistics and clinical trials.<sup>125</sup> In those same years, prescription-only drugs were introduced and, with them, an army of drug representatives who started targeting physicians as gateways to the market. As Joseph Dumit argues in *Drugs for Life*, three major trends have transformed profoundly the way we look at illness and health in the past sixty years: risk factors have become a major focus of public health interventions; clinical trials have been increasingly employed to identify smaller and smaller health risks for treatment; the pharmaceutical industry has grown considerably in power and size. The vast majority of diseases today are considered chronic and often times being at risk for illness translates into lifelong treatment, as if one had a chronic disease, hence the title of Dumit's inquiry.

The most relevant transformation in our understanding of health is that illness need no longer be felt. Often there is no "chief complaint" on the part of the patient, who is considered in need of treatment even though her body is silent. Instead screening tests and clinical trials determine whether or not we need treatment. Numbers determine not only a state of illness, but also a state of risk that can ideally be reduced by a specific treatment. In *Prescribing by the Numbers*, Jeremy Greene analyzes three case studies of best-seller drugs whose popularity over the years has been tightly interwoven with the rise of the notion of "risk" and with the progressive lowering of the numerical parameter that defines whether a person is in need of treatment. In *Making Sense of Illness*, historian Robert Aronowitz has drawn attention to the revolution in diagnostic methods that the emphasis on prevention brought about. If health was once the default condition, occasionally disrupted by diseases, now health is a relative category: one would be healthier if one were on drugs, especially in adulthood. In other words, we are inherently ill.

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<sup>125</sup> Joseph Dumit, *Drugs for Life* (Durham and London: Duke UP 2012), 4.

The ever-increasing number of drugs marketed and consumed is a result of these historical changes and a major achievement of pharmaceutical communication. Direct-to-consumer advertising campaigns, which took off between the 1980s and the 1990s through a progressive loosening of FDA regulations on broadcasting guidelines,<sup>126</sup> and educational “advertorials,” which led to a disempowerment of physicians, increased self-diagnosis and the rise of mass health. The phenomenon of branding has increased the importance of those attributes of drugs that Baudrillard would define “inessential”<sup>127</sup> (for instance, the color or the commercial name), while up until the 1960s, anthropologist Nathan Greenslit reminds us, all pills were round and white.<sup>128</sup>

With the growing role of drug companies in the definition of illness and healing, increasing the number of prescriptions, extending the time a patient stays on a prescription and

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<sup>126</sup> “Until the early 1980s, pharmaceutical advertising was mainly aimed at medical professionals. In 1983, after companies had begun advertising directly to consumers, the FDA requested a voluntary moratorium on DTC advertising. Two years later, the moratorium was lifted without any new regulations or requirements. The FDA only required that DTC ads meet the same legal requirements as direct-to-physician ads and include a brief summary of the drug’s side effects, contraindications, warnings, and precautions, and provide “fair balance” between the drug’s risks and benefits. In 1997, DTC advertising took an important turn when the FDA loosened its requirements for broadcast DTC ads. The new rules, which were finalized in 1999, required that broadcast ads need only provide information about major risks instead of a brief summary of risks and warnings. Under the new requirement, ads must disclose the drug’s major risks and most common adverse effects in the audio or audio/visual parts of the presentation. In addition, DTC ads may make adequate provision for dissemination of package labelling information by referring consumers to a toll-free telephone number, a website, print ads, or their health care providers.” Jisu Huh, Denise E. DeLorme, Leonard N. Reid, and Soontae An, “Direct-to-Consumer Prescription Drug Advertising. History, Regulation, and Issues,” *Minnesota Medicine* 93, no.3 (2010): 50-2.

<sup>127</sup> “. . . the inessential is no longer left to the whims of individual demand and manufacture, but instead picked up and systematized by the production process, which today defines its aims by reference to what is inessential.” Jean Baudrillard, *The System of Objects* (New York: Verso, 1968), 9.

<sup>128</sup> Nathan Greenslit, “Depression and Consumption: Psychopharmaceuticals, Branding, and New Identity Practices,” *Culture, Medicine and Psychiatry* 29 (2005): 480.

reducing the time between receiving a diagnosis and getting a prescription have become stronger imperatives than curing people or identifying those who should be cured. Obviously, this was not the scenario in the 1920s. Yet, on the rhetorical and epistemological levels, many of the claims, questions and warning that Romaines expresses in his play resonate with those that have been keeping historians, philosophers, and anthropologists of medicine busy in the past few decades.

Romaines wrote *Knock* in a handful of weeks during the summer of 1923, the same year in which *Zeno's Conscience* appeared. The first *mise-en-scène*, with Louis Jouvet as the leading actor, took place on December 14 of the same year at the Comédie des Champs-Élysées and the play immediately gained enormous success. For years to come Jouvet's theater troupe would stage *Knock* anytime they were sailing in rough waters and needed a financial boost.<sup>129</sup>

The plot is quite straightforward. A physician of dubious credentials, Knock, arrives in the fictional village of Saint-Maurice, in the central-eastern part of France, where he is meant to replace Doctor Parpalaid, who is moving to Lyon. Everybody in the village seems healthy, therefore the volume of work Knock inherits is very modest. Alarmed by the perspective of a low income, in three months' time Knock sets out a sophisticated strategy, in cahoots with the schoolmaster and the pharmacist, which eventually transforms Saint-Maurice in a place where everybody is aware of all the potential threats that the environment poses to their health on a daily basis, everybody has been diagnosed with some sort of disease, or considered at high risk, and actively seeks treatment, which is offered for as long a time as possible. After everybody is converted to Knock's vision of medicine, the only hotel in the village is transformed into a clinic

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<sup>129</sup> Annie Angremy, "Préface," in Jules Romaines, *Knock* (Paris: Gallimard, 1993), 8.

in order to accommodate the increasing number of patients, coming from the whole valley. When Parpalaid visits Saint-Maurice, he is astonished by the revolution that the new Medical Age (l'âge médicale) has brought about and by the wealth of his successor and of the pharmacist, Monsieur Mousquet. Tired from the journey, he checks into one of the rooms, thus immediately becoming himself a patient.

In 1923 advertising campaigns in Europe were flowering, following a trend that was coming from across the Atlantic. The play shows how advertising techniques can be applicable to medicine, which causes two contrasting effects. First comes the comic, built up visit after visit as we learn about the absurdity of Knock's diagnoses and plans. A disquieting effect overcomes laughter by the end, when Knock has imposed his reign, everybody complies with his rules and he claims that he is the creator of the new world that unfolds before everyone's eyes. Other than the disquieting resonances with the historical circumstances of the interwar decades, one should note that the name Knock itself adds dark nuances to the overall tone. In 1922 Murnau's film *Nosferatu the Vampire* had been released, in which the housing agent in league with Count Orlock (Nosferatu) goes by the name of Knock. Nosferatu famously travels on a ship from the Carpathians to Wisborg and he kills most of the sailors by spreading the plague. In Jules Romains's pièce, we learn that Knock starts practicing as a doctor on a ship on which all the staff gradually becomes sick. However, Romains never stated the connection with Murnau's character explicitly. Interviewed on the choice of the name Knock, all he said was that "to Knock, en anglais, veut dire frapper. Ce n'est pas un titre, c'est un bruit, une onomatopée. C'est, dans l'art de la boxe, le coup décisive, la mise hors de combat. *Le Triomphe de la médecine* n'est qu'un sous-titre pour la bibliothèque rose."<sup>130</sup> ("to Knock means *frapper*. It's not a title, it's a noise, an

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<sup>130</sup> Quoted in the *Notice*, by the Editors. In Jules Romains. *Knock* (Paris: Gallimard 1993), 145.

onomatopoeia. It is, in the art of boxing, the decisive blow, the knockout. *The Triumph of Medicine* is just a subtitle for the Bibliothèque rose [publisher of children's literature]). In any event, *Nosferatu* was successful to the extent that it is nearly impossible not to assume some level of intertextuality.

The concept of medicine being imbued with rhetoric is not at all recent. Aristotle in his *Rhetoric* maintained that “every . . . art can instruct or persuade about its own particular subject-matter; for instance, medicine about what is healthy and unhealthy.”<sup>131</sup> As a work of French literature, *Knock* inscribes itself within a tradition of satirical writing with doctors and medicine as targets which traces back to the Middle Ages, with the *Fabliau du villain mire* (XIII c.) and, later and most famously, with Molière's *Le Médecine malgré lui* (1666) and *Le Malade imaginaire* (1673). At the same time, Romain Rolland veers away sharply from another, more recent, tradition, that of Balzac, Flaubert, and Zola, whose doctor characters were champions of scientific progress and whose efforts were directed towards dissipating ignorance. It is precisely ignorance that allows Knock to establish his authority in Saint-Maurice and to instill in its inhabitants a blind faith in science and medicine through his well-concerted publicity campaigns. Romain Rolland himself had explored the complex role of rhetoric and advertising in determining scientific truth in his 1920 satirical movie script entitled *Donogoo-Tonka, ou les miracles de la science*, ten years later readapted for the stage as a play entitled simply *Donogoo*, “a heroic comic epic of modern publicity,” as the playwright defined it.<sup>132</sup>

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<sup>131</sup> W. Rhys Roberts, trans., *Rhetorica: The Works of Aristotle*, Vol. 11. Oxford: Clarendon Press. 1924. Rpt. 1954 in Aristotle, "Rhetoric" and "Poetics" (trans. Roberts and Ingram Bywater). New York: Modern Library. Book I, Chapter 2.

<sup>132</sup> Jules Romain, “Pourquoi j’ai écrit Donogoo,” *Revue de Paris*, November, 1951: 3-4. Quoted in Denis Boak, *Jules Romain* (New York: Twayne Publishers, 1974), 73.

*Knock* has enjoyed great success over the years. It has been staged all over the world and translated into many languages, including Afrikaans, Esperanto and Annamite. A timely pièce, *Knock* keeps appealing to present day audiences, and the main reasons for this must be found in his addressing topics that are still relevant and in doing so by emphasizing the role that rhetoric, interpretation and storytelling play even in a field, medicine, that today is more impersonal and disembodied than ever.

The play opens with Knock driving through the French countryside to the village of Saint-Maurice. He is in the company of doctor Parpalaid, his predecessor as village doctor in Saint-Maurice, and his wife, Madame Parpalaid. The car has some technical problems, so the travelers have plenty of time to enjoy the views of the valley, perhaps modeled on Saint-Julien-Chapteuil, where Romains spent his childhood, and to engage in conversation. Knock does not waste the opportunity to inquire about the size of the population, its average income, habits, vices and religious beliefs—questions that other characters, as well as Romains’ contemporary readers, might have found bizarre, but that from today’s perspective and in our present terminology are clearly aimed at assessing the market size and its potentials for growth:

KNOCK — Y a-t-il beaucoup de rhumatisants dans le pays ?

LE DOCTEUR — Dites, mon cher confrère, qu’il n’y a que des rhumatisants.

KNOCK — Voilà qui me semble d’un grand intérêt.

LE DOCTEUR — Oui, pour qui voudrait étudier le rhumatisme.

KNOCK, *doucement*. — Je pensais à la clientèle

(Act I, scene 1, pp. 39-40)<sup>133</sup>

KNOCK — Are there many people suffering from rheumatism in the village?

LE DOCTEUR — One would say that there are exclusively people suffering from rheumatism.

KNOCK — Those seem of great interest.

LE DOCTEUR — Yes, for him who would like to study rheumatism.

KNOCK, *softly*. — I was thinking of customers.

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<sup>133</sup> I am quoting from Jules Romains, *Knock, ou le triomphe de la médecine*, Paris: Gallimard 1993. English translations are mine.

As Knock proceeds in his inquiry, he learns that everybody pays for their visits only once a year, on Saint-Michel day, that is at the end of September, which alarms him considerably, given that it is now the beginning of October and that date has just gone by (42-43). One question appears particularly odd to his interlocutors:

KNOCK — Alors, qu'est-ce que vous faites des clients réguliers ?

MADAME PARPALAID — Quels clients réguliers ?

KNOCK — Eh bien ! ceux qu'on visite plusieurs fois par semaine, ou plusieurs fois par mois ?

MADAME PARPALAID, *à son mari*. — Tu entends ce que dit le docteur ? Des clients comme en a le boulanger ou le boucher ? (Act I, scene 1, p. 43)

KNOCK — So, what do you do with regular customers?

MADAME PARPALAID — Which regular customers?

KNOCK — Well! Those whom you visit multiple times per week, or multiple times per month?

MADAME PARPALAID, *to her husband*. — Did you hear what the doctor said? Customers, just as the baker's or the butcher's?

Knock's questions and unusual language (*clients*, customers) anticipate his innovative vision, expressed two pages later: "Je comptais lui appliquer des méthodes entièrement neuves" (45). Right after this programmatic statement, we learn that Knock has never finished his medical school thesis (45). He only has completed 32 pages in-octavo entitled *Sur les prétendus états de santé* with the epigraph "Les gens bien portant sont des malades qui s'ignorent," which he has inaccurately attributed to Claude Bernard. Nevertheless, Knock has been practicing as a doctor for twenty years and most of his knowledge of anatomy and physiology derived from reading medical ads, which had recently appeared in French newspapers and magazines and fascinated him immensely. Before becoming a self-appointed doctor on the ship, during which journey, as he reports, a few people died and all the others became ill, Knock had a business selling peanuts.

His views on the medical profession are indeed new and much informed by commerce, which the appearance of the word *réclame* a few lines earlier suggests ("si ... quelque patient ... réclame l'assistance de mon art," 38 – "if ... a patient ... requires my professional assistance").

Although *réclame* here is the third person of the verb *réclamer*, ‘to request’, when used as a noun, it means ‘advertising’. Uttered in Act I, it frames the whole play: Knock sees the domains of health and medicine as an opportunity for business: health is an industry just like peanuts, and this concept in 1923 is absurd enough to characterize the play as a comedy. However, Knock has a whole vision, and a mission that bears almost epic overtones. His plan is solemnly announced towards the end of Act I: “l’âge médicale peut commencer” (“the medical age can begin,” p. 55). This statement entails a profound, epistemic transformation in the villagers’ view on health and disease. Its grandiosity, which in Act I still contributes to the comic effect, when read retrospectively, that is considering how the play ends, appears disturbing and totalizing. As we will see, it is not merely the introduction of catchy claims or advertising that makes Knock’s plan for health in Saint-Maurice innovative: he sets in motion a whole robust and sophisticated communication strategy that will change the way people will conceive of health, and in so doing, he makes strategic choices that strikingly point to the path that medicine would take in the decades to come.

As Knock arrives in Saint-Maurice, in Act II, he inaugurates his campaign with no further ado. Upon meeting the town crier to schedule a formal announcement, Knock immediately requests that he be called “docteur” and not simply “Monsieur” (62). This detail, that had been overlooked by Parpalaid, is instead of crucial importance in conferring Knock undisputed authority over matters of health in his interactions with the villagers. Labels and definitions strongly shape power dynamics, as Foucault argues, therefore now Knock has carte blanche to author and construct individual and public health narratives about his new community. As he chats with the town crier, Knock informally proceeds in what we would define his marketing research by learning about what people thought of doctor Parpalaid.



Among other things, the town crier claims that people are not satisfied when they do not get prescribed anything but some natural remedy, like an herbal tea: “Vous pensez bien que les gens qui payent huit francs pour une consultation n’aiment pas trop qu’on leur indique un remède de quatre sous. Et le plus bête n’a pas besoin du médecin pour boir une camomille.” (“You can imagine that people who pay eight francs for a visit do not appreciate being given a cheap remedy. Even the most ignorant does not need to see a doctor to drink chamomile tea,” 62)

This new piece of information adds one more detail to the already accurate assessment that Knock is outlining with his surveys. Now the time has come for him to introduce himself to the whole village, with drums, a crier, and scheduled announcements, that is precisely the channels and media that characterized advertising campaigns at that time (64). The tradition of town criers dates back to ancient Greece and Rome, where criers were hired to advertise auctions of slaves and animals on the basis of their pleasant voice and eloquence. Sometimes they were accompanied by instruments. In Europe, through the Middle Ages and early modern times, with the waning of feudalism, the institution of craft guilds and the emergence of the middle class, criers were paid to advertise a merchant’s goods. In early capitalistic societies and up until mass media took over all public communication, this practice remained the most effective way to get the attention of people walking by, which is the first necessary goal in a sale.<sup>134</sup>

Here is Knock’s announcement:

Le Docteur Knock, successeur du docteur Parpalaid, présente ses compliments à la population de la ville et du canton de Saint-Maurice, et a l'honneur de lui faire connaître que, dans un esprit philanthropique, et pour enrayer le progrès inquiétant des maladies de toutes sortes qui envahissent depuis quelques années nos régions si salubres autrefois . . . il donnera tous les lundis matin, de neuf heures trente à onze heures trente, une consultation entièrement gratuite, réservée aux habitants du canton. Pour les personnes étrangères au canton, la consultation restera au prix ordinaire de

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<sup>134</sup> Robin Landa, *Designing Brand Experiences* (New York: Thomson Delmar, 2006), xx.

huit francs.

Doctor Knock, the successor of doctor Parpalaid, gives his regards to the population of the town and region of Saint-Maurice. He has the honor to inform you that, in a philanthropic spirit and in order to slow down the alarming progress of all sorts of diseases that have invaded for a few years our once healthy lands, . . . every Monday from 9:30 a.m. to 11:30 a.m. he will offer totally free visits to all the residents of the region. Those who come from outside the region will be charged the ordinary fee of eight francs.

The text is short, sensationalistic, appealing and informative. It features an alarming part and a positive resolution, with the intervention of a hero, as in fairy tales—with the only difference that here nobody knows they are in any danger, until he tells them. Knock presents himself as a knowledgeable and virtuous physician (“esprit philanthropique”), who will protect the village against horrible threats coming from all directions (“le progrès inquiétant des maladies de toutes sortes”), and will offer free or inexpensive consultations. Basically, he kills the dragon, saves the princess, and gives you a good deal, too. The structure of Knock’s announcement will be the same as that of his visits, the first of which, by the way, involves the town crier himself (66-8).

In the second scene of Act II, Knock is busy with one more core component of his campaign—education. He meets the schoolmaster, interestingly named M. Bernard, like the famous physician, and partners up with him in a joint effort to raise awareness about hygiene and disease prevention in schools and among the population (“l’oeuvre de propagande dans les familles,” 70).

KNOCK — Je puis soigner sans vous mes malades. Mais la maladie, qui est-ce qui m'aidera à la combattre, à la débusquer ? Qui est-ce qui instruira ces pauvres gens sur les périls de chaque seconde qui assiègent leur organisme ? Qui leur apprendra qu'on ne doit pas attendre d'être mort pour appeler le médecin ?

BERNARD — Ils sont très négligents. Je n'en disconviens pas.

KNOCK — I can heal my patients without you. But the disease... who will help me fight and defeat it? Who will educate these poor people on the threats that besiege their organism every second? Who will teach them that one shouldn't wait till his death before calling a doctor?

BERNARD — They are very negligent. I can't deny it.

KNOCK, *s'animans de plus en plus*. — Commençons par le commencement. J'ai ici la matière de plusieurs causeries de vulgarisation, des notes très complètes, de bon clichés, et une lanterne. Vous arrangerez tout cela comme vous savez le faire. Tenez, pour débiter, une petite conférence, toute écrite, ma foi, et très agréable, sur la fièvre typhoïde, les formes insoupçonnées qu'elle prend, ses véhicules innombrables : eau, pain, lait, coquillage, légumes, salades, poussières, haleine, etc... les semaines et les mois durant lesquels elle couve sans se trahir, les accidents mortels qu'elle déchaîne soudain, les complications redoutables qu'elle charrie à sa suite ; le tout agrémenté de jolies vues : détails d'excréments typhiques, ganglions infectés, perforations d'intestin, et pas en noir, en couleurs, des roses, des marrons, des jaunes et des blancs verdâtres que vous imaginez. (*Il se rassied.*)

BERNARD, *le coeur chaviré*. — C'est que... je suis très impressionable... Si je me plonge là-dedans, je n'en dormirai plus.

KNOCK — Voilà justement ce qu'il faut. Je veux dire : voilà l'effet de saisissement que nous devons porter jusqu'aux entrailles de l'auditoire. Qu'ils n'en dorment plus ! (*Penché sur lui.*) Car leur tort, c'est de dormir, dans une sécurité trompeuse dont les réveille trop tard le coup de foudre de la maladie.

[...]

