

Gender Scripts in Medicine and Narrative

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Edited by

Marcelline Block and Angela Laflen

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P U B L I S H I N G

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Cover image: J. Mérigot fils, engraving of the “Temple de la Philosophie” in the Parc Jean-Jacques Rousseau, Ermenonville, France. In Stanislas de Girardin, *Promenade ou Itinéraire des Jardins d’Ermenonville* (Paris, 1788). © Courtesy Jean-Marc Vasseur, Abbaye royale de Chaalis—Musée Jacquemart-André.

The design of Ermenonville’s Temple de la Philosophie is inspired by the Tholos at Epidaurus, which was the greatest healing center in Antiquity, and consecrated to Asclepius, the god of medicine. Ermenonville’s Temple de la Philosophie was left unfinished purposefully, to attest that human knowledge continues to develop over time.

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*For JH, CJ, JR, and CW, with warmest feelings and affectionate thoughts
~ Marcelline Block*

*For JBL, BXL, and EML, with love
~ Angela Laflen*

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April 2010

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PREFACE

RITA CHARON

In the context of extensive and wide-ranging feminist scholarship published of late on illness and embodiment, this collection of essays stands out for its daring, urgency, and rigor. The assembled scholars describe misogynist situations that mobilize feminist outrage—including the disrespectful treatment of female corpses in sixteenth-century anatomical theatres, birth control and surrogacy as means of controlling women's desires, and the battered-wife syndrome—as their texts for exposing the enormity of gendered power struggles. Through shared academic conventions—the endnotes, the works cited, the syntactical decorum—these authors convey (showing, not telling) the extremity of their sad rage. Sad and enraged both, for the chronology starts in Early Modern Europe and comes up to the present. Nothing has changed, we all perhaps say through clenched teeth, how can it be that nothing has changed?

Scholarly, yet with an activist perspective, these chapters consider works from a wide range of epochs, while simultaneously treating real instances of violence, injustice, and disregard toward women. Works by authors including Frances Burney, Edgar Allan Poe, Maurice Blanchot, Nella Larson, and Don DeLillo, among others, are examined with powerful methods from biocultural studies, disability studies, and psychoanalytic theory while—often in the same essay—such matters as reproductive technologies, mass media representation of women patients, breast augmentation, and hierarchies of power in health care during World War I are probed and illuminated.

The collection's title is a coy call to action. Gender scripts indeed! In the same way that physician/activists in the early days of Medicaid would write prescriptions for milk for impoverished patients, we readers are called upon to write prescriptions for female power, subverting the tools of power to our own ends. That our literary and/or cinematic texts can prescribe feminist action is all we have to go on. It is, in fact, a liberating notion that we can use the artifacts of our own culture in order to achieve positive change. The essays collected herewith approximate such prescriptions. Performative, they alter the state of affairs, for by virtue of reading them, the reader has achieved a new state of outrage and resolve. We do something in the very course of reading that cannot be canceled or

withdrawn or forgotten. The act of reading itself has brought us down the road toward a new and more just state of affairs.

The individual essays and their cumulative effect on the reader expose the perilous edge we are all on. The essays examine instance after instance of predicaments that place women at the very rim of rage. Camilla in Fanny Burney's eponymous novel descends into religious hysteria and nearly dies of her abjection ("Illness and Inoculation: Narrative Strategies in Frances Burney's *Camilla*," by Rebecca Garden). Front-line nurses in World War I witness with ironic reserve the degrading brutality of war without *any* sort of redemptive heroics or Nightingalian soothing ("Writing to Heal: Narrating Trauma in the Writings of World War I Nurses," by Lea Williams). Brown women have white women's children to preserve racial purity and in the process become the colonized and silent subaltern ("(Re)Conceiving the Surrogate: Maternity, Race, and Reproductive Technologies in Alfonso Cuarón's *Children of Men*," by Sayantani DasGupta). Gone is the impression that women have gotten somewhere in the fight for justice or equal status with males. Had we fooled ourselves into thinking that the feminist fight is over in health care, this book awakens not only vigilance but also the conviction that there is so, so much work yet to do to reach a modicum of fairness and equality.

