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Medicine and Literature: Notes on their Overlaps and Reciprocities

By G. S. Rousseau

This essay celebrates the work of Jean Starobinski, while attempting to explore some of the theoretical overlaps in Medicine and Literature suggested in his writings. Starobinski's birthday offers a splendid occasion for this investigation inasmuch as he is a qualified, practicing physician who turned to literary criticism during adulthood in part through the encouragement of the late Georges Poulet; and he has not lost his interest in medicine, especially the history of medicine. Starobinski reassured me, on more occasions than one, that whatever his official university post might be, in his intellectual frame of mind he would always occupy two chairs: one in the history of medicine, the other in literature. The below notes universalize the matter by asking how this can be, and under what conditions it can occur.

I. The Heuristic Value of Theory

At least since the eighteenth century, the heuristic value of theories has been self evident. Erasmus Darwin, a prominent English physician in Lichfield if not so prominent poet—in this sense a primary candidate for literature and medicine—stated the case *for* theory this way:

> Extravagant theory ... in those parts of philosophy where our knowledge is yet imperfect, are not without their use; as they encourage the execution of laborious experiments, or the investigation of ingenious deductions, to confirm or refute them. And, since natural objects are allied to each other by many affinities, every kind of theoretic distribution of them adds to our knowledge by developing some of their analogies.[1]

New affinities as refined discrimination: this was the chief value of theory for Darwin. It remains primary among theorists today. But when a field itself is new—as is Literature and Medicine—double advantage obtains: not merely analogies and affinities but a powerful heuristic tool capable of revitalizing

aspects of old subjects and permitting new insights into existing relationships.

There is a crucial, third consideration in this case because medicine has been omitted from the cultural debate for so long. An example from bibliotherapy adumbrates the point, although a more definitive way would be to consult a hundred "cultural histories" of a given period and discover how few of them include medicine.[2] Imagine a thousand cancer patients voluntarily reading Solzhenitsyn's *Cancer Ward*. The patients are divided into a random group and control group; each is followed for an identical period. If a large number of the control group improves, we can assume some meaningful correlation between bibliotherapy as a treatment of possible value, whose research should be further funded. Assuming a positive response, funding can be sought, eventually creating the need for experts in the field. But suppose the experiment cannot be undertaken; do we then abjure bibliotherapy for lack of *empirical* evidence, or do we retain it as a *possible* practice until such time as the experiment(s) can be performed? Hopefully the latter—and a "tool" such as literature and medicine permits speculation about possible versus probable results. The heuristic tool also has potential rational utility: it is not yet empirical and statistical; in this sense is not "scientific;" yet it has opened up the possibility of new cure, and has given new hope to those who would be helpful. Utility is as significant a concern for scientific method as is probability; for it will not do randomly to relate anything to anything, or correlate everything with everything else and expect meaningful results.

The relation of printed discourses does not altogether differ. Imaginative primary literature, of whatever quality, as well as medical writing, is culture-bound. This seems the simplest of points yet has profound implications because almost no one, except imaginative giants of the stature of Starobinski and the late Foucault, gazes simultaneously on both types of texts. Although each type—literary and medical—relates to other previous texts in a continuum governed by formal rules of genre and kind, each type also relies, to a certain extent, on the ordinary language and values of the time, no matter to what imaginative flights it soars.

In Literature and Medicine a single critic pronounces on both sets of works; or there may be two critics. The primordial activity is *parallel* scrutiny of two types of texts. As yet, there is as yet no agreement about the dialectic of how to relate these works. Both discourses are culture-bound, as already indicated, suggesting that each specimen is firmly rooted in the

epoch that gave rise to it; and the utility of the critic is this: by relating them he greatly illuminates the "maker" and "nature" of the individual text, as well as the culture in which they were generated. The critic's procedure must inexorably be eclectic: he cannot strive to scrutinize *all* literary and medical works of a given period. He may focus on accepted masterpieces of literature and medical classics, or minor works of both categories. He performs two functions in both instances: he relates texts in a new way and demonstrates the utility of criticism by avoiding endless repetition.[3] But the critic doesn't function here as the custodian of a "great tradition" of literary or medical classics, or as the "genteel" preserver of a canon whose merits dare not be questioned. The critic's task is broader—it involves ordinary human achievement rather than solitary peaks of distinction. Furthermore, the critic is committed to the inclusion of medicine. That is, he has come to recognize that some fundamental aspect of the culture in question has been misunderstood, even misrepresented, without this inclusion and comparison. As George Cabanis claimed in his *Coup d'œil sur les révolutions de la médecine* (Paris, 1804) early in the nineteenth century: nothing tells us so much about a culture as its systems of medicine.

