

Sickness and health in the work of Cervantes

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Clin Med
2007;7:608–10

Cervantes did not publish his first book until he was 38 and he spent most of his early adult life in the army.¹ He helped to defeat the Turks at the Battle of Lepanto in 1571, but was shot in the arm and lost the use of his left hand. En route back to Spain he was captured by pirates and spent five years in prison in Algiers. He was repatriated back to Spain in 1580: a disabled veteran and ex-prisoner of war, no wife, no pension and only his wits to live on. All else having failed, he set about building a new career as one of the greatest novelists the world has known.

Cervantes was proud of his war wound: ‘it looks ugly, but it’s really beautiful, because it was inflicted in the greatest and most memorable event that past centuries have ever seen’ (*Prologue to the Exemplary novels*). But in a speech on the relative merits of arms and letters, Don Quixote criticises firearms and stray bullets, ‘these devilish instruments of artillery that allow an infamous and cowardly hand to take away the life of a brave knight’ (358).

Cervantes, then, embodied the two strands of his own career: on the left hand we have the withered symbol of his military career cut short by an unknown coward firing at a distance; and on the right we have the healthy instrument of eloquence, wielding the pen that would create such powerful works of the imagination.

The purpose of this short article is to discuss briefly some examples of Cervantes’s fascination with pathological states in his writing, look at the way he represents himself as a sick man, and suggest that there is a pattern in these references.²

It is hard not to notice that there are a lot of very sick people in Cervantes’s novels, but as literature is by its very nature pathological in origin – a mutated

form of natural language – this should not surprise us. There have been many studies of Don Quixote’s so-called madness – or eccentricity³ – but what is more interesting is the consistently high correlation in Cervantes’s works between physiological and psychological states.

Don Quixote’s state of mind is explained with exceptional clarity in the first chapter of Part I, in terms of diet and lifestyle. This diagnosis has been largely overlooked in the critical literature because Don Quixote does not present with his symptoms until after he has left home on the first sally; that is, we get the diagnosis before we see the symptoms.

Even a cursory reading of the novel shows that for most of the time Don Quixote sleeps little and eats less. His diet is frugal and he neglects his sleep: ‘his nights were spent reading from dusk till dawn, and his days from dawn to dusk’ (26). Cervantes conjures up the classic syndrome of the single male: the fatal combination of late nights and junk food. Eventually he makes himself so ill that his brain dries up and he starts to lose his wits: ‘the lack of sleep and the excess of reading withered his brain and he went mad’ (26–7). Cervantes did not need to be a qualified doctor to recognise the symptoms of sleep deprivation and malnutrition, or to know what the combined effect would be on his hero’s behaviour in the novel.

In Cervantes’s day the explanation for Don Quixote’s psychological profile, the fact that he is ‘ingenioso’, would have been sought in the classical theory of the humours developed by Galen and Hippocrates. The theory of the humours is above all a physiological account of mental and emotional states, one in which mental imbalance correlates with physical imbalance. Cervantes gives us enough information about diet in the novel to allow us to assess Don Quixote’s physical condition in some detail. He seems to have been seriously deficient in calcium, vitamin C and vitamin E, making it likely that (had he been a real person) Don Quixote would have suffered from, among other things, osteoporosis, scurvy, and neurological dysfunction, causing loss of muscle coordination, and poor vision.⁴

I am not, of course, seriously proposing that biochemistry can be used for character analysis in literary texts. But what I am suggesting is that Cervantes has constructed a credible continuum between Don Quixote’s social and economic status, his lifestyle, diet, physical health and mental condition, and that all

MEDICAL HUMANITIES

This series comprises three keynote papers from the 2006 annual meeting of the UK Association for Medical Humanities held at King’s College London organised by Brian Hurwitz and Neil Vickers. This paper considers health and illness in the life and works of Cervantes. 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

these factors combine to produce patterns of behaviour which are convincing and consistent.

The acuteness of these and other observations has led a number of critics to wonder if Cervantes had not trained as a surgeon, as his father may well have done. He was certainly very sensitive to pathological states and their associated symptoms. Four obvious cases spring to mind. The first, Tomás Rodaja, the central figure of *The glass graduate*, provides a direct parallel with Don Quixote, that is, a case of mental disturbance with a direct physiological cause. A woman falls in love with Tomás, but he rejects her advances:

. . . so, advised by a Moorish woman, she gave Tomás one of these so-called magic philtres, in a Toledo quince, thinking to give him something that would force him to love her. . . Tomás was so unlucky as to eat the quince; at once he began to shudder from head to foot as if he had epilepsy, and he did not regain consciousness for many hours, after which he came to as if stupefied. . . Tomás was in bed for six months, during which he dried up and was reduced to skin and bone, and gave every indication of having lost his senses; and although they applied all possible remedies, they cured only the sickness of his body, but not that of his mind, because he regained his physical health, but was the victim of the strangest madness ever heard of. The unfortunate young man imagined that he was all made of glass. . . . (71, 73)

The quince resonates with the first chapter of Genesis, since quinces and apples are botanically related. As Don Quixote does, the sick Tomás adopts a new persona, and in the guise of 'The Glass Graduate' he goes on to become a great wit, his glass nature figuring physical delicacy as well as great insight. He is cured in due course, by a Hieronymite monk who specialises in speech therapy for the deaf and dumb and in treating mental illness. But the public loses interest once he regains his health, even though Cervantes stresses that Tomás is no less clever than he was before.