KNOCK — Pour ceux que notre première conférence aurait laissés froids, j'en tiens une autre, dont le titre n'a l'air de rien : "Les porteurs de germes". Il y est démontré, clair comme le jour, à l'aide de cas observés, qu'on peut se promener avec une figure ronde, une langue rose, un excellent appétit, et receler dans tous les replis de son corps des trillions de bacilles de la dernière virulence capables d'infecter un département. (*Il se lève*). Fort de la théorie et de l'expérience, j'ai le droit de soupçonner le premier venu d'être un porteur de germes. Vous, par exemple, absolument rien ne me prouve que vous n'en êtes pas un.

KNOCK, *getting more and more heated*. — Let's start from the basics. I have here the subject of several popularizing chattering, very detailed notes, good clichés, and a lamp. You'll arrange them as you will. To start, have a small conference, all written, believe me, and very pleasant, on typhoid fever, the unsuspecting forms it takes, its numerous vehicles: water, bread, milk, mollusks, vegetables, salads, dust, breath, and so forth... the weeks and months during which it lurks without revealing itself, the fatal accidents that it triggers suddenly, the frightening complications that it carries; all of which should be complemented by nice pictures: details of typhoid excrements, infected ganglions, intestinal perforation, and not in black and white, but in color—those various shades of pink, brown, yellow and greenish white that you can imagine. (*He sits back down.*)

BERNARD, *his heart capsizing*. — It's that... I'm very impressionable... If I immerse myself in that, I won't be able to sleep at night.

KNOCK — That's exactly what we need. I mean: here's the effect of enchantment that we want to penetrate to the marrows of our audience. May they no longer sleep! (*Leaning over him.*) Because their mistake is precisely that they do sleep in a boastful self-assurance from which the thunderbolt of disease wakes them up too late.

[...]

KNOCK — For those who will be left indifferent by our first conference, I have another one, with a strong title: "Germs Carriers". There it is demonstrated very clearly by the cases observed that one can walk around with a plump figure, a pink tongue, an excellent appetite and host in all the folds of his organism trillions of bacilli of the highest power, capable of infecting a whole department. (*He stands up.*) On the basis of theory and experience, I have the right to assume that anybody can be a carrier of germs. For instance, nothing proves to me that you are not one.

BERNARD — Moi ! docteur...

KNOCK — Je serais curieux de connaître quelqu'un qui, au sortir de cette deuxième causerie, se sentirait d'humeur à batifoler.

BERNARD — Vous pensez que moi, docteur, je suis porteur de germes ?

KNOCK — Pas vous spécialement. J'ai pris un exemple. A bientôt, cher monsieur Bernard, et merci de votre adhésion dont je ne doutais pas. (Act II, Scene 2, pp. 72-74)

BERNARD — Me! Doctor...

KNOCK — I would be curious to know somebody who, coming out of this second conference, would feel in the mood to frolic.

BERNARD — Doctor, do you think that I am a carrier of germs?

KNOCK — Not you specifically. I just took an example. See you soon, dear Mr. Bernard, and thank you for your cooperation, of which I was certain.

This dialogue is crucial from our perspective as it allows us to pick out a few key concepts widely employed by pharmaceutical advertising: the notion of an asymptomatic body, the emphasis on awareness and information about diseases (Knock employs the verb 'instruire', meaning both 'to inform' and 'to teach'), the concepts of prevention and risk, Althusser's definition of 'interpellation'—all of which instills doubts and generate anxiety in the (potential) patient.

For centuries it was the patient who would call the doctor (or walk into his office) because she was not feeling well (see the notion of "chief complaint"). She would identify herself as in need of help and treatment on the basis of signs and symptoms her body gave out. The doctor would then help make sense of those phenomena by visiting the patient and reordering signs and events into a plot that made sense from a medical point of view. In his foundational inquiry *The Normal and the Pathological* (1943) Georges Canguilhem argues that "it is first and foremost because men feel sick that a medicine exists. It is only secondarily that men know in what way they are sick because a medicine exists."<sup>135</sup> In the 1950s, in the face of an increasing reliance of medicine upon statistics and clinical trials, most physicians would still

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<sup>135</sup> Georges Canguilhem. *Essay on Some Problems Concerning the Normal and the Pathological* (1943), trans. by Carolyn Fawcett, with an introduction by Michel Foucault (Dordrecht, Holland and Boston, MA: D. Reidel Publishing Company, 1978), 138.

fiercely oppose these developments, “insisting on symptomatic diagnosis, etiological treatment, the ability to personally diagnose, and the idea that drugs were prescribed to cure diseases.”<sup>136</sup>

Over time we have embraced the concept of an asymptomatic body, on which we cannot rely to determine if we are ill or healthy. The whole grammar of symptoms on which we counted for centuries is now discarded as imprecise. Our body may feel well but be in fact sick. Most times it is not the person who feels sick and calls the doctor, and it is not even the doctor who diagnoses her with a disease, but it is a test or an algorithm that determine whether she needs treatment. As Dumit puts it, “neither health nor illnesses are states of being: they are states of knowledge, they are epistemic.”<sup>137</sup> Sometimes just the fact of being a certain age and gender, or belonging to a specific social group makes people considered at risk to develop diseases and be put on preemptive treatment. The whole notion of risk and of the parameters set to determine where to draw the line between normal, at risk and pathological have been investigated by Jeremy Greene in *Prescribing by the Numbers*, in which he focuses on the historical and sociological trajectory of three best-selling drugs and of the conditions they treat—Diuril for hypertension, Orinase for diabetes and Mevacor for high cholesterol. Building on Canguilhem’s reflections to describe a major change in medical epistemology in the second half of the twentieth century, Greene shows how the distinction between the normal and the pathological has become a matter of numerical abstraction.

If certainty and knowledge about our health has left our bodies and now seems to reside in clinical trials, the results are constant doubt and anxiety about one’s present and future bodily conditions. Health itself, once a default condition occasionally disrupted by diseases, is now a

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<sup>136</sup> Dumit, *Drugs for Life*, 15.

<sup>137</sup> *Ibid.*, 13.

relative condition. Our body is an unreliable narrator: despite our feeling well, it may host all sorts of viruses and diseases. From such a perspective, Knock's words ("l'on peut se promener avec une figure ronde, une langue rose, un excellent appétit, et receler dans tous les replis de son corps des trillions de bacilles de la dernière virulence capables d'infecter un département") could serve well as a substitute text for the colorectal cancer awareness campaign of 2005. The campaign poster shows a smiling and healthy-looking woman holding a nice picture frame, while the text reads: "Are you the picture of health? You might look and feel fine, but you need to get the inside story. Colorectal cancer has no symptoms, so please get tested. I did." In the Italian equivalent, the visual component creates a particularly striking metaphor: we see a red apple cut in half, with a fresh-looking surface, but hiding a small rotten part on the inside. The "inside story" is unfolding without a sign, independently authored by a body from which we are disconnected.



Figures 3.1-2. US and Italian campaigns for colorectal cancer awareness from the mid 2000s. The one in Italian reads: "Appearances are often deceptive. Colorectal cancer prevention can save your life."

If the body conceals fatal secrets, then people should not only be informed of epidemics, which was the main focus of public health campaigns until the mid-twentieth century, but also of newly discovered diseases and of underestimated threats to their health. Today information and

awareness are main goals of public health efforts. People should be made aware of newly discovered syndromes, of the risk they run of developing one, and of potential diseases they may already have. In this respect, Knock's definition of "trompeuse sécurité" bears negative connotations and is opposed to virtuous compliance.

Another component that Knock's rhetorical strategies share with present-day medical rhetoric is what Louis Althusser defines 'interpellation'. "Ideology interpellates individuals as subjects," he claims in his 1970 essay "Ideology and State Apparatuses":

I shall then suggest that ideology 'acts' or 'functions' in such a way that it 'recruits' subjects among the individuals (it recruits them all), or 'transforms' the individuals into subjects (it transforms them all) by that very precise operation which I have called *interpellation* or hailing, and which can be imagined along the lines of the most commonplace everyday police (or other) hailing: 'Hey, you there!'. Assuming that the theoretical scene I have imagined takes place in the street, the hailed individual will turn round. By this mere one-hundred-and-eighty-degree physical conversion, he becomes a *subject*. Why? Because he has recognized that the hail was 'really' addressed to him and that 'it was *really him* who was hailed' (and not someone else) . . . yet it is a strange phenomenon, and one which cannot be explained solely by 'guilt feelings', despite the large numbers who 'have something on their conscience'. . . I have had to present things in the form of a sequence, with a before and an after, and thus in the form of a temporal succession. There are individuals walking along. Somewhere (usually behind them) the hail rings out: 'Hey, you there!' One individual (nine times out of ten it is the right one) turns round, believing/suspecting/ knowing that it is for him, i.e. recognizing that 'it really is he' who is meant by the hailing. But in reality these things happen without any succession. The existence of ideology and the hailing or interpellation of individuals as subjects are one and the same thing.<sup>138</sup>

Similarly, one can argue that in Romain's text Bernard feels interpellated when Knock mentions carriers of germs. Bernard's "Moi?" is the response to Knock's words, which in Althusser's scenario could be summarized by "hey you!" Interpellation has been studied by medical anthropologists as an effect of direct-to-consumer advertising. Joe Dumit has coined the term

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<sup>138</sup> Louis Althusser, "Ideology and State Apparatuses," in *Lenin and Philosophy and Other Essays*, translated by Ben Brewster (New York: Monthly Review Press, 1971), 170, 174-5.

“interpillation,” defined as “the process of calling into being biomedical subjects as having been always-already in need of treatment.”<sup>139</sup> Although most people ignore the “call,” for pharmaceutical companies it is enough that a few feel interpellated, in order to get a small additional percentage of people to consider that they might be depressed, have high cholesterol or suffer from a newly discovered syndrome. That small percentage will justify the cost of the campaign.<sup>140</sup>

The third and last strategic meeting that Knock schedules is the one with the pharmacist, M. Mousquet. Knock builds an alliance with him and outlines a medical plan for the region based on projected profits and a radical, innovative vision of medicine and its mission. Money and figures are discussed right away without gentlemanly introductions, while medicine and its protagonists (Knock and the pharmacist) are described as an army carrying over an expansion campaign. The word ‘campaign’ itself, we must incidentally note, was initially a military term (from the French *campagne*, the Italian *campagna* and late Latin *campania*, meaning ‘countryside’, ‘open field’, that is the area where battles used to take place). The fields of politics, communication and advertising use the word ‘campaign’ as a dead metaphor.

KNOCK— Pour moi, le médecin qui ne peut pas s'appuyer sur un pharmacien de premier ordre est un général qui va à la bataille sans artillerie.  
[...] une organisation comme la vôtre trouve certainement sa récompense, et . . . vous vous faites bien dans l'année un minimum de vingt-cinq mille francs. (75)

KNOCK— For me, a doctor who cannot rely on a first-rate pharmacist is a general who goes to the battle without artillery.  
[...] an organization like yours is certainly rewarding and . . . you must make at least twenty-five thousand francs per year.

To Knock’s surprise, Mousquet makes much less than that. Therefore, as if in a proper marketing

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<sup>139</sup> Joseph Dumit, “Inter-pill-ation and the instrumentalization of compliance,” *Anthropology and Medicine* 17 (2010): 246.

<sup>140</sup> Dumit, *Drugs for Life*, 56.



research, Knock proceeds to asking about Mousquet's possible competitors, potential enemies, past mistakes and the past doctor's volume of prescriptions (76). This being assessed, Knock is ready to launch his marketing strategy, get Mousquet onboard his enterprise and explain his vision on the future of health and disease in Saint-Maurice:

KNOCK — Je pose en principe que tous les habitants du canton sont *ipso facto* nos clients désignés.

MOUSQUET — Tous, c'est beaucoup demander.

KNOCK — Je dis tous.

MOUSQUET — Il est vrai qu'à un moment ou l'autre de sa vie, chacun peut devenir notre client par occasion.

KNOCK — Par occasion? Point du tout. Client régulier, client fidèle.

MOUSQUET — Encore faut-il qu'il tombe malade !

KNOCK — "Tomber malade", vieille notion qui ne tient plus devant les données de la science actuelle. La santé n'est qu'un mot, qu'il n'y aurait aucun inconvénient à rayer de notre vocabulaire. Pour ma part, je ne connais que des gens plus ou moins atteints de maladies plus ou moins nombreuses à évolution plus ou moins rapide. Naturellement, si vous allez leur dire qu'ils se portent bien, ils ne demandent qu'à vous croire. Mais vous les trompez. Votre seule excuse, c'est que vous ayez déjà trop de malades à soigner pour en prendre de nouveaux.

MOUSQUET — En tout cas, c'est une très belle théorie.

KNOCK — Théorie profondément moderne, monsieur Mousquet, réfléchissez-y, et toute proche parente de l'admirable idée de la nation armée, qui fait la force de nos États.

MOUSQUET — Vous êtes un penseur, vous, docteur Knock, et les matérialistes auront beau soutenir le contraire, la pensée mène le monde.

KNOCK — Écoutez-moi. (*Tous deux sont debout. Knock saisit les mains de Mousquet.*)

KNOCK — I assume by principle that all the inhabitants of the canton are *ipso facto* our designated clients.

MOUSQUET — All of them—that's asking too much.

KNOCK — I say all of them.

MOUSQUET — It's true that at one moment or another of his life, everybody may occasionally become our client.

KNOCK — Occasionally? Not at all. Regular client, loyal client.

MOUSQUET — Still, he has to fall ill!

KNOCK — "To fall ill" is an old notion that doesn't hold anymore in the face of new scientific data. Health is only a word that we could erase from our vocabulary without causing any harm. I only know people more or less strongly struck by diseases that are more or less numerous and evolving more or less rapidly. Obviously, if you tell them that they look good, they will believe you. In fact you are deceiving them. Your sole excuse should be that you already have too many patients to heal and you can't take new ones in.

MOUSQUET — At any rate, it is a very good theory.

KNOCK — A very modern theory, Mr. Mousquet—think about it—and a very close relative of the idea of an armed nation that makes our countries strong.

MOUSQUET — You are a thinker, doctor Knock, and materialists will have a hard time arguing for the contrary: thoughts make the world go round.

KNOCK — Listen to me (*Both are standing. Knock grabs Mousquet's hands.*) I am perhaps

Je suis peut-être présomptueux. D'amères désillusions me sont peut-être réservées. Mais si, dans un an, jour pour jour, vous n'avez pas gagné les vingt-cinq mille francs nets qui vous sont dus, si M<sup>me</sup> Mousquet n'a pas les robes, les chapeaux et les bas que sa condition exige, je vous autorise à venir me faire une scène ici, et je tendrai les deux joues pour que vous m'y déposiez chacun un soufflet.

MOUSQUET – Cher docteur, je serais un ingrat, si je ne vous remerciais pas avec effusion, et un misérable si je ne vous aidais pas tout mon pouvoir.

KNOCK — Bien, bien. Comptez sur moi comme je compte sur vous.

(Act II, Scene 3, pp. 78-79)

presumptuous. Bitter disillusion may be awaiting me. However, if in one year, day after day, you have not gained the twenty-five thousand francs that are due to you, if Madame Mousquet doesn't have the clothes, the hats and the stockings that her status requires, you will be authorized to come and complain to me, and I will offer both cheeks for you to strike them.

MOUSQUET – Dear doctor, I would be ungrateful, if I didn't thank you profusely and a miserable man if I didn't help you by doing everything in my power.

KNOCK — Well, well. Count on me as I count on you.

We learn that disease is not a temporary condition we slip into occasionally ('tomber malade') and that we are instead all potentially if not inherently ill. The sole fact of living in that region, if not of being alive, makes the villagers patients. This vision of health and disease aligns with the one that prevails in our times, with the exception that now the word health does not need erasing from our vocabulary ("rayer de notre vocabulaire"), but has simply acquired a different meaning. Surplus health emerges from maximized treatment. The more drugs we are on, be it for risk prevention or for chronic diseases, the healthier we are considered to be, at least potentially. Canguilhem, with his famous distinction between 'physiological' and 'pathological', would have fitted the conversation with interesting results in this circumstance. He himself refers to Knock in *The Normal and the Pathological*: "certain writers claim continuity between health and disease in order to refuse to define either of them. They say that there is no completely normal state, no perfect health. This can mean that there exist only sick men. In an amusing way Molière and Jules Romains have shown what kind of 'iatocracy' can justify this assertion."<sup>141</sup>

The military metaphor is developed further and takes on more explicit and aggressive

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<sup>141</sup> Canguilhem. *Essay on Some Problems Concerning the Normal and the Pathological*, 36.

connotations: Knock and Mousquet have to expand the domain of medicine and make everybody a patient, a conquered body. Medicine is compared to a country that embraces arms to grow stronger and larger. Modern ways to refer to over-medicalization in North America depict drugs being coterminous with the country (e.g., “Prozac nation”). How does medicine expand its domains, along which lines and to what purpose? Knock and Mousquet set their financial goals for the year and take it from there, instead of keeping health as the primary goal and making money as a consequence.

According to Knock, it is important as well to keep the stronghold and not to lose terrain in their medical-financial empire (“Client régulier, client fidèle”), which resonates with the important share of the market that drugs for chronic disease or risk prevention, that is, long-term prescription drugs, have in our days. A founding pillar of Knock’s strategy, his focus on long-term treatment was already shared with doctor Parpalaïd during the car ride: “nous devons travailler à la conservation du malade” (“we have to work on the preservation of the diseased,” 50).

Furthermore, in this passage, Knock’s words—“Votre seule excuse, c’est que vous ayez déjà trop de malades à soigner pour en prendre de nouveaux”— seem to resonate with Mickey Smith’s and Joseph Dumit’s claims on there being no set limit to treatment when the goal is not that of a body free of suffering but one free of risk. “There is always room for another . . . treatment, perhaps until we can’t take any more treatment because of side effects, costs, or effort.”<sup>142</sup>

However, officially it is all done in the interest of public health and not for money. We read this in the mission statement of all major drug companies. Lilly’s website homepage, for

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<sup>142</sup> Dumit, *Drugs for Life*, 95.

instance, reads: “Our commitment to making life better goes beyond the medicines we make—it’s at the very heart of our business.”<sup>143</sup> Knock, too, specifies to the town crier: “Vous comprenez, mon ami, ce que je veux, avant tout, c’est que les gens se soignent. Si je voulais gagner de l’argent, c’est à Paris que je m’installerais, ou à New York.” (“You understand, my friend, that what I want more than anything else is people’s healing. If I wanted to make money, I would practice in Paris or New York.” 64)

After the public announcements have gone out, the partnership with the schoolmaster on public health campaigns has been sealed and the enterprise with the pharmacist has taken off, Knock has laid the foundations for his business. Knock’s strategy is in place, and consultations can start.

In his first day of work, Knock visits the town crier, two women and two village louts. With each of them we see the same pattern: Knock gauges how much money he can draw from patients, then he makes them aware of a specific syndrome they may have, which scares them enough to generate meekness, subordination and compliance. They are sick, but he will be able to heal them, by outlining a treatment plan and prescribing medicines they can purchase at the pharmacist’s. The way Knock makes people aware of their disease ranges from drawing pictures to using scary metaphors and complicated language, all of which serves the goal of generating anxiety and of making his interlocutor feel dis-eased and in a vulnerable position.

In Scene 5, when he visits the Lady in Purple (*Dame en violet*), he immediately figures out that she is wealthy. She says she feels fine, but as soon as she mentions being kept up at night by some thoughts regarding her estate, Knock seizes the opportunity to transform her into a long-term patient:

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<sup>143</sup> [www.lilly.com](http://www.lilly.com)

KNOCK — il y a des cas d'insomnie dont la signification est d'une exceptionnelle gravité.

LA DAME — Vraiment ?

KNOCK — L'insomnie peut être due à un trouble essentiel de la circulation intracérébrale, particulièrement à une altération des vaisseaux dite "en tuyau de pipe". Vous avez peut-être, madame, les artères du cerveau en tuyau de pipe.

LA DAME — Ciel ! En tuyau de pipe ! L'usage du tabac, docteur, y serait-il pour quelque chose ? ...

KNOCK — C'est un point qu'il faudrait examiner. L'insomnie peut encore provenir d'une attaque profonde et continue de la substance grise par la névroglie.

LA DAME — Ce doit être affreux. Expliquez-moi cela, docteur.

KNOCK, *très posément*. — Représentez-vous un crabe, ou un poulpe, ou une gigantesque araignée en train de vous grignoter, de vous suçoter et de vous déchiqeter doucement la cervelle.

LA DAME — Oh ! (*Elle s'effondre dans un fauteuil.*) Il y a de quoi s'évanouir d'horreur. Voilà certainement ce que je dois avoir. Je le sens bien. Je vous en prie, docteur, . . . ne m'abandonnez pas. Je me sens glisser au dernier degré de l'épouvante. (*Un silence.*) Ce doit être absolument incurable ? et mortel ?