Such parallel method offers an alternative to the current practice of studying *either* imaginative literature *or* medical classics (in Britain, medical history and medical sociology are recent alternatives but even here imaginative literature never appears). Instead of isolating, for example, Thomas Campion, Sir Thomas Browne, Mandeville, Defoe, Smollett, Goldsmith, Keats, Flaubert, George Eliot, Proust, Chekhov, Bridges, and so forth; or, alternatively, treatises on Elizabethan blood, Commonwealth writings on the "religio medici", Restoration books about plague, medical texts on maturbation and insanity, Victorian theories of delusion, the Russian cholera epidemics of 1892–3, etc.; instead, these can be diachronically paired, certainly not out of known influence but for heuristic advantage:

(physician-authors or writers)	(single examples of the type of synchronic text)
Thomas Campion	Thomas Wright, *The Passions of the minde*
Thomas Browne	Gideon Harvey, *Vanities of Physics and Philosophy*
Mandeville	John Hancock (treatists on plague)
	Thomas Lodge, *A Treatise on the Plague*
Smollett	medical textbooks on "nervous sensibility"

(physician-authors or writers)	(single examples of the type of synchronic text)
Goldsmith	Dr. William Battie, *Treatise on Madness*
Keats	Thomas Burgess, *The Physiology of Blushing*
Schiller	Schiller's massive medical-physiological writings
Flaubert	Felix Pouchet, *Essai sur l'histoire naturelle*
Beddoes	Johann Schoenlein, *Natural Historc of the Diseasy of the Europeans*
Robert Bird	Samuel Warren, *Passages from the Diary of a Late Physician* (1832)
George Eliot	Richard Madden, *Phantasmata or Illusions*
Proust	Paul Dubois, *Psychic Treatment of Nervous Disorders* (Eng. trans. 1905)
	the medical writings of Philippe Ricord, Joseph Rollet of Lyon, Brissaud's medical works on asthma
Chekhov	P. A. Arkhangelsky, *The Treatment of Cholera*
Robert Bridges	writings of the Victorian "gentlemen physicians," especially of the 1870s, and Bridges' own medical poem *Carmen Elegiacum ... de Nosocomio Sti. Bartolomae Londinensi (1878)*
Schnitzler	Freud on hysteria
William Carlos	Williams Sir Charles Scott Sherrington, *Man on His Nature (1940)*
Andre Soubiran	Max Theiler, *The Virus* (1951)

Diachronic analyses, performed horizontally, yield a commonality of constellations of metaphors. Eventually, if enough pairs are compared, it becomes evident that, although the technical writing ability of each set of authors varies, both sets of texts are culture-bound. Both sets are not literally *determined* by the culture: this goes too far in denying their individuality. But both sets respond to social exigencies weighing upon their formal (internal) arrangements, and this similarity is represented in the precise nature of their metaphoricity. By isolating common metaphors in both groups—say metaphors of delusion in Eliot and Madden—and deciphering their patterns and contexts, we can pinpoint a moment in the life of the metaphor, as well as better comprehend the culture. The approach rests on an assumption that metaphors have organic lifespans, as do human beings; that metaphors are born, mature, develop into adulthood, grow

senescent, decay and die; equally significant, that they arise at particular moments for good reason and that they are not the creations of chance or random play.[4] Literature and Medicine thus rests on a conception of metaphor that is moored to literary history and, as I have been attempting to suggest, that is equally tied to medical history. Without such broad perspective and analysis whole sets of metaphors would remain undiscovered, archaeologically unburied, as it were, thereby concealing as well whose strata of the culture under consideration.