The second example of the physiological basis of a psychological state concerns Campuzano, a soldier, who emerges into *The deceitful marriage* from the Hospital of the Resurrection in Valladolid. Weak, pale and sweaty, although the day was not particularly warm, he is evidently convalescent. A friend is surprised to see him and alarmed at the state of his health. The explanation provides the point of departure for the succeeding narrative:

. . . suffice it to say that I have just come out of that hospital where I have sweated out a dozen or so sores from the clap given to me by a woman whom I took to be mine when I shouldn't have. . . . (67)

But Campuzano is also the author of *The dialogue of the dogs*, the last novel in the collection. Campuzano purports to have overheard the dogs talking while he was in hospital and to have written down what they said. When he has told Peralta the story of how he got the clap (the deceitful marriage) he produces the manuscript of *The dialogue of the dogs* from his pocket and makes Peralta read it in real time as we, the real readers, do. The venereal disease and the associated symptoms, fever and sweating, provide Cervantes with the cover he needs to reconcile truth and fiction: Cervantes held strictly to the view that writers may stretch the truth but not break it. Clearly, narrators who are

in abnormally heightened mental states are extremely useful to a writer who may from time to time need to bend his own rules.

The third and fourth examples are cases of female poisoning: Isabela in *The English Spanish girl* and Auristela in *Persiles and Sigismunda*. Isabela is a young, beautiful Spanish girl who is abducted by an English buccaneer and brought up in the English court. She is poisoned by the Queen's lady-in-waiting who administers the poison in some jam. Cervantes's treatment of the symptoms of poisoning shows great powers of observation and a certain fascination with this most fashionable, and most English, method of attempted murder:⁵

Not very long after she had taken it, Isabela's tongue and throat began to swell, her lips went black and her voice hoarse; only the whites of her eyes could be seen and she had pains in her chest; all obvious signs that she had been poisoned. (37)

Many antidotes are administered, including 'powdered unicorn horn' (clearly, Cervantes had a low opinion of English medicine), until the wretched lady in waiting admits which poison she used. Isabela lives, but she subsequently loses her hair and her eyebrows and her face is covered with a thick scab.

Auristela's symptoms are less notable but still potentially fatal, and a cause of great anxiety:

It was not above two hours after she fell sick but the natural roses of her cheeks were of a leaden colour; the carnation of her lips, wan; and the pearls of her teeth, black. It seemed that her very hair had altered the colour, and the natural position of her face was turned. (IV, 9)

In both cases, the near-fatal poisoning of the two heroines strengthens the commitment of their lovers Ricaredo and Periandro respectively. Isabela's (temporary) ugliness drives Ricaredo to repeat his earlier declaration that he loves her for her infinite virtues and not for her physical beauty, and he reassures her that, 'if I loved you when you were beautiful, I adore you now that you are ugly'. Similarly, Auristela's lover, Periandro, 'found her nothing the less fair, because he beheld her not on the bed where she lay, but in his soul where he had imprinted her'.

I have brought these examples together to suggest that there is a pattern in them: in the case of Don Quixote, Tomás Rodaja and Campuzano, we have three men whose physical illness correlates with a disordered or heightened mental state. Two of them are made ill by malevolent women; one becomes ill by neglect arising from bachelorhood; two are made ill by food, one as a result of sexual activity. All three compensate, in a manner wholly consistent with the theory of the humours, by activity characterised by *ingenio*: the imaginative or intellectual powers of a writer, a satirist and commentator, or a visionary. In the case of the two poisoned women, their illness incites a compensating intensity of feeling in their respective loved ones.

How does Cervantes's representation of himself as a sick man fit into this pattern? There are four examples of self-representation in the four prologues to his major prose works. The prologue to the first part of *Don Quixote* presents a playful but rather negative self-image. This self-deprecating author is unable to think of anything to say, 'in a quandary, with the paper in front of me, the pen behind my ear, my elbow on the desk,

and my cheek in my hand, wondering what to write (11)'. This is conventional to an extent, but in the context of the other prologues, it can be seen as part of an emerging pattern.

In the prologue to the *Exemplary novels* the negative ground note continues. Cervantes characterises himself as initially absent; his portrait is unaccountably missing from the frontispiece of the printed volume and he has to substitute a word picture. He focuses on his withered hand and its inner beauty, before the physical disability is overtaken by a long account of his literary celebrity, books published and work in progress.

In the prologue to the second part of *Don Quixote*, Cervantes returns to his infirmity in the context of his advancing age ('old and one-handed'), going on to praise the soldier's wounds and the writer's grey hair:

The scars that the soldier displays on his face and his breast are stars that lead others to the heaven of honour and hopes of merited praise...one does not write with one's grey hairs but with one's understanding, which often improves with the passing years. (483)

It is as if physical and mental health existed in a reciprocal relationship; the more you have of one, the less you have of the other; health is a zero-sum game.

