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The thesis of Mary Gannon entitled
Illness in the Tradition of the Novel
and Its Relationship to Contemporary Responses to AIDS

submitted in partial fulfillment of the requirements for the
degree of Bachelor of Arts in Liberal Studies in the School
for Summer and Continuing Education of Georgetown University
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April 17, 1995
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Illness in the Tradition of the Novel
and Its Relationship to Contemporary Responses to AIDS

A Thesis
submitted in partial fulfillment of the requirements for the
degree of
Bachelor of Arts in Liberal Studies

By

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School for Summer and Continuing Education
Georgetown University
Washington, DC
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ABSTRACT

Through an examination of diseases in history it is demonstrated that an ongoing relationship exists between the biological reality of the individual and the cultural responses of societies.

Michel Foucault's theories on the changes in the study of disease by physicians, before and after the French Revolution, establishes a framework to compare the traditional and modern approaches. These concepts are analyzed in a comparison of Daniel Defoe's *A Journal of the Plague Year*, and Randy Shilts's *And the Band Played On*. These two works chronicle the respective communities' responses to epidemics and portray differences and similarities in attitudes from the seventeenth century to the late twentieth century.

Three nineteenth-century novels are examined in light of their metaphors that suggest correspondences between illness and character. The inquiry evaluates the effect of *A Journal of the Plague Year* and the nineteenth-century tradition in the portrayals of illness in contemporary literature. The conclusion focuses on the possible negative effects that portrayals equating character and illness have on the preventive measures towards disease and the treatment of the afflicted.
DEDICATION

This is dedicated to the people of Ireland, my native country. The experience of the Irish people in the potato famines of the nineteenth century provided them with a national understanding of the earth's biological imperatives. Within this understanding, there is the wisdom that there are other factors at work in the evolution of history beyond the human will.
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Chapter One

Background on Epidemics in History
The biological and cultural evolution of humankind have been inextricably intertwined since the dawn of history. This relationship is aptly described by Ernest Becker in *Denial of Death*. "Culture opposes nature and transcends it. Culture is in its most intimate intent a heroic denial of creatureliness."\(^1\) Disease has been a neglected factor for examination in the development, evolution, and destruction of societies. This neglect stems from the fact that the study of disease is handicapped by the lack of extant sources. The beginnings of recorded history have provided us with the chronicles of battles and the international conflicts for land and political power within societies. Disease exists as a shadow in the background. The lack of detailed sources allows very little in the way of analysis of our ancestors’ experience with disease. Our most potent indicator of its historical relevance is found in the ascendancy of disease as a dramatic variable in the late twentieth-century, in such instances as acquired immune deficiency syndrome (AIDS) and antibiotic resistant strains of various diseases.

At the beginning of history, the emergence of humankind finds its greatest nemesis at the biological level. Human society begins its collective experience in tropical climates. "Human hairlessness"\(^2\) attests to the warmer climates that served as the habitat for our primitive ancestors, who appeared in East Africa about 100,000 years ago.\(^3\) Tropical environments host a large and diverse number of life
humankind, at least until very recently."^4

Humankind shares the setting with parasites and insects, the sources of disease. The range of diseases, the variegation of species, and the accommodation to parasitic organisms encourage a continuing biological intolerance to the dominance of one species over another. In this biological equilibrium, single-celled organisms survive without a potential host, allowing their constant proliferation.

Eventually, humankind emerges as a dominant force among the species of the earth. This dominance has much to do with cultural evolution. This cultural evolution expresses itself in the satisfaction of the basic needs of survival, nutrition and shelter. In deference to survival, the clusters of population are centered around "concentrated food resources."^5 The development of tools and weapons ensures a kind of natural selection for societies that stress innovation.^6 Language spurs cooperation and gives impetus to the dominance of humans over all species.^7

The problems in the progression of humanity are complex. In a climate such as Africa, natural population curbs abound. Many of the parasites and protozoa that spread disease do not spur the formation of antibodies; consequently, when a community becomes large the natural ecological balance asserts itself. The advance of humankind to dominance among the species is held in check until another factor
emerges, the development of the use of "skins and furs" as forms of clothing.\textsuperscript{8}

Utilization of skins and furs allows an exodus to colder climates. Moderate climates provide a more sympathetic biological environment for hunter groups on account of the "diminution in the number and varieties of parasitic organisms."\textsuperscript{9} These groups are less subject to population fluctuations based on disease experience. During the tenure of human communities as nomadic hunters, the decreasing supply of large-bodied animals emerges as the most significant factor for survival.\textsuperscript{10}

The scarcity of large-bodied animals causes a crisis for hunters. The response of these hunting groups is an increasing reliance on the sea and the land for food sources. The hunters become tied to a particular plot of land and discover new livelihoods in the domestication of animals and cultivation of crops. This adjustment effects a critical change in the biological environment. New threats develop: the domestication of animals permits the transfer of parasites from animal to man; the development of a single "village site" introduces factors such as "increased contact with feces," and "contaminated water supplies."\textsuperscript{11}

Our cultural evolution impacts the experience that human societies have with disease. The agents of disease have concurrent responses to our cultural evolution. An underlying principle of our relationship to disease is that agents of infection
have no kind of innate intelligence as we perceive it. This is a product of our ignorance of the tenacity of microorganisms. A very interesting example of a strictly biological response to cultural evolution is presented in *Plagues and People*. This is exemplified in the relationship of syphilis to yaws' disease, a form of leprosy. Originally yaws was spread by conventions of everyday life in the fourteenth-century: "The only way to conserve body heat was to huddle close together, especially at night, and in wintertime." Subsequently, an increase in fuel and clothing may have "interrupted the older pattern of skin to skin dissemination." However, yaws' disease was not without recourse to its own survival and emerged again as syphilis.\textsuperscript{13}

Europe may therefore have confronted the bacillus of Hansen's disease and the spirochete of yaws with a crisis of survival. The latter eventually hit upon a substitute method of passing from one host to another by infecting the mucous membranes of the sex organs.\textsuperscript{14}

It is a radical notion that disease has its own biological response to our cultural changes. The notion of the wilfulness of a virus or bacteria challenges our basic assumptions. An examination of the history of disease demonstrates that infectious agents have an imperative, survival, and a mission, a mutual accommodation between host and parasite.

A summary of two, distinct, disease experiences, the Black Death and the
arrival of conquerors in the Americas, sets the stage for an evaluation of how humans have configured their experiences with disease in literature. The symbols and metaphors of illness reflect the manner in which human beings have assimilated biological reality into cultural understanding. However, this understanding can be tinged with past superstitions, and ignorance of the underlying realities of biology. A knowledge of the proliferation of diseases in human history is essential for an understanding of literary models that examine disease as a phenomenon in individual lives.

