

Literature and medicine

James Joyce and gastroenterology

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This column explores the links and synergies between medicine and literature. 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

Many of the great writers had something to say about doctoring and diseases, and left a compelling portrayal of common disorders including: dementia, depression, disorders of poverty and ageing, cardiac failure, and infectious diseases (most notably plague and tuberculosis). Curiously, descriptions of the gut and gastrointestinal ailments are less evident. These seem to have been avoided by many authors, but not by James Joyce.

Joyce addressed basic bodily functions from deglutition to defecation, causing Virginia Woolf to declare revulsion and prompting HG Wells to question whether Joyce had a ‘cloacal obsession’.¹ Joyce, who sought to describe and celebrate all facets of the life of man, would have been flattered not insulted by this attribution. Wells and his contemporary, Jules Verne, are often credited as fathers of science fiction, but it is arguable that Joyce was a prescient gastroenterologist, anticipating nanotechnology in diagnostics and perhaps capsule endoscopy, as shown in

Ulysses by the thoughts of the everyman, Leopold Bloom, during his excursion around Dublin:

Mr Bloom walked towards Dawson street, his tongue brushing his teeth smooth. Something green it would have to be: spinach, say. Then with those Röntgen rays searchlight you could...watch it all the way down, swallow a pin sometimes come out of the ribs years after, tour round the body, changing biliary duct, spleen squirting liver, gastric juice coils of intestines like pipes. But the poor buffer would have to stand all the time with his insides entrails on show. Science.²

Describing *Ulysses* as the epic of the human body, Joyce assigned different organs and bodily functions to each episode in the novel. Gastrointestinal function is represented in the Lestrygonians episode, in which the author skilfully mimics the rhythm of peristalsis. The progress of Bloom’s odyssey in this episode is represented as propulsion through a series of stops, delays and starts, ending with evacuation off the streets of Dublin into the National Museum. ‘Feel as if I had been eaten and spewed’, considers Bloom.²

Along the way, Bloom recalls his after-breakfast bowel movement and ponders, ‘Did I pull the chain. Yes’. Bloom’s time in the outhouse lavatory that morning is probably one of the episodes that Virginia Woolf and others found so distasteful, but the Joycean view was: ‘If Ulysses is not fit to read...life isn’t fit to live’.³ He cleverly uses the scene to depict accurately the everyday reality of humanity. Bloom expresses the common sense of comfort with an effective bowel movement, over which he has some control, and wistfully

declares, ‘Life might be so’.² Then, a hint of humour is introduced as the satisfaction of effective defecation is enhanced by Bloom reading at stool and dismissing an item of tit-bit literature while using it to wipe himself of the excreta: ‘Bloom...Asquat...allowed his bowels to ease themselves quietly as he read....Print anything now...and wiped himself with it’.² Later, Bloom links flatulence with political rhetoric by expelling gas while reading the last words of a famous Irish patriot. Joyce actually recommended that his readers enrich their experience by listening to the written words; and so, the sound of the substantial Bloomean fart is enunciated thus: ‘Prrppffrrppfff’.²

Joyce also had a keen ear for commonly expressed pleasures at the proximal end of the alimentary tract. Imbibers will appreciate the narrator’s words in the Cyclops episode of *Ulysses*: ‘I was blue mouldy for the want of that pint. Declare to God I could hear it hit the pit of my stomach with a click’.² To achieve his desired sounds with words, Joyce skilfully used a huge vocabulary – ‘great battalions of words’ – supplemented with witty neologisms, tantamount to linguistic gymnastics.⁴ For example, what reader can resist repeating aloud the description of swallowing from *Finnegans Wake*: ‘...the faery pangeant flumed down the hisophenguts, a slake for the quicklining, to the tickle of his tube and the twobble of his fable’.⁵ In contrast to the refined pleasantries of dining, treated so delicately by many Victorian and Edwardian authors, Joyce does not spare us the coarse realities of daily existence. His portrayal of humanity includes a detached caricature of animal-like carnivorous gluttony in the

Lestrygonian episode of *Ulysses*, in which the reader can sense the stench and the revolting vista that turns Bloom's hunger to nausea, as he observes the bestial eating manners of the hurried patrons packed into a restaurant at lunchtime.