KNOCK — Non.

LA DAME — Il y a un espoir de guérison ?

KNOCK — Oui, à la longue.

LA DAME — Ne me trompez pas, docteur. Je veux savoir la vérité.

KNOCK — Tout dépend de la régularité et de la durée du traitement. . . . Je n'oserais peut-être pas donner cet espoir à un malade ordinaire, qui n'aurait ni le temps ni les moyens de se soigner, suivant les méthodes les plus modernes. Avec vous, c'est différent.

LA DAME — Oh ! je serai une malade très docile, docteur, soumise comme un petit chien. Je passerai partout où il le faudra, surtout si ce n'est pas trop douloureux.

KNOCK — There are cases of insomnia that are of utmost seriousness.

THE LADY — Really?

KNOCK — Insomnia can result from a structural problem in the intracerebral circulation, specifically from the alteration of vessels called "pipestems." You may have, madam, pipestem cerebral arteries.

THE LADY — Heavens! Pipestem! Could it be due to my using tobacco?

KNOCK — That's something we will need to look into. Insomnia could also be due to a continuous and deep attack to the grey matter on the part of the neuroglia.

THE LADY — It must be frightening. Please explain it to me, doctor.

KNOCK, *very composedly*. — Imagine a crab, or an octopus, or a gigantic spider as nibbling, sucking and gently pulling your brain to pieces.

THE LADY — Oh! (*She sinks into an armchair.*) One could faint out of horror. Here is what I must have. I clearly feel it. Please, doctor, don't leave me alone. I feel I am sinking into the highest terror. (*Silence.*) This must be absolutely incurable and fatal, right?

KNOCK — No.

THE LADY — Is there any hope of healing?

KNOCK — Yes, in the long run,

THE LADY — Don't deceive me, doctor. I want the truth.

KNOCK — All depends on the regularity and the duration of treatment . . . I wouldn't dare give hope to ordinary patients, who wouldn't have the time or the means to be cured with the most modern methods. With you, it is different.

THE LADY — Oh! I will be a very docile patient, doctor, submissive as a small dog. I will do anything that is required, especially if it's not too painful.

KNOCK — Aucunement douloureux, puisque c'est à la radioactivité que l'on fait appel. La seule difficulté, c'est d'avoir la patience de poursuivre bien sagement la cure pendant deux ou trois années, et aussi d'avoir sous la main un médecin qui s'astreigne à une surveillance incessante du processus de guérison, à un calcul minutieux des doses radioactives - et à des visites presque quotidiennes.

KNOCK — Not at all painful, since we'll resort to radioactivity. The only challenge consists in being patient and constant enough to follow the treatment for two or three years, and having at hand a doctor who will commit to watching the healing process closely, calculating the doses of radioactivity in great detail, and offering almost daily visits.

And here's an opportunity for the pharmacist:

LA DAME – Je n'ai pas de médicaments à prendre aujourd'hui ?

THE LADY – Do I have to take any medicine today?

KNOCK — Heu... si. Passez chez M. Mousquet et priez-le d'exécuter aussitôt cette première petite ordonnance.  
(Act II, Scene 5, pp. 86-88)

KNOCK — Hmm... sure. Stop by Mr. Mousquet and ask him to prepare this first prescription.

Not only does Knock scare the woman into becoming her patient, but he also employs technical terminology, which confers him power. Although not as obviously as in the case of Mr. Bernard, this patient, too, seems to be interpellated as she listens to possible causes of her insomnia. As a result of Knock's strategy, the Lady in Purple has become a long-term patient and a very compliant one. Knock stands out as the virtuous hero who will save the woman's brain from being feasted on by her neuroglia, almost as if in a fairy tale, while the pharmacist gains from the visit, too. We also learn that Knock's predecessor, doctor Parpalaid, had only suggested that she read five pages of the *Civil Code* every night when she goes to bed to fight insomnia. Now that the woman is "informed" of her conditions, Knock, with his detailed descriptions and his treatment plan, appears a more concerned, a better caring, and a more serious physician than Parpalaid. While the Lady in Purple is wealthy, the two patients Knock sees right after her, a couple of village louts, have no money. It is telling of Knock's strategy that he does not waste any time with them and tells them that they are going to die of an incurable syndrome.

Before the Lady in Purple comes the Lady in Black (Dame en noir, Scene 4), who is "reminded"

that she must have fallen on her back in her childhood. Knock frightens her with a drawing of anatomical details of her spine and apocalyptic descriptions of what awaits her in the near future. Once she is completely shocked and prone to compliance, but worried about the treatment being too expensive, he only suggests a week of observation. In case she feels ill after that week, then she will have to undergo treatment. However, the recommendations he gives her for the week of observation (lying in bed in absolute darkness and solitude, and with very little food) *will* make her feel feeble.

When he visits the town crier, the latter feels well in general, but in that very moment he feels a little itching. Nevertheless, the doctor puts on the most serious expression on his face—which reminds us of the empty theatricality we have encountered in Ivan Il'ich's doctors—and becomes very strict about definitions to determine what kind of itching it is. He also comes up with statistics and asks the town crier if his age is closer to fifty-one or fifty-two, before determining that he can certainly be cured if he undergoes treatment. This last detail seems to anticipate risk-oriented diagnosis and treatment.

Present-day direct-to-consumer campaigns present a structure similar to Knock's initial announcement, his conference on typhoid fever, and his visits—one that addresses people's permanent uncertainty about their health, which results from a divorce between how they feel and what their bodies might actually conceal, and interpellation. Among other things, pharmaceutical advertising capitalizes on the related notions of an unreliable, asymptomatic body and of "risk factor." Facts, numbers and statistics are all we are left with to determine how healthy we are. Knock's question to the town crier regarding his age before determining whether he should undergo treatment or not may have sounded like an off-mark question in the early

1920s. However, today's high cholesterol drug commercials share similar assumptions, which in the past used to appear irrational inasmuch as they did not consider bodily symptoms, but only numbers. Here is a transcript from a Pfizer commercial, reported by Dumit when he discusses high cholesterol:

[the] commercial begins with a scene of middle-aged people on exercise bikes in a gym, working out but looking tired. The only sound is of a ball rolling around, and superimposed above the exercisers is a spinning set of numbers. Finally the ball is heard dropping into place; the number is 265. The cholesterol roulette is over. The text on the screen: "Like your odds? Get checked for cholesterol. Pfizer." (56)

The roulette component further highlights the notion of "risk." In general, all Knock's visits start with broad questions ("Have you been suffering from insomnia for a long time?" 89; "Do you suffer from a lack of appetite?" 81 "Do you experience itching after eating?" 67). No matter the answer, Knock mentions that the patient's symptoms may be inscribed within the frame of a serious condition. This normally triggers his interlocutors' concerns about being affected by diseases that Knock describes in a frightening fashion and that they have never considered before. In other words, after a brief exchange, which could well be the topic of small talk or a chat with a friend, Knock's serious and scary revelations offer a new light in which patients can look at ordinary episodes in their lives as symptoms; in other words, they can superimpose a medical plot on them. As we have seen, fear is followed by hope and compliance. Knock's visits, once the comic exaggerations are taken off, could serve as scripts for present-day direct-to-consumer advertising, whose rhetorical strategies have much in common with those of Romains' character. Below is the transcript of an early television commercial (quoted in Dumit 2012), that the pharmaceutical company Lilly released to promote Prozac without naming the brand:

VOICE-OVER: Have you stopped doing things you used to enjoy? Are you sleeping too much, are you sleeping too little? Have you noticed a change in your appetite? Is it hard to concentrate? Do you feel sad almost every day? Do you sometimes feel that life may not be worth living?



VOICE OVER: These can be signs of clinical depression, a real illness, with real causes.

SCREEN-TITLE: Depression strikes one in eight

VOICE-OVER: But there is hope, you can

SCREEN-TITLE: Get your life back

VOICE-OVER: Treatment that has worked for millions is available from your doctor. This is the number to call for a free confidential information kit, including a personal symptoms checklist, that can make it easier to talk with a doctor about how you're feeling. Make the call now, for yourself or someone you care about. (58)

Just like Knock's visits, the commercial opens with a list of questions that seem general, but are in fact very serious, as shown in a follow-up that mention a possible cause of one's symptoms, clinical depression. Statistics follow, which explains how one's apparently common symptoms can be signs of a serious condition (retrospective employment). Now the consumer who feels interpellated will speak with a doctor and learn more about clinical depression and possibly consider treatment. Dumit shows how direct-to-consumer commercials do not raise a presymptomatic form of awareness, as it would be the case for a diagnostic scan or a genetic test that reveal diseases before symptoms even manifest themselves. People, instead, find out that they have been suffering from symptoms of a disease without being aware. Knock's rhetoric has exactly the same effect on his patients.

Parpalaid visits Saint-Maurice three months after he has passed the baton to Knock. He finds the town almost unrecognizable. The only hotel, the *hôtel de la Clef*, has been transformed into a clinic, the *Médicale-Hôtel*. Lots of patients, most from town, but also some who were only passing by, got visited by Knock and ended up checking in for a treatment. If we consider that in French the town hall is called "*hôtel de ville*," then it becomes even more interesting to learn that the only *hôtel* in town is now the headquarters of medicine, where it is practiced, institutionalized and regimented, and from where Knock governs the whole region. As in

Foucault's clinic, here health, authority and power are closely intertwined.

Before he meets with Knock, Parpalaid has a short exchange with Madame Rémy, the hotel manager. He expresses his surprise regarding how sick people have become compared to his times. Mme Rémy's response testifies to the change in episteme, her view being that of the new patient, empowered, educated, informed, and compliant.

MADAME RÉMY — Les gens n'avaient pas l'idée de se soigner, c'est tout différent. Il y en a qui s'imaginent que dans nos campagnes nous sommes encore des sauvages, que nous n'avons aucun souci de notre personne, que nous attendons que notre heure soit venue de crever comme les animaux, et que les remèdes, les régimes, les appareils et tous les progrès, c'est pour les grandes villes. Erreur, Monsieur Parpalaid. Nous nous apprécions autant que quiconque ; et bien qu'on n'aime pas à gaspiller son argent, on n'hésite pas à se payer le nécessaire. Vous, Monsieur Parpalaid, vous en êtes au paysan d'autrefois, qui coupait les sous en quatre, et qui aurait mieux aimé perdre un oeil et une jambe que d'acheter trois francs de médicaments. Les choses ont changé, Dieu merci.

MADAME RÉMY — People didn't have the thought of finding treatment; all is different now. Some think that in the countryside we are still in a wild state, that we don't have any care for ourselves, that we just wait until the time comes for us to die like animals, and that the remedies, the diets, the equipment and all the progress is for big cities. This is a mistake, Monsieur Parpalaid. We have the self-appreciation that anybody else has, and although we don't like wasting our money, we don't hesitate to pay for what is necessary. You, Monsieur Parpalaid, are a gentleman of the old times, who splits the coin in four and who would prefer to lose an eye or a leg rather than spending three francs on a medicine. Things have changed, thank God.

Next, Knock chats with Mousquet, who has multiplied by five his volume of business (108).

It is only in Scene 6 that Parpalaid meets with Knock (110). Knock, as if in a financial report, immediately shows him the figures. His graphs include the curve of visits and treatment, which have multiplied stunningly. He mentions people's incomes as a crucial part of the picture and of the planning, which confuses Parpalaid:

LE DOCTEUR — Quelle est cette histoire de revenus ?

KNOCK — ... J'ai quatre échelons de traitements. Le plus modeste, pour les revenus de douze à vingt mille, ne comporte qu'une

THE DOCTOR — What's this story of revenues?

KNOCK — ... I have four levels of treatment. The most modest, for incomes between twelve and twenty thousands, only entails one visit a

visite par semaine, et cinquante francs environ de frais pharmaceutiques par mois. Au sommet, le traitement de luxe, pour revenus supérieurs à cinquante mille francs, entraîne un minimum de quatre visites par semaine, et de trois cents francs par mois de frais divers : rayons X, radium, massages électriques, analyses, médication courante, etc...

LE DOCTEUR — Mais comment connaissez-vous les revenus de vos clients ?

KNOCK — Pas par les agents du fisc, croyez-le. Et tant mieux pour moi. Alors que je dénombre 1502 revenus supérieurs à 12000 francs, le contrôleur de l'impôt en compte 17. Le plus gros revenu de sa liste est de 20000. Le plus gros de la mienne, de 120000. Nous ne concordons jamais. Il faut réfléchir que lui travaille pour l'État.

LE DOCTEUR — Vos informations à vous, d'où viennent-elles ?

KNOCK — C'est un très gros travail. Presque tout mon mois d'octobre y a passé. Et je revise constamment. Regardez ceci : c'est joli, n'est-ce pas ?

LE DOCTEUR — On dirait une carte du canton. Mais que signifient tous ces points rouges ?

KNOCK — C'est la carte de la pénétration médicale. Chaque point rouge indique l'emplacement d'un malade régulier. Il y a un mois vous auriez vu ici une énorme tache grise . . . Aujourd'hui, la tache n'a pas disparu, mais elle est morcelée. N'est-ce pas ? On la remarque à peine.

LE DOCTEUR — . . . Je ne puis guère douter de vos résultats. Mais me permettez-vous de me poser une question tout haut ?

KNOCK — Je vous en prie.

[. . .]

LE DOCTEUR — Remarquez que je ne tranche rien. Je soulève un point excessivement délicat. . . . est-ce que, dans votre méthode, l'intérêt du malade n'est pas un peu subordonné à l'intérêt du médecin ?

KNOCK — Docteur Parpalaid, vous oubliez qu'il y a un intérêt supérieur à ces deux-là.

week, and around fifty francs of pharmacy bills per month. At the other end, the deluxe treatment, for incomes over fifty thousand francs, calls for at least four visits per week and a three-hundred franc expense for different items: X-rays, radium, electric massages, diagnostic tests, ordinary medications, and so forth.

THE DOCTOR — But how do you know the income of your customers?

KNOCK — Not from the tax official, believe me. And to my advantage. While I identify 1502 incomes over 12000 francs, the tax official only counts 17. The highest income in his list is 20000. The highest in my list is 120000. We never agree. The fact that he works for the state makes me wonder.

THE DOCTOR — Where do you get your information?

KNOCK — It's a lot of work, on which I have spent almost the whole month of October. And I revise things constantly. Look at this: beautiful, isn't it?

THE DOCTOR — It looks like a map of the region. But what are all these red dots for?

KNOCK — This is the map of medical penetration. Every red point means the location of a regular patient. Only one month ago you would have seen an enormous grey pocket . . . Today it has not disappeared, but it has been reduced, hasn't it? One barely sees it.

THE DOCTOR — . . . I can't doubt your results. However, may I ask you a question of a higher order?

KNOCK — Please.

[. . .]

THE DOCTOR — Note that I am not pushing aside anything. I raise a very delicate point. . . in your method, isn't the interest of the patient subordinated to the interest of the doctor?

KNOCK — Doctor Parpalaid, you forget an interest that is higher than both of them.

LE DOCTEUR — Lequel ?

KNOCK — Celui de la médecine. C'est le seul dont je me préoccupe.

*Silence. Parpalaid médite.*

LE DOCTEUR — Oui, oui, oui.

(Act III, Scene 6, pp. 112-114)

THE DOCTOR — Which one?

KNOCK — The interest of medicine. That's the only one I care for.

*Silence. Parpalaid thinks.*

THE DOCTOR — Yes, yes, yes.

Finally all barriers are blurred between medicine, marketing and military invasion. The map of medical penetration, a highlight in the play, is reminiscent of warfare maps—in 1923 France invaded the Ruhr valley—although it could also be a reference to Saint François Régis, a seventeenth-century Jesuit priest who spent his life converting back the population of his region, the Languedoc, led astray by Protestantism, and died during one of his missions. Régis appears in the twenty-first volume (1942) of Romain's cycle of novels *Les hommes de bonne volonté* (1932-46). To some extent, Knock's enterprise bears overtones of a religious conversion, and so does the villagers' unconditioned faith in medical progress, whereby medicine is almost a dogma. However, maps are also widely used to provide a snapshot assessment of a specific business in its geographical expansion,<sup>144</sup> which further creates a superimposition of Knock's health campaign and his advertising campaign. The *campagne* of Saint-Maurice is transformed and reshaped by the rhetoric of Knock's well-orchestrated and warfare-like *campagne*.

To Romain's audience the concepts of diagnosis and treatment being subordinated to income and financial means (“quatre échelons de traitements”) must have sounded hilarious, and it might have increased the comic effect of the pièce. However, when we read Knock's words from our twenty-first century, late capitalist perspective, in which drugs are conceived, tested and marketed by private companies for profit, the doctor's views are not so absurd anymore. The reasoning behind the marketing choices made by pharmaceutical companies proceeds in the

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<sup>144</sup> See, for instance, *The World of Coffee*. Oxford: Oxford Cartographers Ltd., 1998.

opposite direction as one would expect: instead of developing drugs targeted to public health priorities, thus serving the interest of the people, it is rather a study of the market that determines which clinical trials it makes sense to carry out and which drugs to develop and patent in order to recoup the research and production costs: “One of the significant problems for the Pharma industry is that of the 400 disease entities identified, only 50 are commercially attractive by today’s requirements of return on investment.”<sup>145</sup> Clinical studies that are important to conduct from a scientific or medical perspective are not necessarily as important to conduct from a drug development perspective.<sup>146</sup> Hence the paradox of millions being spent for blockbuster drugs like Viagra, and only pennies devoted to research on tropical diseases that hit low-income populations.

The final part of the conversation probes the most profound depths of Knock’s epistemological mission and allows for more resonances with present-day notions of health. Furthermore, in an otherwise comic play, Knock’s words here introduce a disquieting tone that reflects the historical circumstances and the anxieties of interwar Europe. Together with Parpalaid we learn about the concepts of “*lumière médicale*” and “*existence médicale*,” which bring to fulfillment the statement that Knock pronounced as he was driving through that same *campagne* that he would reshape and transform: “the medical age can begin” (“*l’âge médical peut commencer*,” 55).

KNOCK — Vous me donnez un canton peuplé de quelques milliers d’individus neutres, indéterminés. Mon rôle, c’est de les déterminer, de les amener à l’existence médicale. Je les

KNOCK — You give me a region peopled by a few thousand neutral, undetermined individuals. My role is that of defining them, of bringing them into medical existence. I put

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<sup>145</sup> Tamas Bartfai and Graham V. Lees, *Drug Discovery. From Bedside to Wall Street*. Amsterdam: Elsevier/Academic 2006, 14. Quoted in Dumit, *Drugs for Life*, 66.

<sup>146</sup> Bert Spilker, *Multinational Drug Companies: Issues in Drug Discovery and Development* (New York: Raven Press, 1989), 372, quoted in Dumit, *Drugs for Life*, 91.

mets au lit, et je regarde ce qui va pouvoir en sortir : un tuberculeux, un névropathe, un artério-scléreux, ce qu'on voudra, mais quelqu'un, bon Dieu! Quelqu'un! Rien ne m'agace comme cet être ni chair ni poisson que vous appelez un homme bien portant.

LE DOCTEUR — Vous ne pouvez cependant pas mettre tout un canton au lit ! . . . Vous ne pensez qu'à la médecine... Ne craignez-vous pas qu'en généralisant l'application de vos méthodes, on n'amène un certain

ralentissement des autres activités sociales. . . ?

KNOCK — Ça ne me regarde pas. Moi, je fais de la médecine.

LE DOCTEUR — Il est vrai que lorsqu'il construit sa ligne de chemin de fer, l'ingénieur ne se demande pas ce qu'en pense le médecin de campagne.

KNOCK — . . . docteur Parpalaid. Vous connaissez la vue qu'on a de cette fenêtre. . . . C'est un paysage rude, . . . Aujourd'hui, je vous le donne tout imprégné de médecine, animé et parcouru par le feu souterrain de notre art. . . . Dans deux cent cinquante de ces maisons . . . il y a deux cent cinquante chambres où quelqu'un confesse la médecine, deux cent cinquante lits où un corps étendu témoigne que la vie a un sens, et grâce à moi un sens médical. La nuit, c'est encore plus beau, car il y a les lumières. Et presque toutes les lumières sont à moi. Les non-malades dorment dans les ténèbres. Ils sont supprimés. . . . La nuit me débarrasse de tout ce qui reste en marge de la médecine. . . . Le canton fait place à une sorte de firmament dont je suis le créateur continu.

them in bed, and I see who they can become: somebody with tuberculosis, with a neurosis, with arteriosclerosis—what you will, but somebody, good God! Somebody! Nothing annoys me as much as this being neither meat nor fish that you call a healthy man.

