

VITAL SIGNS

LITERATURE IN HISTORY

SERIES EDITORS

David Bromwich, James Chandler, and Lionel Gossman

The books in this series study literary works in the context of the intellectual conditions, social movements, and patterns of action in which they took shape.

Other books in the series:

Alexander Welsh, *The Hero of the Waverly Novels*
(revised edition, forthcoming)

David Quint, *Epic and Empire* (forthcoming)

VITAL SIGNS

MEDICAL REALISM IN
NINETEENTH-CENTURY FICTION

Lawrence Rothfield

PRINCETON UNIVERSITY PRESS

PRINCETON, NEW JERSEY

COPYRIGHT © 1992 BY PRINCETON UNIVERSITY PRESS
PUBLISHED BY PRINCETON UNIVERSITY PRESS, 41 WILLIAM STREET,
PRINCETON, NEW JERSEY 08540
IN THE UNITED KINGDOM: PRINCETON UNIVERSITY PRESS, OXFORD
ALL RIGHTS RESERVED

LIBRARY OF CONGRESS CATALOGING-IN-PUBLICATION DATA

ROTHFIELD, LAWRENCE, 1956–
VITAL SIGNS : MEDICAL REALISM IN
NINETEENTH-CENTURY FICTION/LAWRENCE ROTHFIELD.
P. CM. — (LITERATURE IN HISTORY)
INCLUDES BIBLIOGRAPHICAL REFERENCES AND INDEX
ISBN 0-691-06896-8
1. ENGLISH FICTION—19TH CENTURY—
HISTORY AND CRITICISM. 2. MEDICINE IN LITERATURE.
3. FRENCH FICTION—19TH CENTURY—HISTORY AND CRITICISM.
4. LITERATURE, COMPARATIVE—ENGLISH AND FRENCH.
5. LITERATURE, COMPARATIVE—FRENCH AND ENGLISH.
6. PHYSICIANS IN LITERATURE. 7. REALISM IN LITERATURE.
I. TITLE. II. SERIES: LITERATURE IN HISTORY (PRINCETON, N.J.).

PR868.M42R68 1992 823'.809356—DC20 91-29831

THIS BOOK HAS BEEN COMPOSED IN LINOTRON BASKERVILLE

PRINCETON UNIVERSITY PRESS BOOKS ARE PRINTED
ON ACID-FREE PAPER, AND MEET THE GUIDELINES FOR
PERMANENCE AND DURABILITY OF THE COMMITTEE ON
PRODUCTION GUIDELINES FOR BOOK LONGEVITY
OF THE COUNCIL ON LIBRARY RESOURCES

PRINTED IN THE UNITED STATES OF AMERICA

1 3 5 7 9 10 8 6 4 2

To My Parents

CONTENTS

ACKNOWLEDGMENTS ix

PREFACE xi

ONE

Medicine and Mimesis:
The Contours of a Configuration 3

TWO

Disarticulating *Madame Bovary*:
Flaubert and the Medicalization of the Real 15

THREE

Paradigms and Professionalism:
Balzacian Realism in Discursive Context 46

FOUR

“A New Organ of Knowledge”: Medical Organicism and
the Limits of Realism in *Middlemarch* 84

FIVE

On the Realism/Naturalism Distinction:
Some Archaeological Considerations 120

SIX

From Diagnosis to Deduction:
Sherlock Holmes and the Perversion of Realism 130

SEVEN

The Pathological Perspective: Clinical Realism’s Decline
and the Emergence of Modernist Counter-Discourse 148

EPILOGUE

Toward a New Historicist Methodology 175

NOTES 193

INDEX 227

ACKNOWLEDGMENTS

DURING THIS BOOK'S long passage into print, I have had a great deal of intellectual, moral, and material support. Edward Said, Lennard Davis, Nancy K. Miller, and Robert Paxton read parts of the book in its original form—as a Columbia University doctoral dissertation—and I am indebted to each of them for encouragement and advice. My dissertation research was supported in part by a fellowship from the Whiting Foundation.