Medicine can hardly be bested as an arena in which to inspect gender injustice. The very terms of engagement of feminist studies arose from the medical sphere—the panoptic gaze, the clinical objectification, the machine of power. As the *ur*-narrative of women's struggles against male-dominated systems of power, medical struggles repeat and reproduce the consequences of the dominant discourse over enforced silence, of the knot of knowledge and power against ignorance and weakness, and of the advantage that can be taken of human need. One of the essays quotes John Berger's famous maxim that "men act and women appear" ("Exposing Men: Medical Imaging and the Paradox of Invisibility in *White Noise* and 'My Mammogram,'" by Angela Laflen). This observation pulls into hard focus what this volume invites us to appreciate—that medicine's very goals and missions embroil patients in an enforced surveyance. When the doctor is male and the patient is female (which is more common than not), all aspects of this tension are raised up exponentially to a new level of power of the excruciating and, perhaps, the irremediable.

Several of the essays treat aspects of gender and sexuality in medicine ("When *Remedia Amoris* Fails: Chaucer's Literary-Medical Exploration of Determinism, Materialism, and Free Will in *Troilus and Criseyde*" by James Palmer; "Illness and Inoculation," by Rebecca Garden; "Medical

Masculinities and Sleeping Beauties: Identity and Sexuality in Henri Gervex's *Avant l'opération*," by Mary Hunter; "Surgical Stories, Gendered Telling: Cosmetic Surgery through the Perspective of Patients and Surgeons," by Rachel Hurst). We tend to overlook how much of clinical medicine is involved with the sexual, or sexualizeable, body. Every time I examine a patient in the office, I find myself on provocative sexual ground. Carrying out a rectal exam on a male patient, palpating an elderly woman's abdomen, or probing a child's throat—heavens, haven't we read "The Use of Force" by William Carlos Williams enough times?—all call into heightened awareness the play of the erotics of illness and health, the magnetized field between any two human bodies, and the ever-present, although mostly unacknowledged background of the body's potential for arousal and revulsion, pleasure and pain. Far, far outside the confines of obstetrics and gynecology or urology, these sexual considerations undergird *all* that one body does to another. These essays, especially when read in concert, nail for the reader the implications of the simple *handling* of one person by another.

In addition to the exposure of gender situations in exemplary works of literature, film, television, advertising, memoir, as well as in medical and legal case studies, this collection affords complex and wide-ranging socio-cultural critique of medical practice and gender struggles. We see explicated, for example, in essays by Layne Parish Craig and Sayantani DasGupta, the relations between sexism and racism, how they intensify and further poison each other, and how women of color fare poorly in traditional medical practice. With Marcelline Block's comprehensive study of Edgar Allan Poe and Maurice Blanchot, we enter into the realm of sadistic predicaments: if, as Poe suggests, "the death of a beautiful woman is, unquestionably, the most poetical topic in the world," then the reader is subjected to the necrophiliac impulses of two authors, separated by one hundred years, two continents and writing in two different languages. Woman becomes abject in the face of the superiority claimed by men *qua* men. When faced with the charge of essential inferiority, women, rather than being rendered simply passive, become, frankly, endangered. Males are not spared from damage in this system, as noted by David Herzberg, but their falling victim to medicine's powers—including big business pharma and the advertising juggernaut—is the exception that proves the rule that women, by and large, are the ones to fall under the wheels of this particular train.

The authors of the following essays, mainly young scholars, bring to mind Pierre Corneille's well-known assertion from his tragedy *Le Cid* that

“la valeur n’attend pas le nombre des années” (“true value is not contingent upon a person’s age”). In this collection, there is truth, enthusiasm, and passion. These feminists, male and female, are working in a post-postmodern, human genomed, web 2.0 context. Unlike the feminists in generations who preceded them, their concerns are not pay equity or maternity leave rights. These authors go deep into the psychic structures of sex and gender and the linguistic structures that expose them to view. They are not satisfied with flex-scheduled-mommy tracks or clothing for women with pockets. In their theory-rich perceptions, they demand far, far more than we last-generation feminists did. Instead of “rights,” these authors demand sight. They don’t insist on women’s chance to survey men and pierce them with an oppositely gendered gaze. Instead, they *see through* the gazing altogether. They refuse for human to subject human to the brutality of the unclothing gaze. Liberating men, women, and children from the vice of the penetrating “pinning” gaze (pinning is what is done to dead butterflies to mount and so display them), this brand of feminist scholarship finds in the world at large the potential for a new reach of freedom, a new disentanglement of human life.

Put this way, *Gender Scripts* is not only about gender, but also, perhaps mainly about freedom. The instructions for use contained in the collection might be recognized in Lea Williams’s essay on nurses writing of the brutality of World War I: “can literature represent the trauma encased in her memory?...Narrative...heals...only if the survivor finds or creates a trustworthy community of listeners for it.” Here is what we are being asked by this book to do: we are being asked to become witnesses for the suffering and degradation represented in its pages. We are challenged to show ourselves as *trustworthy* witnesses who can not only register the suffering visited on others but can also accept the duties incurred by virtue of having heard the stories of those who are wounded, diminished, attacked, and who are now demanding restitution.