THE DOCTOR — Nevertheless, you cannot put a whole region in bed! . . . You only think of medicine... Aren't you afraid that by generalizing the application of your methods social activities will be slowed down?

KNOCK — That's none of my business. I practice medicine.

THE DOCTOR — It is true that upon building a railroad, the engineer doesn't wonder what the country doctor thinks about it.

KNOCK — . . . doctor Parpalaid. You are familiar with the view from this window... It is a rough landscape . . . Today, I give it to you all imbued with medicine, animated and irradiated by the subterranean fire of our art . . . In two hundred fifty of these houses . . . there are two hundred fifty rooms where somebody testifies about medicine, two hundred thousand beds where a lying body confirms that life has a meaning, and thanks to me, a medical meaning. It is even more beautiful at night, because there are lights. And all the lights are mine. The non-patients sleep in the darkness. They are suppressed . . . The night clears the vision of everything that stays at the margins of medicine . . . The region becomes a sort of firmament of which I am continuously the creator.

Literary scholars have interpreted the scene of Knock's triumph through the lens of Romain's *unanimité*, which informs all his poetics and is in dialog with the psychology of groups and crowds. The idea of 'les unanimes' or 'collective beings' can be described as follows:

[W]hen a number of men meet, however chance that meeting may be, provided they remain together and begin to do something together, they tend to become 'something other than a certain number of men', to become part of an individuality greater than

their own, the individuality of the group. ... Groups of people ... have a soul distinct from, and usually superior to, individual souls.<sup>147</sup>

In *Knock* Romaines illustrates the creation of a collective state of mind, which process constitutes a very concrete anxiety in the 1920s in Europe. Unanimists highlight the relationship between Knock and Hitler, “both of whom turn the groups they control into collective beings at the mercy of their selfish designs,” (143) and wonder: “if a group will respond to a doctor in this way, what chances have the masses when confronted with a modern dictator?” (89) Interestingly, the Nazi regime banned productions of *Knock* in Germany (77). The scene at the end of the third act, when all the patients accompany doctor Parpalaid to his room, while being the vertex of the comic effect, also constitutes the culmination of unanimism in its most disquieting traits and potentials.<sup>148</sup>

However, I would like to suggest additional interpretations of Knock’s tirade on the *lumière médicale*, on the basis of the parallel we have drawn thus far between Romaines’ text and modern developments in medical epistemology and medical communication. The *lumière médicale* and the streetlights here signify the enlightenment brought about by Knock’s mission. Those who are not yet part of his medical kingdom are living in the dark and left in the margin of visibility and recognition. By employing language and imagery that are quite Foucauldian *avant la lettre*, Knock claims that undiagnosed and undefined people (“ni chair ni poisson,” as they have been labeled earlier) are awaiting to receive a diagnosis, a definition, in order to be brought into existence (“Mon rôle, c’est de les déterminer, de les amener à l’existence médicale”).

The stage directions for this scene read: “À partir de ce moment jusqu’à la fin de la pièce,

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<sup>147</sup> Peter J. Norrish, *Drama of the Group. A Study of Unanimism in the Plays of Jules Romaines* (Cambridge: Cambridge UP, 1958), 4-5.

<sup>148</sup> On unanimism in *Knock* see also Boak. *Jules Romaines*, 174.

l'éclairage de la scène prend peu à peu les caractères de la Lumière Médicale qui, comme on le sait, est plus riche en rayons verts et violets que la simple Lumière Terrestre” (From this moment until the end of the play, the lighting of the scene takes on little by little the characteristics of Medical Enlightenment which, as we know, is richer than simple Earthly Light in green and violet beams,” 114) Notably, as soon as Knock lights the stage with the lumière médicale, he starts bringing Parpalaid gradually into a medical existence. This final reification of the doctor is in part reminiscent of Chekhov’s *Ward No. 6*.



Figures 3.3-6. *Knock* staged by Jess R. Burkle at the American Repertory Theater (2006).

Medical enlightenment generates a new patient—educated, informed, and aware, and free to make choices about her health and seek treatment actively, be it with the help of doctors or in spite of them. Parpalaid realizes that all the villagers have fallen prey to Knock’s power and



embraced his debatable predicaments. In this respect, it is worth emphasizing that in the dialog just reported, Romans calls Parpalaid “le docteur,” while Knock is just “Knock.” However, when the former calls the latter a charlatan (121), he is met by wrath by the villagers, who have been enlightened and empowered—or indoctrinated, when seen from the opposite perspective—by the concerted efforts of Knock, Mr. Bernard and the pharmacist. Parpalaid’s exchange with Madame Rémy provides a remarkable demonstration:

MME RÉMY — M. Parpalaid a toujours été un très brave homme. Et il tenait sa place aussi bien qu'un autre tant que nous pouvions nous passer . . . d'un vrai médecin.

LE DOCTEUR — Un vrai médecin ! Quelles choses il faut s'entendre dire ! Attendez la prochaine [épidémie mondiale], et vous verrez si le docteur Knock s'en tire mieux que moi.

MME RÉMY — . . . je commence à savoir ce que c'est qu'un malade. . . Je puis vous dire que dans une population où tous les gens sont déjà au lit, on l'attend de pied ferme, votre épidémie mondiale.

MOUSQUET — Je ne vous conseille pas de soulever ici des controverses de cet ordre. L'esprit pharmaco-médicale court les rues. Les notions abondent. Et le premier venu vous tiendra tête.

(Act III, Scene 8, pp. 122-123)

MME RÉMY — Mr. Parpalaid has always been a good man. And he did his job as well as anyone else would, to the extent that each of us could have been considered . . . a real physician.

THE DOCTOR — A real physician! What am I hearing! Wait until the next [world epidemics] and you'll see if doctor Knock will turn out to be better than me.

MME RÉMY — . . . I begin to understand what a patient is. . . . I can tell you that in a population where everybody is already in bed, we are well equipped to face your world epidemics.

MOUSQUET — I advise you against raising these sorts of controversies. The pharmaceutical-medical spirit floods the streets, notions abound, and anyone will be able to argue with you.

Mousquet warns Knock: now that the medical age has come in Saint-Maurice, anybody will be able to argue with him on his same terms.

Indeed, Knock’s *lumière médicale* has much in common with the empowering and educational mission of pharmaceutical companies, carried out through their websites, advertorials, ads proper, campaigns to raise awareness about newly discovered syndromes, and online self-diagnosis tools.

The recurring motto seems to be “Help your doctor help you.” It shows, for instance, on

the website Parkinson's Health, in which Teva Pharmaceuticals, which produces a drug for Parkinson's, gives information on the syndrome. Sometimes in order to make patients feel empowered, pharmaceutical advertising borrows language and imagery from civil right campaigns of the 1960s and 1970s (such as the concept of "democratization of knowledge"). Nathan Greenslit shows how this happened with the campaign for Sarafem, a drug that is identical to Prozac but has been rebranded (new packaging, new name, pink color) to address a newly-defined syndrome that affects women, PMDD (pre-menstrual dysphoric disorder).<sup>149</sup> All major pharmaceutical companies have in their website a section on how to talk with your doctor about the disease they target with their drugs. The whole world of witnessing is interesting from our perspective, since through these stories companies suggest potential customers how to speak to a doctor in order to get a prescription. The website of the drug myrbetriq, which is prescribed in case of an overactive bladder, has not only testimonial videos, which alone provide examples on how to speak about the syndrome, but also an interactive questionnaire that has you answer multiple-choice questions about your symptoms and comes up with a number of "conversation starters,"<sup>150</sup> which include the following: "It's embarrassing having to constantly run to the bathroom;" or "I'm doing what I can to manage my bladder problems, but it's not enough. What are my other options?" However, these strategies seem almost naïve, if compared to what Dumit calls counter-employment of the doctor by the patient. Dumit mentions the Effexor XR antidepressant website, which provides whole stories one can use to say "the right things in the right way" to the doctor and get a prescription (81). In other words, the patient becomes a reliable narrator in the eye of the doctor. From the homepage you

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<sup>149</sup> Nathan Greenslit, "Depression and Consumption: Psychopharmaceuticals, Branding, And New Identity Practices." *Culture, Medicine and Psychiatry* 29 (2005): 477-501.

<sup>150</sup> <https://www.myrbetriq.com/oab-treatment-stories/>

can “click on the link that sounds like you.” By choosing “Maybe I’m just down,” the following page will appear:

### Maybe I’m Just Down

Does this sound like your situation?

Please note: The following story is fictitious and describes a general situation.

‘After a few weeks, I knew something was wrong. Nothing really bad happened, but I was having more and more negative thoughts. At first, I figured it was normal to feel sad and empty (even hopeless) for a few days, maybe even a week. After all, I wondered, don’t most people feel down every once in a while? But I couldn’t snap out of it. I started to get concerned that something was seriously wrong. Why was this happening to me? I decided to look for some answers.

‘I learned that I was experiencing the symptoms of a medical condition—depression—and that my doctor could help me feel like ‘me’ again. I also learned that I should not feel ashamed or embarrassed because it was beyond my control. That’s when I called my doctor.

‘It didn’t happen overnight, but I really have come a long way. Recognizing that I was experiencing the symptoms of a medical condition and understanding that help was available was the best thing I could have done for myself.’

Do you feel sad and empty? Do you no longer feel like ‘you’ anymore? Perhaps you are suffering from symptoms of depression. You may find some helpful information in *What Is Depression?* or *What Is Generalized Anxiety Disorder?* and *Symptoms of Depression or Symptoms of Generalized Anxiety Disorder*. You might also want to use the *Success Scale* or see *Evaluation and Treatments for Depression*. (82)

Just like self-defined empowered patients of our times, in Romain’s text Mme Rémy knows how to talk back to Parpalaid from a position of enlightenment. She is a reliable narrator insofar as she is an informed and liberated patient, who has been made aware of what health is, how to keep informed about and improve hers without waiting for a doctor to diagnose her. Medical enlightenment has brought about a new definition of physician, of patient and of sickness in Saint-Maurice.

Jules Romain’s play, the story of a French mountain village in the 1920s, featuring a quack doctor whose scientific statements show some gross exaggeration and substantial inaccuracy in the name of the comic effect, reminds us that medicine is above all a system of representation.

The epistemological questions that it foregrounds have been a constant concern for generations of scholars to the present day. Particularly, the concepts of the Medical Age and of Medical Enlightenment appear to be the most prophetic, especially when we consider today's mass medicalization, self-diagnosis and compliance.

Certainly the question of how such concepts as health, disease, and healing are defined and re-modulated at any given time in history and within a given society is still an appealing one. Just as timely is the question of how these definitions involve and reconfigure emplotment, authorship, agency and power.

Major epistemic innovations in the field of medicine have prompted us to redefine such concepts as health, disease, and healing, and to reconfigure the structure of illness narratives. The attribution of agency and authority to statements about someone's normal or pathological condition has become slippery, while authorship and accountability diffused and multifaceted. The introduction of mass communication in the medical field marks the transition to a new epoch of storytelling in medicine. In the nineteenth century, authorship firmly resided in the person of the physician, while, with the turn of century and the rise of psychoanalysis, a negotiation between doctor and patient began. In the "Medical Age," authorship and authority seem to evaporate above and beyond doctors and patients and to coincide with the collective voice of a whole society. Public authorities, pharmaceutical companies and medical professionals all partake in redefining and negotiating illness narratives. The patient not only talks back, as Zeno did in Svevo's novel, but she actively co-authors her illness narrative, she counter-emplots her doctor by employing the language of medicine and becoming a reliable narrator, undistinguishable from a professional, and she even becomes her own doctor through self-diagnosis—in other words, she is now the subject and the object of her own medicalization, of

her medical reification, of her “coming into medical existence.” With the utmost compliance that results from a supposed empowerment, authorship circles back in unexpected ways, the message being replicated and reassembled on a large scale by self-appointed speakers. With the phenomenon of interpellation, the addressee quickly becomes the author of her story of disease. As authorship gets diffused, multiplied and refracted among the myriad actors who play a role in this process of storytelling, it can no longer be traced to a specific voice or group. Parpalaid experiences something uncanny in hearing Madame Rémy’s empowered speech, and so do, perhaps, our doctors’ when their patients bring to their office an ad and say “That’s me.”<sup>151</sup> Advertising campaigns amplify illness narratives and make them impersonal at the same time, thus making authorship all the more unidentifiable. If mass medical advertising is accurately crafted and well-orchestrated, the proliferation of authorship it generates is chaotic and cacophonous, given the plurality of contrasting voices involved in the fragmentary and vaporous authorship about health and disease that characterizes our times.

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<sup>151</sup> Dumit, *Drugs for Life*, 55.

## CHAPTER FOUR

### TIME, AGENCY, AND BODILY GLANDS: METABOLIC STORYTELLING IN ITALO SVEVO AND MIKHAIL BULGAKOV

We have seen how with the turn of the century newly-emerged voices claim authority over the definition of illness and healing and over the interpretation of bodily symptoms (or lack thereof) as normal or pathological. Besides doctors and patients, pharmaceutical companies, in collaboration with the rising field of advertising, and public health campaigns provide additional voices, and what in the previous chapter I have defined a “diffused authorship” over illness and health narratives emerges by the 1910s and 1920s. The affirmation of a layered and multifaceted discourse in medicine is certainly not disconnected from the problematizing of perspective and agency that modernism brings about in the literature and the arts in the same decades. Precisely these two concepts, perspective and agency, have been major concerns of the present inquiry, which in this chapter performs a further shift, by veering slightly towards the territory of the non-human or post-human. I aim to show how bodily glands, specifically the thyroid and the hypophysis (or pituitary gland), and their functions complicate our established notions of narrative time and agency. I will do so by analyzing two texts from the early twentieth century, Italo Svevo’s short story “Doctor Menghi’s Drug” (“Lo specifico del dottor Menghi,” ca. 1904) and Mikhail Bulgakov’s novella *The Heart of A Dog* (*Sobach’e serdtse*, 1925), and by juxtaposing to them, as both a coda and a foil, ethnographies written by medical anthropologists on patients who carry an internal cardiac defibrillators in their chests.

The correlation between bodily parts and storytelling was stated in ancient times: in divination rituals, animal organs would reveal how the future would unfold to those who could interpret them. The tradition of bodily organs being personified and endowed with agency and

competing for supremacy over the body-state is also quite long, as shown in allegorical texts of political philosophy in antiquity and throughout the Middle Ages and the Renaissance. Here is one example from Livy's *Ab Urbe Condita* ('Since the city's founding', 27-9 BC):

Placuit igitur oratorem ad plebem mitti Menenium Agrippam, facundum virum et quod inde oriundus erat plebi carum. Is intromissus in castra prisco illo dicendi et horrido modo nihil aliud quam hoc narrasse fertur: tempore quo in homine non, ut nunc, omnia in unum consentiant, sed singulis membris suum cuique consilium, suos sermo fuerit, indignatas reliquas partes sua cura, suo labore ac ministerio ventri omnia quaeri, ventrem in medio quietum nihil aliud quam datis voluptatibus frui; conspirasse inde ne manus ad os cibum ferrent, nec os acciperet datum, nec dentes quae acciperent conficerent. Hac ira, dum ventrem fame domare vellent, ipsa una membra totumque corpus ad extremam tabem venisse. Inde apparuisse ventris quoque haud segne ministerium esse, nec magis ali quam alere eum, reddentem in omnes corporis partes hunc quo vivimus vigemusque, divisum pariter in venas, maturum confecto cibo sanguinem. Comparando hinc quam intestina corporis seditio similis esset irae plebis in patres, flexisse mentes hominum. (2.32)

They therefore decided to send as an ambassador to the commons Menenius Agrippa, an eloquent man and dear to the plebeians as being one of themselves by birth. On being admitted to the camp he is said merely to have related the following apologue, in the quaint and uncouth style of that age: In the days when man's members did not all agree amongst themselves, as is now the case, but had each its own ideas and a voice of its own, the other parts thought it unfair that they should have the worry and the trouble and the labour of providing everything for the belly, while the belly remained quietly in their midst with nothing to do but to enjoy the good things which they bestowed upon it; they therefore conspired together that the hands should carry no food to the mouth, nor the mouth accept anything that was given it, nor the teeth grind up what they received. While they sought in this angry spirit to starve the belly into submission, the members themselves and the whole body were reduced to the utmost weakness. Hence it had become clear that even the belly had no idle task to perform, and was no more nourished than it nourished the rest, by giving out to all parts of the body that by which we live and thrive, when it has been divided equally amongst the veins and is enriched with digested food -- that is, the blood. Drawing a parallel from this to show how like was the internal dissension of the bodily members to the anger of the plebs against the Fathers [= the senatorial class], he prevailed upon the minds of his hearers.<sup>152</sup>

Metabolism and time have been tied together for numerous centuries as well—the ancient

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<sup>152</sup> Livius, *Ab Urbe Condita*, 2.32. English edition and translation: B.O. Foster, *Livy. History of Rome*, Vol. 1, Books 1-2, Cambridge MA - London, 1919.

Greek god Chronos used to eat his children, therefore living in time means to be eaten, processed and expelled by it, in a metabolic fashion—while the importance of glands was recognized well before the time period that we are investigating—Descartes famously designated the pineal gland as the seat of the soul in his *Traité de l'homme (Treatise of Man, 1633)* and *Les Passions de l'âme (Passions of the Soul, 1649)*. However, the decades between the late nineteenth and the early twentieth century were marked by major medical discoveries that would generate unprecedented attention towards the endocrine system, and the field of endocrinology itself was founded in the early 1900s.<sup>153</sup> At that time physicians knew that some bodily glands have a double function: they excrete chemical substances through special ducts leading into other organs (as the pancreas does into the intestine) and at the same time they have islands or groups of different cells that produce special chemical messengers such as insulin, which is discharged directly into the blood and regulate sugar metabolism. Back in 1855 Claude Bernard had first used the expression ‘internal secretion’ in a lecture, and he mentioned that the liver yields an external secretion in the form of bile and also an internal one of sugar, which passes directly into the general circulation. However, at the turn of the century it was found that some bodily glands, including the thyroid, the hypophysis, the suprarenal glands and the gonads, do not yield their secretions into other organs through a duct, but they are instead ductless and release their chemical messengers directly into the blood. These glands were named ‘endocrine’ with a twentieth-century neologism formed by the ancient Greek prefix ἐνδο-, ‘inside’ (vs ἔξω, ‘outer’) and the verb κρίνειν, ‘to separate’, ‘to distinguish’). By the early 1900s it became obvious that there is a complex regulatory mechanism within this glandular system, and in the 1930s the

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<sup>153</sup> My sources for this excursus are: Victor Cornelius Medvei, *A History of Endocrinology* (Lancaster: MTP Press, 1982) and Thomas Schlich, *The Origins of Organ Transplantation: Surgery and Laboratory Science 1880-1930* (Rochester, NY: The University of Rochester Press, 2010).



concept was created of the 'endocrine orchestra'. The word 'hormone' itself was coined in 1905 by Ernest Starling, who modeled it on another ancient Greek term, ὄρμη, meaning 'impetus', 'onrush' to express the importance of these chemical secretions to all life functions.

As we turn specifically to the thyroid and the hypophysis, it will be worth mentioning a few major discoveries made between the late nineteenth and the early twentieth century. In the 1840s and 1850s two surgeons, Carl Adolph von Basedow (1799-1854) in Germany and Robert James Graves (1797-1853) in Ireland independently discovered that when the thyroid produces an excessive amount of secretions, this determines an effect of destruction, consumption and excessive metabolic activity. This syndrome is called the Basedow-Graves disease or hyperthyroidism, and its most common symptoms are an increased heart rate, bulging eyes and goiter. Conversely, insufficient thyroid activity (hypothyroidism) determines slow processes and slow reactions to stimuli. Basedow and Graves's theories seeped into popular culture by the turn of the century, when other important discoveries were made. Among others, German chemist Eugen Baumann (1846-1896) was able to prove that thyroxine and iodine were active components in the gland. Today we know that thyroid hormones regulate kidney activity, cardiac, respiratory ventilation, the breakdown of fats, proteins, and carbohydrates, and they also influence thermoregulation.