I soon realized that writing the book I had in mind would require a substantial revision and broadening of the scope of my dissertation. In carrying out that latter project, I was not, fortunately, left entirely to my own devices. William Veeder, Ronald Thomas, and the graduate students in the Workshop on Nineteenth-Century Literature offered useful advice at an early stage of my revision. I am grateful as well to George Stocking and Jan Goldstein, who invited me to participate in the Workshop in the History of the Human Sciences (WHHS). The papers presented at the WHHS opened my eyes to the ferment in the interdisciplinary field I was exploring, and I benefited as well from the camaraderie with social scientists and from the discussions of my own work, including an early version of one of the chapters in this book. The same could be said about my stay at the Wesleyan University Center for the Humanities, made possible by a Mellon Foundation Fellowship. I am especially grateful to Richard Ohmann, Michael Sprinker, Thomas Ryckman, Khachig Tololyan, and Henry Abelove for their critical responses to drafts of several chapters in this book.

I owe Jonathan Arac a special debt of gratitude for his intellectual generosity and support for this project at several stages in its development. James Chandler, David Bromwich, and Lionel Gossman, who all read the manuscript for Princeton University Press, made judicious suggestions for revision, almost all of which I adopted. And finally, to my wife, Penelope, I owe—in addition to several hundred hours of babysitting—the deepest debt of all.

PREFACE

THIS BOOK starts from a sense of the inadequacy of critical efforts to define that elusive yet indispensable category of nineteenth-century fiction, “realism.” Whether evaluated positively (as it is by Harry Levin and George Levine, as well as by Georg Lukács and Fredric Jameson) or pejoratively (as it is by Roland Barthes and Stephen Heath), *realism* over the last half-century has generally been taken as a synonym for *representation*, that is, as a joining of—or for some critics, a split between—words and things, conventions and reality, signifier and signified, or soul and form. Consequently, arguments about realism have tended to trail off into the sterile question of whether realism goes beyond conventions, forms, or signifiers to represent reality “adequately”; or whether realism is merely the literary expression of a “naïve” philosophical assumption that the words in a realistic novel are transparent to a reality they represent; or whether realism on the contrary is an effort to achieve a fresh, defamiliarized vision of reality by breaking down conventions through parody, dialogization, or the mixing of styles.

To go beyond this impasse without altogether abandoning realism as a category in literary history, we need to rethink the entire issue of realism in terms other than those of a problematic of representation, of the relation between words and things, signifiers and signifieds, conventions and reality. The way to do this, I believe, is to take seriously Bakhtin’s assertion that the novel is woven out of discourses (rather than out of signifiers or conventions). If the novel is a texture woven out of discourse, then one ought to be able to describe particular novelistic genres (the realistic novel, the naturalist novel, the sensation novel, the modernist novel, the detective story, and so on) not by their implicit theories of representation—or of the impossibility of achieving representation, as is often said of modernist fiction—but by the kinds of discourses, and the relations between discourses, that predominate in each genre. The result of such a description will be to give a more local precision to the “real” of the realistic novel: a real that can then be aligned to the “real” offered by the specific discourses that novelists like Balzac, Flaubert, and Eliot adapt in distinctive ways.

This book has much in common with what has come to be called the “new historicism” in nineteenth-century studies. Like such critics as D. A. Miller, Mark Seltzer, Jonathan Arac, and Catherine Gallagher, I set out to show how fiction is linked to hitherto overlooked but none-

theless powerfully institutionalized discourses operating within a culture. But I think the new historicist enterprise will remain unachieved so long as certain questions are left conveniently vague. The most important of these is the question of how the relationship between discourse and power should be understood. To both Seltzer and Miller, for example, discourses in the novel seem to exist only as a *pretext* for the power that is exercised through them; both critics tend to subsume the intricacies of criminology or moral management or sociology under the more fundamental phenomenon that Miller calls a “general economy of policing.”¹ I argue that this view of power is, if not mistaken, at the very least oversimplified. The problem is not that power actually has nothing to do with discourse (whether in a novel or in a culture), but rather that power is immanent in the particular discourses through which it functions. If a literary phenomenon such as realism emerges from a given cultural situation, we need to interpret it not by treating what goes on in a realistic novel as an allegory of the “general economy” of power, but by identifying the specific discourses that are woven into the novel and tracing them in the culture at large back to their disciplinary precincts, the local sites where they exercise their power. Only by proceeding in this way, I think, can one hope to understand the cultural struggles in which these discourses engage and the role the novel can play in such struggles.

