

Strange Cases

*The Medical Case History and
the British Novel*



Jason Daniel Tougaw

LITERARY CRITICISM AND
CULTURAL THEORY

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Introduction

A Story of Two Genres

Pathology is at least as dominant a theme in the British novel as development or education. Think of Roxana's inveterate promiscuity, Caleb Williams's monomania, Lady Delacour's breast cancer, Marianne Dashwood's nervous fever, Mr. Woodhouse's hypochondria, Helen Burns's consumption, Dr. Jekyll's volatile psyche, Sherlock Holmes's cocaine addiction, the governess in *The Turn of the Screw's* paranoia, or Dorian Gray's degeneration. Conditions like these are common subjects in realist fiction written during the eighteenth, nineteenth, and early-twentieth centuries, subjects shared with and borrowed from hundreds of medical case histories written for both popular and professional audiences during the same period. In this book, I examine the mutual influence of the medical case history and the British novel during the nineteenth century, when that influence was most dynamic.

In a recent issue of *The New York Times Book Review*, *Salon.com* editor Laura Miller calls the case history "that unsung genre inhabiting the borderland between art and science." She observes that the form combines "the illicit allure of the sideshow" and "the edifying aura of the lecture hall." Miller's article is a survey of twentieth-century case historians: Sigmund Freud, Oliver Sacks, Irvin D. Yalom, Lillian Rubin, and Atul Gawande. Medical storytelling, she argues, offers "the suspense of a murder mystery without the taint of violence" and "the voyeuristic appeal of the memoir freed from the nattering self-regard of the memoirist." The case history emerged late in the seventeenth century and flourished in the nineteenth, specifically to provide a public forum for the discussion of medical phenomena that could not be explained or cured with the tools or knowledge of the period's medical science. The genre is making a comeback because medicine is currently looking for ways to reintegrate the subjective experience of patients, eschewed by twentieth-century medicine, into medical theory and practice. Then, as now, the story of an illness that confounds medical

knowledge engages readers by tugging them in opposing directions like the ones Miller mentions, between art and science, sideshow and lecture hall, prurience and decorum, desire and fear, sympathy and diagnosis. In *Strange Cases*, I argue that the influence of the case history on the novel is precisely the ability to give readers the experience of mixing categories of thought and feeling that the nineteenth-century zeal for classification had made to appear incongruous. The case history is the British novel's most influential analogue. The two genres share subject matter—suffering protagonists—but more significantly, they appeal to readers by appearing to engage in, but ultimately also providing a respite from, the classification, system making, and categorization that the science, moral philosophy, and education of the period stressed. In the pages of a medical journal, the quest for knowledge is entangled with the need to tell a good story; in the pages of a novel, appeals to a reader's sympathy first require characters whose flaws, or diagnoses, are severe enough to deserve it. Reading is, of course, experiential, and the particular experience of reading a case history or a novel involves a suspension of the need to sort out and explain the dense, nuanced, and inexorably shifting categories of thought and feeling elicited by the black marks on the page.

The case historian—telling tales about the science of treating sick human beings—faces a unique rhetorical dilemma, particularly in the nineteenth-century, when the scientific revolution demanded a new objectivity. He must demonstrate his empirical acumen, on the one hand, and his humane sympathy for suffering patients on the other. Acumen objectifies patients; it turns them into knowledge. Sympathy re-humanizes them. This bind is explicit in many, if not most, case histories published during the period. It's *implicit* in the novels, whose scope was broadening to encompass an almost diagnostic view of "humanity" but whose focus on conflicts faced by particular characters in particular circumstances takes readers into social and psychological milieus often distant from their own.