The role of the hypophysis was also reassessed around the same time, as its functions became clearer than they used to be. Until nearly the beginning of the twentieth century the gland, located at the basis of the brain, was still regarded as little more than a vestigial relic, something of little or no use, but over twenty years it became known as the smallest but most important endocrine gland. By the secretion of numerous hormones it regulates the endocrine and metabolic activity of the whole organism. Harvey William Cushing, a renowned American

endocrinologist and surgeon in the 1910s and 1920s, in his description of the condition that bears his name (Cushing's disease, that is a hyper-activity of the hypophysis), was the first to describe the gland as the conductor of the hormonal orchestra.<sup>154</sup> Over the following century it was proved that the brain partially expresses itself through the hormonal synthesis of the hypophysis.<sup>155</sup>

At the turn of the century endocrinology was in a most active stage of growth, as if itself influenced by a growth hormone, and this branch of medicine was receiving most valuable help from organic chemists, who were devoting much time and efforts to elucidating the structure and synthesis of the hormones (adrenaline, testosterone and other hormones were isolated around this time). The first three decades of the twentieth century arguably represent a golden age in endocrinology yet for another reason—the flowering of experimental surgery. In the 1890s Charles Eduard Brown-Séquard had begun drafting animal glands and tissue and injecting animal organ extracts into the human body (especially thyroids from monkeys) with therapeutic purposes. Brown-Séquard paved the way for the work of the two pioneer surgeons in organ-therapy for rejuvenation, who became superstars all over Europe in the 1920s—Serge Voronoff, (1866-1951), a French surgeon of Russian descent, on whom Bulgakov likely modeled his Professor Preobrazhenskii, and Eugen Steinach (1861-1944), an Austrian physiologist.

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<sup>154</sup> This role of the hypophysis was somehow redimensioned to that of a concert master when the functions of the hypothalamus were revealed.

<sup>155</sup> The names of these two glands are related to their shape or function. 'Thyroid' comes from the Greek *θυροειδής*, meaning 'shield-like' or 'shield-shaped'. In the Galenic corpus the pituitary gland is called simply 'gland' (*ἀδήν*) and is described as part of a complex secretory system for the expulsion of nasal mucus. For this reason, in the sixteenth century Vesalius translated *ἀδήν* with *glandula pituitaria*, whereby *glandula* means 'small gland' and *pituitaria* comes from *pituita*, 'slime'. 'Hypophysis', instead, is a much more recent word: it appeared in the nineteenth century and is composed of *ὑπό* ('under') and *φύειν* ('to grow'). For more etymological information, see *Onomatologia Anatomica. Geschichte und Kritik der anatomischen Sprache der Gegenwart*, ed. by Joseph Hyrtl, Vienna: Wilhelm Braumüller und Universitätsbuchhändler, 1880.

They would implant chimpanzees' and guinea pigs' glands – mostly testicles but not exclusively – under the skin of humans with the goal of obtaining mental and physical rejuvenation through an overproduction of testosterone.<sup>156</sup> *Der Steinach-film* (1922) showed these operations with a purpose that was both educational and promotional of Steinach's technique.

In a way, to late nineteenth-century 'degeneration' as both a biological and literary-aesthetic concept, the early twentieth century responds with 'regeneration'. Surgeons were claiming to revert the biological time of the body, to rewind its clock, and these operations were very popular. Among others, William Butler Yeats underwent one of them in 1933. Of course, this trend generated a plethora of satirical articles in the press:



Figure 4.1. Cover page of an issue of *La Tribuna Illustrata* (The Illustrated Tribune). The caption explains that a chimp had escaped from the operating room of a hospital in Prague, where they wanted to remove his glands for the second time, and had found refuge on the roof. He took revenge over the city by throwing roofing tiles to terrified people on the street, but was captured after two hours.<sup>157</sup>

I.

The Triestine writer Italo Svevo (1861-1928) was fascinated by the recent findings in the field of

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<sup>156</sup> It was only after the 1930s that synthesized hormones replaced transplants of whole glands (such as the spleen, and of course, the thyroid and the pituitary) for therapeutic purposes.

<sup>157</sup> The cover appears in *Guarire dalla cura: Italo Svevo e i medici*, ed. Riccardo Cepach (Trieste: Comune di Trieste, Museo Sveviano, 2008).

endocrinology, while he looked at rejuvenation operations and their popularity with skepticism and amusement. He often wrote short satirical and tongue-in-cheek articles in local newspapers on the topic.<sup>158</sup> Aside from the rejuvenation craze and the rush to animal glands, a topic that Svevo will touch upon in a later play titled *La rigenerazione* (*Regeneration*, most probably written in 1926), as well as in his last work, left unfinished, *Continuations* (*Continuazioni*, 1928), what fascinated him immensely were Basedow's discoveries on the thyroid as a mitigating organ that influences the individual's inner pace and rhythm, one's promptness and vitality, and he incorporated this principle in his writing on the rhetorical and stylistic levels. In his main and best-known novel, *Zeno's Conscience* (*La coscienza di Zeno*, 1923), a first-person memoir written by the main character, Zeno Cosini, for his psychoanalyst, doctor S., we find several references to Basedow's discoveries about the thyroid's cycles. One of the characters, Ada, whom Zeno secretly loves, unrequited, and whose sister Augusta he has married instead, is diagnosed with hyper-thyroidism. This allows Zeno to postulate that the abundance or paucity of hormones that human thyroids produce does not limit its influence to the strictly physiological rhythms of individuals, their perceptions of time, speed of action and general vivacity, but it dictates the course and pace of history's turns and the trajectories of nations.

Basedow's is a great, significant disease! ... But only I lived on Basedow! It seemed to me that he had shed light on the roots of life, which is made thus: All organisms extend along a line. At one end is Basedow's disease, which implies the generous, mad consumption of vital force at a precipitous pace, the pounding of an uncurbed heart. At the other end are the organisms depressed through organic avarice, destined to die of a disease that would appear to be exhaustion but which is, on the contrary, sloth. The golden mean between the two diseases is found in the center and is improperly defined as health, which is only a way station. ... Society proceeds because the Basedowians push it, and it doesn't crash because the others hold it back. I am convinced that anyone wishing to construct a society could do so more simply, but this is the way it's been made, with goiter at one end and edema at the other, and there's no help for it. In the middle are those who have either incipient goiter or

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<sup>158</sup> On Svevo's self-positioning vis-à-vis these new techniques, see *Guarire dalla cura*.

incipient edema, and along the entire line, in all mankind, absolute health is missing. (316)

Grande, importante malattia quella di Basedow! ... Ma di Basedow vissi sol io! Mi parve ch'egli avesse portate alla luce le radici della vita la quale è fatta così: tutti gli organismi si distribuiscono su una linea, ad un capo della quale sta la malattia di Basedow che implica il generosissimo, folle consumo della forza vitale ad un ritmo precipitoso, il battito di un cuore sfrenato, e all'altro stanno gli organismi immiseriti per avarizia organica, destinati a perire di una malattia che sembrerebbe di esaurimento ed è invece di poltronaggine. Il giusto medio fra le due malattie si trova al centro e viene designato impropriamente come la salute che non è che una sosta. ... La società procede perché i Basedowiani la sospingono, e non precipita perché gli altri la trattengono. Io sono convinto che volendo costruire una società, si poteva farlo più semplicemente, ma è fatta così, col gozzo ad uno dei suoi capi e l'edema all'altro, e non c'è rimedio. In mezzo stanno coloro che hanno incipiente o gozzo o edema e su tutta la linea, in tutta l'umanità, la salute assoluta manca.<sup>159</sup> (353-4)

We must note that, although Ada is diagnosed with hyperthyroidism, it is Zeno himself who behaves as if his thyroid were engaged in an over-production of hormones: he is constantly running, running to his father's deathbed just to receive a slap in the face from him, running to the rescue of his brother-in-law's business and running across the city to arrive at his funeral in time, and failing in both cases, constantly escaping from what he calls "the poisons of life," that come from within and without his body, by running faster than them.

You have to keep moving. Life has poisons, but also some other poisons that serve as antidotes. Only by running can you elude the former and take advantage of the latter (317)

Bisogna moversi. La vita ha dei veleni, ma poi anche degli altri veleni che servono di contravveleni. Solo correndo si può sottrarsi ai primi e giovare degli altri. (354)

Zeno himself acknowledges that his life rhythms can be explained by Basedow's laws. He is running on a metabolic wave in order to expel toxins and excess hormones and stay alive, but with fluctuating success.

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<sup>159</sup> I am quoting, respectively, from Italo Svevo, *Zeno's Conscience*, trans. by W. Weaver (New York: Vintage Books, 2003); and Id., *La coscienza di Zeno* (Milano: Dall'Oglio, 1966).

Traditionally critics have explored the tension between health and sickness in this novel within the frame of psychoanalytic literary theory. What interests me here, instead, is the role of the thyroid as an agent, and if we look at Svevo's literary production, glands and hormones feature most prominently<sup>160</sup> in a much earlier text, a short story written in his "periodo del silenzio," a long gap between his second novel, *Senilità (As A Man Grows Old, 1898)* and the third one, *Zeno's Conscience*, and that precedes the latter and some of its aesthetic questions by twenty years. The story is entitled "Doctor Menghi's drug" ("Lo specifico del dottor Menghi"), it was most probably written in 1904, and it was published posthumously, in 1954, with other archival materials. In "Doctor Menghi's Drug" Svevo articulates and rehearses in greater detail this aesthetic question, which will be formulated in a distilled fashion in his masterpiece almost two decades later. The main character is Menghi, an experimental endocrinologist, and the story is his first-person account on his pharmacological discoveries and experiments, a text that is read posthumously, as per his will, during a meeting of the Medical Society.

Menghi extracts a hormone produced by the gland of a secret animal, the longest-living on earth. Interestingly he defines it a "mitigating organ," an attribute often used to define the

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<sup>160</sup> When considering the role of the thyroid in Svevo's literary production, the question arises as to whether and to what extent the Triestine writer and James Joyce had discussed the poetics of bodily organs. In Joyce's informal description of the chapters of his *Ulysses* he would have each of them governed by a bodily organ (for instance, the kidneys inform the first one). Joyce and Svevo famously met in Trieste in 1907, when the former became the latter's English teacher and helped him promote his literary works in European intellectual circles. We know from Svevo's letters that Joyce was familiar with a few of the short stories that he wrote during his "periodo del silenzio," including "Ombre notturne / Vino generoso," which according to Svevo Joyce read in 1914. Svevo claims so in a letter to Benjamin Crémieux from March 15th, 1927. See I. Svevo, *Carteggio con James Joyce, Eugenio Montale, Valery Larbaud, Benjamin Crémieux, Marie Anne Comnène, Valerio Jahier*, ed. by B. Maier (Milano: Dall'Oglio, 1965), 85. However, it is not clear whether Joyce read Doctor Menghi's drug as well.

thyroid in medical literature.<sup>161</sup> First he implants the gland in a rabbit, and then extracts a serum that is ready for use in humans. Menghi calls this newly produced hormone Annina—he names it after his mother, Anna. It is not by chance that the name “Annina” rhymes with that of major thyroid hormones that had recently been discovered, ‘tiroxina’ (thyroxine) and ‘tri-iodotironina’ (triiodothyronine), which we today call T3 and T4. Menghi’s goal is to create a hormone-based drug that will enrich the hormonal palette of the human thyroid and deeply influence metabolic rhythms as well as the subject’s perception of time and consequently people’s vitality, and their promptness to action. He is convinced that an excess of vivacity and emotions should be avoided as it makes people burn out fast, besides creating problems in society (such as fights) and in history (irrational moves, wars), and that an additional mitigating agent is needed between the individual and the world. This mitigating agent will make people’s lives longer and will allow for a gradual and controlled dispersion of one’s energies over the years, without sudden emotional peaks or intensity of feelings. The condition Menghi aims for is what he defines “economy of life” (*economia vitale*). Fascinated by Napoleon “whose heart beat in synch with the clock,” Menghi aims for this ratio with his serum. Unlike fashionable operations, this newly created drug will not rejuvenate people, an effect Menghi had tried to pursue with a former mixture he had created, the “Menghi alcohol” (*alcole Menghi*). Instead, Annina will slow down bodily functions and metabolic rhythms. Of course Menghi’s drug works best for intellectuals, while it is not advised for those who do manual work. Once the drug that will change the world is ready, Menghi tests it on himself. In his account we read how the experiment unfolds and we learn about his findings. Menghi writes his notes for himself. It is only upon dying that he decides to share them with the scientific community in order to warn them against such a

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<sup>161</sup> See Medvei, *A History of Endocrinology*, 219.

direction in endocrinology. As he describes how his body reacts to the introduction of a new hormone, Menghi is both the author and the hero of his text, which is read aloud for us audience by the doctors of the Medical Society.

June 2nd, 10:15 a.m. – The injection has been made. An absolute calm reigns in my organism. My pulse is 84, clearly ... The serum is being absorbed slowly ...  
10:35 a.m. Underneath the skin there's no residual serum left. My temperature is 98.9 ... I can measure the heartbeat with my ear pressed against the pillow and I end up determining that it is in sync with the pulse.

2 giugno ore 10  $\frac{1}{4}$ . L'iniezione è stata fatta. Una calma assoluta è nel mio organismo. Il mio polso è di 84 e si capisce ... L'assorbimento del siero procede lentamente...  
Ore 10 e 35 m. Sotto la cute non c'è più alcun residuo di siero. La mia temperatura è 37 e 2. ... Posso contare il battito del cuore nell'orecchio poggiato sul guanciale e arrivo a stabilire ch'è sincrono al polso. (44-5)

During the first forty-five minutes, Menghi offers an inchworm commentary of what is happening to him, but soon afterwards we learn that he is not feeling well. The next entry is from the next morning, when he relates the violent fever he had during the night as the Annina was kicking in. From the style of these new entries the doctor and the readers understand that something has changed in his body. Something has happened to his writing as well. While on the previous day Menghi could keep the reins of the narrative firmly in hand, serving as both the observer and the observed, as both the narrator and the main character, by the morning his heart rate, breathing and bodily functions slow down, and so does the rhythm of his narration:

June 3rd, 9 a.m. The pulse ... is now 66 – 18 fewer pulsations than last night. ... The room appeared to me totally dark; only a little yellow square was hitting my retina, the gas flame ... cold and little, my only contact with the external world. ... Over there my legs, that appeared far away, well beyond the bed, felt enormously heavy. ... I didn't hear my breathing, nor did I feel my heart beating.

3 giugno ore 9 ant. ... il polso ... ora ammonta a 66; 18 pulsazioni meno di iersera. ... La stanza m'appariva buia del tutto; sulla mia retina si rifletteva solo una piastrina gialla, la fiamma del gas ... fredda e piccola, l'unico mio contatto con il mondo esterno. ... Laggiù, le mie gambe che mi parevano lontano, ben fuori dal letto, pesavano enormemente. ... Non sentivo né il mio respiro né percepivo il battito del mio cuore. (46-7)



For the sake of comparison, here is Basedow's description of a hypothyroid patient:

... the whole expression of the face remarkably placid, tissues softened, pronunciation as if the tongue were too large for the mouth ... it is the weakest of all existing living beings ... this is no more the animated countenance, the proud eye, which reflects its will; it is a dumb face, similar to those old pieces of coin, where continuous use has erased the imprint of the coin-face. (245, 251)

In Menghi's notes the account of what looks like a few minutes takes up six pages. Formal measurements and observations disappear from Menghi's notes, and here the doctor realizes that "The brain was less affected by Annina than any other organ" ("il cervello sentiva meno degli altri organi l'effetto dell'Annina," 47).

Menghi is vigilant and lucid, acknowledging the manipulation of time and vitality that Annina is performing in his body: "Fu con isforzo che toccai con una mano i piedi nudi." (48) ("It was with a great effort that I could touch my naked feet with my hand"). However, he cannot set himself to motion.

I thought: I should note down my observations immediately. I was certain I could spring from my bed and run to write up my notes. But I did not move. My mind was set on the notes and I lingered thinking about what I would write, were I to write something. ... It would have been enough for me to lift my head above the table to see the clock that night but I did not make that effort. I kept lying on my back, glad to see that one of the hopes I had put on Annina was confirmed: I was not rushing to action unbecomingly ... Without the slightest intention of grabbing a pencil with my hand, I analyzed my senses.

Pensai: dovrei notare subito le mie osservazioni. Ero certo che avrei potuto balzare dal letto e correre a fare le mie annotazioni. Ma non mi mossi. Il pensiero rimase alle annotazioni e m'indugiai a pensare quello che avrei scritto se avessi scritto. ... Sarebbe bastato che alzassi la testa oltre il tavolo di notte per vedere l'orologio ma io non feci un tale sforzo. Restai supino lieto di veder confermata una delle speranze poste nella mia Annina: Io non correvo disordinatamente all'azione. ... senz'alcun'idea di giungere a prendere la matita in mano analizzai i miei sensi. (48-9)

While Menghi is gladly observing the effect of the hormone, the reader realizes that in fact a whole day has passed, with no other action than Menghi's slow pondering and considering,

trapped in a numb, alienated body. Menghi is frozen in time – his brain is functional and registers what is happening, but his vital energy, his grip on his body has eerily disappeared. Since he is not able to continue writing his chronicle of the experiment, we learn about that day's events from his recollections *ex post facto*.

The sun sets once more and in this unperturbed nocturnal scene suddenly something happens that surprises Menghi and does not depend on his will. Up to that moment he was still considering himself the narrator of the scene, the repository of his will and somebody potentially able to make his body move, although much more slowly, and take the lead of his chronicle of the events. Suddenly it becomes clear to him that an additional narrative voice is emerging from within his body and in spite of him. Menghi vacillates on the threshold between being the narrator and the narratee. He sits back and becomes the audience of Annina's *pièce*, whose main characters are the doctor himself, a flame and a wardrobe.

The fact that Menghi gives up his note-writing is an additional sign of his authorship being denied or interrupted. As his inner time gets slower, Menghi slips back from authorship and Annina takes the scene: the hormone is now circulating at full steam in his body and taking over the management of the narrative frame.

The effort caused by perceiving an object was largely rewarded by the acuteness of vision. I could analyze the slightest color nuance. ... Now I could see ... within the flame the most varied gradations of those color tones. **That flame was speaking!** I lifted my neck a bit and stared into the darkness, while I tried to make out the wardrobe, which was supposed to stand beside the mirror. I did not perceive it right away, but *as if per my will* [sic], my sight became more intense, and therefore the object – **as if I had called it – came out of the dark.** (*emphasis mine*)

Lo sforzo che costava la percezione di un oggetto era largamente compensato dalla finezza della visione. Io potevo analizzare la più lieve sfumatura di colore. ... Ora vedevo ... nella fiamma le gradazioni più varie di quei varii toni. Quella fiamma parlava! Rizzai un po' il collo e fissai nell'oscurità tentando di vedere l'armadio che doveva trovarsi accanto allo specchio. Non subito percepii l'oggetto ma *come per mia volontà* [sic] il mio sguardo divenne più intenso, così l'oggetto – come se io l'avessi

chiamato – uscì dalla penombra.<sup>162</sup> (50)

‘The flame is speaking’ and Menghi finally lifts his neck, the first actual movement in twenty-four hours and six pages, as a spectator’s response to a show that appeals to his attention and curiosity. He acknowledges a second narrator, whose headquarters are in his body and who is directing the action via the medium of Menghi’s perceptions, that now interest only his brain, but are much more acute than usual. Soon follows the description of the wardrobe as it comes out on stage, in the gas flame’s spotlight:

The wardrobe had an old, sturdy, baroque frame, a bad-quality antique. Its lacquer was worn and on its side there were two pretentious little columns from which grapes were hanging. I had never seen it like that, and since it was an object I had had at home since my childhood, I was appalled to find it so surprisingly strange. ... I was surprised by the precision and fineness of my eye. ... around this present vision coalesced all the visions I had had of that wardrobe since my youth. And I saw it again, always dark and menacing, when it stood in a dimly lit room in our first house in Venice. ... The enormous wardrobe that guarded with utmost seriousness my first tiny clothes. Inside it there was a strong scent of lavender, which Mother liked much. ... I saw it in the outdoors ... looking rougher than usual, with several grapes broken ... yellow wood wounds appeared almost bleeding against the rest of the wardrobe. (*emphasis mine*)

L’armadio era una cassa antica, massiccia, barocca, d’epoca pessima, il suo lustro sbiadito, ai fianchi due colonnine pretensiose dai cui fastigi pendevano dei grappoli d’uva. Io non l’avevo mai visto così ed essendo un oggetto che avevo avuto accanto dalla mia prima infanzia fui stupito di scorgerlo tanto sorprendentemente strano. ... fui sorpreso dalla delicatezza e finezza del mio occhio. ... nella visione attuale s’addensarono tutte le visioni ch’io di quell’armadio avevo avuto dalla mia prima giovinezza. E lo rividi sempre fosco e oscuro quando abitava una stanza mai rischiarata nella nostra prima abitazione a Venezia ... Mastodontico armadio che ricettava allora serio, serio i miei primi vestitini corti. Dentro c’era un forte odore di lavanda che mamma amava molto. ... Lo vidi all’aperto ..., dall’aspetto più malandato del solito, varie uve spezzate nei suoi grappoli ... le ferite di legno giallo apparivano allora in confronto dell’armadio quasi sanguinanti (51-2)

With the wardrobe scene of Annina’s pièce Menghi experiences yet another manipulation of narrative time, a collapsing of distinct moments – past and recent perceptions of that same object

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<sup>162</sup> I am quoting from Italo Svevo, *Due racconti* (Milano: Mondadori, 1967). The translation is mine.

are evoked and they all pile up and crystalize in the present experience of seeing the wardrobe as characterized by the hormone Annina. He sees it and contemporarily also sees it again (“lo rividi”). The insistence on vision points to the experience of a spectacle, of a performance. Objects interact among themselves independently of Menghi: under the direction of Annina the flame animates and illuminates the wardrobe, which in turn takes on a life that is a projection of past and present perceptions of Menghi’s. In his *Reassembling the Social: An Introduction to Actor-Network Theory*, Bruno Latour argues that the social—a concept that he re-defines—is best understood as an impure and ever-shifting assemblage of humans and non-humans.<sup>163</sup> In this scene the flame itself is almost a Latourian quasi-object or quasi-subject in its weaving a network between different things or actants – Menghi and the wardrobe, most notably – whereby their reciprocal status of subjects vs objects is defined contingently on the basis of their momentary relationships that must be traced before they can be understood. Moreover, in Donna Haraway’s discussion of the cyborg, “a hybrid of machine and organism,” (149) she claims that:

Late twentieth-century machines have made thoroughly ambiguous the difference between natural and artificial, mind and body, self-developing and externally designed, and many other distinctions that used to apply to organisms and machines. Our machines are disturbingly lively, and we ourselves frighteningly inert.<sup>164</sup> (152)

Although the thyroid’s hormones are not machines, Donna Haraway’s cyborg theories about alien objects and their agency seem to apply fruitfully here. The last sentence, especially, offers quite an accurate description of what is happening in our text.