I propose in *Vital Signs* to interpret works of fiction within a cultural context that is first and foremost a discursive one. Such an approach avoids oversimplification, but raises problems of its own. How does one decide which discourses might be reasonable starting points in the case of realistic fiction? In principle, a novel can accommodate anything from scientific jargon and professional argot to street slang and religious cant. Analyzing all, or even a substantial portion, of these discursive threads would be a hopeless task. To trace even a single thread through a series of novels and within the larger culture, on the other hand, would no doubt yield some insight into the texture of realism, even if that thread were only adventitiously woven into the texture. The problem, then, is a pragmatic one: which discourse offers the best *Ansatzpunkt* (to borrow Auerbach’s word), the most fruitful point of departure? My choice has been deliberately to restrict this study to a single discourse whose network of relations I want to explore: that of nineteenth-century clinical medicine. As I point out in chapter one, clinical discourse seems attractive for several reasons. First, this medicine’s characteristics—its rhetorical rules, its objects of knowledge, its aspirations, and its historical emergence, transformation, displacement, and decline—have been detailed by intellectual

and social historians over the last ten years. Clinical medicine is also the professional discipline most visibly striving for recognition as a liberal profession in a period when professional values and aspirations begin to dominate European culture. The result is that clinical discourse becomes saturated with a special kind of quasi-avant-garde cultural (and even political) authority at the very moment when Balzac, Flaubert, and Eliot invent their versions of realism.² Finally, clinical discourse is present *prima facie* in important although often unremarked ways in two novels that are often taken to be paradigms of realism, *Middlemarch* and *Madame Bovary*, and medicine in general has been associated with mimesis by literary theorists going back to Plato (although this association has also largely gone unremarked).

To assert that a given discourse is relevant to a literary form, however, does not tell us anything about how that discourse's status within literature might be described. This constitutes a second methodological problem. In what ways can a discourse enter into and inhabit a literary form? Can we conclude that a novel relies on clinical discourse, for instance, only if the novel explicitly invokes its terminology? Or can a discourse help to shape such formal features as point of view, characterization, description, diegesis, or closure, even in the absence of terminology? I argue that one can define medical discourse as a set of "archaeological" (rather than purely logical) conditions—a set of practical cognitive rules or presuppositions about the structure of the living body (and, by extension, of the self), the nature of symptoms, and the temporal development of disease. The chapter on *Madame Bovary* illustrates, in turn, how completely the novel can appropriate those diagnostic presuppositions with the effect of "medicalizing" the real it represents.

Just as realism is more than the sum of its formal categories or techniques, however, so clinical medicine is more than a set of diagnostic assumptions or therapeutic methods. In both cases, the formal elements operate in history within an overall project to enforce a certain kind of authority. For the clinician, this authority is illustrated by his ability to convince others that a person is more truly defined as hysterical rather than, say, evil or possessed; as an alcoholic rather than a drunk; as obese rather than fat; as suffering from the pathology called homosexuality rather than committing the sin called sodomy. Insofar as novelists use clinical presuppositions, they also exploit this capacity to define the relation of self to body as a medical one. But such epistemologically grounded authority cannot simply be assimilated to the power of the police, because it is itself the object of a continuing struggle, a serious dialogue over what should count as true (or even poten-

tially true) when one speaks about human subjects as embodied. I am making no argument one way or another about whether medicine is a science in the abstract, but I am suggesting instead that the history of medicine's status as a science needs to be elucidated. For within English and French cultures, clinical medicine vies, sometimes anxiously, with both scientifically accredited and nonscientific discourses for the authority to define the problems of life and mind (to borrow Lewes's terms), and this micropolitics of knowledge manifests itself in the novel's discontents as well. I try in my chapter on *Middlemarch* to show what was at stake in such contests.

