

A patient's history of medicine

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In April 2006, a fascinating report was published about a new breed of machine, called a 'relational artefact': these 'caring' robots took part in a study conducted in selected homes for the elderly and chronically sick in the United States of America.¹ Consider the following episode. A woman in a nursing home near Boston is depressed as her son has not visited her for some time. A researcher is recording the woman's reactions as she sits with a robot named Paro who is advertised as the first 'therapeutic robot' for its/his ostensibly positive effects on the ill, the elderly and the emotionally troubled. Paro can make eye contact by detecting the direction a human voice is coming from; he is sensitive to touch, and apparently has 'states of mind' that are affected by how he is treated. In this interaction with Paro, the woman, sad because of her son's lack of contact, comes to believe that the robot shares her feelings of depression. She turns to the robot, strokes him and says, 'Yes, it's hard'. And then she pets the robot once again, attempting to make it feel better, and in doing so she is comforting herself. Initial research is yielding strange results: the human subjects under scrutiny show signs of preferring to talk to Paro and his clones rather than with human carers – Paro is totally reliable, will listen as long as his human clients demand and will always respond sympathetically. Relational artefacts are, as Turkle suggests, 'the new uncanny in our machine culture'¹ and, as Freud foregrounded, the uncanny tends to provoke new reflection. As this example shows, people can empathise with machines. Human-machine relations are highly complex, especially in the healthcare context.

I will return to this discussion later, but now I would like to summon up the reflections of a

highly articulate man who, in 1989, was suddenly banished to 'the country of the ill' by prostate cancer. These are the words of the New York writer and critic Anatole Broyard:

My initial experience of illness was as a series of disconnected shocks, and my first instinct was to try to bring it under control by turning it into a narrative. Always in emergencies we invent narratives. We describe what is happening, as if to confine the catastrophe.²

He was thus adamant that stories matter – they are an important psychological coping mechanism. Furthermore, he suggested, you had to develop 'a style' for your illness, reducing it to the status of a 'mere character' in your narrative. Metaphors are crucial to patients' stories.² Broyard declared Susan Sontag to have been 'too hard on metaphor' when she said, 'the most truthful way of regarding illness – the healthiest way of being ill – is one most purified of, most resistant to metaphoric thinking'.² In his view she was throwing the baby out with the bathwater:

while she is concerned only with negative metaphors, there are positive metaphors of illness, too, a kind of literary aspirin...necessary and 'as comforting as bathrobe and slippers.'²

Surely Broyard had a point: it is through telling stories to ourselves and to others that we make sense of, and come to terms with, traumatic life experiences. Furthermore, new, often partially inexplicable and mysterious occurrences can only be articulated through a lexicon of available analogies. We cannot do away with metaphors because, as cognitive philosophers have demonstrated, it is through these verbal analogies that we reason, understand and push the boundaries of knowledge forward.⁴ Cutting-edge science uses metaphors all the time – 'black holes' and 'string' theory spring immediately to mind. It is, quite simply, a hopeless positivist quest to seek to purify language of metaphors. Of course, metaphors abound in relation to disease processes, the body under attack in the case of plagues and contagious diseases, being eaten up by cancer or TB, the white plague. We all know, too, that modern medicine stands accused of likening the body to a machine, somehow quite separate from the sentient self to which it is harnessed. This has led to charges of extreme objectification of the body, of harmful disembodiment of the patient's self, and to urgent

MEDICAL HUMANITIES

This series comprises three keynote papers from the 2006 annual meeting of the UK Association for Medical Humanities met at King's College London organised by Brian Hurwitz and Neil Vickers (see www.amh.ac.uk/amh_conference_2006.htm). This paper explores Michel de Montaigne's analogy of the human body with a machine. A regular column exploring links and synergies between medicine and literature will follow in 2008. What roles can literature play in reflecting and influencing good practice, and what sorts of images of doctoring are to be found in drama, poetry, fiction, biography, electronic fora and film? The editors would be pleased to receive short papers, ranging from 500–1,000 words, on relevant topics. Those interested in contributing should email brian.hurwitz@kcl.ac.uk or neil.vickers@kcl.ac.uk

calls for a more holistic, and yes, humanistic approach to healthcare.⁵ In Broyard's view, modern medicine's 'technical explanations' flatten the story of illness, diminishing the self and producing, rather than soothing, the patient's emotional suffering.² As he argued, the language doctors and patients use to articulate disease processes is flexible and subject to choice – there are positive and negative metaphors that shape both the individual's experience of illness and cultural responses to sick bodies. There is, in fact, nothing particularly modern or strictly post-Cartesian about metaphorising the body as a machine. The 3rd century Greek mathematician Archimedes seems to have inaugurated the mechanistic world view and even unlikely figures like Marsilio Ficino, the 15th century Neoplatonist, declared the body to be merely a 'work and Instrument of man' just as the 'machine world' was the work of the divine engineer, God.⁶ Descartes did not invent the machine-body analogy and there is evidence that its extensive use in pre-modern times might have functioned in a non-alienating way for the sick and diseased. I would like to explore 'the comfort of machines' in relation to a very common disease of the early modern period, kidney stones.