The sun rises again and it is presented as an additional character of Annina’s story.

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<sup>163</sup> Bruno Latour, *Reassembling the Social: An Introduction to Actor-Network Theory* (Oxford: Oxford University Press, 2005), 1–17.

<sup>164</sup> Donna Haraway, "A Cyborg Manifesto: Science, Technology, and Socialist-Feminism in the Late Twentieth Century," in *Simians, Cyborgs and Women: The Reinvention of Nature* (New York: Routledge, 1991), 149-181.

Meanwhile the sun was rising. The window of the wall that was the farthest from me came alive and showed up, at first discrete, as if knocking to be allowed in. Soon it became the most prominent thing in the room.

Intanto venne l'alba. La finestra ch'era posta alla parete più lontana da me si fece viva, dapprima discreta, come se bussasse per poter entrare. Presto divenne la cosa più importante della stanza. (52)

The sunrise serves the purpose of a stage light that determines the transition to a different scene.

Indeed, Annina's story at this point features a change of register and focus, with a meta-gesture.

Menghi cannot sleep, and his brain keeps working and creating, but what does it create?

... future experiments that I have to carry out. First I had to see whether Annina would accumulate within the human organism. ... Then I had to investigate if and how our organism could develop tolerance or addiction to Annina.

... i futuri esperimenti ch'io dovevo fare. Dapprima dovevo vedere se l'Annina nel nostro organismo si sommasse ... Poi dovevo indagare se usando il nostro organismo all'Annina risultasse un'abitudine. (53)

One could read this passage as Annina's attempt to divine her own fate within the scientific field and the pharmaceutical market. Is she going to become a star drug and widely employed? Is she going to be trashed? She is pushing Menghi to find answers to these questions.

By manipulating Menghi's bodily functions and disrupting his hormonal balance, Annina steps up to the role of co-narrator in the doctor's notes. However, this peculiar role of the Annina hormone is not limited to a few episodes, but it ends up affecting the general plot of the story. As the effect of the drug wanes, Menghi learns that while he was lying in bed motionless and slowed down by Annina, his colleagues were trying to contact him to tell him that his mother had had a heart attack. Menghi's perceptions were so selected and his energies carefully economized that he did not notice his friends' attempts and he failed to run to his mother's rescue. Now the old lady has little hope to survive and Menghi decides to give Annina to her, too – he is convinced that sparkling vitality is not healthy for her, as it could further harm her feeble heart. While his

mother is on Annina, Menghi can witness from an external perspective to the same stages he has himself gone through. She, too, freezes and does not seem to react to people's words or stimuli. At the same time, the effect of Annina on Menghi has completely worn off and his body experiences an excess of vitality as a reaction, which concerns him – his mother, too, will experience this belated exuberance and her heart will not be able to bear it. Sure enough, when the old woman wakes up from the semi-hibernation that Annina causes, she confirms having had a similar experience to her son's, and she reports it with unusual animation:

How could you conceive such a horrible thing? You buried me alive, you! ... I wanted, I wanted to move, to scream, yet I could not and everything was dead inside of me but the desire to live, scream, move ... buried alive ... You thought you were serving everybody's well-being; instead your invention is nothing but a new plague. Oh! Poor thing! How are you going to console yourself now that you are losing your mother and years of work at the same time?

Come hai potuto immaginare una cosa tanto orribile? M'hai sepolta viva, tu! ... io volevo, io volevo movermi, gridare, e non potevo e tutto era morto in me fuori che il desiderio di vivere, gridare, movermi... sepolta viva... Tu hai pensato di fare il bene di tutti e invece la tua invenzione non è altro che un nuovo flagello. Oh! Poverino! Come potrai ora consolarti di perdere nello stesso tempo tua madre e il tuo grande lavoro? (73)

The reduced vitality caused by Annina slows narrative time, as we have seen with Menghi's experiment notes. Conversely, an excess of vitality translates into impassioned utterances, a faster-paced account on events. Under this counter-effect to Annina, the character's bodily function speed up, so does her talking, and so do the prose rhythm and the plot: within half a page the old mother wakes up, describes to Menghi her experience in shock, has him promise that he will discard Annina, and dies immediately.

Menghi is confronted with the shortcomings of his newly-fashioned hormone. Not only does he notice that when its effect is over, the exuberance so long withheld explodes at once and may be lethal, he also realizes that a surplus of vitality in one's body is fundamental to defeat

infections or to recover from illness. Resilience would be annihilated by the effect of Annina.

The additional, consistent, and independent narrative voice that Annina provides throughout the text, once injected in Menghi's body, is also reminiscent of narratives of the split self in the personified dialectics or inner dialogism that we call schizophrenia. However, while diseases and their demons are often intangible and not clearly localized, here this alien presence inside the subject is real, physical, bears a name, and we can localize it: we are talking about the biological functions of the thyroid, or its fictional equivalent, the specific mixture of hormones it produces and their dosage.

II.

Mikhail Bulgakov (1891-1940) had a more detailed knowledge of endocrinology than Svevo. After graduating from Kiev Medical school he was a practicing physician for several years, including service as a war doctor, before becoming a full-time writer. His novella *The Heart of A Dog* (1925) captures the atmosphere of NEP-era Russia (1921-28). It was banned from being published, and it circulated exclusively in underground circuits between the late 1930s and 1968, when the first Russian-language edition was published in Germany (*Grani* 9, 3-85). The novella appeared officially in the Soviet Union in 1987.

In the story, Professor Philip Philippovich Preobrazhenskii—whose last name significantly comes from преобразование, 'transfiguration'—belongs to the high Moscow bourgeoisie. He lives in a sumptuous apartment, embellished with expensive furniture, indulges in excellent food, wine and cigars, and enjoys opera. He is a world authority on surgery and performs rejuvenating operations in his apartment on bored and rich people of dubious morals. Towards the end of his career he decides to engage in a challenging and innovative operation, the

first of its sort in Europe: he intends to replace a dog's hypophysis and reproductive glands with those of a 28-year-old alcoholic and thief, Klim Chugunkin, who has deceased 4 hours and 4 minutes before:

Aim of the operation: the mounting of an experiment by Preobrazhenskii of a combined transplant of the hypophysis and the testes to explore the acceptability of hypophysis transplant and its potential for the rejuvenation of the human organism.<sup>165</sup> (243)

Показание к операции: постановка опыта Преображенского с комбинированной пересадкой гипофиза и яичек для выяснения вопроса о приживаемости гипофиза, а в дальнейшем и о его влиянии на омоложение организма у людей.<sup>166</sup> (159)

Rejuvenation is only one of the long-term goals in the surgeon's agenda—the emphasis is in fact on “acceptability.” If this transplant proves successful, the next step will be a human-to-human operation to create a new man, young and strong, in the spirit of eugenics. In the 1920s Bolshevik state authorities and Soviet scientists teamed up with the goal of creating the New Soviet Man (новый советский человек), that is, a citizen who would feel at home physically, culturally, and psychologically in the radically new society envisioned by communism and its slogan “Everything anew” (всё заново). They were trying to accomplish this task relatively quickly, possibly over the span of one generation, but by the end of the decade, when results were not satisfactory enough and scientists were still experimenting with fruit flies, eugenics was dismissed as too abstract and bourgeois.<sup>167</sup> However, all throughout the decade, the popular press

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<sup>165</sup> I am quoting from Mikhail Bulgakov, *The Heart of A Dog And Other Stories*, trans. by Kathleen Cook-Horujy and Avril Pyman (Moscow: Raduga, 1990).

<sup>166</sup> Mikhail Bulgakov. *Sobranie sochinenii*, vol. III. *Povesti*, ed. by Ellendea Proffer (Ann Arbor: Ardis, 1983).

<sup>167</sup> See *Science and the Soviet Social Order*, edited by Loren Graham (Cambridge, MA: Harvard University Press, 1990).



devoted special attention to such topics as evolution or the biological and hormonal influence on human behavior and personality.<sup>168</sup> Bulgakov may have been familiar with the writings of Nikolai Kol'tsov, one of the founders of the Russian Eugenics Society. He was the author of "Uluchshenie chelovecheskoi porody" ('The Amelioration of Humankind', 1921), the lead article for the first issue of the Society's journal, and the editor of the volume *Omolozhenie* ('Rejuvenation', 1923). Bulgakov was certainly acquainted with Moscow scientists of Kol'tsov's circle and with their social milieu.<sup>169</sup> Dogs were commonly employed in experimental surgery and, in general, as laboratory animals, Pavlov's experiments probably being the most renowned examples of this practice.

In our text, Preobrazhenskii finds a stray dog whom people call Sharik, takes it home, feeds it well and brings it to optimal shape, and then performs the operation. Up until the operation scene, the story is told in the third person singular, but from the point of view of Sharik, the dog, with inner monologues, including the opening one that is four pages long. Sharik's glance is estranging and it is up to the reader to match elements from this part with those of the next. For instance Sharik bites the professor's assistant, Bormental, whom it describes as a "person of male gender in a smock" (207) (одна личность мужского пола в халате, 128), and for this reason keeps referring to him as "The bitten man" (Тяпнутый). It is later in the text, when, after the operation, the narration is conducted in the 3rd person singular

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<sup>168</sup> See Mark Adams, "The Soviet Nature-Nurture Debate," in *Science and the Soviet Social Order*. The connection between popular scientific discourse and social topics in the 1920s has been emphasized by Eric Naiman, who points out that the discussion on the endocrine system also served the purpose to "explore the real meaning of the term 'soul'." Eric Naiman, *Sex in Public: The Incarnation of Early Soviet Ideology* (Princeton, NJ: Princeton UP, 1997).

<sup>169</sup> For a reading of Bulgakov's work within the context of eugenics, see Yvonne Howell, "Eugenics, Rejuvenation, and Bulgakov's Journey into the *Heart of Dogness*." *Slavic Review* 65, no. 3 (August 2006): 544-562.

with no specific focalization, that we see Bormental bearing the marks of the dog's bite and we understand that it's the same person. In the first part, the dog's estranging glance also serves the purpose of conveying the atmosphere of decay in NEP-era Moscow to the reader.

Traditional readings of Bulgakov's *povest'* tend to follow two major avenues—one emphasizes the anti-Soviet satire embedded in the text (this is especially true for Cold War literary criticism), while the other inscribes Preobrazhenskii within the rich genealogy of scientists that are punished for their hubris (from Frankenstein onwards) that literary history offers.<sup>170</sup> However, for the purpose of this presentation, we will now focus specifically on the role of the hypophysis within the narrative system.

From the moment Sharik wakes up from the anesthesia, something begins hijacking Professor Preobrazhenskii's plans on how the experiment should end and on the innovations it should introduce into the field of medicine. An external agent is challenging his authority over how events should unfold, and how the story will proceed, and this agent is the gland hypophysis.

Doctor Bormental (the surgeon's assistant) records in his notes the very first results of the operation. The most strikingly unexpected trait that the dog shows is his use of language. His barking slowly turns into intelligible utterances: first he pronounces a word, "Abyrvalg," that turns out to be the fishmonger's legend, "Glavryba," (from *ryba*, "fish") read in reverse; then continues with bar expressions, such as "a couple more," and more phrases such as "'Cabby"; "There's no seats"; "Evening paper"; and all the swearwords in the Russian lexicon." (331) Political vocabulary and phrases, such as "Bourgeois," or "The recognition of America," are

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<sup>170</sup> See among others Ellendea Proffer, *Bulgakov: Life and Work* (Ann Arbor: Ardis, 1984) and Colin Wright, *Mikhail Bulgakov: Life and Interpretation* (Toronto: University of Toronto Press, 1978).

soon added to the pool, although constantly interspersed with curses and requests for alcohol and cigarettes. Soon the dog speaks, reads, interacts, engages in conversations and sings. The new individual even chooses for himself the name Sharikov, in homage to his previous name, Sharik. In the wake of this surprise, Bormental's tentative explanation of what might be happening inside the dog's body acknowledges the agency and creative powers of the hypophysis.

What I suggest happened is this: **the hypophysis**, having been accepted by the organism after the operation, **opened up the speech-centres** in the dog's brain, and words came flooding out in a rush. In my opinion, we are dealing with a revived and developing, not with a newly created brain. ... Another hypothesis: Sharik's brain, during his period as a dog, collected a mass of information. All the words with which he first began to operate are street words, he had heard them and they had been conserved in his mind. Now as I walk along the street I look with secret horror upon every dog I meet. God knows what is stored away in their brains. (249-50, emphasis mine)

По моему предположению дело обстоит так: прижившийся **гипофиз открыл центр речи** в собачьем мозгу и слова хлынули потоком. По-моему, перед нами оживший развернувшийся мозг, а не мозг вновь созданный. ... Ещё моя гипотеза: мозг Шарика в собачьем периоде его жизни накопил бездну понятий. Все слова, которыми он начал оперировать в первую очередь, – уличные слова, он их слышал и затаил в мозгу. Теперь, проходя по улице, я с тайным ужасом смотрю на встречных псов. Бог их знает, что у них таится в мозгах. (164-5)

The language valve is opened by the hypophysis (note the active form in the text) and now pre-existing as well as new thoughts and knowledge can be conveyed verbally. Here we are not dealing with Madgie and Fidèle, the two dogs who speak and write letters to each other in Poprishchin's head in Gogol's "Diary of a Madman." Here the dog's language skills are real. He is a dog-man.

What we know from reading the first part of the book, but the doctors don't, is that the dog Sharik used to have articulated thoughts, although it had no language to express them:

You think I judge by the coat? Nonsense. ... It's by the eyes you can tell — from afar and close up. Oh, eyes are very important. Something like a barometer. You can see everything — who has a great drought in his soul, who is likely to put the toe of his boot to your ribs for no good reason, who is himself afraid of everyone and

everything. It's the ankles of the last type one really enjoys taking a snap at. You're afraid — take that. If you're afraid — you deserve ... gr-r-r ... gruff ... wuff... (198)

А вы думаете, я сужу по пальто? Вздор. ... А вот по глазам – тут уж и вблизи и издали не спутаешь. О, глаза значительная вещь. Вроде барометра. Всё видно у кого великая сушь в душе, кто ни за что, ни про что может ткнуть носком сапога в рёбра, а кто сам всякого боится. Вот последнего холуя именно и приятно бывает тяпнуть за лодыжку. Боишься – получай. Раз боишься – значит стоишь... Р-р-р... Гау-гау... (121-2)

What is audible to people on the streets is only the last part, the barking, as a sort of pre-verbal (or non-verbal) expression. All his other thoughts are potential words that are forced to remain unintelligible. Only readers are aware of Sharik's remarks before the operation scene: in the first part of the novella, when Preobrazhenskii tries to reassure his regular patients that the dog doesn't bite, Sharik in his head reacts with surprise: “—I don't bite?—the dog was taken aback” (281) (“Я не кусаюсь?”—удивился пес.” 131)

After the operation, Sharikov's utterances do not match the tone of Sharik's, yet they do convey pieces of Sharik's sensorial experiences. Now that the hypophysis has endowed Sharik with language skills, he can read aloud what his auditory and visual memory had stored on the streets: from the first part we know that Sharik had learned to recognize the fishmarket legend because he would often find leftover food there, but he used to look at that word from the last letter backwards, since a policeman was always standing by the first letter with a threatening expression (204) – here is explained the word “Glavryba” pronounced backwards. Now he can say his name aloud and eventually upgrade it. However, these utterances are colonized by Klim's voice and intonation. A ventriloquism of sorts results from the operation, or rather an inner, encompassed heteroglossia, in Bakhtinian terminology: an intertwining of two verbal worlds results in the dog-man's discourse, and this mixture is unstable and transitory, as it constantly evolves together with the creature.

As quickly as the dog gains language skills, he also sheds his hair and looks more and more like a human being. In his notes about the operation's outcomes, Bormental at some point writes "paws" but he is immediately prompted to correct it with "legs." By secreting its hormones, the hypophysis gives its input to the story faster than the surgeons can describe. It thus dictates the pace of storytelling to a degree, besides influencing the general rhythm of the unfolding of the plot. Therefore, rather than reverting biological time, that is the effect that animal sexual glands had on previous patients, here our gland engages more strictly with diegetic time, the time of the story.

Sharikov gets from the doctors proper man's clothes, and shows a big appetite. Over his two months in the apartment, he teams up with the building's accommodation cooperative, constituted by a few young people who quote Marx and Engels without really understanding them, and who have been trying to force Preobrazhenskii to renounce a portion of his apartment and re-distribute it to other citizens. Basically the new individual, Sharikov, starts behaving like the old owner of his glands— the deceased thief Klim.

Professor Preobrazhenskii is shocked from the first day. Things are not going as he had plotted them out, and he immediately acknowledges his own mistake:

Late this evening the diagnosis was made. ... the transplant of the hypophysis gives not rejuvenation but total humanisation (*underlined three times*). (247)

Поздним вечером поставили диагноз. ... перемена гипофиза даёт не омоложение, а полное очеловечение (подчёркнуто три раза). (162)

Questions of agency are raised at this point. The hypophysis seems to have a clear agenda – transforming the dog into Klim – and it carries it out in spite of the doctor's plans and with undisputed power over the body that hosts it. In the texts other bodily parts of animals appear, especially through the inviting vapors that come to Sharik's nose from the kitchen, if not whole

bodies, stuffed or mounted as decorations. Against this foil of harmless bodily parts, Sharikov's hypophysis and its activities emerge in vivid contrast. Special emphasis on considering the body in parts and specifically on individual organs or discrete parts being independent of the body once they are properly operated and kept alive by machines was common in the experimental biology of that time. In 1925 a young medical researcher, Sergei Briukhonenko, succeeded in reviving the severed head of a dog, using a special apparatus he had devised to keep the head alive. Only a few months before Aleksandr Beliaev wrote "Professor Dowell's Head" (Голова Профессора Доуэля, 1925), a science fiction story that depicted the adventures of a severed human head living in a laboratory, supported by special machinery.



Figure 4.2. Cover page of the journal *Iskry Nauki* ('The Sparks of Science'), n. 5, May 1928.

After enabling language, the gland proceeds to re-writing the story, re-casting the professor's draft plan on its own terms, until it performs an overall transformation—by secreting hormones, it bends to its purposes not only the seminal glands, the heart, and all other organs in the body, but it also dictates Sharikov's movements, thoughts, expressions, and desires. The word "heart" in the title refers generally to emotions and humanity, not to the specific organ. There is no adaptation or modulation to the dog's organism. Sharik's body is only a new medium through which the hypophysis intends to retell and reproduce a previous life-story, that of the

body to which it used to belong. The progression of Sharikov's evolutionary stages from dog to man is like the different acts of the hypophysis' show, presented to the flabbergasted doctors, to those who live in the apartment building, and to the whole city of Moscow.