It is crucial to observe that in all these examples, the medical component within Literature and Medicine is construed as a *printed* text. As in the above columns, again proceeding horizontally, the critic's texts are substantively dual: literary *and* medical—and both fall in approximately the same chronological period. The implications of such a method are various. For one thing, metaphors are assigned a primary role in the life of intellectual affinity, an activity that already places monumental trust on the power of analogy. For another, it assumes rhetorical sophistication; it keeps the discussion of narrative on a high plane, using the best tools of semiotics and narratology, and does not indulge an unacceptably simple-minded notion of literature. Finally, it also assumes, *faute de mieux*, that we want to know *more* about the particular culture being isolated. Furthermore, all this acknowledges that the inferior style of certain medical texts notwithstanding, the time has come to read medical texts as literary artifacts. The understandable objection that most medical texts are unworthy of the critic's attention (the Harveys and Willises, Freuds and Jungs, constituting exceptions), is finally unacceptable here on grounds that selection is wide open. To be sure, certain critics may get lost in medical mazes; but better this hazard than the forlorn pretension that medical texts (and for that matter all scientific texts) are somehow above scrutiny—somehow immune from scrupulous textual examination. The point of the activity is not absolute historical veracity (authorship, sources, influences) but cultural completeness: learning what was thought and imagined, as well as discovering possible therapies (the varieties of bibliotheraphy discussed above), which had *not* been imagined. If, indeed, medicine has largely been omitted from the general cultural-history debate, as I have been emphasizing, then it should be plain that any analysis of a society that omits its medicine must be an inchoate analysis. The method anticipated here does not bar those wo care little about the past; it merely sets up a minimum set of conditions without which serious work cannot begin.

II. The Physician as Humanist: Empathy as Criticism

The image of the physician and other health-care professionals in our time is too various and complex for sweeping generalization. On the one hand, the physician is maligned as a technican, but this image isn't carried over into inter-personal relations or non-medical contexts: the physician as reader, musician, patron/appreciator of the arts, lay philosopher, etc. On the other hand, the lay public, at least in America, holds onto such ambivalent views of his type owing to the costs of health-care, that its (i. e. the view's) monolithic negativity has been hard to interpret with confidence. [5] Futility sets in when one expects the public to alter a granitic image that has endured over centuries. But the *self-image* of these medical professionals is another matter.

In our century nothing has influenced the physician's profile more profoundly than the loss of his identity as the last and truest of humanists. Until recently, physicians in Western-European countries received broad, liberal educations, read languages and literatures, studied the arts, were often good musicians or amateur painters, by virtue of their financial privilege and class prominence socially interacted with statesmen and high-ranking professionals, and continued in these activities throughout their careers. It was not uncommon for Victorian and Edwardian doctors, for example, to write prolifically throughout their lives: medical memoirs and autobiographies, biographies of other doctors, social analyses of their own times, even more prominently, imaginative literature of all types. In twentieth-century America, the pattern has drastically changed; only the most successful and imaginative of physicians can hope for this type of artistic leisure as a consequence of greater domestic demands placed upon the doctor [6]. The diminution of humanist content in the training and of physicians in our time has lent an impression—perhaps falsely so but nevertheless pervasively—that medics are technicians, anything but humanists. As a byproduct, it has also nurtured an old myth—it was already old by the eighteenth-century Enlightenment—that medicine is predominantly a science rather than an art. Both notions are false and require adjustment if the physician hopes to return to his former, more enriched, and probably healthier, role.

In this discussion some of these terms—shorthand labels—are naturally empty. Without rigorous discussion and definition "humanist" is a meaningless word, even emptier than it was twenty years ago in view of the attack