Here is the tremendous gift of this book: it gives the flesh-and-blood reader who holds it in his or her hands a place to stand from which to survey the debacles of gender violence and injustice. Having achieved a place to stand, the reader now has leverage, now can pry or crowbar or upend the matter at hand. We readers are placed in a position to crack the surface, to open up to view the molten magma that, when contained, threatens with volcanic thrust. We name and thereby depressurize the forces that used to be assumed *natural*, and we show that they are not part of nature at all but a deformation in the crust of the earth. The crowbar is the writing; the lever is the word. This book, then, redeems language from

its pernicious naming and degrading functions. In the hands of our authors and readers, the words and texts become our prescriptions for a future fortified with trust, with community, with clear-eyed truthful seeing, a seeing all around.

Rita Charon, M.D., Ph.D.
Columbia University

FOREWORD

POETRY, HYSTERIA, AND “THE COMPLEXITIES OF NARRATIVE CREATION” IN LITERATURE AND MEDICINE

MARCELLINE BLOCK

“Science often speaks in the figures of poetry.”

—Charles Bernheimer, *In Dora’s Case: Freud, Hysteria, Feminism*

As we are entering the second decade of the twenty-first century, which can be considered a threshold for female accomplishment, on March 7, 2010, film director Kathryn Bigelow won the Oscar for Achievement in Directing for *The Hurt Locker* at the 82nd Academy Awards in Hollywood. Bigelow is the first female director to receive this distinction in a field in which women have been minoritized.

During this month of March—March, since 1987, has been designated as Women’s History Month in the United States—another milestone for women was reached: after much debate, a health care reform bill was signed into US Law. Albeit controversial, this bill addresses issues of the female reproductive system such as pre/post-natal care, abortion and the best timing for mammography, recalling Sigmund Freud’s statement that for women, “Anatomy is Destiny, to vary a saying of Napoleon’s.”¹ According to Toril Moi, “when Freud writes ‘Anatomy is Destiny,’ he explicitly intends us to recall Napoleon’s ‘Politics is destiny.’”² Moi furthermore wonders why so little has been written about Freud’s mention of Napoleon, asking, “why hasn’t it been more discussed by psychoanalytic and feminist critics?”³ Freud’s substitution of “anatomy” for “politics” in this famous statement links female destiny to that of the nation. Anatomy, politics and destiny seem to intertwine on numerous levels during Women’s History Month in 2010. As far as mammograms are concerned, in “Exposing Men: Medical Imaging and the Paradox of Invisibility in *White Noise* and ‘My Mammogram,’” Angela Laflen discusses this procedure—traditionally geared toward women—as it applies to male patients, rendering them visible and penetrated by the medical gaze, just as women for centuries have been penetrated by the medical, among other masculine gazes.

Hélène Cixous's gendered statement "women are body"⁴ is predicated on the presumptions of a male/female, mind/body dichotomy in which women occupy a liminal position that is paradoxically at the "epicenter"⁵ of the political discourse. Since continuous negotiations over the health care reform bill have much to do with the female as reproductive agent, one is reminded of Rita Charon's urgent question, "how can it be that nothing has changed?" Furthermore, Charon states that medicine "can hardly be bested as an arena in which to inspect gender injustice."

What is it about the synecdochal uterus that renders it so predominant over other parts of the female anatomy within patriarchal culture? It is as if women are defined by this organ so much so that it overshadows other parts of their bodies, minds and souls. The uterus as "blazon"—to cite Janine Peterson in the first chapter of this collection—became a male possession millennia ago, as did its products, children, who bore the patriarch's name and surname and obeyed his rules. In playing upon the words "non/nom" ("no/name"), Jacques Lacan states that the Law of the Father is evident in the *non/nom du père*, which upholds the prohibitive command that ensnares first the family unit and then the structure of society as a whole.