Indeed, the hypophysis determines the turn of the plot as well. As its agenda (turning Sharik into Klim) is carried out, the process translates into a series of problems and misadventures. Sharikov steals money and precious objects from home, breaks pieces of furniture, floods the bathroom, attacks and offends people, makes obscene proposals to the cooking maid, and serves as a Trojan horse in the professor's apartment for the accommodation cooperative.

The compelling power of the hypophysis and its taking the lead of the events and their unfolding is finally recognized by the professor, who is the material "author," the creator of the new individual and acknowledges that his operation was useless.

"But who is he? Klim!" cried the professor. "Klim Chugunov. . . . In a word, the hypophysis is a closed chamber which contains the blueprint for the individual human personality. The individual personality! . . . and not just general human traits. It is a miniature of the brain itself. . . . These hormones in the hypophysis, oh Lord... Doctor, all I see before me is dull despair and, I must confess, I have lost my way. (286)

– Но кто он – Клим, Клим, – крикнул профессор, – Клим Чугунков. . . . Одним словом, гипофиз – закрытая камера, определяющая человеческое данное лицо. Данное! . . . а не общечеловеческое. Это – в миниатюре – сам мозг. . . . Этих гормонов в гипофизе, о господи... Доктор, передо мной – тупая безнадежность, я клянусь, потерялся. (195)

There is no need to wait to find out how things will develop. At this point Preobrazhenskii can predict how the story will end, but cannot change the course of the events that the hypophysis has set in motion or interfere with them. He knows that Sharik will be eventually transformed into Klim.

The hypophysis is not suspended in thin air. It is attached to the brain of a dog, after

all. Give it time to adapt. At this stage Sharikov is exhibiting only residuary canine behavioural traits and, understand this, chasing cats is quite the best thing he does. You have to realise that the whole horror of the thing is that he already has not the heart of a dog but the heart of a man. And one of the most rotten in nature! (287)

да ведь гипофиз не повиснет же в воздухе. Ведь он всё-таки привит на собачий мозг, дайте же ему прижиться. Сейчас Шариков проявляет уже только остатки собачьего, и поймите, что коты – это лучшее из всего, что он делает. Сообразите, что весь ужас в том, что у него уж не собачье, а именно человеческое сердце. И самое паршивое из всех, которые существуют в природе! (196)

The professor surrenders before the gland and its hormones. From the point of view of narrative agency, this moment of recognition and surrender constitutes the climax of a titanic battle between Preobrazhenskii and the gland over authorship and authority in the storyworld that the professor has created. Up until the operation he was the author of the masterplan. After the operation a new power hierarchy emerged gradually but clearly, with the hypophysis taking the lead of Sharikov's body and, from its location below the dog's brain, extending its influence to the whole fictional world of the story that Preobrazhenskii had in mind. Sharikov constitutes little more than a disputed territory between the authorial will of the gland and that of the surgeon. However, it should not be neglected that on a narratological level Sharikov, too, is endowed with some agency. He is a source of stories, and a narrator in his own right – he makes up excuses to justify the damage he causes, he crafts artful lies for the girl he seduces, he conspires to confiscate the rooms—and these colorful stories within the story occupy the innermost narrative frame.

Towards the end of the story, Sharikov's extreme behavior prompts the doctors to make an important decision. One day he shows the professor a document from the accommodation cooperative that assigns him 13 square yards in the professor's apartment, and he appears ready to kill the two doctors when they reject his request, which he makes by employing a new Soviet



expression, one that they had never heard before accompanied to the appropriation of somebody else's property: "благоволите" (189), that here the translator reads as "with your kind permission" (279), but is rather equivalent to "please acknowledge it," "please accept it as a fact" or "please oblige." In *Language and Society* (1934) the linguist Nikolai Marr (1864-1934) would claim that language mirrors class consciousness, like any other superstructure. In Bulgakov's text *Preobrazhenskii* is extremely articulate, well read, and he often quotes lines from Giuseppe Verdi's operas, while the accommodation committee members speak a dry language that is a mix of bureaucratese and quotes from canonical works of socialism, and Sharikov constantly curses but uses bureaucratic lexicon when he wants to sound authoritative. Mikhail Bakhtin, instead, will show how language, inherently dialogic, can be subversive in its reversing social hierarchies, and the phenomenon of the dog-man speaking bureaucratese only in specific situations could be read in this sense.

As seen before in literary history, *Preobrazhenskii* realizes that by creating a new individual things have gone out of control and he has to amend his mistake. The only way he can intervene and get the better over the gland, the antagonist who is challenging his authority over his storyworld, is by performing another operation. He therefore forces Sharikov into the operating room, and replaces his hypophysis with the old one. This way he is able to wind time back, undo the story and see the individual turning back into a dog.

As in Svevo's text, here, too, we have an alien being within an organism that temporarily takes the lead of bodily functions as well as of the plot. In Bulgakov glands do not influence narrative time as much as they raise questions of agency. Certainly, Haraway's theories of the cyborg apply to our reading of the dog-man Sharikov as fruitfully as to our analysis of Menghi's frozen state vis-à-vis Annina in Svevo's short story. In both cases, an issue of parenthood

emerges, which is little more than peripheral in Svevo's text, but a main aesthetic thread in Bulgakov's. Menghi's drug is his brainchild, and it is not by chance that he names it Annina, according to the old Italian tradition of naming one's children after one's parents. Menghi's being a doctor makes him even more a paternal figure, as it confers him special authority, even over his own parent, on whose life or death he has the final word when he decides what treatment she should receive. Menghi's story being told as per his will certainly adds to this poetic of lineage and heritage, two concepts that in the story ought to be considered in both biological and scientific terms. In *The Heart of A Dog*, instead, we are witnessing to the early stages of Soviet science fiction (the year before Bulgakov had written the novella *Fatal Eggs*, in which one can see the influence of H.G. Wells's 1904 novel *The Food of the Gods and How It Came to Earth*), therefore parenthood here entails god-like powers to give birth to one's own creatures and sketch one's miniature story-world. In this *povest'* the act of naming becomes quite crucial: although Preobrazhenskii is Sharikov's father, who gives him life, buys him clothes, and tries to teach him manners and values in vain, the dog-man chooses for himself a last name that acknowledges a different predecessor, Sharik the dog. Moreover, the name and patronymic that Sharikov decides to adopt are Poligraf Poligrafich. Besides reminding of a whole lineage of meaningless names in Russian literature (such as Akakii Akakievich in Gogol's "Overcoat") and also mocking the absurd ones *en vogue* in the early Soviet Union (such as Elektrifikatsia, 'Electricity', or the acronyms Mel, for 'Marx, Engels, Lenin', and Kim, for 'International Communist Youth'), Poligraf Poligrafich is remarkably a name that Sharikov picks from the calendar, according to a traditional, pre-Soviet Russian habit. Poligraf is the saint listed on Sharikov's day of birth. Bulgakov here seems to address the origins, heritage, and evolutionary trajectory of a whole nation, a pressing and complex question in the 1920s. While authorities and

scientists plan to fashion the New Soviet Man and discard the old world and its vestiges, the operating room creature follows the old rule of choosing names from the calendar, thus disregarding with this gesture the slogan “all anew” and his own laboratory origins, and claiming instead continuity with the tradition, a continuity that is affirmed and granted by the activity of his hypophysis, against all the plans that Preobrazhenskii and the Soviet authorities have in store for him and for the whole population.

Before I come to my conclusions, it will be worthwhile to make a brief incursion into the medical field in order to foreground a phenomenon that is relevant to the present discussion from a structural point of view. The challenge to agency, authorship, and authority that alien entities within the body pose emerges quite insistently in the medical field, with prosthetic components and human-made devices increasingly becoming parts of our organisms. Among them is the internal cardiac defibrillator, a device that intervenes when the heartbeat wanes and restarts it with an electric discharge. In other words, when our life story is about to end, the device comes in and, regardless of our will or powers, it grants it an epilogue, or a few extra chapters.

Although the internal cardiac defibrillator appeared much later than the texts we have just analyzed, structurally it serves a comparable function to that of the thyroid and the hypophysis in Svevo’s and Bulgakov’s stories, since it prompts us to rethink time and agency in the unfolding of a story of sorts, that is one’s life trajectory. The work of medical anthropologist Anne Pollock and her interviews with cardiac surgery patients provide examples that are particularly relevant to our discussion:

A 42-year-old worker from the Rust Belt, Stan received his ICD when he passed out while running. Now he considers that the death he almost had would have been an “easy death.” “Like blacking out on the road, dying like that would be nothing. There would be no pain whatsoever ...” The ICD spared him that “easy death”. ... Stan feels that the ICD has allowed him to make a trade-off. He gets, and is grateful for, the extra time: “I don’t want to die tomorrow.” But he has lost the easy death. His

greatest fear is that he will receive multiple shocks from his ICD and then die.<sup>171</sup>

Regardless of the patient, of the subject, the internal cardiac defibrillator becomes a *deus ex machina* that activates and determines that the story is not over just yet and it should instead continue further. However, the transition to this newly acquired phase of one's life is not seamless: unlike Menghi, who gladly acknowledges the effect of the hormone Annina, or Sharikov, whose point of view on his own transformation remains unknown to the reader, these patients experience a cesura and a shock that they describe as painful, frightening and uncanny. Having an ICD, "a foreign thing," as other patients interviewed by Pollock define it, in one's body, brings death, or the ending, into new focus: while a sense of closure still informs the general teleology of one's life-story, time horizon becomes an uncomfortably flickering concept.

As I hope to have shown, by pushing metabolic activity to the foreground, with bodily functions informing their style and structure, Svevo's and Bulgakov's texts prompt us to rethink our established notions of narrative time and agency. In both works glands propel the plot and therefore operate on a structural level as if they were fully developed characters, in competition with him who was supposed to be the protagonist of the story-world at the onset (Annina vs Menghi and the hypophysis vs Preobrazhenskii). However, in accomplishing this goal, the two authors resort to very different stylistic choices. In "Doctor Menghi's Drug" Annina's co-authorship of the doctor's notes operates on a structural level (it determines how the story unfolds, it manipulates narrative time) as well as on the level of style: in such sentences as "That flame was speaking" or "The wardrobe, ... as per my will, came out of the dark" the grammar

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<sup>171</sup> Anne Pollock, "The Internal Cardiac Defibrillator," in *The Inner History of Devices*, ed. by Sherry Turkle (Cambridge, MA: MIT Press, 2008), 101.

and syntax tell us that the voice is formally the doctor's, but the intonation is arguably Annina's, as the hormone inhabits Menghi's narration and modulates it to its will, which generates a ventriloquism of sorts. At the level of the text, Annina competes with another intra-diegetic narrator, Menghi. Moreover, as we have learned from the doctor's but also from his mother's experience with Annina, the rhythm of the prose gets slower or faster depending on the hormone levels increasing or decreasing.

In Bulgakov's novella, instead, the gland's competition with the surgeon takes place on a structural and aesthetic level—it informs the development of the plot, and raises questions on language, and on authorship as parenthood—but it is not reflected in any way in the style. From a strictly formal point of view, this competition is not reflected as strongly in Bulgakov's employment of perspective, and although the focalization changes after the operation scene, the whole story is told in the third person singular by an omniscient narrator. The clash of authority between the hypophysis and Preobrazhenskii takes place within the borders of a thought-experiment, of a miniature story-world that the surgeon is trying to create, as a demiurge, but keeps steadily within a solid narrative frame that is never questioned. In other words, although the gland is the source of Sharikov's utterances, it never becomes a narrator from whose perspective the events are presented to the general audience of the text or to an audience within the text itself. The discussion of relationships and networks among things that are independent of the human will, and the issues of agency and of a non-human intervention on narrative time bring these texts close to patient accounts on the internal cardiac defibrillator, a *deus ex machina* that takes on a life of its own and gives the story a new course, renegotiating the time frame and time horizon of one's life trajectory independently and unexpectedly.

My reading of the two literary texts points towards two avenues of inquiry that have been

overlooked but are certainly worth pursuing. One of them is phenomenological, while the other is historico-literary. First—do metabolic rhythm and hormone secretion have an influence on the outermost narrative frame, the author's? Do they affect the act of writing itself? Do they influence our making sense and re-ordering events and phenomena that surround us into coherent narratives that are in sync with our bodily rhythms? The heartbeat has been often associated with scansion in poetry and with music notation, but a parallel between bodily functions and storytelling deserves a more comprehensive study. Recent works in the phenomenology of reading<sup>172</sup> point to that direction by discussing such elements as the increase of the heart rate when we read a horror story, but authorship should also be investigated. Second—two major characteristics of Modernism and the historical avant-gardes are their emphasis on movement and rhythm and their questioning of narrative authority by a sophisticated employment of perspectives. Scholars have traditionally looked at early twentieth-century science and technology—trains and trams, photography, machines, the pulse of the city, the rhythm of film frames, Einstein's relativity and so forth—to complement their readings of literary texts. Metabolism and bodily rhythms need to be more central in this picture. The body in the early twentieth century became exposed to more sensorial stimuli than ever before, because of technology, warfare, and a faster-paced routine, therefore bodily functions and bodily rhythms necessarily played a leading role in how stories were told both as a response to and as a consequence of that environment. In other words, I am offering an additional interpretive lens through which to look at that dense time period in literature and the arts, which, no matter how extensively people have analyzed it, seems to keep lending itself to further exploration.

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<sup>172</sup> Here I refer to the quite vast and heterogeneous body of scholarship, mostly pertaining to the visual and environmental studies, which ranges from studies of sensors to the cognitive approaches of Lev Manovich and Mark Hansen, from new readings of Merleau-Ponty (especially neurophenomenology) to the haptics one finds in the work of Laura Marks.

## Conclusions

Theories of narrative provide effective and irreplaceable tools to illuminate such a decisive period in the evolution of the medical episteme as the years 1870-1930 in Europe, and a deeper understanding of that transition allows for a more effective explanation of a number of phenomena to which physicians, patients, caregivers, public health officials and authorities witness today. By the same token, when we literary scholars expand our field of inquiry to include sources and practices from the field of medicine and healthcare, which we then map and study according to categories and definitions proper to our discipline, this gesture inevitably prompts us to reassess those very categories and definitions. It also changes our understanding of literary texts when they are read alongside medical sources. At the same time, narratological analysis alone would prove helplessly partial if divorced from a historical inquiry into such a complex phenomenon or from an understanding of the situatedness of our very analysis. Just as we need to proceed with a double focus, historical and geographical, to explain today's debates in the Medical Humanities by unearthing and casting light on processes that are distant from them in time and space, an approach to the matter here examined that were solely theoretical, or on the contrary, exclusively historical, would fail to describe the phenomenon in depth and would constitute a missed opportunity.

For this reason the narrative structure of medical knowledge, in both its formulation and transmission, is better emphasized by juxtaposing medical and literary sources and foregrounding common storytelling devices, but also by putting the shifts that occur in the medical episteme in dialogue with the evolution of the literary medium that takes place in the same decades. The latter gesture does not suggest a perfect coincidence, nor does it claim for

linear, clear-cut evolutionary trajectories; rather, it points to mutual influences and blurred disciplinary divisions.

Death has been compared to the ending of stories in that both allow for the releasing of meanings otherwise concealed and offer the possibility of a re-reading and re-ordering of previous events into a unifying plot-structure. The narratives inferred are even more crystalized when interpretation is performed single-handedly, as often was the case with positivist surgeons or by realist authors in the late nineteenth century.

The assessment of patients' stories through the lens of narrative unreliability, a category that does not officially exist in medicine, reveals additional nuances in the institutionalized interactions between doctors and patients and underscores the social construction of medical truth, especially through a narratological examinations of psychoanalysis, a practice that, in turn has enriched our comprehension of literary texts and has opened new avenues for story-tellers. The heuristic potentials of psychoanalysis are blown out and performed by authors of literature who employ a complex layering of narrative perspectives and subscribe to an aesthetics of fragmentariness and open-endedness, and at the same time hold a mirror up to medicine and complicate its assessment of the patient as reliable or unreliable.

Certainly the question of how such concepts as health, disease, and healing are defined and re-modulated at any given time in history and within a given society, already addressed in the literature of the 1920s, is still timely and appealing. The definitions of these concepts necessarily involve and reconfigure emplotment, authorship, agency and power. The connections with present-day direct-to-consumer advertisement appears striking when we employ not only the concept of interpellation and Canguilhem's remarks on the normal and the pathological, but also the idea of counter-emplotment. The introduction of mass communication in the medical



field marked the transition to a new epoch of storytelling in medicine, and the connection between two extremely different texts belonging to two distinct contexts could not be explained without taking into account the history of pharmaceutical advertisement and the diffused authorship that it enabled and that paved the way to the fragmentary and vaporous authorship about health and disease that characterizes our times.

The link between metabolism and storytelling might not seem obvious but it becomes so when we consider bodily rhythms and functions from the standpoint of narrative time and agency. Experimental surgery and organ transplants in the early twentieth century questioned the very definition of the human and of the self, which connects medical and literary sources of the time to current debates about the cyborg, the post-human, and alien phenomenology, in their ethical and epistemological implications.

More studies devoted to an analysis of medicine that is both narratological and historical-epistemological are needed. A number of possible avenues of inquiry spring directly from this work. One could examine how death itself as a process is emplotted in the age of intensive care units and in Western countries, where an impressive amount of resources is devoted to end-of-life care. Also, death emplots the future by setting in motion rituals or the fulfillment of people's will, and this is quite a remarkable phenomenon as well. Moreover, a study of mental health disorders or learning disabilities that is both historical and narratological could allow us to make a better-informed case for or against the social constructedness of certain syndromes. A clearer foregrounding of storytelling and emplotment, paired with a solid historical inquiry into pharmaceutical advertisement would certainly equip patients, doctors and caregivers and policy makers with better tools to decode the complex choreography of authors that today's definitions of illness and healing entail. Finally, metabolism could prove a key to a deeper understanding of

modernist aesthetics as well as to a phenomenological analysis of storytelling per se—do hormones influence the pace of storytelling and the subject’s making sense of scattered events by channeling them into narratives that are in sync with bodily rhythms?

As this work contributes to the Medical Humanities, besides offering radically new perspectives to literary studies, one of its main concerns is the expansion of the geographical focus of inquiry of that field outside the Anglophone world in order to put it in better perspective and to provide it with larger and more detailed context. However, the ultimate goal of a project like this is of a different magnitude: an increased awareness of the narrative structure of medical knowledge in its historical manifestations that the present inquiry into literature and medicine highlights will hopefully lead to concerted efforts by intellectuals, practitioners and policy-makers towards a better model for healthcare in its ever-slippery definition.

## Works Cited

Adams, Mark B. "The Soviet Nature-Nurture Debate." In *Science and the Soviet Social Order*, edited by Loren R. Graham, 94–138. Cambridge, MA: Harvard University Press, 1990.

Angremy, Annie. "Préface." In Jules Romains. *Knock*, 7-28. Paris: Gallimard, 1993.

Apostolov, Nikolai Nikolaevich. *Zhivoi Tolstoi. Zhizn' L'va Nikolaevicha Tolstogo v vospominaniakh i perepiske*. Moscow: Agraf, 2001.

Aristotle. "Rhetoric" and "Poetics." In *Rhetorica: The Works of Aristotle*, translated by Rhys W. Roberts and Ingram Bywater. Oxford: Clarendon Press, 1924.

Aronowitz, Robert. *Making Sense of Illness. Science, Society and Disease*. Cambridge: Cambridge University Press, 1998.

Bakhtin, Mikhail. *The Dialogic Imagination: Four Essays*. Edited by Michael Holquist, translated by Caryl Emerson and Michael Holquist. Austin and London: University of Texas Press, 1981.

---. *Rabelais and His World* (1940; publ. 1965). Translated by Helene Iswolsky. Cambridge: MIT Press, 1968.

Barsht, Konstantin. *Risunki v rukopisiakh Dostoevskogo*. St. Petersburg: Formika, 1996.

Baudrillard, Jean. *The System of Objects*. Translated by James Benedict. New York: Verso, 1968.

Bernheimer, Charles and Claire Kahane, eds. *In Dora's Case*. New York: Columbia University Press, 1985.

Bird, Robert. *Fyodor Dostoevsky*. London: Reaktion Books, 2012.

Boak, Denis. *Jules Romains*. New York: Twayne Publishers, 1974.

Booth, Wayne C. *The Rhetoric of Fiction*. Chicago: University of Chicago Press, (1961) 1983.

Broca, Paul. "Remarks on the Seat of the Faculty of Articulated Language, Following an Observation of Aphemia (Loss of Speech)." *Bulletin de la Société Anatomique* 6 (1861): 330-357, translated by Christopher D. Green on the webpage <http://psychclassics.asu.edu/Broca/aphemie-e.htm>. Retrieved March 2014.