With characteristic humour, Erasmus of Rotterdam announced in one of his Adages ('Festina lente' (1508)) that it was during his stay in Venice that he had, 'an encounter with a trouble [I] had not met before, the stone'.⁷ This was to prove an ominous introduction: the 'trouble' continued to torment Erasmus for the rest of his life. Strangely, however, such unsoicited and dangerous 'encounters' were by no means rare in early modern Europe. In fact, Erasmus was in excellent company: among his fellow afflicted were a cast of early modern intellectual and political luminaries including Michel de Montaigne, Michelangelo, Thomas Linacre, Samuel Pepys, John Dryden, Oliver Cromwell, Isaac Newton and Robert Walpole. As Montaigne wryly boasted in his essay 'Of experience':

I have fallen into the commonest ailment of men of my time of life. On all sides I see them afflicted with the same type of disease, and their society is honourable for me, since it preferably attacks the great; it is essentially noble and dignified.

His disease is attributed a character linking to Broyard's earlier pronouncements on disease.⁸ There was certainly a shared perception that 'the stone', together with its frequent companion, gout, favoured the affluent and well-to-do. Like gout, the stone was considered a fashionable illness (a 'patrician malady') and this was undoubtedly why these two diseases claimed more than their fair share of ink.⁹

Montaigne favoured the mineral water 'cure' for kidney stones and this is undoubtedly a prime reason why he set off across France in September 1580, ultimately bound for Rome but undertaking long detours to noted spas in Switzerland, Austria, Germany and the Alps en route. Along the way an illness narrative emerges, in the form of a journal, which Montaigne may well have experienced, together with the pleasures afforded by the adventure itself, as of more therapeutic value than all his physicians' remedies. Rejecting what he described as 'the threats, sentences, and consequences which medicine dins into our ears', the physicians' authoritative accounts of his illness, Montaigne's

Travel journal effectively constructs a counter narrative.¹⁰ Here, the protagonist of the story is literally and metaphorically holding the reins and confronting illness, like Anatole Broyard many centuries later, on his own terms: he is not a depressed passive victim of disease, not the object of medicine, but an energetic, insatiably curious and engaged traveller following (instead of denying) his desires and pleasures. In fact, for three quarters of the *Travel journal*, Monsieur de Montaigne is undeniably the hero of his story.

Here, amid the usual accumulated paraphernalia of tourist journals – local scenery, sights, customs, manners and folklore – we discover an aristocratic Frenchman, a connoisseur of inns, food, wine and women, in hot pursuit of 'rare and remarkable' things. Thus in Florence:

*Monsieur de Montaigne said that he had never until then seen a nation where there were so few beautiful women as the Italian. The lodgings he found much less comfortable than in France and Germany; for the food is not half so abundant as in Germany, nor so well prepared. They serve the food without larding in both places; but in Germany it is much better seasoned, and varied with sauces and soups.*¹¹

On the same day he tours the grand duke's stables, 'very large, vaulted, in which there were not many valuable horses' but which housed 'sheep of a very strange shape; also a camel, some lions, some bears' and a weird 'mastiff' called a tiger. Later he visits the duke's palace, dines with him and views his crystals and counterfeited 'oriental stones' – 'for he is a prince somewhat interested in alchemy and the mechanical arts, and above all a great architect' the *Journal* declares.¹¹ Meanwhile, on yet the same day, 'Monsieur de Montaigne passed two stones and a lot of gravel, without having had any other feeling of it than a slight pain in the lower abdomen'.¹¹ What a lot to fit into one day! Montaigne certainly has no time to stop to be sick and his waterworks and stones are exhibited for our perusal, like those of the duke, in the veritable cabinet of curiosities that makes up his *Journal*.

Montaigne regularly experiences colic and eventually 'gives birth' – his metaphor not mine – to red, white and yellow stones which emerge in the shape of grains of wheat, millet, pine nuts, beans and even penises and, for the most part, Montaigne's productive pains are only as remarkable, or unremarkable, as the other exhibits. We learn that:

*On the Tuesday after dinner he had the colic, which lasted him two or three hours – not one of the most extreme, to look at him – and before supper he passed two big stones, one after the other. He did not find here that famous beauty that they attribute to the ladies of Venice, and yet he saw the noblest of those who make a traffic of it.*¹¹

Rendered in 'objective' clinical detail, devoid of emotive content, these bouts of life-threatening colic simply lack the power to terrify and are effectively tamed.