The major disease experience of the fourteenth century, the Black Death, swept through Europe with a fury that changed the demographic face of the continent and dramatically impacted culture. Two primary factors attended the spread of the Black Death into Europe: a population of the type of rodents that spread the disease existed in Europe; shipping routes that connected the Mediterranean with northern Europe serving as vehicles for the transport of infection. The bacillus of plague, Pasteurella pestis, originating from burrowing rodents, was first detected in China in 1331. Carried along the trade routes, it next appeared in central Asia near Issyk Kul, as documented by a Russian archaeologist’s contemporary exhumation of bones. The rats and their fleas utilized human caravans to carry the disease along the trade routes from China, until 1346, when the disease reached the Crimea.
In 1346, the Black Death infected the armies of a Mongol prince who laid siege to the trading city of Caffa in the Crimea. From this initial outbreak, the disease manifested a ragged pattern of infection along the ports of the Mediterranean and then to northern and western Europe.

The initial onset of the disease, from 1346 to 1350, was devastating to Europe. The best estimates were based upon British statistics. By projecting British numbers over the rest of continental Europe, a one-third decrease in population has been estimated.

The response from the affected communities was to institute such prophylactic measures as were necessary. Quarantine was introduced as a way of stemming infections. Using the model of lepers gleaned from biblical passages, "forty days quarantine became standard." The ignorance of the population regarding the crucial role of fleas and rats in propagation contributed to the ineffectiveness of quarantine measures.

The cultural response to this biological disaster was profound. "The Dance of Death became a common theme for art." In theology, rational systems, such as the scholasticism of Thomas Aquinas, gave way to more mystical expressions of religion. The emphasis shifted to a more personal, one-on-one encounter with the
divine. The Black Death of 1346 impacted Europe in a manner that was profound and irreversible, spurring cultural responses in art, literature and theology.

The people of Europe revised their notion of a Supreme Being with the entry of this plague into their consciousness. As Europe experienced a new relationship to God, an equally devastating experience changed the notion of God’s will for the sixteenth-century native Amerindians who encountered Cortez and his forces. Before the advent of Cortez, the population in the Americas has been estimated using "sample tribute lists" and "missionary reports." Population estimates were as follows:

... one hundred million, with twenty five to thirty million of this total assignable to the Mexican and an approximately equal number to the Andean civilizations.24

The population was soon to be decreased because "smallpox traveled to Mexico arriving with the relief expedition that joined Cortez in 1520."25 The direct result of this disease was the surrender of the native inhabitants. The natives’ initial victories against the Spanish were blunted by their subsequent experience with smallpox creating massive confusion and dissension among the Aztecs:26

Spaniards and Indians readily agreed that epidemic disease was a particularly dreadful and unambiguous form of divine punishment.27
The conquerors' immunity was assured by prior exposure. The choice of the
stricken compelled the natives' analysis:

The God of the Aztecs as much as the God of the Christians seemed to agree
that the white newcomers had divine approval for all they did.²⁸

This perception was bolstered by a harsh encounter with measles that
occurred in Mexico and Peru during the period from 1530 to 1531. In Mexico, the
population decline was drastic. By 1568, the diseases imported from Europe had
dramatic results:

The population of central Mexico had shrunk to about three million, i.e., to
about one tenth of what had been there when Cortez landed.²⁹

These models of disease provide a ready sense of how pervasive and far-
reaching the initial disease experience of a culture might be. These historical cases
provide a clear window on the manner in which the society's perception of a disease
might guide its cultural responses. The native Amerindians who believed that the
God of the Christians was superior appear primitive in their thought. From a
twentieth-century perspective, their views of divine retribution are easily dismissed
as a product of ignorance. However, as we will discover, similar prejudices govern
our cultural responses in the twentieth-century.

In order to understand the nature of this contemporary prejudice, an
evaluation will be made of literary models and their depiction of illness. In the following chapter, changes in perception of disease brought about by modern medicine will be analyzed through Michel Foucault’s theories in *The Birth of the Clinic: An Archaeology of Medical Perception*. Along with this, Daniel Defoe’s novel, *A Journal of the Plague Year* will provide a chance to view the roots of our depiction of illness in literature.
Chapter Two

Michel Foucault's Analysis of Changes in Medical Perception:

From Defoe to Shilts
Using the French Revolution as a line of demarcation, *The Birth of the Clinic: An Archaeology of Medical Perception* by Michel Foucault traces the changes in medical perceptions from a classical analysis of disease to a modern paradigm. The transformation arises out of two myths spawned by the French Revolution:

...the myth of a nationalized medical profession organized like the clergy, and invested ...with powers similar to those exercised by the clergy over men’s souls; and the myth of a total disappearance of disease in an untroubled, dispassionate society.\(^3\)

Crucial to Foucault’s analysis is that medicine before the Revolution, the classical system, is structured so that "this organization treats localization in the organism as a subsidiary problem."\(^3\) Foucault characterizes the classical approach:

In the eighteenth-century, the fundamental act of medical knowledge was the drawing up of a ‘map’ (*reperage*): a symptom was situated within a disease, a disease in a specific ensemble, and this ensemble in a general plan of the pathological world.\(^3\)

Foucault examines the unique attributes of the classical treatment through the process of "spatialization" in three, distinct categories: "primary," "secondary," and "tertiary."\(^3\) The primary spatialization of the disease is distinct from the individual in which it is localized. The disease’s classification stems from the
general description rather than the unique pathology it achieves within an individual.

In secondary spatialization, the problems becomes "how can a disease, defined by its place in a family, be characterized by its seat in an organism?"\textsuperscript{34}

The classical approach engenders an interesting response to this problem:

Hence his paradoxical position. If one wished to know the illness from which he is suffering, one must subtract the individual with his particular qualities.\textsuperscript{35}

The individual's age, physiology and constitution become qualities which obscure the knowledge of the disease. Disease, as a singular phenomenon, has its most fulsome identity outside of its interaction with a particular person.