The concept of family continues shifting and expanding to include possibilities that move away from heteropatriarchal dominion, in which, according to Karl Marx and Friedrich Engels, "wife and children are the slaves of the husband."⁶ Yet in spite of great strides in the advancement of the procreative process and impressive technological feats in IVF, preoccupation with reproduction not only as an ethno-biological phenomenon but also in its socio-political and ethico-religious dimensions has not abated, as illustrated by Sayantani DasGupta in "(Re)conceiving the Surrogate: Maternity, Race, and Reproductive Technologies in Alfonso Cuarón's *Children of Men*." Similarly, in "'That Means Children to Me': The Birth Control Movement in Nella Larsen's *Quicksand*," Layne Parish Craig situates concerns about reproduction within an early-twentieth-century context of the eugenics movement and birth control policies and practices as they affected the African-American community in particular.

The organs of reproduction are oozing with secretions specific to procreation, such as menstrual blood, placenta and milk. In Cixous' words, "there is always within [a woman] at least a little of that good mother's milk. She writes in white ink."⁷ These secretions can render the woman's body "grotesque," in the Bakhtinian sense of the term, or as Stephen Greenblatt notes, "the grotesque body—open to the world in all its orifices, unbounded, abusive, devouring...ever unfinished, ever creating, ever exceeding its limits in copulation, pregnancy, childbirth, dying,

eating, drinking, and defecating.”⁸

François Rabelais’ depiction of Pantagruel’s grotesque birth scene collapses the death of the mother with the birth of the infant. Where life and death intersect, it is the Kristevan abject which is foregrounded. The brief moment where mother and son meet invokes the limits of absence/presence, the liminal interplay between being and nothingness. According to Janine Peterson, it is in early modern European public dissections that the female cadaver “becomes the epitome of the ‘grotesque.’” Moreover, Peterson states that the grotesque body “is in the process of exceeding the boundaries of conventional acceptability,” or in Greenblatt’s words, cited above, “ever exceeding its limits.” Edgar Allan Poe’s *Tales of the Grotesque and Arabesque* (1840)—which includes his short story “Ligeia,” discussed by Marcelline Block in the fourth chapter of this volume, entitled “Aesthetics of Female Illness and Death in Edgar Allan Poe’s *Ligeia* and Maurice Blanchot’s *L’Arrêt de mort*”—addresses issues of the grotesque that his distant relative Harry Lee Poe considers inherent to horror. Harry Lee Poe states that, “[Edgar Allan] Poe referred to his tales as dealing with the ‘grotesque’ (horror) [and] the ‘arabesque’ (terror)...the difference lies in the gore; horror is disgusting, whereas terror leaves the blood and guts behind for the sake of frightening the reader.”⁹ Jean-Michel Rabaté, in discussing Poe’s detection fiction, contrasts it to the “creepy horror of mass murder”¹⁰ found in the works of Thomas de Quincey.

Throughout history, the female body has been subjected to patriarchal inquiries and manipulations as exemplified by medico-social curiosity, prejudice and practice. Avital Ronell states that, “mother [is] exposed by equipment linked to surveillance and medicine, [she] has been probed and analyzed, sectioned and scanned, measured and standardized.”¹¹ Some of the earliest known medical writings, such as Papyrus Ebers (approximately 1550 BCE), the “best-preserved papyrus scroll worldwide”¹²—named after Georg Ebers, the German Egyptologist who discovered this papyrus at Luxor and brought it to the University of Leipzig,¹³ where he was teaching—attests to this medico-social curiosity in the female. Papyrus Ebers, housed in the University of Leipzig’s library, demonstrates that from early on, medical practitioners showed great interest in the female body—particularly in her reproductive capacity—which was considered an important resource for scientific compilation. Not only was the female historically a source of medical knowledge, but also Papyrus Ebers, in giving “advice for women suffering from abdominal pains and for physicians treating ailments of the uterus,”¹⁴ (see fig. Foreword-1) among other topics, shows the Papyrus’s contents’ dual function: as a text

establishing knowledge out of the woman's body, it also applies this knowledge to the woman as patient. The female body was at once an instrument of knowledge for male physicians and the subject upon which this knowledge would be applied—in other words, she was the giver and recipient of scientific knowledge. This idea finds an echo in Janine Peterson, who states that in early modern European public dissections, “the poor or criminal woman (as it was mandated all cadavers [for dissections] must be) was exalted as the fount of medical knowledge.”