The case history is medicine's answer to the Enlightenment call for empiricism, and the novel is literature's answer. Writers in both genres experimented with techniques that could give narrative shape to identity, and over the course of two centuries, the genres influenced each other by exchanging both subject matter and methods. In novels, the doctor-patient relationship becomes an implicit model for the relationship between a reader and a novel (or its characters), and the novel offers writers of case histories a set of conventions that enable them to tell the stories of suffering patients. Fiction from Defoe's *Roxana* to James's *The Turn of the Screw* and case histories from George Cheyne's to Sigmund Freud's have found narrative impetus in diagnosis. In the process of representing pathology in extraordinary detail, both

genres establish an affective relationship between reader and narrator, whom they link though their mutual sympathy for the suffering narrative subject. That affective relationship enables the author to present the text as a vital social document and to justify the representation of extreme, often morbid or perverse, states of mind and body. In both genres, diagnosis and sympathy are complementary rhetorics that allow for the co-existence of emotional and intellectual responses that might otherwise seem at odds: for example, sympathy for a physician like Freud whose treatment exacerbates the suffering of a patient like Dora, or admiration for a heroine like Emma whose good intentions are consistently destructive. These genres resist the Enlightenment rhetoric that gave birth to them by offering readers a narrative experience where contradictions and entanglements not only can but must co-exist.

As I mentioned earlier, the mutual influence of the case history and the novel reached a climax during the nineteenth century. In the words of Oliver Sacks, the most famous of *contemporary* case historians, “the tradition of richly human clinical tales reached a high point in the nineteenth century, and then declined, with the advent of impersonal neurological science” (*Man* viii). Sacks’s argument about the history of neurology can be generalized to most branches of medicine. The decline of the narrative case history in biomedicine was largely a result of a fierce nineteenth-century drawing of disciplinary boundaries. Sacks laments the disciplinary divisions that divorced the study of body and mind, illness and identity. In his words,

There is no “subject” in a narrow case history; modern case histories allude to the subject in a cursory phrase (‘a trisomic albino female of 21’), which could as well apply to a rat as a human being. To restore the human subject as the centre—the suffering, afflicted, fighting, human subject—we must deepen a case history to a narrative or tale; only then do we have a ‘who’ as well as a ‘what,’ a real person, a patient, in relation to a disease. (*Man* viii)

By the end of the nineteenth century, the study of identity (or “who”) was relegated to psychoanalysis, but for most of the century, case histories (like novels) dramatized relationships between pathology and identity, albeit often without explicitly accounting for the overdetermination of such relations. For modern readers, the overdetermination is glaring, making case histories a particularly good case for examining another era’s cultural assumptions, about anything from gender or class to morality or mental health. These assumptions are consistently entangled with the medical objectification of patients: a breast cancer patient is represented as a hapless victim of her own

feminine ignorance; the ingenious delusions of a Bedlam patient are devalued because they seem to pose the vaguest of political threats; and the side effects of anesthetics experienced by women in labor are mistaken for signs of sexual voracity. Disciplinary boundaries were drawn in the name of objectivity, to excise messy cultural attitudes from the scientific enterprise, but the storytelling mode of case histories consistently undermines their supposed objectivity. A century later, physicians like Sacks and contemporaries Arthur Kleinman, Richard Selzer, Peter Kramer, and Atul Gawande are taking their patients' lives seriously and attempting to find methodologies for reintegrating subjective experience into the theory and practice of medicine. The answer, they suggest, is to be found in narrative. *Strange Cases* is a study of the period when the case history shared narrative conventions with the novel to dramatize, inexorably if invisibly, the overdetermined relationship between sickness and self.

In *The Rise of the Novel*, Ian Watt makes the observation that the flaws of protagonists in early novels were a major feature of the literary realism they initiated. "The 'realism' of the novels of Defoe, Richardson and Fielding," he writes, "is closely associated with the fact that Moll Flanders is a thief, Pamela a hypocrite, and Tom Jones a fornicator" (11). Watt argues that this focus on pathology, or what he calls the "seamy side of life," is less important than the detail with which realism represents life (11). Contrary to Watt, I argue that this detail *results* in the profusion of pathology in realist fictions. In response to the Enlightenment empiricism that influenced every realm of eighteenth-century thought, novelists eschewed typology in favor of close observation of the here and now. Pathology, they observed, seemed to be everywhere. Realism, in this sense, is marked by its scrutiny of distinct, even deviant, individual human behavior. At least since Defoe, realist novels have chronicled the experience of strange cases, using cause-and-effect narrative structures adapted from the burgeoning empirical sciences to make sense of strange, deviant, pathological behavior and experience. On the surface, realist fiction focuses on ordinary life, but the sheer attention novels pay to the details of their characters' *ordinary* lives exposes their more *extraordinary* aspects. Thievery, hypocrisy, and fornication are commonly diagnosed as immoral and extreme, but they are also recognized as extremely common behavior. Realism allowed novelists to represent fictional experiences that vacillate between the ordinary and the extraordinary, eliciting ambivalent identification from readers.