Some of the gastrointestinal disorders alluded to in *Ulysses* and *Finnegans Wake* include constipation, haemorrhoids, indigestion, bowel cancer ('bellycrab') and gastro-oesophageal reflux. In his short story *Eveline*, there is reference to a common psychosomatic manifestation of the brain-gut axis. Faced with a decision for change, escape and perhaps love, Eveline forsakes all of these for continuance of her wretched life in a moment of crisis: 'Her distress awoke a nausea in her body and she kept moving her lips in silent fervent prayer'.⁶ Joyce's own personal medical history was dominated by a requirement for 11 eye operations for the complications of iridocyclitis, related perhaps to Reiter's syndrome, an unrecognised entity in his day.⁷ Joyce once humorously referred to himself as an 'international eyesore'.³ However, from the testimony of others and his correspondence, he periodically complained for several years of abdominal pains that, in hindsight, were consistent with peptic ulceration. He died after surgery for a perforated duodenal ulcer in Zurich on 13 January 1941.⁸⁻¹⁰

For someone who had much to do with doctors throughout his life, it is curious how Joyce's gastrointestinal condition went undiagnosed until after the fatal complication. The late JB Lyons, renowned medical historian and Joycean scholar, took a lenient view of those who attended to Joyce's complaints, and entertained a 'functional' or nervous basis for the author's abdominal symptoms.⁹ Today, peptic ulceration would be considered by many to be a more likely explanation for severe episodic abdominal pain in a male smoker prone to considerable alcohol consumption and who required frequent analgesia for rheumatic and ocular pain. Regardless, Joyce's difficulty with 'hisophenguts' is but one of

numerous examples of delayed diagnosis and mismanagement of celebrity patients. An adverse outcome is always more likely when there is deviation from the normal doctor-patient relationship, either because of a lapse in methodical routine by the former or because of unusual behaviour by the latter. In Joyce's case, his doctors seem to have regarded their patient as gifted and special, but his peripatetic expatriate lifestyle across different European cities was at odds with continuity of patient care. Arrogance and a seeming disdain for the medical profession might have been contributory. However, the best clues to a diagnosis are usually found in the words of the patient, and he sprinkled his works with much allusion to the 'duodismal' disturbance that caused 'indigestion' and 'that cursed dyspepsia' for which he knew 'breadsoda is very good', but which, in the end, did for him.

It was indeed a cruel irony that such an unashamedly 'visceral' writer who relished bowel action, delighted in the full range of orificial sounds and depicted all in their full and unedited glory, should have succumbed so silently to one of the most common gastrointestinal ailments of his day.

Acknowledgement

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References

- 1 Wells HG. James Joyce. *New Republic* 10 March 1917. www.james-joyce-music.com/wells031017.html
- 2 Joyce J. *Ulysses*. London: Penguin, 2000.
- 3 Ellmann R. *James Joyce*, rev edn. Oxford: Oxford University Press, 1982.
- 4 Steiner G. *Language and silence. Essays on language, literature and the inhuman*. New Haven and London: Yale University Press, 1998.
- 5 Joyce J. *Finnegans Wake*. London: Penguin, 1992.
- 6 Joyce J. *Dubliners*. London: Penguin, 1976.
- 7 Lyons JB. James Joyce in a clinical context. In: Rose FC (ed), *Neurology of the arts*. London: Imperial College Press, 2004.
- 8 Baron JH. Illness and creativity: Byron's appetites, James Joyce's gut, and Melba's meals and misalliances. *BMJ* 1997; 315:1697-703.
- 9 Lyons JB. *James Joyce and medicine*. Dublin: Dolmen Press, 1973.
- 10 Lyons JB. The portrait of a patient. In: *Thrust syphilis down to hell and other rejoiciana*. Dublin: The Glendale Press, 1988.