In his final essay, 'Of experience', Montaigne reveals that through the operation of his mind and his pen he reshapes and transforms the bleak and fearful reality of his illness into a more acceptable and palatable piece of theatre. He gives many further examples of how he seeks 'to lull and beguile' his imagination and 'salve its wounds'. He wants to 'die of being alive' and thus

to outwit and upstage his physicians.⁸ His illness thus becomes an art form with the capacity for emotional healing, a piece of theatre or a story which is uniquely his own, under his, not his doctors', control.

The fear-inducing metaphors in which diseases tend to be enmeshed can, as Sontag's work has foregrounded, negatively shape both the meanings and experience of illness for the sufferer and society.¹² It is fair to speculate that Montaigne shared this wisdom, deliberately eschewing them and trying out alternatives in his *Journal*. In fact, Montaigne's body emerges from his narrative as no more, nor less, than a recalcitrant malfunctioning machine (distanced, therefore, from sin and culpability) and, furthermore, the *Journal* is obsessed with machines, especially waterworks and gadgets.

At Constance in October 1580 Montaigne watched the construction of an enormous water-raising engine on the Rhine, which consisted of:

*twelve or fifteen great wheels, by means of which they will continually raise a great quantity of water to a floor which will be one story higher.*¹¹

A further system of wheels were to raise the water higher still, with the process being repeated a third time, until the mass of water, raised over 50 feet above its natural course, was released to flow 'through a big wide artificial canal and be led into their town to several mills grinding'.¹¹ Montaigne obviously took enormous pleasure from watching and describing these ingenious machines. Augsburg's water feats are particularly impressive:

*We saw a big channel of water flowing from there to the town gate... this water is conveyed from outside the town by a wooden aqueduct... This channel of water sets in motion certain very numerous wheels which work several pumps, and by two lead channels these raise the water of a spring... to the top of a tower at least fifty feet high. Here the water pours into a big stone vessel, and from this vessel it comes down through many conduits, and from these is distributed throughout the town.*¹¹

Such descriptions resonate in interesting ways with the *Journal's* equally numerous depictions of Montaigne's far less efficient waterworks. At each new mineral spa he plunges it with vast quantities of water and minutely records the outcome. When the master takes over the pen from his scribe in Italy, the *Journal*, understandably, registers far more intimately the sensations and activities of the lower bodily stratum. At La Villa spa, for example:

*My urine was less turbid, but in different ways, and it carried off a lot of gravel. I also noticed some sort of commotion in the kidneys. And if my feelings are correct, these baths can do much in that particular; and not only do they dilate and open up the passages and conduits, but furthermore they drive out the matter, dissipate and scatter it.*¹¹

The 'passages and conduits' have, indeed, been dilated and after much colic, wind and weariness:

*I got my stone out, not without pain and bleeding... as big and long as a pine nut, but as thick as a bean at one end, and having, to tell the truth, exactly the shape of a prick.*¹¹

Once again Montaigne takes pleasure in the fact that he has suffered these ills 'humanly'; but this does not preclude a wry smile at his own expense.¹¹ As Broyard's later illness narrative foregrounds, genre matters; its humiliations can be ridiculous, even comic: 'Illness [he said] is not all tragedy, much of it is funny'.² Montaigne would surely have concurred: his *Journal* reflects, 'It is a stupid habit to keep count of what you piss'.¹¹

Illness narratives are frequently apprehended and described as a very postmodern phenomenon; Montaigne's *Travel journal* reveals, however, that they have been around for at least 400 years. His admiration for and fascination with machines reveals too, that human-machine relations have a far more complex imaginative history than is sometimes thought.

The tendency since Blake, Carlyle and Marx, which has been enshrined in films such as Fritz Lang's classic, *Metropolis*, has been to link machines with tyranny, alienation, boredom and inhumanity. Paro the relational robot, together with his uncanny progeny of ultra-reliable and predictable carers, seem destined to change all that. But perhaps there is something a little disturbing about the person-machine relations that are just around the corner.

In a year-long study of human-robot bonding, a 74-year-old Japanese participant said of her furry robot designed to resemble a koala bear: 'When I looked into his large, brown eyes, I felt in love after years of being lonely... I swore to protect and care for the little animal'. Meanwhile, in his Massachusetts nursing home, 74-year-old Jonathan responded to his robot baby doll by wishing it was a bit smarter, because he would prefer to talk to a robot about his problems than to a person: he confided, 'the robot wouldn't criticise me'.¹ Then there is AIBO, Sony's prototype household entertainment robot. One woman commented to the researcher, AIBO 'is better than a real dog... It won't do dangerous things, and it won't betray you... Also, it won't die suddenly and make you feel very sad'.¹ The long history of man's relation with his technologies is still evolving and it seems an apposite moment to reflect on what these interactions say about us, our desire for empathy, our vulnerability, and our need to care for others – dead machines as well as live humans.

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Biography

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