Oscar Wilde's *The Picture of Dorian Gray* is a good case to illustrate my point because it is an end-of-century formal experiment, a commentary on its genre. In it, Wilde foregrounds but also questions the novel's diagnostic

tendencies. With Dorian Gray's examination of his decaying reflection in Basil Hallward's portrait, Wilde dramatized the psychodynamics of novel reading. A reader obsessed with a "poisonous book"—Huysman's *A Rebours*, a psychological study of youthful decadence—Dorian Gray confronts his portrait with an ambivalence readers are invited to share:

Hour by hour, and week by week, the thing upon the canvas was growing old. It might escape the hideousness of sin, but the hideousness of age was in store for it. The cheeks would become hollow or flaccid. Yellow crow's feet would creep round the fading eyes and make them horrible. The hair would lose its brightness, the mouth would gape or droop, would be foolish or gross, as the mouths of old men are. There would be the wrinkled throat, the cold, blue-veined hands, the twisted body. (Wilde 99)

Wilde places Dorian Gray before the canvas to read the image of his degenerating body, and his scrutiny resembles the probing of a physician, looking for overlapping signs of physical illness and moral decay and offering a diagnosis. In this case, the news is not good: the narrative displaced onto the painting propels its subject inexorably toward closure, "hour by hour, and week by week" toward death. With Dorian Gray's diagnostic reading of the painting, Wilde dramatizes the ambivalence fiction had been eliciting since Defoe, Fielding, and Richardson changed the history of narrative by choosing subjects who reflected the here and now of experience instead of tradition or history. We follow his gaze upon the portrait, focusing, of course, on the difference between the portrait's hideousness and his own beauty, but we must also recognize, with him, the haunting correspondence between the youth and his degenerated doppelganger. Wilde pathologizes Dorian Gray, but that's not the whole story. For Wilde, who held the beauty and wit of youth supreme in his hierarchy of human value, the image of a young aesthete with a "foolish or gross" mouth, "cold, blue-veined hands," and a "twisted body" is laden with pathos. The horror of Dorian Gray's physical debilitation pulls readers toward two poles of interpretation: diagnosis and sympathy. To diagnose his pathology is to recognize that he suffers from a constellation of moral and physiological symptoms beyond *his* control and *our* understanding. Suffering, in novels, warrants sympathy.

Dorian Gray falls securely within the genre Thomas Laqueur has called "the humanitarian narrative"—a category that includes the novel, along with the case history, the autopsy report, and the journalistic account. According to Laqueur, this new "cluster of narratives" emerged in the eighteenth century in

order to answer the Enlightenment call to observe and document everything, a call whose ultimate goal was to explain, through observation and systemization, the mysteries of the natural and social worlds alike. The common denominator of all humanitarian narratives is that, in Laqueur's words, they "came to speak in extraordinarily detailed fashion about the pains and deaths of ordinary people" (177). Their aim was to "connect the actions of . . . readers with [their] suffering subjects" (177). On the one hand, they worked as rhetoric, justifying the representation of morbidity and suffering, but they were also a call to arms. They asked audiences to have faith in empiricism and to participate in forging, again in Laqueur's words, "the causal links between an evil, a victim, and a benefactor" (177).

Dorian Gray is a novel of *degeneration*, an anti-*Bildungsroman*, and, arguably, an implicit critique of the form and its tendency to equate improvement with social conformity. But the most memorable *Bildungsromane* do not trade in easy educations. *Pride and Prejudice*'s Elizabeth Bennett resists marriage until the social world into which she has been thrown by her mother bends to *her* will; try as she might, *Jane Eyre* cannot temper her Romantic spirit, but follows it through rainstorms to her destiny, to tend to a crippled but still attractively malevolent Rochester; *Washington Square*'s Catherine Sloper rejects her father's diagnostic eye and risks social ruin to demonstrate her faith in her own judgment.