Tertiary spatialization is concerned with the social organizations that respond to disease: "All the gestures by which, in a given society, a disease is circumscribed, medically invested, isolated, divided up in close, privileged regions or distributed throughout cure centres."\textsuperscript{36}

Subsequent to the French Revolution, the concern with the control of epidemics, "the myth of the total disappearance of disease," leads to a new medical consciousness.\textsuperscript{37} One of the most significant attributes of this new consciousness is
that medicine will no longer be concerned with disease:

It will also embrace a knowledge of healthy man, that is, a study of non-sick man and a definition of the model man. . . .it assumes a normative posture. . . not only to distribute advice as to a healthy life, but also to dictate the standards for physical and moral relations of the individual and of the society in which he lives.\textsuperscript{38}

In line with the new role of doctors, the clinic is born in order to enable doctors to practice their more political role in an organized setting. For Foucault, the description of disease, "brings into play, what, for Condillac, was the fundamental relation between the perceptual act and the element of language."\textsuperscript{39} The essential dilemma facing the doctor in the clinic is profound:

It is no longer a question of giving that by which the disease can be recognized but of restoring at the level of words, a history that covers its total being.\textsuperscript{40}

Foucault’s simply stated goal is to explain the assumptions that underlie the classical doctor’s interrogation of the patient, characterized by the notion, "What is the matter with you?"; further, Foucault intends to analyze the transformation to the more modern equivalent, rephrased as "Where does it hurt?"\textsuperscript{41} Foucault disputes the popular notion that the discourse of medical inquiry is simply a one-to-one correspondence between the object of the doctor’s "gaze" and a description. He cautions against a simplistic characterization of medical inquiry, "the modesty of its attention, and the care with which it silently lets things surface to the observing gaze
without disturbance.\textsuperscript{42}

Instead Foucault points to a more important element of discourse:

Clinical discourse. . . reflects the non-verbal conditions on the basis of which it can speak: the common structure that carves up and articulates what is seen and what is said.\textsuperscript{43}

The classical approach, with its reliance on a general classification according to the disease, leads the eighteenth-century doctor to describe the patient’s condition in terms of mutually exclusive signs and symptoms:\textsuperscript{44}

Cough, fever, pain in the side, and difficulty in breathing are not pleurisy itself. . . The symptoms allow the invariable form of the disease -- set back somewhat, visible and invisible -- to show through.\textsuperscript{45}

The sign is distinguished from the symptom in that it partakes of a temporal relationship to the disease itself. It announces, "the prognostic sign, what will happen; the anamnestic sign, what has happened; the diagnostic sign, what is now taking place."\textsuperscript{46}

After the French Revolution, clinical medicine no longer differentiates between signs and symptoms:

In the medicine of species, the nature of disease and its description could not correspond without an intermediate stage that formed the ‘picture’ with its two dimensions; in clinical medicine, to be seen and to be spoken immediately communicate in the manifest truth of the disease of which it is precisely the whole being.\textsuperscript{47}
The stage of clinical medicine where the physician's gaze and his unrestricted
description define the disease has a very short incarnation. This simplified
description is overtaken by the development of "anatomo-clinical" medicine. This
period is distinguished by the use of the corpse. Foucault disputes the commonly-
held notion that physicians were unable to acquire corpses for study in the
eighteenth-century. He also dismisses the notion that the Enlightenment gave rise to
the study of corpses. Instead, the delay in the use of corpses is based on an
underlying antagonism, "between a temporally based medicine of symptoms and a
spatially based medicine of organs." 

The resolution of this conflict transpires when "the knowledge of the living
ambiguous disease could be aligned upon the white visibility of the dead." The
use of corpses in clinical inquiry was spurred by the methods of Marie-Francis-
Xavier Bichat and his disciples in which the healthy body is compared to the
diseased one in the process of autopsy. In the discourse of disease, the primacy
of signs and symptoms is diminished.

Bichat's method focuses upon an analysis of tissue and the peculiar
manifestation of the disease within one body:

Only individual illnesses exist; not because the individual reacts upon his own
illness but because the action of the illness unfolds in the form of
individuality.
Bichat's work is completed by Francis Joseph Victor Broussais, an ex-army surgeon, whose work on the relation of fever proves that symptoms arise as an organic reaction to an irritating agent. "Disease is now no more than a certain complex of tissues in reaction to an irritating cause."\textsuperscript{53}

For Foucault this signals the end of "the medicine of disease" and leads to the birth of a "medicine of pathological reactions."\textsuperscript{54} At this point, the nature of medical inquiry is subject to an even more essential transformation. "The space of the disease is without remainder or shift, the very space of the organism."\textsuperscript{55}

Foucault does not view this as an outstanding advance in one author's view:

The medicine of pathological reaction does not represent, in Foucault's opinion, the culmination of a series of refinements in medical knowledge. It represents a repressive, rather than a progressive, form of knowledge that is part of a larger system of cultural repression.\textsuperscript{56}

Essential to the analysis of nineteenth-century novels in the following chapter is the manner in which anatomoclinical medicine changes the perception of death. During the Renaissance, "the knowledge of life was based on the essence of the living."\textsuperscript{57}

The advent of anatomoclinical medicine ushers in a period when "Life,
disease, and death now form a conceptual trinity." The notion of death as having a distinct event, apart from life, has been removed by the examination of the corpse, the tissue, and subsequent states of decay:

Death is therefore multiple and dispersed in time; it is not that absolute privileged point at which time stops and moves back.  

A Journal of the Plague Year by Daniel Defoe provides a model of the classical approach described by Foucault. It is a novel eminently concerned with disease. It looks at disease in its collective expression towards a group. The book was written in 1721 in response to "public apprehension arising from the Marseilles epidemic of the previous year."  

Daniel Defoe reveals his major concern in his subtitle, "Being Observations or Memorials of the Most Remarkable Occurrences As Well Publick As Private Which Happened in London During the Last Great Visitation in 1665." The uncensored look at disease makes it very extraordinary in the history of literature prompting the following description by Susan Sontag:

Not every account of plague or plague-like diseases, of course, is a vehicle for lurid stereotypes about illness and the ill. The effort to think critically, historically, about illness (about disaster generally) was attempted throughout the eighteenth century: say from Defoe’s A Journal of the Plague Year.
A Journal of the Plague Year is essential to this inquiry because it describes the perception of disease under the classical system as described by Foucault. Additionally, it chronicles the experience of disease in the eighteenth-century providing a baseline of attitudes that were prominent within that time period.

In Foucault’s analysis, the role of the modern doctor had been affected by the French Revolution’s myth that disease could be eradicated; in contrast, the expectations of Defoe’s contemporaries were minimal. He describes the physician’s role as the population is stricken by plague:

But we were not to expect that the physicians could stop God’s judgements, or prevent a distemper eminently armed from Heaven from executing the errand it was sent about.⁶²

Defoe takes great pains to mention the anguish of soul that possessed those who were dying who were "calling upon God for mercy, through Jesus Christ, and saying, I have been a thief, I have been an adulterer, I have been a murderer, and the like."⁶³

It is significant that these acts of contrition are not personalized. The lack of sustained individuality of the victims achieves a tragic poignancy. One author points to Defoe’s characters as "the nameless dead and the tragedies, with few exceptions, are not individual."⁶⁴
In Foucault’s analysis, the classical approach to medicine demands that the dead remain "nameless" in order to more fully understand the disease and reveal its nature. These attempts are made in accordance with a classical notion of disease. In A Journal of the Plague Year, two strands run throughout the narrative. These are the importance of prophylaxis in the response of the inhabitants of London to the disease; second, the sense in which disease is configured as having an elementally divine source. In this way Defoe’s thought is characteristic of Foucault’s classical medicine. Disease exists as an entity unto itself apart from its signs and symptoms. Therefore, it is possible for disease to have a source which is omnipotent and essentially uncontrollable. Simultaneously, prophylaxis has a mitigating effect on the signs and symptoms of disease. Such measures as shutting up the infected houses and the killing of the cats and dogs are in keeping with hygienic forms of response. In this way, an individual responds to the inevitability of the disease and concurrently maintains a rational response to its signs and symptoms as part of an integrated view.