In the course of identifying precisely what clinical discourse is and analyzing how it is situated within culture and the novel, this book inevitably raises the question: why medicine? Why should this discourse serve as a peculiar clue to the authority of realism in literature? Why did realists not choose legal or religious or moral or biological discourse—utilitarianism, say, or zoology, or methodism? Beyond its discursive techniques and its epistemic orientation, I suggest, clinical medicine also offered Balzac, Flaubert, Eliot, and James an ideology of professional exactitude, an ideology that was extremely useful to novelists when new conditions of the marketplace enabled writers to picture themselves as self-sufficient professionals. My chapter on Balzac stresses this ideological element of the connection between medicine and literature. More generally, I argue that the emergence, development, and decline of realism as an authoritative literary praxis can be tied to the vicissitudes of clinical medicine as an ideal profession.³ As clinical medicine comes under epistemic attack from other sciences, and as it becomes institutionalized, its attractiveness as a radical model fades. One effect is the development, in the latter part of the century, of quasi-realistic genres such as detective fiction and naturalism. In chapters six and seven, I show how exemplary writers in each of these genres revise the medical perspective's literary status in distinct ways, and with distinctive effects: Zola by substituting Claude Bernard's "experimental medicine"—a thoroughly deterministic physiological model—for that of clinical medicine; Conan Doyle by allocating the realist discourse to the pompous but unimpressive professional voice of Dr. Watson, while transferring all the prestige of truth to Holmes's deductive (and far from healing) methods.

Ultimately, I suggest, the decline of medicine's epistemic and ideological authority—caused by the rise of the "basic" life sciences and the consolidation of medicine as a safe and unexciting bourgeois career—is one of the conditions that make possible the rise of a new kind of literary practice: modernism. Rather than see modernism as an effort

somehow to go “beyond representation,” my perspective offers a definition of modernism as responding antithetically to the clinical mode of representation characteristic of realism. Modernist texts, I argue, may be understood as efforts to invert the technical, epistemic, or ideological assumptions that writers such as Conrad, Joyce, and Kafka inherit from clinical realism. Those who continue to produce realistic fiction register the compromised status of their own authority either in formal incoherencies (as with Arnold Bennett in *Riceyman Steps*) or by the restricted view of the pathologized world they represent (as with Mann in *The Magic Mountain*). But they may also—as I suggest in a discussion of James’s *Wings of the Dove*—redefine the real itself, within which medical techniques continue to operate, as a real that is no longer a matter of the body. James displaces the cognitive object of realism while retaining realism’s clinical aims. In so doing he creates a fiction incomprehensible for a history that understands modernism as a reaction against realist representation, even as he abandons the particular signified, the body, at which realism’s clinical representation had been directed.

I will be using the terms *realism* and *medicine* with reference to a relatively limited set of British and French novels and medical practices. In principle, however, my argument should be applicable not only to those particular novels and practices but to a much larger number of novels, as well as other kinds of art associated with the phenomenon of “critical realism” from other national traditions both literary and medical. But I was not interested in writing an encyclopedic narrative history of the enmeshing of medicine with European culture. There already exist excellent cultural surveys of medical themes (doctor-patient relationships through the ages, the cultural impact of certain specific diseases such as cholera and plague, illness as metaphor), and in any case a narrative history did not seem an appropriate mode for exploring what interested me most about the topic: the polymorphic nexus of information, ideas, and interests that constitute medicine as an art, a science, and a profession. There still remained, however, the problem of limiting an enormous archive to manageable proportions, and more important, creating some sort of intellectual order within that set of materials.