The Mill on the Floss's Maggie Tulliver is a prototypical example of a heroine who seems crafted in the tradition of the naïve heroine swept along a path from innocence to experience. But Maggie Tulliver shares more with *Dorian Gray* than a tragic fate. Like him, she is a study in human behavior, her story a chronicle of the mixed emotions that shape the parameters of a self, and like him, she is very self-conscious of the conflict between the her social world, which demands consistency and obedience, and her internal life, which boils with contradiction and rebellion. Maggie Tulliver's attraction to the disabled Phillip Wakem, like *Dorian Gray*'s fascination with his degenerating visage in the painting, is an implicit model for how to read:

When Maggie came . . . she could not help looking with growing interest at the new school-fellow, although he was the son of that wicked Lawyer Wakem who made her father so angry. She had arrived in the middle of school-hours, and had sat by while Philip went through his lessons with Mr. Stelling. Tom, some weeks ago, had sent her word that Philip knew no end of stories—not stupid stories like hers—and she was convinced now from her own observation that he must be very clever: she hoped he would think her rather clever too, when she came

to talk to him. Maggie moreover had rather a tenderness for deformed things; she preferred the wry-necked lambs, because it seemed to her that the lambs which were quite strong and well made wouldn't mind so much about being petted, and she was especially fond of petting objects that would think it very delightful to be petted by her. She loved Tom very dearly, but she often wished that he cared more about her loving him. (251—52)

Readers watch Maggie watching Philip, and her responses become a model against which we can measure our own interpretive tendencies. Maggie's interest in "deformed things" reveals the profound sympathy that shapes her development and which makes her so different from anybody around her. Her brother Tom is the diagnostician to her sympathizer, forever reminding her that Philip is a "queer fellow" (252) whose peculiarities must somehow spring from his relation to his rogue father. Still, Eliot is careful to imply that sympathy distorts Maggie's interpretation of the external world. It "seemed to her that the lambs that were quite strong and well made wouldn't mind so much being petted," and her ulterior, if unconscious, motive reveals itself in the second half of the sentence: "she was especially fond of petting objects that would think it very delightful to be petted *by her*." Maggie is diagnosing too. The difference between her and Tom (or her father or mother or her aunts or the people of St. Ogg's) is that she over-identifies with the "objects" she diagnoses. Rather than dismissing them as pathetic or malignant, she sees herself in them. If Dorian Gray must die because he is unable to reconcile his fascination with and repulsion for his degenerating portrait and the vices it represents, Maggie must die because she is unable to reconcile her self-aggrandizing Romanticism and her self-pity, neither of which makes her suitable for life in St. Ogg's.

Like so many novels, *Dorian Gray* and *The Mill on the Floss* chronicle the development of their individual characters in relation to large questions, about body and mind; about labile emotions and stable identities; about sickness and health; and about the individual and the culture—questions that had been asked for centuries and that continue to perplex philosophy and science today. Eliot uses medical themes to tackle such questions more explicitly in *Middlemarch*.¹ *The Mill on the Floss*, though, is more representative of the *implicit* ways the diagnostic model shapes most novels of the period. There is a hint of Lydgate's fascination with cadavers in Maggie's attraction to Philip Wakem. Like Lydgate, Maggie is an interpreter, one whose subjectivity shapes her observations and constrains her understanding. Eliot offers her characters as cautionary tales—if characters

as sympathetic and wise as this cannot see past their preconceptions, how can the reader of a novel presume to? The warning is instructive. If readers follow Eliot's lead and diagnose her characters' interpretive failures, they might circumvent their own. The best we can hope for, Eliot suggests, is to recognize whatever subjective combination of sympathy and diagnosis we bring to the text.