on humanism by various American fundamentalist churches and European conservative movements. Now at stake more than historical traditions of Christian humanism and their recent fate, are the physician's interpretative skills; these skills are hardly empty or meaningless abilities. No one doubts that contemporary physicians interpret signs, diagnose symptoms, read clues—are semioticians of a type. But not all physicians are equally sensitive, or vigilant, in these activities: some being to offer interpretation, nor prepared to act as barometers of a wide range of indicators. Some doctors—the Renaissance poet Campion is an example—retreat from medical squabbles and what we would call professional stress into the purer atmosphere of their art. Yet not all doctors are lucky enough to be able to express themselves, like Campion, in an art form. But *all* doctors, like *all* artists, are *au fond* interpreters: the doctor's "interpretations" of the chaos about him—whether re-formed into a new critical mold or processed into a creative art form—survive by empathy. The artist forever sympathizes with the natural chaos surrounding him; his gift is that through a type of compassion—as much as wit or intellect—he can envision an exhilarating fictive world. Imagination, as Romantic artists knew better than anyone, survives on sympathy and empathy. Remove these and imagination shrivels; it deceases on an inadequate, if spartan, diet of memory. Whether the artistic maker composes, paints, writes, dances, or sculpts: empathy with the things of this world, as poet upon poet has sung, feeds his imagination. Empathy with living creatures and the natural things of this world external to himself—plants, trees, mountains, oceans, clouds, skies, rocks—as well as with its timeless universals: the so-called human condition. These sustain him by constant interchange. It is not enough for the artist to remember them.

The novelist "imagines" a character he will invent by empathizing with him; his degree of achieved verisimilitude depends upon this psychological leap more than on stylistic bravura or technical accomplishment. Writers who possess craft alone do not get far. Is the same not true of doctors whose Hippocratic oaths extend to the waiting room and bedside only? Unfortunately many doctors today, especially beginning physicians, are overworked and cannot practice their oath. Some physicians, alternatively, can empathize because an early illness, as in the cases of physician-authors Robert Montgomery Bird and Robert Bridges, forced them to abandon their practices (Bird also became mentally ill after he stopped practising). If these similarities actually exist, then literature and medicine share another domain

which has never been explored. The fact that computers may be permitting already overworked doctors to rely less and less on their intuitive skills and to imagine themselves increasingly *less* as humanists than earlier, is ancillary to the point. The greater matter is that we need to ponder the images and roles of the doctor in new ways. New images may give rise to new therapies.

Even so, analogies die hard and it will not do to link everything with everything through approximate affinities. In what *precise* sense, we ask, is medical diagnosis based on imagination? To what is empathy implied in the clinical situation? Is there convincing evidence that the doctor's compassion (his clinical version of empathy) causes patients to improve, or is this another sentimental piety?

Definitive proof must be sought elsewhere; our point here is that Literature and Medicine should play some part in conceptualizing the matter. Every practicing doctor knows—from routine daily experience—that a large part of his clinical practice is devoted to the psychological problems of his patients. Not all these require professional therapy or analysis; most want reassurance in the form of sensitivity and understanding. A brief sentence, uttered in the right tone, will do—if it is the right one. For the multitudes of doctors who are not so linguistically gifted as to say exactly the right thing at the right moment, to interject the terse but perfect sentence, more words are necessary. A laconic doctor offends patients, even loses them. But the more words a doctors uses, the greater the likelihood of using them inappropriately and creating problems for himself and his patients. The doctor must learn to dominate language—his own. He may do this intuitively if he is inordinately gifted—and lucky; otherwise he needs to learn the craft. Here Literature and Medicine is a rich resource holding up the mirror and lamp of the medico-linguistic encounter. It has no competitor.

III. The Problem of Demarcation: Medical Discourse Breaks Apart from Literature

The historical "break"—a veritable discontinuity of discourse—occurred in the eighteenth century. Before them, large globe of printed matter—not merely prose—pass as *either* literature or medicine. Distinctions barely existed in most countries, and after the prose of the "doctor" was as refined as could be found. If names and titles are concealed, it is impossible at this removal of time to distinguish passages from the "literary" forms that

contain them, as could be demonstrated if there were space. This accounts, in part, for the bizarre reception during the Restoration and early eighteenth century of Browne's *Religio Medici*. Furthermore, physicians and non-physicians wrote in practically equal amounts, especially in England, France and Holland; today it is the rare doctor who writes at all. Then it was the norm and any statistical count would show how very prolific the physicians were.[7]