Yet, medico-scientific interest in women's uterine functions dates back even further than Papyrus Ebers, to approximately 1900 BCE, with another Egyptian papyrus, the Kahun Papyrus, the world's oldest known medical text. A fragment of the Kahun Papyrus, known as the Kahun Gynecological Papyrus, devoted to female physiology and the organs of reproduction, discusses the uterus in terms that hint at hysteria, mentioning “diseases...recognized today as hysterical disorders”.¹⁵

A few illustrated cases are cited: (a) “a woman who loves bed,” she does not rise and does not shake it; (b) another woman “who is ill in seeing, who has pain in her neck”; (c) a third woman “pained in her teeth and jaws, she does not know how to open her mouth”; (d) and finally, “a woman aching in all her limbs with pain in the sockets of her eyes.” These and similar disturbances were believed to be “starvation” of the uterus or by its upward displacement with a consequent crowding of other organs.¹⁶

From the Greek word *hustera* (“uterus”), Hippocrates coined the term hysteria, as it was thought that hysteria originated in disturbances of the uterus. Plato, who mentions Hippocrates in “Protagoras” and also refers to his teaching in “Phaedrus,” called the uterus “the animal within [women].”¹⁷ Denis Diderot goes even further, calling the uterus a “ferocious beast” (“une bête féroce”), as per below. For Charles Bernheimer, Freud, ““in deriving hysteria from sexuality’...was not so much entering new territory as ‘going back to the very beginnings of medicine and following up a thought of Plato’s (SE 20:24).””¹⁸

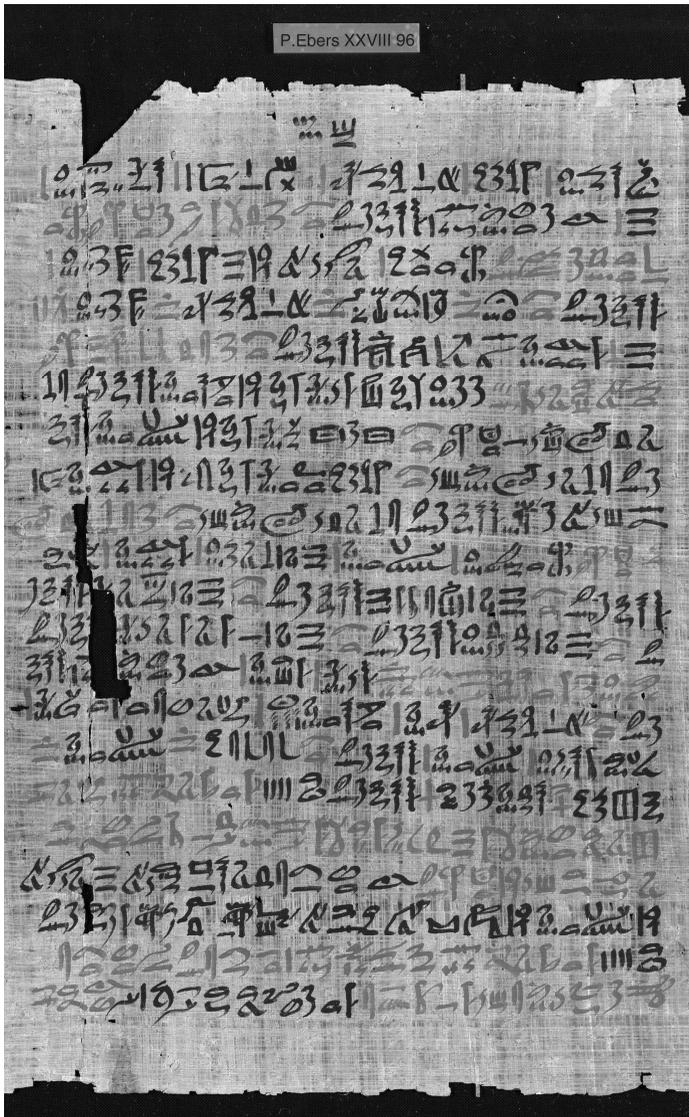


Fig. Foreword-1: Papyrus Ebers, Kol. 96, Universitätsbibliothek Leipzig: “the text, dating from the sixteenth century BCE, is written in Hieratic and arranged into columns. The text of column 96 deals with problems of birth.”¹⁹

The living female body as well as the female corpse has been used by anatomists, healers, and medical practitioners seeking knowledge of human life. The uterus, considered the female organ *par excellence* and object of fascination, provoked not only curiosity and intense scrutiny, but also envy, as well as at times, scorn. According to Diderot scholar Laura Fleder,

For Diderot, the womb [also] played a key role in the etiology of nervous disorders. Diderot held to an antiquated view which the majority of his contemporaries did not share, that the womb was an irascible and tyrannical organ, a “bête féroce,” which disrupted the bodily functions, irritated the nerves, and ultimately produced aberrant mental behavior. Woman’s general *sensibilité*, the softness and mobility of her nerve fibers and organs, the predominance of the diaphragm over the rational faculties, made her particularly susceptible to uterine disturbances.²⁰

Cixous’s claim that, “more so than men who are coaxed toward social success, toward sublimation, women are body,”²¹ recalls Fleder’s comments about Diderot’s curiosity and inquiries into women’s physiology.

