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Foreword: Literature
at the Intersection of Medicine and Culture

An American correspondent on medical matters in Europe, Lynn Payer found the differences between American and European medical practices so fascinating that she wrote a book about them, published in 1988 under the title *Medicine & Culture. Varieties of Treatment in the United States, England, West Germany, and France*. Her thesis is as straightforward as intriguing:

How can medicine, which is commonly supposed to be a science, particularly in the United States, be so different in four countries whose people are so similar genetically? The answer is that while medicine benefits from a certain amount of scientific input, culture intervenes at every step of the way.¹

Nearly thirty years later, what this special issue of *Status Quaestionis* endeavours to provide is a brief survey of the role of literature in the encounter of medicine and culture. In addition to its unquestionable documentary function, literature has much more to offer to the doctor-patient relationship, as well as to the societal understanding of health issues.

In the first article in this issue, Ayesha Ahmad blends scholarly and creative prose to invite a reconsideration of trauma and narrative in dif-

¹ Lynn Payer, *Medicine & Culture. Varieties of Treatment in the United States, England, West Germany, and France*, Holt, New York, 1988, p. 26.

ferent settings, from post-war Bosnia to post-tsunami Sri Lanka. Her focus on the body is pivotal to any discussion of literature and medicine: caved-in hearts, word-cloaked bodies and filtering skins expand into worlds, and sometimes collapse into ruins. This is where a new approach to medical intervention is called for, an approach that takes into account the role of words and stories in mending wounds.

It is a challenging task, indeed, to (re)define an ideal, all-encompassing medical intervention: Brian Hurwitz explores the problematic application of the principle of beneficence in medical decisions, drawing from both fictional and real-life accounts of killer healthcare professionals. Which societal anxieties lead to the construction of stock characters, such as the “mad scientist” or the “angel of death”? And how do communities confront these anxieties after discovering real cases of serial killers in healthcare environments? From novels unfolding doctors’ murderous plans through false death certificates and public inquiry reports, malevolent medicine finds its narrative counterpart in a captivating cluster of texts that further complicate the representation of the doctor-patient relationship.

The interplay of complex representational issues in the queer clinical environment is the focus of Fiorenzo Iuliano’s article on Claude McKay’s *The Clinic*. In this collection of poems inspired by his own hospitalization for syphilis, McKay evokes feelings of stigma and abjection, and seeks to escape his black queer body. He appropriates the medical gaze to promote a both aesthetic and political form of disembodiment, which would apparently secure him a safer place in modernist poetry.

Marilena Parlati tackles an analogous construction of the aging, disowned body in Kazuo Ishiguro’s *Never Let Me Go* and Hanif Kureishi’s *The Body*. These two texts illustrate how transplants or other forms of bio-modification challenge our sense of embodiment, especially vis-à-vis impending death. This fragmented and commodified body spurs new, perplexing identitarian questions that need medical,

ethical and aesthetic answers. Once again, literature emerges as a privileged arena, in which we can experiment with these issues and pause biotechnological advancement «to take stock, to ask the sensible questions»,² as Ishiguro suggests.

Along similar lines, the representation of fragmented approaches to reality, as we find in patients with impairments of cognition or consciousness, challenges notions of embodiment and reliability, as illustrated in Maria Vaccarella's analysis of graphic pathographies on neurological conditions. The word-image juxtaposition in graphic storytelling can potentially offer a more nuanced version of trustworthiness and redefine its role in the interactions of characters, readers, carers and patients. Non-exclusively verbal forms of expression can accommodate previously disqualified perspectives and open up new possibilities in narratives and clinics alike.

This surfaces even more poignantly in narratives of dementia, where, as Jane Wilkinson explains, the challenge is to “remember forgetting.” The textual and visual works analysed in her article escape factual biography or autobiography to incorporate absence and disintegration. Creative sense-making and fluid identities characterize these stories, while re-inscribing traditional aesthetic and caring modalities.

All together, these six contributions elucidate how different literary tropes, characters, genres and devices participate in the construction of different cultures of medicine. In truly interdisciplinary style, thanks to their authors' diverse backgrounds and approaches, they ultimately testify to the vitality of current literature and medicine studies.

² Kazuo Ishiguro, *Never Let Me Go*, Random House, London, 2005, p. 262.