Ca. 1700 or 1750, "literature" was not yet separated out into the divisions we complacently take for granted. Authors were not then identified with the categories of works their social or professional types would produce today: fulltime poets writing poems, novelists novels, and so forth. Pope's physician, William Cheselden—a noted surgeon who operated many times on Pope—helped Pope edit Shakespeare;[8] in our time is it a rare physician who knows the folios well enough to assist any professional Shakespearean editor. Physicians before 1650 or 1750—dates construed merely as convenient beacons, not as beginnings or endings—often wrote religious tracts, scientific treatises (natural philosophy), forensic matter, memoirs and diaries, in addition to medicine: all these forms were adjudged literature. The Warton brothers, influential critics writing literary history in England in the middle of the eighteenth century, were beginning to formulate so-called scientific criteria for imaginative literature that would set this category—literature—apart. Erasmus Darwin, the physician-poet already mentioned in connection with heuristic theory, was no Samuel Johnson though he lived in the same town (Lichfield) and shared with Johnson the splendors or horrors—as the case may have been—of Grub Street. Who would dare adjudicate whether Darwin was *primarily* doctor of writer? Ditto Sir Thomas Browne. The question would have appeared foolish to the Age of Johnson,[9] but even today we ask whether the late Geoffrey Keynes, surgeon and brother of the great economist, was doctor *or* literary figure: so suspicious are we of dilettanti, so confident of hardened professional types. Keynes amassed one of the finest book collections anywhere, was a bookman par excellence, as well as bibliographer and writer about English literature. He also practiced surgery for six decades and wrote in his memoirs that, given the choice, he preferred medicine.[10] He was alive to the distinction in a way Erasmus Darwin would not have been because the "break" has been relatively recent. Indeed imaginative literature is a category developed by Romantic poets and English universities in the nineteenth century; before then, the sense of great writers of course existed: Johnson writing about

Shakespeare, Dryden, Pope. But the notion that certain *professional* types produce this great literature had not yet come into being—say by 1700—and the matter has terrific import for Literature and Medicine.

Before the new age of professional specialization—at least up until the end of the eighteenth century—physicians wrote for a number of reasons: to refute false knowledge, for fame or financial gain, ideologically or idealistically, most significantly for social status. It was *fashionable* to write, one prominent British doctor in Bath commented at the end of the eighteenth century, and most successful physicians did.[11] Yet this is hardly the reason given by a practicing general practitioner writing poetry in England today: "I would go bonkers if I did not *write*."[12] In the transition from fashionability to catharsis and psychic regeneration we witness some of the revolutionary "break" or "separation".

A limited sense of Literature and Medicine arises if modern literature after 1800 is consulted—especially if the great divide loosely known as the Enlightenment is overlooked. A narrow province Literature and Medicine then arises: historically young, provincial, narrow-minded, Whiggish in Butterfield's sense in that we have falsified the earlier originality by making it conform to our own patterns.[13] But what was its archaeology, in Foucault's sense, before 1800? Retrieval grows complicated when we recall that the whole institution of the physician differed before (approximately) 1800: his manufacture, constitution, being, as well as the social arrangements that converged into forming his self-image.[14] The daily, routine life of an ordinary physician in William Harvey's England differed considerably from that in Newton's or Darwin's; further radical alterations in the last century cause the Victorian physician now to appear as a grotesque anachronism—veritably an extinct species, if we are literal-minded enough to reconstruct his professional type from daily schedules (including rounds) and personal diaries (hundreds of which survive).

The diachronic method outlined above—horizontal scrutiny of printed texts—necessitates the examination of works of *non* physician-authors of the same period for understanding of similarity and difference in composition, style, and, most crucially, metaphor. If the evidence were produced here, it would be clear that the author's profession—doctor, statesman, novelist, etc.—is ultimately less consequential for his use of language, oral and written, than his social class and intellectual milieu. The precise exigencies of his local proximate culture count for more. It matters, naturally, that he is a doctor rather than lawyer or statesman—this status

permits him ranges of knowledge and types of perspective he would not otherwise enjoy. But suffering and grief: the angle of vision they alone afford come into play here. Even so, ten texts by ten Enlightenment doctors will vary in composition, style and metaphor, suggesting how treacherous it is to diminish the originality of writers by attributing too much to social determination. These texts, compared with another ten of the *same* period by *non*-doctors, vary less—and this is the crucial aspect to grasp for a theory of Literature and Medicine: we can attribute just so much to the link; after that, subtle textual discrimination prevails, and the honest critic is constrained to say what is *not* determined by Literature and Medicine.[15]