Although Freud, along with his predecessors and colleagues, viewed hysteria as a female ailment, he also found that “libido had no gender.”²² While hysteria remained associated with the female from early times, Freud was aware of and concerned about his own hysterical symptoms. According to Charles Bernheimer, in his analysis of Fraulein Elisabeth von R. (1892-1894), Freud

finds himself *implicated inextricably in the complexities of narrative creation*. He tells the stories of the stories told him—which is not the same as retelling the original stories—and must articulate at this level of meta-narrative a discourse revealing scientific truth. Moreover, the sheer complication of the processes to be represented at this meta-level forces him to resort to a language of similes (“all of which have only a very limited resemblance to my subject and which, moreover, are incompatible with one another”—*SE* 2:291). So science, in this matter of psychology, often speaks in the figures of poetry. And since such figuration, as Freud noted in 1897, has much in common with hysterical fantasies (“The mechanism of poetry [creative writing] is the same as that of hysterical phantasies”—*SE* 1:256), *one might argue that Freud’s ambivalence about the literary aspect of his work reflects his uneasy awareness of his own hysterical potential.*²³

That hysterical potential can be found in a man’s literary creation is expressed by Freud in another essay about writing, “The Relation of the

Poet to Daydreaming” (1908), in which he collapses the process of literary creation with that of the child at play, who later sublimates his childhood games into daydreams, which, for the creative person, are in turn transformed into literary production.

When Freud debunked the long held view that hysteria was mainly the purview of women, his finding was paradoxically rejected by some feminists in the late-twentieth-century. In *In Dora’s Case: Freud, Hysteria, Feminism* (1985), Claire Kahane writes:

Although Freud’s assertion that hysteria afflicted both men and women was a liberating gesture in the nineteenth century, contemporary feminists are reclaiming hysteria as the dis-ease of women in patriarchal culture. *Dora* is thus no longer read as merely a case history or a fragment of an analysis of hysteria but as an urtext in the history of woman, a fragment of an increasingly heightened critical debate about the meaning of sexual difference and its effects on the representations of feminine desire.²⁴

The claiming of hysteria as an “urtext in the history of woman” by contemporary feminists who insist that hysteria is “the dis-sease of women in patriarchal culture” opens another chapter into this condition, particularly, its vexed relationship to gender(ed) medicine.

Steven Marcus states,

In *Studies on Hysteria*, [Freud] introduces his discussion of the case of Fraulein Elisabeth von R...: “...it still strikes me myself as strange that the case histories I write should read like short stories and that...they lack the serious stamp of science...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 [hysteria].”²⁵

Throughout this binary opposition literature/science, Freud appears to self-criticize for using the methodologies and tropes of the writer—in order to solve his case studies and eventually cure his patients—rather than using the traditionally “scientific” approach to medicine.

It would behoove us to pause at this juncture to recall the longstanding affinities and connections between literature and medicine as expressed in the writings of medical practitioners.²⁶ The connection between writing and medicine is exemplified by the sixteenth-century healer/seer Nostradamus, who turned to the occult and mysticism, as he wrote prophecies in the form of one thousand quatrains, which, till today, are probed for their potential prophetic content and enjoyed for their poetic

quality. The physician Paracelsus, contemporary to Nostradamus, was polarized between medicine and the occult, as discussed by Block in chapter four. Paracelsus had been accused of desecrating traditionally scientific books at the University of Basel and was the target of much anger from some of his fellow physicians and colleagues. Unlike Paracelsus, who was targeted for his mystical beliefs, the contemporary “Surgeon as Writer”²⁷ Atul Gawande (b. 1965), discussed below, addresses issues of mysticism and superstition as they continue to affect his patients and medical practitioners. He recounts that he accepted to work at the ER during a full moon Friday the thirteenth when most of his fellow residents had tried to avoid working that night—thus implying some remnants of superstition on their part. Gawande states:

Doctors have a fierce commitment to the rational—surgeons especially... So it struck me as odd to find...that no one was volunteering to take Friday the thirteenth...A couple of weeks later the appointed evening arrived. I walked into the ER at 6 P.M. sharp to take over from the daytime resident...he was already swamped with patients...The rest of the night went no better. I was...running hard, unable to get two minutes to sit down, hardly able to keep the patients straight. “It’s full moon Friday the thirteenth,” a nurse explained. I was about to say that, actually, the studies [about full moons] show no connection [with more traumatic events]. But my pager went off before I could get the words out of my mouth. I had a new trauma coming in.²⁸