The classical approach and the modern approach have areas of significant divergence as will be demonstrated in the following chapters on the nineteenth-century novel. The constants, characteristic of the experience of disease, are readily apparent. The objectivity of Defoe’s chronicle is highlighted in a comparison with Randy Shilts’s contemporary journalistic account of the AIDS epidemic, And the
Band Played On: Politics, People, and the AIDS Epidemic. The two documents are separated by a gulf of 265 years. Both works demonstrate constants within our view of disease and the elements that arise out of the prejudices of different time periods.

Both Shilts and Defoe are faced with applying the principles of reason to the experience of disease. This is done by the frequent repetition of counts of the dead in both works. The increase in burials from various sections of town through the bills of mortality alarms the residents of London:

But from the time that the plague first began in St. Giles’s parish it was observed that the ordinary burials increased in number considerably.65

In 1987, Randy Shilts chronicles the advance of the AIDS virus by quoting the escalating death tolls from the Center for Disease Control’s Weekly newsletter, the Morbidity and Mortality Weekly Report (MMWR). 66

The authors can impose some reasonable pattern upon disease by watching its numerical growth. By establishing a uniform system of recording the disease’s behavior, the individual author strives to control the disease. The patterns of numbers tell the story of the disease’s advance. In both works, the authors believe that the counts underrepresent the magnitude of the problem:

Besides, I must still be allowed to say that if the bills of mortality said five thousand, I always believed it was near twice as many in reality.67
People, especially the plutocracy, didn't die of homosexual disease, 
according to the death notices; they just wasted away after a long illness.  

The attendant distrust of counts has a dual basis. Essentially, it is a 
repudiation of the attempt to apply reason to disease, a basic skepticism regarding 
the imposition of a rational structure. Additionally, it is an expression of our 
overall distrust regarding what is empirical in relation to disease. The unstated fear 
is that we, ourselves and those around us, display no external signs or symptoms but 
harbor the disease. We externalize our fear of our own bodies upon the body politic. 

For Defoe there is no way to differentiate the infected from the uninfected: 
"Now it was impossible to know these people, nor did they sometimes, as I have 
said, know themselves to be infected."  

At the center of both books is the 
struggle to shut up the places of infection. In Defoe's fictional London, this is 
described in the following manner: 

It is true that the locking up the doors of people's houses, and setting a 
watchman there night and day, to prevent their stirring out or any coming to 
them when perhaps, the sound people in the family might have escaped if 
they had been removed from the sick looked very hard and cruel. 

For Randy Shilts, the threat of shutting up places of association looms 
throughout the narrative:
In Houston, fundamentalist preachers called on health authorities to close gay bars.\textsuperscript{71}

In Sidney...One conservative religious group proposed closing all the nation’s gay bars and quarantining all gay men returning from the United States.\textsuperscript{72}

The question of the location of disease has been a source of controversy for centuries. While in Defoe’s London the attempt is to shut up the residences of the afflicted; in Shilts’s San Francisco, the gay bath houses are shuttered after many political battles. Within the human experience, at some basic level there is an understanding that we can find more sympathetic biological environments. Our very historical beginnings necessitated escape from the tropics where disease existed in a rampant and unchecked form. Often the desire to separate from the place of infection has no basis in biological fact. In the case of Defoe’s plague, an element such as the presence of fleas in thatched roofs was a far greater determinant of the spread of infection than the location of the already infected.\textsuperscript{73} CBS’s "60 Minutes" of April 9, 1995 portrayed individuals making the choice of safe versus unprotected sex based on the perceived population of the infected within a geographical area.

Individual behavior provokes a unique revelation within Defoe’s London, to have the disease is to wish to spread the disease:

And this was what I hinted at before, namely that there was a seeming propensity, or a wicked inclination in those that were infected, to infect others.\textsuperscript{74}
Shilts writes of Gaetan Dugas, "patient zero,"\textsuperscript{75} the Canadian flight attendant, who figures prominently in the initial spread of the disease. He describes his forays into the bathhouses and the revelation that is accompanied by turning on the lights at the end of the act:

He then made a point of eyeing the purple lesions on his chest. 'Gay cancer,' he said almost as if he were talking to himself. 'Maybe you'll get it too.'\textsuperscript{76}

An interesting contrast between the two books is that Defoe spends little time providing specific information about those who are infected. His haunting scenes of the indiscriminate nature of death linger in the reader's imagination:

The cart had in it sixteen or seventeen bodies; some were wrapped up in linen sheets, some in rugs, some little other than naked, or so loose that what covering they had fell from them in the shooting out of the cart, and they fell quite naked among the rest . . . and were to be huddled together into the common grave of mankind as we may call it, for here was no difference made, but poor and rich went together.\textsuperscript{77}

Shilts takes great pains to communicate the legitimacy of the victim's contribution to society. The individual cases involve an array of highly-educated and achievement-oriented individuals.

The pages of the \textit{Native} were crowded with the obituaries of dancers and architects, priests and poets, university professors and civil engineers who had all died young from AIDS.\textsuperscript{78}
Foucault defined a number of changes between the time period of Defoe’s writing and Shilts’s work that might account for this difference. In contrast to defining death, under the classical approach as "the night in which life disappeared," the modern chronicler is faced with Foucault’s merger of "Life, death and disease." The stark contrast between life and death is dissolved. "Death is therefore multiple and dispersed in time." Defoe is quick to point out that the categories of life are meaningless in the face of death. From a contemporary perspective, Randy Shilts defends those who die from AIDS. He does this by outlining the nature of their career and function in life. The contention of the next chapter is that this necessity for defending the ill is rooted in the transition defined by Foucault and the approach to disease of the nineteenth-century novel.

The disease is central to Defoe’s novel. Individual and episodic stories revel in the mundane nature of life played out against the rapid drama of disease. Defoe gives colorful accounts of peoples’ superstitions conspiring, "in the first place, a blazing comet appeared for several months before the plague." Simultaneously, the city witnesses the appearance of false prophets such as one who cried in the streets, "Yet forty days and LONDON shall be destroyed."