This last matter may seem remarkably abstract and elusive to readers wondering what realms Literature and Medicine share; but it addresses questions much debated in our pluralistic times by close textual analysts. To what precise degree does an author's personality contribute to the resulting text? What do we really need to know about his life and times? Can we interpret the text just as meaningfully if we pretend that it is an anonymous document or artifact? The answers to these questions vary according to the theoretical, philosophical beliefs of those answering them. Deconstructionists, who are after all exclusive theorists and not applicators or explicators at all, hold that an author's documented personality is as irrelevant to the resulting text as his historical times; for them history itself is a fiction; more crucially, within the text's tropes certain figures are privileged over others. It is hard to see what application such deconstructionist methodology can have for Literature and Medicine, since deconstruction is not a method to be applied to the interpretation of literary texts but a criticism exclusively of *other criticism*. Literature and Medicine possesses as yet so little theory or criticism of its own that deconstruction seems remote. Theoretical quandries about personalities and privileged tropes remain. This dilemma, as well as general interpretation, shows to what extent a *theory* of Literature and Medicine depends upon an antecedent theory in literary criticism; and this is precisely why it isn't possible to be serious about a *theory* of Literature and Medicine unless one is willing to assume the burdens of a certain amount of general theory.

Concomitantly I have been suggesting that the medical component of Literature and Medicine depends upon a similar *theory* of medicine: of cause and effect, symptom and illness, theory of disease, and, of course, the anatomy and physiology, biology and chemistry, on which these are necessarily predicated. And I cannot imagine any theory of reciprocity being

useful, let alone valid, if it *carte blanche* abjures history (the real history of medicine, the real history of literature). The all-consequential "break" then remains mysterious, a veritable enigma; and nothing falsifies more the reciprocities of Literature and Medicine over the centuries than to universalize them as if their arrangements had been from time immemorial as they are now.

Endnotes

1. See Erasmus Darwin, *The Botanic Garden, A Poem, in Two Parts* (New York, 1807), p. xxii; the poem was first published in 1789.
2. It doesn't matter which period is selected, the consequences are nearly identical; a few exceptions—e.g., Peter Gay's two-volume study of *The Enlightment* (New York, 1966–69) and Keith Baker's and Roy Porter's books—should be applauded.
3. A large portion of current literary criticism merely repeats, in different terms, what has been said before; Literature and Medicine escapes this trap if its task is construed seriously.
4. For this subject, see the contemporary debates between unitarians and dualists, as well as the writings of M. Black, D. Davidson, M. B. Hesse, M. Johnson, R. Rorty, J. Searle *et al.* on metaphor. H. Putnam's *Reason, Truth and History* (Cambridge, 1981) is one of a few books that brings history into the current debates over metaphor.
5. This view, which includes medical fees, medical pedantry, and the certainty of knowledge in medicine, has a long history extending at least as far back as the Renaissance: see the writings of Keith Baker and Foucault; R. Antonioli, *Rabelais et la médecine* (Geneva, 1976); H. W. Haggard, *The Doctor in History* (New Haven, 1934); L. S. King, *The Growth of Medical Thought* (Chicago, 1963); J. H. Kiefer, "Uroscopy: the Artist's Portrayal of the Physician", *Bulletin of the New York Academy of Medicine*, 40 (1964): 759–766; Enid, R. Peschel, "Callousness or Caring: Portraits of Doctors by Somerset Maugham and Richard Selzer," *Mosaic*, 15–16 (1982): 77–88.
6. The British Victorian "gentleman physician" and the current American "city doctor" make a fascinating study in contrasts. For a hint of the range of difference see Asa Briggs, "Middlemarch and the Doctors," *Cambridge Journal* 12 (1948): 749–62.
7. For their diverse types of writing in the Renaissance, Enlightenment, and afterwards see: A. Barbeau, *Life and Letters at Bath in the Eighteenth Century* (1908); Norman Moore, *The Physician in British History* (Cambridge, 1913); A. S. Collins, *Autorship in the Days of Johnson* (1927); T. K. Monro, *The Physician as Man of Letters* (Edinburgh, 1951); J. W. Saunders, *The Profession of English Letters* (1964); J. D. Gordon, *Doctors as Men of Letters* (New York, 1964); N. Cousins, *The Physician in Literature* (New York, 1982).
8. For which gratitude Pope celebrated Dr. Cheselden in couplets and replied to Swift's query "who is this Cheselden?" with this encomium: "I wondered a little at your quaere, who Cheselden was? it shews that the truest merit does not travel so far any way as on the wings of poetry; he is the most noted, and most deserving man, in the whole profession of Chirurgery; and has sav'd the lives of thousands by his manner of cutting for the [bladder] stone;" see George Sherburn (ed.), *The Correspondence of Alexander Pope*, 5 vols.