However, as Paracelsus is credited with having considered the unconscious and also for inaugurating the field of toxicology, it is befitting to trace a line of flight from Paracelsus to Franz Mesmer, Jean-Martin Charcot and Freud, who used hypnosis upon impressionable females. Freud, after moving away from these techniques, favored the analysis of dreams, out of which he developed psychoanalysis. Through condensation and displacement, Freud uncovered the mechanisms that led him to the “talking cure,” a concept much popularized in the latter part of the twentieth century in the Western world, particularly in the US. The affinities and relationship between literature and psychoanalysis need not be proven.

We shall now turn to writers whose family members include one or more medical practitioners: for example, both Gustave Flaubert and Marcel Proust were sons of doctors, who, coincidentally, bore the same first name, Achille: Gustave Flaubert’s father, Achille-Cléophas Flaubert (1784–1846), a chief surgeon in Rouen, whose first-born son—also named Achille—also became a surgeon,²⁹ and Marcel Proust’s father, Dr.

Achille-Adrien Proust (1834–1903), whose youngest son, Robert (1873–1935), became a medical doctor as well.

In *Crack Wars: Literature, Addiction, Mania*, Avital Ronell writes about the two Achille Flauberts—father and son—towering over the younger Gustave, who not only became a writer obsessed with finding *le mot juste* but also brilliantly probed the female psyche, in particular, in his portrayals of a devoted servant named Félicité (in *Un coeur simple/A Simple Heart*, 1877) and Emma Bovary (of *Madame Bovary*, 1857), after whom the term “bovarism” was coined. The connection between literature and medicine is not only expressed in the concept of bovarism, but also in the relation between Flaubert’s life and his oeuvre. In discussing Emma Bovary’s husband, doctor Charles Bovary, who botched the surgery of a young man’s clubfoot, Ronell states:

“Charles would have to cut the Achilles tendon [of his patient Hippolyte], leaving the anterior tibial muscle to be taken care of later, to cure the varus, for he was afraid to risk two operations at once.” Gustave Flaubert, for his part, was not afraid to risk two operations at once. His brother and sometime rival, the surgeon, succeeded by supplanting the father, who had also been his sometime rival. His name, repeating that of the father, was Achille Flaubert. The crucial operation was therefore serially double: literature operating on medicine, Flaubert on Achilles, Homais on Emma, Emma on Charles, Charles on Clubfoot (Oedipus), Charles on Emma, Emma on Flaubert...In the real life of Gustave Flaubert, Achille tended to the upper part of his father’s leg. Dr. Flaubert had mentioned a pain in his thigh. After Achille operated, the good doctor endured the agonies of infection and gangrene before death ensued as the consequence of his son’s surgical manipulations.³⁰

The link between literature and medicine is stressed in the above examples, as well as in the following: Honoré de Balzac, in *La comédie humaine* (written approximately between 1830–1848), created a character named Dr. Bianchon so realistically that he himself became trapped in believing that this character actually existed. It is reported that on his deathbed, Balzac asked for his Dr. Bianchon, the only physician whom he trusted. This anecdote emphasizes the fluidity of the borders separating reality from fiction in the writer’s creative horizon as well as in the reader’s imaginary sphere. As Balzac hovered between life and death, his medical character Dr. Bianchon oscillated between reality and fiction—both occupying liminal positions.

There are many more medical practitioners issued from authors’ pens, some of whom are modeled on real people such as Professor Cottard in Proust’s *A la recherche du temps perdu* (*Remembrance of Things Past*,

1913-1927). This character was modeled upon Dr. Jules Cotard (1840-1889), a neurologist who had worked with Charcot at the Salpêtrière Hospital and who first described what is referred to as the “Cotard delusion”—a syndrome in which the patient believes he is dead or does not exist.³¹