Superstition takes different forms in the two books. Defoe’s seventeenth-century London was filled with the fearful who envisioned an angel while
astrologers attribute the epidemic to a negative confluence of planets. Within our century, superstition must take on more credible forms. Hysteria is rarely unleashed by apparitions or the sighting of omens in the sky. Defoe reveals the collective consciousness of his time in the following:

I saw both of these stars; and, I must confess, had so much of the common notion of such things in my head that I was apt to look upon them as the forerunners and warnings of God’s judgements.84

Defoe is pointing to superstitions that became more credible in the face of a "common notion" or the belief of people within the community. In Shilts’s book the "common notion" is not provided by the speculation of the community on astronomical signs. Superstition appears as disinformation. It flows from an unlikely and quasi-legitimate source, The Journal of the American Medical Association’s (JAMA’s) press release describing the contents of the May 6, 1983 issue. The publisher suggests that the routes of transmission have many possible sources. "Evidence suggesting that Acquired Immune Deficiency Syndrome (AIDS) can be transmitted by routine household contact is presented."85

In fact, the evidence of transmission was not presented within the magazine. Ambiguous research findings, in some of the cases under investigation, were sensationalized. Like Defoe’s seventeenth-century narrator, the twentieth-century public was primed to believe the "common notion" even when these statements had
no basis in fact. This press release spawned a wave of what Shilts terms "AIDS hysteria" culminating in such journalistic outbursts as a news story that highlighted the mysterious nature of a transfusion-related death, "L.I. Grandma Dead of AIDS."86 The hysteria affected many municipal employees who refuse to interact with prisoners and drug addicts. In one instance television technicians "refused to mike" AIDS patients on a talk show.87

A Journal of the Plague Year by Daniel Defoe, stands out as an exemplar of a novel that confronts disease. Looking at the events of the first chapter of this inquiry, the entry of disease into a society has certain biological imperatives which are untroubled by the nature of an individual life. Disease tends to dismiss the interpretations of our cultural evolution. Defoe's narrative reflects the historical reality of disease. Our primitive ancestors ran from climates in which disease proliferated. The residents of London rush to escape from its provinces. The disease is indiscriminate, choosing both the rich and the poor, the old and the young. For the Amerindians of the sixteenth-century responding to conquest by Europeans, the incursion of disease speaks of God's will as strongly as it does for Defoe's inhabitants of London. In the following chapter, the nineteenth-century novel will be examined for its view of illness and the individual life.
Chapter Three

The Nineteenth-Century Portrays Disease: Three Novels
The focus of this chapter will be three novels, two written in the late nineteenth century and one a product of the early twentieth century. All of these works portray attitudes towards illness that are characteristic of their time period. These novels demonstrate how the "medicine of pathological reactions" which Foucault described has impacted the portrayal of illness in literature.

In the late nineteenth century the disease experience of developing countries was on the decline. As one author puts it, "It was not until the middle of the nineteenth century that the health of the western world began to change for the better."\textsuperscript{88}

This was a major difference from the time period of the writings of Defoe. Defoe's society had catastrophic experiences with epidemics. An insight into the extent of the awareness is provided by Sir William Petty's description of the time. "It is to be remembered...in London...between the years 1582 and 1618, there have been five great plagues."\textsuperscript{89} In contrast, by the nineteenth century the Enlightenment and the scientific revolution convinced societies that medical progress represents an ever-upward ascent.

This improved health of the Western World has cultural consequences. The
notion of illness as being separate from the self, as demonstrated in the following description of the Georgian period (1714-1830), progresses to the modern correspondence between disease and character.

Each person’s experience of flesh and blood existence was unique; and sensations of sickness unsettled the secure sense of self -- people complained that they were 'not themselves'.

In the writings of the late nineteenth century, disease acquires a more individualized nature. As Foucault described, "the action of the illness unfolds in the form of individuality." The novelists of the nineteenth century take this linkage very seriously. This metaphorical linking of the actions of an individual life with the peculiar manifestation of disease ensures artistic unity. All movements within the novel resonate from a singular pattern. The physical as well as the psychological partake of a common motif in an attempt to take the random pattern of day-to-day existence and imbue it with a central design.

The desire of the nineteenth-century artist to link character and disease is clearer to us when we understand the manner in which we respond to the news of a death. For example, if someone dies of cancer the first question is often, "Did they smoke?" Another example is the response to the news of a heart attack, "Was he or she overweight?" The attempt to impose reason upon disease is as old as the beginning of cultural evolution. It is our attempt to control the biological reality
that dominates our life. Our cultural myths are as Becker states, "a heroic denial of creatureliness." As we saw in the first chapter, the biological imperatives of disease are always below the surface of our cultural experience. The attempt to impose an ordered and reasonable progression upon disease evades its essential nature. The portrayal of disease in two nineteenth-century novels, and one written in 1911, will focus on the underlying attitudes towards disease that are encoded in our contemporary culture.

Leo Tolstoy's masterpiece, The Death of Ivan Ilyich, has a timeless moral resonance. A slight volume, about a nineteenth-century government official, the book reveals that strict adherence to social control and materialistic values lead inevitability to success. The occasion of disease holds this success up to a magnifying glass and reveals it to be ephemeral.

The manner in which Ivan Ilyich is stricken with disease reveals much about the way that Tolstoy and his contemporaries envisioned disease as having a symbolic message. The beginning of the illness has a very concrete occasion. Ivan Ilyich is decorating his new apartment. He becomes obsessed with the matters of decorating to the extent that even during his "court sessions...wondering whether he should have straight or curved cornices for the draperies." While showing one of the decorators exactly how he wanted his draperies to be placed:
He mounted a stepladder...he missed a step and fell...and merely banged his side against the knob of the window frame. The bruise hurt for a while, but the pain soon disappeared.94

Illyich’s pleasure at the evolving luxury of his apartment is short-lived as the day-to-day wear and tear begin to affect him. "Every spot on the tablecloth or the upholstery, every loose cord on the draperies irritated him."95

A pain in his left side and a strange taste in his mouth compel Ivan Illyich to seek a doctor’s advice. The doctor remains aloof and unresponsive but prescribes certain medications. The main change for Ivan Illyich is a constant underlying fear and "his main interests in life became human ailments and human health."96

When his brother-in-law sees him for the first time after a long separation, his unstated horror becomes apparent to Ivan Illyich as he, "opened his mouth to gasp but checked himself."97 Spurred by his brother-in-law’s concern, Illyich sees another doctor and afterwards recounts the progression of the disease. "The beginning of my illness. I banged my side....it hurt a little, then got worse."98

In the latter stage of his illness, Illyich finds that the "ornament on an album" has scratched a table. This occurs in the drawing room where he was injured:
...the very drawing room where he had fallen, for the sake of which, he would think with bitter humor, he had sacrificed his life, for he was certain that his illness had begun with that injury.  