The most interesting example comes from the prologue to Cervantes's last great novel, *Persiles and Sigismunda*, dated 19 April 1616, only four days before he died.

Cervantes turned his awareness of the ultimate deadline into a characteristically playful yet spooky prologue which is a fitting climax to this series of variations on the topos of self-deprecation. In the prologue to the *Persiles*, Cervantes portrays himself as both modestly famous and terminally ill. He is travelling with two friends from Esquivias to Madrid and a dishevelled student riding a donkey catches up with them on the road. One of the companions mentions Cervantes's name and the student rushes up to him and, in a gesture that echoes Thomas's in John 20:27, grabs his withered left hand to verify that, yes, this is indeed the great Cervantes.

The writer gently disavows the praise which the student heaps on him, and the conversation turns to Cervantes's illness, which the student, evidently a medical student, diagnoses as dropsy. 'Stop drinking, don't forget to eat, and you'll soon feel better'. 'That's what they all say,' replies Cervantes, '... but I can't stop drinking. It's as if I was born to do it, and anyway my life is coming to an end'. And he goes on to predict his death on the following Sunday, 23 April 1616, signing off with the hope that he will meet his friends in the next life.

In all these prologues an omission, a lack, an infirmity or an illness are each matched by a compensating factor associated with literary creativity and the resulting celebrity. We do not know what Cervantes was suffering from in the days before his death. We only have the student's diagnosis and no real account of the symptoms. Medical experts have suggested a range of infirmities from polydipsia (excessive thirst) to diabetes (excessive discharge of urine), uraemia (retention of waste materials in the blood) and anasarca (diffused dropsy in the skin and subcutaneous tissue).⁶ But, whatever the cause of Cervantes's illness may have been, the discussed examples seem to suggest that

creativity, intelligence, eloquence and virtue are not only thrown into relief, but positively enhanced, by their origin in frail, sick and mortal bodies.

Biography

Barry Ife CBE is an international authority on the history and culture of Spain and Spanish America from the 15th to the 18th centuries, and a leading musicologist specialising in Spanish keyboard music. His main research interests are in early-modern prose fiction, in particular Cervantes, and Spanish instrumental music from the 16th to the 18th centuries. He has published on early colonial literature and on the history of the novel in early-modern Spain. He is a Fellow of the Royal Academy of Music and prior to becoming Principal of the Guildhall School of Music and Drama in 2004 he was Cervantes Professor of Spanish, Vice Principal and Acting Principal of King's College London.

References

- 1 Cervantes published three major works of prose fiction in his lifetime. *Don Quijote de la Mancha* appeared in two parts in 1605 and 1615, and the *Novelas ejemplares* (*Exemplary novels*) in 1613. His final great prose romance, *Los trabajos de Persiles y Sigismunda* (*The travels of Persiles and Sigismunda*) was published posthumously in 1617. Page references are to the translation of *Don Quixote* by John Rutherford (Harmondsworth: Penguin, 2000); to Ife BW (ed), *Miguel de Cervantes: exemplary novels*, 4 vols. Warminster: Aris and Phillips, 1993; and to the anonymous English translation published in London in 1619. This latter text may be consulted in an electronic edition by Darby TL and Ife BW at <http://ems.kcl.ac.uk/content/etext/e006.html>.
- 2 For a longer version of this article see: The wound and the bow: Cervantes, Philoctetes and the pathology of genius. In: Torres I (ed), *Rewriting classical mythology in the Spanish Golden Age*. Woodbridge: Tamesis, 2007:90–100.
- 3 A comprehensive bibliography on the topic of mental illness in literature would exceed the limits of this article, but the following items are an illustrative sample: Rieger BM (ed). *Dionysus in literature: essays on literary madness*. Bowling Green, Ohio: Bowling Green State University Popular Press, 1994; Martin PW. *Mad women in romantic writing*. Brighton: Harvester, 1987; Feder L. *Madness in literature*. Princeton, NJ: Princeton University Press, 1980; Babb L. *The Elizabethan malady*. East Lansing: Michigan State College Press, 1951 and Reed RR. *Bedlam on the Jacobean stage*. Cambridge, MA: Harvard University Press, 1952 are two classic studies of mental illness in early modern English literary culture.
- 4 See Ife BW. *Don Quixote's diet*. Bristol: University of Bristol Hispanic Studies, 2001. See also: Ife BW. Mad cats and knights errant: Roberto de Nola and Don Quixote. *J Institute Romance Studies* 1999;7:49–54.
- 5 The Elizabethan and Jacobean stage saw a veritable epidemic of murder by poisoning. *Hamlet* is only the most well-known example. See Pollard T. *Drugs and theatre in early modern England*. Oxford: Oxford University Press, 2005. Recourse to poison has been a commonplace in English detective fiction such as Agatha Christie's *Sad cypress* or Dorothy L Sayers's *Strong poison*.
- 6 Simini B. Miguel de Cervantes, hydropsy, and Thomas Sydenham. *BMJ* 2001;323:1293. I am grateful to Brian Hurwitz for drawing my attention to this article.