Not only did Gustave Flaubert and Marcel Proust grow up in households comprising two doctors, but similarly, Atul Gawande states in his 2002 *Complications: A Surgeon's Notes on an Imperfect Science*, that “being the child of two doctors [a urologist father and a pediatrician mother], I have been familiar with medicine since I was small...I came to writing, however, only much later.”³² Gawande is “as interested...in writing about how things go wrong as how things go right,”³³ thus displaying an image far from that of the omniscient/omnipotent surgeon to whom a god-like status is granted in the collective unconscious. Gawande reoccupies the position of a doctor who admits that his is an “imperfect science” and that at times he is riddled with doubt. When “things go right,” and he succeeds in his surgical practice, sometimes he considers that it is due not so much to his ability as a surgeon, but rather, to a stroke of good luck; here, he seems to join Freud, among other practitioners of medicine, including the pediatrician William Carlos Williams, in their self-doubt, insecurity and admission that failure is a constant possibility. As Freud is known for his work on hysteria and the unconscious—although both hysteria and the unconscious had been previously known—what remains most relevant yet controversial in his work is the triangular configuration between parents and young sons that he called the Oedipus complex, and which he claims to be a universal phenomenon. To our knowledge, the Oedipus complex had not been discussed prior to Freud, but it has become firmly entrenched among laypersons and professionals. One of the best-known examples of a condition named after a literary character is the Oedipus complex, a groundbreaking theory that commands respect and produces scholarship, in spite of arguments against it, such as are found in the controversial *L'Anti-Oedipe (Anti-Oedipus: Capitalism and Schizophrenia, 1972)* by Gilles Deleuze and Félix Guattari. Yet Freud's theories remain widely discussed—even if they have now passed their heyday.

Toril Moi states that there has been little scholarship about Freud's mention of Napoleon (see page xix of this foreword); according to Benjamin Goodnick, there has not been enough discussion about Freud's experience in Leipzig—brief yet intense—where his family spent less than a year before settling in Vienna. This is also surprising, since it is at the pre-Oedipal stage that Freud stayed in Leipzig, when, as a preschooler, he

was unable to formulate the significance of Leipzig as a site of learning, as it boasted a yearly book fair and numerous booksellers and printers. The emotional impact of Freud’s relocation from his beloved birthplace of Pribor (Frieburg) to Leipzig cannot be stressed enough, yet it has been overlooked by those following Freud in his enterprise of psychoanalytic discovery. Therefore, it is suggested that these two areas, the Napoleonic allusion, as noted by Moi, and the Leipzig “interlude,” discussed by Goodnick, could be explored further in order to illuminate Freud’s thinking.

The Program in Narrative Medicine, founded in 1996 by Rita Charon at Columbia University, helps practitioners connect with their patients on a deeper level by employing narrative competence in medicine. That medicine is helped to achieve its goal, the patient’s cure, through narrative means, is reflected in a mirror image by works of literature enriched by the inclusion of medical research, discoveries and interrogations. Medical thrillers and sci-fi bestsellers, as well as other works by doctor-authors including Robin Cook and Michael Crichton, address serious concerns within the medical field such as epidemics, organ donation and tissue transplants.

From a wide variety of interdisciplinary sources and genres, contributors to this volume examine the representation, conceptualization and resemantization of gender within several branches of the medical field, in particular, surgery, radiology, and psychopharmacology, while also examining literary characters. According to Rebecca Garden in chapter three of this volume, entitled “Illness and Inoculation: Narrative Strategies in Frances Burney’s *Camilla*,” Camilla’s “journey into illness is at once self-inflicted punishment and a self-willed and aggressive tactic waged against her parents’ disapproval and rejection.” These words recall Lacan’s discussion of Antigone in his *Ethics of Psychoanalysis* in which he describes Antigone as “this terrible, self-willed victim.”³⁴ Antigone, pitted against her family’s “disapproval and rejection,” particularly that of her uncle/guardian, Creon, successor of the deceased Oedipus, her father, is also, in what Lacan calls her splendor, viewed as a figure of political dissent rebelling against injustice and oppression. She is thus foregrounded by Jean Anouilh as a figure of resistance during the dark days of the Occupation of France in his 1943 play *Antigone*. Not only are the symptoms and ailments suffered by characters in literature considered in this volume, but also, as discussed in Block’s fourth chapter, Blanchot’s *L’Arrêt de mort* presents “the illness in language embodied by J. [its main female protagonist].”³⁵ Illness emanates from *L’Arrêt de mort* which, according to French critic Pierre Madaule, is a “condemned”³⁶ text.

The present volume's contribution to the collaboration between medicine and literature leads to a higher level of understanding for each of these two disciplines. The contributors to *Gender Scripts in Medicine and Narrative* engage with not only the works of "imaginative writers," in Freud's words, but also with works from other disciplines including the visual arts, media and new media studies. These chapters bring much insight into the complex interaction between gender, literature, writing, medicine and narrative medicine (whose primary goal is therapeutic) and its articulation in various contexts.