(Clarendon, 1956), IV, p. 6. Pope's poetry and prose writings are permeated with medical images and references; see Marjorie Hope Nicolson and G. S. Rousseau, *This Long Disease, My Life: Alexander Pope and the Sciences* (Princeton, 1968), pp. 7–130.

9. Because the professionalization of medicine then was so different from what it has become vis-à-vis the social status of the doctor. A synopsis of the transformation is gained by observing that Pascal doubted whether doctors performed any useful function at all; that Diderot claimed, in the next century, in *De l'interprétation de la Nature*, that «le physicien, dont la profession est d'instruire et non d'édifier, abandonnera donc le pourquoi, et ne s'occupera que du comment» *(Œuvres philosophiques*, p. 236); that Thomas Lovell Beddoes, in *Death's Jest Book* (1850), could not imagine a life of medicine *sans* literature; and that, in our own century, the poet Wallace Stevens opened his famous essay on "Imagination as Value" *(The Necessary Angel*, 1942, pp. 133–41) with a discussion of this tradition of the doctor's transformation. See also Richard Shyrock, *The Development of Modern Medicine* (1949) and Foucault's discussion of the manufacture of "the doctor" in *The Birth of the Clinic* (1972; orig. pub. 1963).
10. "Though my friends had thought that literature and bibliography were my first loves, with surgery as a background, in reality it had been *the other way round*. My most intense interest had been in the science and practice of surgery, with a parallel delight in literature and in particular in the life and works of William Blake to keep alive in my mind the value of imagination in a material world—an important background to a profession which might lead to a slight twist of inhumanity;" see G. Keynes, *The Gates of Memory* (Oxford, 1981), p. 307, italics mine.
11. Thomas Mathias, *The Shade of Alexander Pope on the bank of the Thames* (1799), p. 29.
12. The British GP-poet Henderson Smith's confessional description of himself in Howard Sergeant, *Poems from the Medical World* (Lancaster, Eng., 1980), p. 178; see also G. S. Rousseau, "White Aesthetics," *The Literary Review*, 19 (1980): 25–26.
13. I.e., the Whig versus Tory view of the past described by the late Cambridge historian Herbert Butterfield in *The Whig Interpretation of History* (G. Bell, 1931).
14. A modern work on this development remains to be written, but for an idea of the *primary* resources, see: J. M. Good, *The History of Medicine, so far as it relates to the profession* of the apothecary (1796).
15. The distinctions are subtle and beg for students well versed in the history of literary *and* medical writing. For suggestions about a stategy, see G. S. Rousseau, "Medicine and Literature: The State of the Field," *Isis* 72 (1981): 406–24.

Zusammenfassung

Die Wechselbeziehungen zwischen Medizin und Literatur werfen interessante Fragen auf, sowohl für den medizinischen Historiker wie für den Literaturkritiker, besonders dort, wo sie ineinander übergreifen und sich gegenseitig beeinflussen, sowie auch in der Art, in der jedes Fach sprachgebunden ist. Wie Prof. E. H. Ackerknecht in der Einleitung zur früheren Ausgabe von *Gesnerus* bemerkt, ist Jean Starobinski, dank seiner unglaublichen Produktivität zugleich Literaturhistoriker und medizinischer Historiker, der beide Fächer lehrt; seine Laufbahn ist typisch für die Belange dieser theoretischen Abhandlung. Der Verfasser versucht kurz die Vorgänge zu skizzieren, die das Studium der Wechselbeziehungen zwischen Medizin und Literatur überhaupt ermöglichen.

G. S. Rousseau, Ph. D.
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