In that setting, Ivan Illyich conjures up a vision of his pain, the "It," and asks a hopeless and forlorn question.

Can it be true that here, on this drapery, as at the storming of a bastion, I lost my life? How awful and how stupid! It just can't be! It can't be, yet it is.

The constant return to the beginning of the illness is particularly resonant within this novel. Ivan Illyich's conception of the first cause of his disease is not substantiated by anything concrete within Tolstoy's narrative. The central image of Illyich smashing his side during a moment of unadulterated materialism suggests that his disease has a specific cause. Illyich's disease is rooted in his obsession with the day-to-day concerns of a materialistic life. Whether this has any real biological basis is irrelevant, Tolstoy returns repeatedly to this image. In the life of Ivan Illyich, disease does not sweep in dramatically like Daniel Defoe's plague armed with symbols and a universal vengeance upon society. It is a tailor-made illness possessing particular danger for the materialistic magistrate.

His punishment, in a very specific manner, fits the crime. In Foucault's terms, the notion is perfected. "The space of the disease is without remainder or
shift, the very space of the organism.\textsuperscript{101} Within this novel, especially, the author has created a very direct relationship between the manner in which the protagonist has lived and the onset of his disease.

The Death of Ivan Illyich illustrates Foucault's concept that modern death is depleted of its drama. The principle of truly separated states of life and death has diminished, "that absolute, privileged point at which time stops, and moves back."\textsuperscript{102} Illyich experiences Foucault's concept in the following:

He saw that the awesome, terrifying act of his dying had been degraded by those about him to the level of a chance unpleasantness, a bit of unseemly behavior. . .that it had been degraded by the very propriety to which he had devoted his entire life.\textsuperscript{103}

Although Ivan Illyich is primarily a novel that concerns itself with the moral implications of materialism, rooted in this type of examination is the certitude that informs modern inquiry that disease is the fault of the person who is ill.

Another novel that concerns itself with illness and its manifestation within an individual life is Death in Venice by Thomas Mann, written in 1911. The protagonist, Gustave Aschenbach, is a renowned novelist. "Aschenbach's whole soul, from the very beginning was bent on fame."\textsuperscript{104}
The story opens with a potent vision. Aschenbach travels to the North Cemetery in his home town. Reaching the place near the "stone mason's yard," he sees the creation of the carver along with a landscape, "...where crosses, monuments, and commemorative tablets made a supernumerary and untenanted graveyard opposite the real one."\textsuperscript{105}

The parallel construction of the recently-fabricated monuments and the actual cemetery is a very telling image. In this story, Mann will parallel the nature of sexual obsession and its likeness to the experience of a disease. Within this setting, Aschenbach experiences a yearning for travel and adventure. He relates that the "desire projected itself visually." The ensuing vision that he calls an "hallucination" might be described as an archetypal image of disease.\textsuperscript{106}

He beheld a landscape, a tropical marshlands, beneath a reeking sky, steaming, monstrous rank -- a kind of primeval wilderness -- world of islands, morasses, and alluvial channels ... water that was stagnant and shadowy and glassy green ... he felt his heart throb with terror, yet with a longing inexplicable.\textsuperscript{107}

In direct contrast to Aschenbach's own fevered vision, his intellectual output has degenerated, "became fixed and exemplary, conservative, formal, even formulated."\textsuperscript{108} The primitive Aschenbach surfaces in his desire to travel far from the locus of his fame back to the source of his eros.
Mann creates a dramatic sense of tension and contrast. Aschenbach’s concern throughout the story is his sexual obsession with the young Polish boy, Tadzio. Mann describes the sterility of Aschenbach’s published work in his stories of "the conception of an intellectual and virginal manliness." The infatuation commences at a resort "uniting the charms of a luxurious bathing-resort by a southern sea with the immediate nearness of a unique and marvelous city." Here, the vacationers revel in their indolence. "It was a sweetly idle, trifling, fitful life, of play and rest, of strolling, wading, digging, fishing, swimming, lying on the sand." The renowned intellectual becomes infatuated with the young boy. His mind is given to rapturous musings on the beauty of Tadzio. "Memory flung up in him the primitive thoughts which are youth’s inheritance."

Into this idyllic setting comes the knowledge of the impending disease. A barber questions Aschenbach regarding his concerns. "The signore is not leaving -- he has no fear of the sickness, has he?" However, the barber’s question reminds Aschenbach that he has been aware of something in the air:

... a peculiar odour, which, it seemed to him now, had been in the air for days without his being aware: a sweetish, medicinal smell, associated with wounds and disease and suspect cleanliness.

Curiously absent from the local papers, the disease’s spread has been chronicled in the German papers, "certain rumours were mentioned, statistics
given." The renowned writer's response to this is telling:

He felt in his heart a curious elation . . . Passion is like crime: it does not thrive on the established order . . . it welcomes every blow dealt the bourgeois structure.  

In rhythm with the rapid progression of the disease, Aschenbach's own subtleties regarding his pursuit of the young boy are cast aside.

His heavy gaze would rest, a fixed and reckless stare, upon the lad; towards nightfall, lost to shame, he would follow him through the city's narrow streets where horrid death stalked too.  

The cholera sweeping through Venice forms an objective correlative for the sexual obsession that infects the protagonist, Gustave Aschenbach. During an advanced stage of the epidemic, Aschenbach "pursued his charmer deep into the stricken city's huddled heart." Aschenbach becomes lost in the city as he trails the family. He stops in a small store and purchases overripe strawberries. A few days later he spies the luggage of the Polish family in the lobby and learns that they are vacating the almost-deserted hotel. Gustave Aschenbach rushes down to the beach in search of Tadzio to delight once more in "the intense youthful perfection of this form." During this final morning Gustave Aschenbach collapses on the beach. "And before nightfall a shocked and respectful world received the news of his decease."
Death in Venice linked illness to sexual obsession. In The Death of Ivan
Illyich the affliction symbolized the choice of incorrect values. The economic
relationship of the character to the world has been another element of the novel of
illness. As Susan Sontag notes, the economics of illness stem from metaphorical
associations:

TB is often imagined as a disease of poverty and deprivation — of thin
garments, thin bodies, unheated rooms, poor hygiene, inadequate food.¹²⁰

In the novel Crime and Punishment by Fyodor Dostoyevsky, Katherine
Ivanovna, Marmeladov’s wife and Sofya Semyonovna’s mother, is dying of
tuberculosis. Raskolnikov brings her husband, Marmeladov, to the family’s tiny flat
after he is injured by a carriage during a drunken occasion. The character, Katherine
Ivanovna, reveals her rage and illness:

She paused, racked by coughing, ‘Oh this damned life!’ she burst out. She
spat and clutched at her chest, ‘When I . . . ah, when I was at my last ball . . .
at the Marshall’s . . . Princess Bezzemelny saw me.’¹²¹

Katherine Ivanovna’s tuberculosis is associated with her resentment regarding
her present life juxtaposed against persistent memories of her youth as "the daughter
of a middle-grade civil servant who had been awarded a decoration."¹²² Destiny
has lead her to a crowded flat where, "the waves of tobacco smoke . . . floated in
from the other room and provoked the poor consumptive into long and agonized
coughing fits.\textsuperscript{123}

During a heated argument at the small, hastily-arranged, party after
Marmeladov’s funeral, Katherine Ivanovna is defending her daughter, a prostitute,
who has been framed for theft. Dostoyevsky describes her in the following words:

Poor consumptive abandoned Katherine Ivanovna’s lament seemed to have a
powerful effect on her audience. There was so much misery in that pain-
racked, disease-wasted face and parched, blood-flecked lips, the hoarsely
crying voice, the violent lament so like a child’s wail.\textsuperscript{124}

In the last two passages quoted, the adjective “poor” modifies the term
“consumptive” suggesting that Susan Sontag’s understanding of the economic basis
for tuberculosis is accurate. This economic descent is intrinsic to Katherine’s rage.
Her regret is centered around the loss of her middle-class status and her descent into
poverty because of her marriage to Marmeladov.

Later in the novel, the family is rendered homeless because of an altercation
with the landlady. Katherine Ivanovna’s economic status declines along with her
health. She takes to the street with her children. They participate in a kind of street
burlesque. The illness achieves a theatricality as she performs a song “in a state of
absolute frenzy.”\textsuperscript{125} Later she instructs her children:
She said through her coughing, gasping for breath. 'It's especially important you behave nicely and mind your manners now, so everybody can see you are gentry children.'

During her nostalgic regressions to her middle-class upbringing, Katherine Ivanovna always begins to cough as if the memory triggers the illness. Raskolnikov watches the woman's end with horror as an official declares, "That's consumption. The blood spurs up and chokes them." Katherine Ivanovna seems to be choking on her own life. The economic reality and memories of the past compel her rage; the rage causes her coughing; the coughing provokes the appearance of blood. It is as if she is both physically and symbolically expelling her current life from inside of her.

The above examples provide short summaries of the manner in which novels of the nineteenth century used the correspondence of illness and character to create compelling stories. In contrast with Defoe's relentless tale of disease, these stories create unified designs of the physical, the metaphysical and the psychological. The correspondence of illness to character has several inherent problems: first, the person seems to be an agent of his or her own disease experience; second, if the life of a person causes the disease then the stricken individual is to some extent responsible for this illness; third, death becomes something other than a random, and inevitable product of living.
A very significant difference between these nineteenth-century novels and *A Journal of the Plague Year* is the absence of burial scenes. Defoe provokes us with extremely dramatic scenes of how life is separate from death:

> Into these pits they had put perhaps 50 or 60 bodies each; then they made larger holes wherein they buried all that the cart brought in a week; which by the middle to the end of August came from 200 to 400 a week.\(^{128}\)

Defoe describes an onlooker who has accompanied the cart containing his wife and children:

> He looked into the pit again as he went away, but the buriers had covered the bodies so immediately with throwing in earth...yet nothing could be seen.\(^{129}\)

In this graphic denouement of disease we discover the essential difference between life and death. Subsequent to the French Revolution, as described by Foucault, anatomo-clinical medicine prompts the shift to where "Life, disease, and death now form a conceptual trinity."\(^ {130}\) In a literary sense, this "conceptual trinity" can be seen in the nineteenth-century novels.

The nineteenth-century novel with its conceptual merger of life, disease and death is challenged in the latter part of the twentieth century. The advent of the AIDS epidemic with its implications for the future of humanity necessitates an examination of literary models and their cultural functions. Susan Sontag writes very scathingly on the effects of making victims feel responsible for their illnesses.
From her perspective as a survivor of cancer, the ability of culture to counteract this has been limited by the novels portraying illness as a function of character.

In the following chapter, modern literary works that deal with AIDS will be examined. The response of contemporary authors to the advent of a world-wide epidemic demonstrates the effect of literary traditions on their work. Through these samples, the inquiry will analyze how contemporary writers respond to the AIDS crisis.
Chapter Four

Modern Portrayals of Illness:

Cultural Responses to AIDS
In the last chapter, the case was made that the novels of the nineteenth century tended to create correspondences between the psychological, emotional and economic status of the character and the nature of his or her disease. Contemporary novels flow from all of the past traditions and the impact of present-day culture.

In past traditions, religion ensured immortality for its followers. Modern-day science makes no such claim. It claims to eradicate disease as a way to ensure immortality. This is a very important tenet of secular society in the twentieth century. Simultaneously, it becomes crucial to subject those diseases that slip through technology's net to causal analysis. As a result, we find that Foucault's normative doctor has become a constant part of the cultural horizon. People look for cultural messages from the medical experts to divine healthy-eating patterns, correct ways of making love, and normative attitudes. We are bombarded with cultural messages that prescribe thinness, emotional moderation and strict attention to a dispassionate personal stance to avoid stress. The diet and pharmaceutical industry make billions from the quest for mood control and appetite reduction. It is also advantageous to the overarching goal of social control for people to avoid becoming too passionate in their quest for any one thing. A recent article on a prominent figure in the Washington theater community, Robert Alexander, used his own evaluation of the root of his prostate cancer, "my whole life has been fed by stress. And stress and cancer are the best of friends, they’re lovers."
We accept the idea of a cancer psychology without questioning the biological basis for defining such a personality. As modern genetics suggests, some types of cancer are encoded in an individual's genes from the moment of conception, an inescapable conclusion regardless of the personality type.

As Susan Sontag suggested, AIDS has replaced cancer in popular lore. It is a logical succession, from tuberculosis to cancer and then to AIDS. Contemporary literary sources that confront AIDS demonstrate the state of our current attitudes towards illness and the afflicted. Unfortunately, the myths associated with the disease, such as tuberculosis, AIDS, and cancer, that are subject to popular treatment, often reveal and shape our attitudes towards all illness.

At Risk by Alice Hoffman is a novel concerned with the entry of AIDS into the life of a modern family, the Farrells. The mother and father are enlightened; Polly is a photographer and Ivan is an astronomer. Their daughter, Amanda, contracts AIDS during a routine appendectomy. "That was when she was given the contaminated blood."132

The story examines how each member of the family, Polly, Ivan, and Charles, the younger brother, confront the terminal condition of Amanda, a sixth-grader with a passion for gymnastics. Amanda is the heiress to a role defined by
Susan Sontag in her analysis of tuberculosis in literary portrayals. Sontag suggests that the metaphor of tuberculosis contained dual meanings.