Brooks, Peter. *Reading for the Plot. Design and Intention in Narrative*. Cambridge, MA: Harvard University Press, 1984.

Brown, Julie V. "Revolution and Psychosis: the Mixing of Science and Politics in Russian Psychiatric Medicine, 1905-1913." *Russian Review* 46 (1987): 283-302.

---. "A Socio-historical Perspective on Deinstitutionalization: the Case of Late Imperial Russia." *Research in Law, Deviance and Social Control* 7 (1985): 167-188.

Bulgakov, Mikhail. *The Heart of A Dog And Other Stories*, translated by Kathleen Cook-Horujy and Avril Pyman. Moscow: Raduga, 1990.

---. *Sobranie sochinenii*, vol. III. *Povesti*. Edited by Ellendea Proffer. Ann Arbor: Ardis, 1983.

Canguilhem, Georges. *Essay on Some Problems Concerning the Normal and the Pathological* (1943), translated by Carolyn Fawcett, with an introduction by Michel Foucault. Dordrecht, Holland and Boston, MA: D. Reidel Publishing Company, 1978.

Carlino, Andrea. *Books of the Body. Anatomical Ritual and Renaissance Learning* (1994), translated by John Tedeschi and Anne C. Tedeschi. Chicago: University of Chicago Press, 1999.

Cepach, Riccardo, ed. *Guarire dalla cura: Italo Svevo e i medici*. Trieste: Comune di Trieste, Museo Sveviano, 2008.

Cesare Lombroso Museum of Criminal Anthropology, *Visitor's Guide*, Turin: Museo di Antropologia Criminale Cesare Lombroso, 2008.

Charon, Rita. *Narrative Medicine: Honoring the Stories of Illness*. Oxford and New York: Oxford University Press, 2006.

Chekhov, Anton. *Letters of Anton Chekhov to His Family and Friends with Biographical Sketch*. Translated by Constance Garnett. New York: The Macmillan Company, 1920.

*Chekhov's Doctors. A Collection of Chekhov's Medical Tales*. Ed. by John L. Coulehan, with a Foreword by Robert Coles. Kent, OH: Kent State University Press, 2003.

Cixous, Hélène. *Le portrait de Dora*. Paris: Éditions des femmes, 1976.

Couser, Thomas. *Signifying Bodies: Disability in Contemporary Life Writing*. Ann Arbor, MI: Michigan University Press, 2009.

Daston, Lorraine. "Curiosity in Early Modern Science." *Word and Image* 4 (1995): 391-404.

Deleuze, Gilles and Félix Guattari. *Kafka: Toward a Minor Literature* (1975). Transl. by Dana Polan. Minneapolis: University of Minnesota Press, 1986.

Dostoevsky, Fyodor. *The Idiot*. Translated by David McDuff, with an *Introduction* by William Mills Todd III, London: Penguin, 2004.

---. *The Brothers Karamazov*. The Constance Garnett translation, revised by Ralph E. Matlaw. New York: Norton and Co., 1976.

---. *Crime and Punishment*. The Coulson translation; backgrounds and sources; essays in criticism. Edited by George Gibian. New York: Norton, 1964.

Dumit, Joseph. *Drugs for Life*, Durham and London: Duke University Press, 2012.

---. "Inter-pill-ation and the instrumentalization of compliance." *Anthropology and Medicine* 17, n. 2 (2010): 245-247.

Eikhenbaum, Boris. *Moi vremennik. Khudozhestvennaya proza i izbrannye stat'i 20-30kh godov*, Saint Petersburg: Inapress, 2001.

---. *O. Henry and the Theory of the Short Story*, trans. I.R. Titunik. Ann Arbor, MI: University of Michigan Press, 1968.

---. *Literatura. Teoriia, kritika, polemika*. Leningrad: Priboi, 1927.

Eikhenbaum, Ol'ga. "Iz vospominanii O.B. Eikhenbaum." In Boris Eikhenbaum. *Moi vremennik. Khudozhestvennaya proza i izbrannye stat'i 20-30kh godov*. Saint Petersburg: Inapress, 2001.

Fludernik, Monika. *Introduction to Narratology*. London and New York: Routledge, 2009.

---, "Defining (In)Sanity: The Narrator of *The Yellow Wallpaper* and the Question of Unreliability." In *Grenzüberschreitungen: Narratologie im Kontext / Transcending Boundaries: Narratology in Context*, edited by W. Grunzweig and A. Solbach, 75-95. Tübingen: Narrative, 1999.

Foucault, Michel. *The Birth of the Clinic. An Archaeology of Medical Perception* (1963). Translated by A.M. Sheridan-Smith. New York: Pantheon Books, 1973.

---. *The Order of Things: An Archaeology of Human Sciences*. New York: Pantheon Books, 1971.

Fracastoro, Girolamo. *Sifilide, ossia del mal francese, libri III* (1522; publ. 1530). Translation, introduction and notes by Fabrizio Winspeare. Florence: Olschki, 1955.

Frank, Arthur. *The Wounded Storyteller*. Chicago: University of Chicago Press, 1995.

Freud, Ernst L., ed. *The Letters of Sigmund Freud and Arnold Zweig*. New York: Harcourt Brace Jovanovich, 1970.

Freud, Sigmund. *Dora: An Analysis of a Case of Hysteria*, edited by Philip Rieff. New York: Macmillan, 1963.

- Frieden, Nancy. *Russian Physicians in an Era of Reform and Revolution*, Princeton: Princeton UP, 1981.
- Gogol, Nikolay. *The Diary of a Madman, The Government Inspector and Selected Stories*. Translated by Ronald Wilks. London: Penguin, 1972 (revised 2005).
- Goll, August. *Types of Criminals in Shakespeare*. Translated by C. Hagee. Groningen: Wolters, 1908.
- Good, Mary-Jo Del Vecchio, T. Munakata, Y. Kobayashi, C. Mattingly, and B. J. Good, "Oncology and Narrative Time." *Social Science and Medicine* 38 (1994): 855–862.
- Goodwin, Frederick K. and Kay Redfield Jamison, eds. *Manic-Depressive Illness. Bipolar Disorder and Recurrent Depression*, 2nd edition. New York: Oxford University Press, 2007.
- Graham, Loren, ed. *Science and the Soviet Social Order*. Cambridge, MA: Harvard University Press, 1990.
- Greene, Jeremy. *Prescribing by the Numbers*. Baltimore: Johns Hopkins University Press, 2007.
- Greenslit, Nathan. "Depression and Consumption: Psychopharmaceuticals, Branding, and New Identity Practices." *Culture, Medicine and Psychiatry* 29 (2005): 477-501.
- Hansen-Löve, Aage. "Le formalisme russe." In *Histoire de la littérature russe, III: Le XXe siècle. La Révolution et les années vingt*, edited by Efim Etkind, Georges Nivat, I. Serman, Vittorio Strada, 618– 655. Paris: Fayard, 1988.
- Haraway, Donna. "A Cyborg Manifesto: Science, Technology, and Socialist-Feminism in the Late Twentieth Century." In *Simians, Cyborgs and Women: The Reinvention of Nature*, 149-181. New York: Routledge, 1991.
- Harrington, Anne. "Kurt Goldstein's Neurology of Healing And Wholeness: A Weimar Story." In *Greater Than the Parts: Holism in Biomedicine, 1920-1950*, edited by Christopher Lawrence and George Weisz, 25-45. New York: Oxford University Press, 1998.
- . "Beyond Phrenology: Localization theory in the Modern Era." In *The Enchanted Loom: Chapters in the History of Neuroscience*, edited by Pietro Corsi, 207-239. New York: Oxford University Press, 1991.
- Hennequin, Émile. *Études de critique scientifique: Écrivains francisés: Dickens, Heine, Tourguenef, Poe, Dostoiewski, Tolstoi*. Paris: Perrin et Cie., 1889.
- Heseler and Corti. *Andreas Vesalius' First Public Anatomy at Bologna, 1540: An Eyewitness Report, together with Heseler's notes on Matthaeus Curtius' lectures on anatomia Mundini*. Edited, with an introduction, translation into English and notes by Ruben Eriksson. Uppsala: Almqvist & Wiksells, 1959.

Howell, Yvonne. "Eugenics, Rejuvenation, and Bulgakov's Journey into the *Heart of Dogness*." *Slavic Review* 65, no. 3 (August 2006): 544-562.

Huh, Jisu, Denise E. DeLorme, Leonard N. Reid, and Soontae An. "Direct-to-Consumer Prescription Drug Advertising. History, Regulation, and Issues." *Minnesota Medicine*, 2010, March 93(3): 50-2.

Hyrtl, Joseph, ed. *Onomatologia Anatomica. Geschichte und Kritik der anatomischen Sprache der Gegenwart*. Vienna: Wilhelm Braumüller und Universitätsbuchhändler, 1880.

Iser, Wolfgang. *The Act of Reading* (1976). London: Routledge, 1978.

Jacyna, Stephen. *Lost Words*. Princeton, NJ: Princeton University Press, 2000.

Jakobson, Roman. "Boris Mikhailovich Eikhenbaum." *International Journal of Slavic Linguistics and Poetics* 6 (1963): 160–167.

Kermode, Frank. *The Sense of An Ending: Studies in the Theory of Fiction*. Oxford: Oxford University Press, 1967.

Kleinman, Arthur. *The Illness Narratives: Suffering, Healing, and the Human Condition*. New York: Basic Books, 1988.

Lacan, Jacques. *The Language of the Self: The Function of Language in Psychoanalysis*. New York: Delta, 1975.

Landa, Robin. *Designing Brand Experiences*, New York: Thomson Delmar, 2006.

Laqueur, Thomas W., "Bodies, Detail, and the Humanitarian Narrative." In *The New Cultural History*, edited by Lynn Hunt, 176-205. Berkeley: University of California Press, 1989.

Latour, Bruno. *Reassembling the Social: An Introduction to Actor-Network Theory*. Oxford: Oxford UP, 2005.

Lavagetto, Mario, "Introduzione: i romanzi di Svevo." In Italo Svevo. *Romanzi*. Edited by Mario Lavagetto. Turin–Paris: Einaudi–Gallimard, 1993.

Lilly, Company Website Homepage. [www.lilly.com](http://www.lilly.com). Retrieved in February, 2015.

Livy. *History of Rome*. Edited and translated by B.O. Foster, Cambridge, MA and London, 1919.

Lock, Margaret. "Inventing a New Death and Making it Believable," *Anthropology and Medicine* 9 (2002): 97-115.

Lombroso, Cesare. *Criminal Man*. Translation and with a new introduction by Mary Gibson and Nicole Hahn Rafter, Durham, NC : Duke University Press, 2006.

---. "Discours d'ouverture au VI Congrès d'Anthropologie criminelle," in *Actes du VI Congrès d'Anthropologie criminelle*, Turin, 1906.

---. "Atavism and Evolution." *Contemporary Review*, vol. 68 (1895): 42-49.

---. *Più recenti scoperte ed applicazioni della psichiatria ed antropologia criminale*. Torino: Bocca, 1893.

Genette, Gérard. *Palimpsestes. La Littérature au second degré*. Paris: Seuil, 1982.

Lombroso, Cesare. *L'uomo di genio in rapporto alla psichiatria, alla storia ed all'estetica*, Bocca: Torino, 1888.

Lotman, Yuri. *The Structure of the Artistic Text*. Transl. by Gail Lenhof and Ronald Vroon (*Michigan Slavic Contributions* 7). Ann Arbor: University of Michigan Press, 1977.

Lüthy, C.H. "Atomism, Lynceus and the Fate of Seventeenth-Century." *Early Science and Medicine* 1 (1996): 1-27.

MacLean, Ian. *Logic, Signs and Nature in the Renaissance*. Cambridge: Cambridge University Press, 2002.

Mattingly, Cheryl. "Emergent Narratives." In *Narrative and the cultural construction of illness and healing*, edited by Cheryl Mattingly and Linda Garro. Berkeley and Los Angeles: University of California Press, 2000.

May, M.T. *Galen. On the Usefulness of the Parts of the Body*. Ithaca, NY: Cornell University Press, 1968.

Mazzacurati, Giancarlo. *Stagioni dell'apocalisse. Verga Pirandello Svevo*. Turin: Einaudi, 1998.

Mazzio, Carla. "Sins of the Tongue". In *The Body in Parts. Fantasies of Corporeality in Early Modern Europe*, edited by David Hillman and Carla Mazzio. New York and London: Routledge, 1997.

Medvei, Victor Cornelius. *A History of Endocrinology*, Lancaster: MTP Press, 1982.

Menini, Romain. *Rabelais altérateur. «Græciser en François»*. Paris: Classiques Garnier, coll. "Les Mondes de Rabelais," 2014.

Mink, Louis. "Narrative Form as a Cognitive Instrument." In *The Writing of History: Literary Form and Historical Understanding*, edited by Robert H. Canary and Henry Kozicki, 129-149. Madison, WI: University of Wisconsin Press, 1978.

Montaigne, Michel de. *Essais*. Édition Villey-Saulnier, Presses Universitaires de France, coll.



“Quadriges”, juillet 2004.

Montgomery, Kathryn. *Doctors' Stories: The Narrative Structure of Medical Knowledge*. Princeton, NJ: Princeton University Press, 1991.

Murav, Harriet. *Holy Foolishness: Dostoevsky's Novels and the Poetics of Cultural Critique*, Stanford: Stanford UP, 1992.

Myrbetriq, Webpage from the Company Website, <https://www.myrbetriq.com/oab-treatment-stories/>. Retrieved in February 2015.

Naiman, Eric. *Sex in Public: The Incarnation of Early Soviet Ideology*. Princeton, NJ: Princeton University Press, 1997.

Norrish, Peter J. *Drama of the Group. A Study of Unanimism in the Plays of Jules Romains*. Cambridge: Cambridge UP, 1958.

Nünning, Ansgar. “Reconceptualizing Unreliable Narration: Synthesizing Cognitive and Rhetorical Approaches.” In *A Companion to Narrative Theory*, edited by James Phelan and Peter J. Rabinowitz, 89-107. Oxford: Blackwell, 2005.

Olson, Greta. “Reconsidering Unreliability: Fallible and Untrustworthy Narrators.” *Narrative* 11 (2003): 93-109.

O'Malley, Charles. *Andreas Vesalius of Brussels, 1514-1564*. Berkeley: University of California Press, 1964.

Paracelsus, Theophrastus Bombastus von Hohenheim. *Essential Theoretical Writings*. Edited and translated with a commentary and introduction by Andrew Weeks. Leiden: Brill, 2008.

---. *A Book on Nymphs, Sylphs, Pygmies and Salamanders*. In *Four Treatises of Theophrastus Von Hohenheim Called Paracelsus*, edited by Henry Sigerest, 213-255. Baltimore: The Johns Hopkins University Press, 1996.

Phelan, James, “Estranging Unreliability, Bonding Unreliability, and the Ethics of *Lolita*.” *Narrative* 15 (2007): 222-38.

---. *Living to Tell about It*. Ithaca: Cornell University Press, 2005.

Pollock, Anne. “The Internal Cardiac Defibrillator.” In *The Inner History of Devices*, edited by Sherry Turkle, 98-111. Cambridge, MA: MIT Press, 2008.

Popkin, Cathy. “*Hysterical. Episodes: Case Histories and Silent Subjects*.” In *Self and Story in Russian History*, edited by Laura Engelstein and Stephanie Sandler, 189–216. Ithaca, NY: Cornell UP, 2000.

- Proffer, Ellendea. *Bulgakov: Life and Work*. Ann Arbor: Ardis, 1984.
- Rabelais, François. *Gargantua and Pantagruel* (1532). Translated by Burton Raffel. New York & London: Norton and Co., 1990.
- Rice, James L. *Dostoevsky and the Healing Art: An Essay in Literary and Medical History*. Ann Arbor: Ardis, 1985.
- Ricoeur, Paul. *Time and Narrative*, Vol. 1. Chicago: University of Chicago Press, 1984.
- . *Hermeneutics and the Human Sciences*. Cambridge: Cambridge University Press, 1981.
- Romains, Jules. *Knock, ou le triomphe de la médecine*. Paris: Gallimard, 1993.
- Rosenberg, Charles, “The Tyranny of Diagnosis. Specific Entities and Individual Experience.” *The Milbank Quarterly*, Jun 2002; 80(2): 237–260.
- Saba, Umberto. *Storia e Cronistoria del “Canzoniere.”* Milano: Mondadori, 1948.
- Sanghavi, Darshak, “When Does Death Start?” *New York Times Magazine*, December 20, 2009.
- Sawday, Jonathan. *Body Emblazoned. Dissection and the Human Body in Renaissance Culture*. London and New York: Routledge, 1995.
- Scarry, Elaine. *The Body in Pain: The Making and Unmaking of the World*. Oxford: Oxford University Press, 1985.
- Schafer, Roy. “Narration in the Psychoanalytic Dialogue.” In *On Narrative*, edited by W. J. T. Mitchell, 29-45. Chicago: University of Chicago Press, 1981.
- Schlich, Thomas. *The Origins of Organ Transplantation: Surgery and Laboratory Science 1880-1930*. Rochester, NY: The University of Rochester Press, 2010.
- Schoenfeldt, Michael. “Fables of the Belly in Early Modern England.” In Hillman and Mazzio, *The Body in Parts*, 1997: 242-261.
- Shklovskii, Viktor. *Tetiva. O neskhodstve skhodnogo*. Moscow: Sovetskii Pisatel’, 1970.
- Singer, Charles. *Vesalius on the Human Brain*. London, New York, Toronto: Oxford University Press, 1952.
- Smith, Pamela H. “What is a Secret? Secrets and Craft Knowledge in Early Modern Europe.” In *Secrets and Knowledge in Medicine and Science, 1500–1800*, edited by Elaine Leong and Alisha Rankin, 48-66. Farnham, Surrey: Ashgate, 2011.
- Sontag, Susan. *Illness As Metaphor; and AIDS and Its Metaphors*. New York: Picador, 2001.

*Standard Edition of the Complete Psychological Works of Sigmund Freud*. London: Hogarth Press, 1955-1974, vol. 2.

Starr, M. Allen. "The Pathology of Sensory Aphasia, with an analysis of fifty cases in which Broca's Centre was not Diseased." *Brain* 12 (July 1889): 82-99.

Svevo, Italo. *Zeno's Conscience*, translated by William Weaver. New York & Toronto: Everyman's Library, 2003.

---. *Romanzi*, edited by Mario Lavagetto. Torino-Paris: Einaudi-Gallimard, 1993.

---. *Opera Omnia*. 4 volumes. Edited by Bruno Mayer. Milano: Dall'Oglio, 1992.

---. *Romanzi*. Milano: Mondadori Meridiani, 1985.

---. *Due racconti*. Milano: Mondadori, 1967.

---. *Carteggio con James Joyce, Eugenio Montale, Valery Larbaud, Benjamin Crémieux, Marie Anne Comnène, Valerio Jahier*. Edited by B. Maier. Milano: Dall'Oglio, 1965.

*The New England Journal of Medicine*, online archive of past issues, <http://www.nejm.org/medical-index>. Retrieved in January 2014.

*The Journal of Leo Tolstoy*, vol. 1 (1895-1899), translated from Russian by Rose Strunsky. New York: Howard Fertig, 1996.

*The World of Coffee*. Oxford: Oxford Cartographers Ltd., 1998.

Thiher, Allen. *Revels in Madness. Insanity in Medicine and Literature*. Ann Arbor: The University of Michigan Press, 1999.

Tiun'kin, Konstantin, ed. *Dostoevskii v vospominaniiakh sovremennikov*. Moscow: Khudozhestvennaia literatura, 1990.

Tolstoy, Leo. *Resurrection*. Translated by Louise Maude. Oxford: Oxford University Press, 1999.

---. *The Death of Ivan Ilych*. Trans. Ian Dreiblat. New York: Melville Books, 2008.

Turkle, Sherry. *Psychoanalytic Politics: Freud's French Revolution*. New York: Basic Books, 1978.

Vucinich, Alexander. *Science in Russian Culture, 1861-1917*. Stanford: Stanford UP, 1970.

Wernicke, Carl. *The Aphasic Symptom Complex* (1874). English translation in Cohen, R.S. and M.W. Wartowsky, eds. *Boston Studies in the Philosophy of Science: Proceedings of the Boston*

*Colloquium for the Philosophy of Science*, vol. 4. Dordrecht: Reidel, 1966-68.

Wright, Colin. *Mikhail Bulgakov: Life and Interpretation*. Toronto: University of Toronto Press, 1978.

Yacobi, Tamar. "Fictional Reliability as a Communicative Problem." *Poetics Today* 2.2 (1981): 113-26.