Writing much later in the century, Wilde realized that novels like Eliot's had given modern nuances to the question of subjectivity. With the portrait, Wilde dramatizes the convergence of multiple disciplines tackling the question of the self; he invokes medical discourse through the displacement of disease and mortality onto the canvas; he foregrounds connections and contrasts between visual and narrative representations of subjectivity; and draws attention to the fact that portraiture captures a moment of subjectivity while narrative chronicles an indeterminate series of passing moments and feelings whose total at narrative's end become the signs of subjectivity, the signs through which readers understand or come to know a Dorian Gray, Pamela Andrews, Tom Jones, Marianne Dashwood, David Copperfield, Mary Barton, or a Daisy Miller. Dorian Gray and his portrait resonate so powerfully because they ask ancient questions in historically specific terms. Nothing makes this clearer than the fact that the novel was used as evidence in the author's notorious trial for "gross indecency." In court, both the urgency and ambiguity of narrative became resoundingly, tragically, apparent. The prosecution declared that Dorian Gray's ambiguously degenerate behavior was code for sexual deviance, while Wilde maintained that his novel was a meditation on aesthetics. Neither side was ready to acknowledge the fact that both claims were true. The novel is a chronicle of the overdetermined relationship between aesthetics and pathology. Of course, if Eliot's novel is more than the story of one girl's education, but a portrait of the possibilities and constraints of rural life in a rapidly industrializing culture, it is widely recognized today that Wilde's is at least in part a coded representation of the "sexual inversion" chronicled by Victorian sexologists (discussed in greater detail in Chapter One). The subject of a case history, in the empirical tradition, is always particular *and* representative.

The novel and the medical case history, as they emerged in the eighteenth century and developed throughout the nineteenth, produced a tradition and a stock of narrative conventions to answer the Enlightenment call for detailed, systematic observation of the human condition. In the process, they assumed the mantle of empiricism to justify an intrusion into the most private, and very often taboo, corners of human experience. Novels and case histories require a suffering body at narrative's center, and their job is to engage readers in teasing out the relationships between that body and the

person who inhabits it. From the beginning, such a project had to accommodate contradiction. When novelists and case historians turned to what Fanny Burney called “the offspring of Nature,” they weren’t always comfortable with what they found (*Evelina* 7). The novel and the case history give narrative form to subjectivity, by examining in concrete and sometimes excruciating detail the overdetermined, often ineffable, relationships between physiology and consciousness. The Enlightenment had begun a quest to dominate the natural world with knowledge, to emphasize the power of the individual, to celebrate reason and will, to catalyze unstoppable human progress. The “offspring of Nature,” as the case of *Dorian Gray* demonstrates, were hardly ever so tidy. In a sense, the very forms that emerged to drive the Enlightenment Humanist project also circulated a body of knowledge that suggested that human beings have, in fact, limited control of the natural world, including our own bodies—that our experience is often mundane and our behavior far less than heroic. Classification became the nineteenth-century method for explaining away the morbid and pathological—distancing it from the ordinary. Scientific classification became entangled with a famously shifting social hierarchy. Health and disease were just two categories of experience whose complexities exceeded the bounds of their hierarchization. The novel and the case history were involved with both defining and undoing those bounds. In fact, the pleasure of narrative, I will argue, is derived from an engagement with the vicarious thrill of reading about the confusion and morbidity of a fictional character’s life. When the last page is turned, that thrill fades—but the questions it raises linger after the reader leaves the novel behind and re-enters his or her own life, where s/he will inevitably confront them in another context. The influence of narrative is unchartable, but when novels and case histories are juxtaposed, it starts to become clear how unpredictably the questions they circulate resonate beyond the page.

Narrative represents vital social and epistemological questions and delivers them in psychologically appealing *and* disturbing forms. To read narrative is to engage complex dynamic of distance and identification, aversion and sympathy. I argue that such dynamics result from the fact that narrative reminds us just how inconsistent, overdetermined, and ineffable a creature the self is. In the place of fixed or stable models of selfhood, the novel and the medical case history offer dynamics and moments of intersubjectivity, both as they are experienced by patients and protagonists in the texts and by readers. In the process, both genres put into circulation a model of identity whereby the subject is always caught in a double bind, between Basil Hallward’s portrait and *Dorian Gray*’s body, between health and pathology, momentum and stasis. Narrative has been the one form that can