My starting point has been to limit myself geographically and temporally to the British and French cultural experience of clinical medicine during the nineteenth century. Within this experience I have sought to define medicine as a social as well as an intellectual practice. I have further limited my archival scope by focusing on the interchange between nineteenth-century medicine and the Anglo-French

tradition of literary realism. This narrowing inevitably eliminates a large part of the literary, not to mention the cultural, resonance of medicine during this period. Most obvious, I have chosen not to discuss in any detail the rich Russian cultural appropriation of medicine in the work of such writers as Chekhov, Turgenev, Tolstoy, and Dostoevsky, or the equally rich Germanic tradition involving Heine, Goethe, and Mann—not because these literary traditions are unimportant, but because the *medical* traditions of Germany and Russia are in many ways derivative of the British and French experience. In the general process of professionalization that medicine so spectacularly exemplifies, France and Britain unquestionably led the way. Moreover, the dynamics of this process in France and Britain can be seen in “purer” forms than in Germany and Russia, where the uneven development of civil society somewhat obscures the ideological and social distinctiveness of professionalism. Then too, the sheer quality, consistency, and mass of French and British medical—and in particular clinical—work during the first half of the nineteenth century lifts it above that done by German and Russian physicians. The clinical perspective arises first in Paris, organized in large part by the paradigms of pathological anatomy (for the body) and “moral treatment” (for mental illness) that were developed by Bichat, Cabanis, Dupuytren, Broussais, Pinel, and Georget. It spreads rapidly to Britain (through such mediums as phrenological societies and the avant-garde medical journal *The Lancet*), eventually working eastward into Germany and Russia. The history of American medicine during the nineteenth century is so different, both in professional and in intellectual conditions, as to constitute an entirely separate field of inquiry.⁴

After narrowing down the field in this way, I still confronted a large set of realistic novels, not to mention voluminous archives of medical materials. It seemed prudent to begin by focusing on novelists who had declared their own styles to be medical, and to look particularly closely at important novels where medical issues are explicitly broached to some extent. A purely thematic approach to the medical content in these novels would be valuable in itself, opening onto important cultural issues relating to the doctor’s social status and professional role as well as the patient’s relative subjugation or interpellation through stereotyping (an especially vital concern for feminism, given the preponderance of women who are labeled “sick” in nineteenth-century fiction and culture). But my goal was to define realism as a literary mode beyond any particular content. I was less interested in demonstrating how novels reflect social relations than in showing how (and accounting for why) certain kinds of fiction and certain forma-

tions of knowledge may enact similar strategies, construct similar kinds of subjects, exert similar kinds of authority. The presence of doctors and/or patients in *Middlemarch* or *Wings of the Dove* was thus for my purposes a matter of convenience rather than of necessity, helpful insofar as the doctor-patient relationship stands as an emblem for the less manifest and more fundamental relationship between writer and text. Medicine gives a novelist not only a stock of characters but a set of quasi-artistic techniques, including, for example, a specifically symptomatological semiology, and the novelist can use those techniques to represent not only doctors and patients, but other characters and plots within these novels. Not only Emma, but Charles and Rodolphe are pathologically embodied selves in *Madame Bovary*; Lydgate's predicament in *Middlemarch* is not his alone, but also Eliot's, and to some extent also Bulstrode's and Dorothea's and Will's. Moreover, insofar as Balzac, Flaubert, and Eliot can be taken as paradigmatic realists, one should be able to find some of these same techniques at work in other realistic novels where doctors and patients do not appear as such or appear only at the margins of the story.

Not only prudence, however, but also methodological imperatives have determined my decision to concentrate on a few key novels, if only because of the constraints that an archaeological approach places on reading. To disarticulate medical prescriptions from the mixture of discourses inscribed in such novels, I have proceeded deliberately, focusing first on particularities of characterization and description, sifting the text for evidence that a medical technique—a method of diagnosis, a conception of internal structure, a set of nosological terms—has been employed. From this detailed work, in each case, I have tried to reconstruct the precise medical paradigm upon which the novelist in question relies. Only then have I turned from discursive to social context, in order to situate culturally this medical paradigm, by describing the kind and degree of authority each particular medical outlook implies. Having done this, I have ultimately returned to the novels, to ask how the novelist makes use of this medical authority to enhance his or her own literary authority. By taking the long way around I have tried to steer clear of the Scylla and Charybdis that threaten every historicist literary analysis: the dangers of historical inaccuracy in failing to specify the exact kind of techniques, assumptions, and outlook involved in a text; and of historical distortion in forcing a text into an inappropriate context.