"It described the death of someone (like a child) thought to be too ‘good’ to be sexual; the assertion of an angelic psychology. It was also a way of describing sexual feelings."\textsuperscript{133}

This portrayal of the young girl has a dual message. Amanda continues to participate in competitive gymnastics throughout the book. During a brief stay in the hospital, she is assaulted by a battery of tests and treatments. Fresh from the hospital, she competes in the most important gymnastics competition of the school year. The only note of acquiescence to her disease is that the coach allows her use of a good-luck necklace, "in spite of his strict rule about no jewelry, the coach never says a word about it to her."\textsuperscript{134}

The jewelry, Amanda’s addiction to Madonna tapes, and the physical actions of gymnastics communicate a potent message. This is where the duality is played out. On the one hand she is the innocent child who should not be afflicted with this disease; alternately, throughout the book, Amanda is practicing to be sexual. This is supported by an episode later in the novel. After much searching for an enlightened orthodontist, her parents discover a brave professional willing to take off her braces. The little girl looks into a mirror and realizes, "she would have been beautiful."\textsuperscript{135}
The book's central message is that AIDS robs the individual of the chance to be completely sexual in an unrestricted manner. The reader is never convinced of the tragedy of the child's death. Although she is stricken by a disease whose opportunistic infections are among the most physically debilitating, the child is strangely asymptomatic.

Amanda's disease becomes a motif to explore the attitudes towards illness of the other characters, most notably the mother. Polly Farrell has some disturbing attitudes that tend to overshadow the compassion she feels for her own daughter. In one scene she envies the good health of a young girl of their acquaintance because she is not as worthy of life as Amanda:

She's not smart, she's not pretty, she gives her mother sour looks. A great big careless girl who will live till she is an old woman and has great-grandchildren gathered around her.  

Later, Polly Farrell's wrath finds another target:

She can't stop thinking about wasted time. She wants to scoop up all the hours teenage suicides give up and claim them for Amanda.

The ostensible goal of a novel such as At Risk is to remind us that the innocent get diseases. AIDS is not just a disease of high-risk groups. The underlying message of this novel is that innocence will triumph in the face of a
debilitating illness. Unfortunately, this message is blunted by the fact that this particular innocent, Amanda, doesn’t get the full-blown disease with its many unpleasant opportunistic infections. In this way, the novel is in the tradition of the nineteenth-century novel where the nature of the disease is specifically in keeping with the character of the afflicted.

The Normal Heart by Larry Kramer is a play regarding the political conflicts driving the gay community’s failure to confront the AIDS epidemic. In one of the major monologues of the play, the main character, Ned Weeks, a writer for the New York Native, describes a number of renowned gay men whose cultural contributions were great. He ends with the cautionary note. "The only way we’ll have real pride is when we demand recognition of a culture that isn’t just sexual."

Kramer traces the story of Ned Weeks, and his AIDS-stricken lover, Felix Turner, a writer for The New York Times. To a large extent, the play attempts to describe the subculture of gay men outside of the sexual arena. Kramer chronicles the community’s denial during the early stages of the epidemic. He paints a provocative picture of Ned Weeks spouting doomsday scenarios while others downplay the importance of his message. One of the central characters, Dr. Emma Brookner, is a childhood victim of polio; she refers to herself as "the holy terror in the wheelchair." She provides a constant reminder of the efficiency of disease.
Kramer's play is essentially about denial. The main character, Ned Weeks, attempts to remind the gay community that the disease has a life of its own without regard to the nature of the political climate within the community. As Ned is ejected from the political organization he founded, a statement, critical of his leadership, is read. "And, after years of liberation, you have helped make sex dirty again for us -- terrible and forbidden.\(^{141}\)

The play analyzes the dilemma that Randy Shilts, Larry Kramer and many others leaders in the gay community have faced. Radical segments of the community see unlimited sexual license as essential to the political freedom that comes with being a liberated homosexual. In this conflict, there are many implications. In Defoe's *A Journal of the Plague Year*, the community demonstrated an acceptance of the divine inevitability of disease and simultaneously embraced prophylactic measures. In the evolution to disease as a function of character, what happens is that prophylactic measures are rejected because their adoption seems to be an admission that 'I am the type of person who gets this disease.' Susan Sontag even spoke of this in relation to cancer sufferers.

The metaphoric trappings that deform the experience of having cancer have very real consequences: they inhibit people from seeking treatment early
enough, or from making a greater effort to get competent treatment. The metaphors and myths, I was convinced, kill.\textsuperscript{142}

\textit{Angels in America} by Tony Kushner is clearly a direct descendant of Defoe's model of portraying disease. Those similarities account for much of its tremendous success. The play introduces a couple, Louis Ironson and Prior Walter. Prior Walter is in the later stages of his fight with the opportunistic infections that characterize AIDS. Tony Kushner eschews sentimentality in this play. The other person afflicted with AIDS is the attorney, Roy Cohn, whose naked ambition and political wheeling-and-dealing, mark him as one of the less-likable characters in recent drama.

A memorable scene opens Act Three. The severely debilitated Prior Walter lies in bed. Two of his ancestors come to him. One is "dressed in the clothing of a 13th-century British squire," and the other is "dressed in the clothing of an elegant 17th-century Londoner."\textsuperscript{143} Both of these ancestors have succumbed to diseases. They explain the source of these infections.

\begin{quote}
  Came from a water pump, half the city of London, can you imagine? His came from fleas. Yours, I understand is the lamentable consequence of venery . . . \textsuperscript{144}
\end{quote}

The ancestors intimate the fate that awaits Prior Walter in the following:

"From the mirror-bright halls of heaven, Across the cold and lifeless infinity of
space, The Messenger comes."^{145}

The play concerns itself with the primacy of politics in our national consciousness. Louis Ironson bemoans the spiritual landscape of America:

> There are no gods here, no ghosts and spirits in America, there are no angels in America, no spiritual past, no racial past, there’s only the political."^{146}

At the conclusion of the first part of Angels in America, Millenium Approaches, the spiritual is symbolically rejoined to America:

> And then in a shower of unearthly white light, spreading great opalescent gray-silver wings, the Angel descends into the room and floats above the bed."^{147}

Kushner has invoked an angel similar to the one that appeared as a vision to some of London’s residents in A Journal of the Plague Year."^{148} The angel, a potent cultural symbol, has been the subject of much popular interest in the very recent past. The angel is a recurring metaphor. Possessing a body casting it as part of a biological reality, the angel possesses wings which allow it to transcend the limitations of the physical. In human artistic history, the angel sums up our greatest desire to possess the means, symbolized by wings, to escape the limitations of our biology.
The two major strengths of Kushner's play are its sense of the history of disease and the use of symbols. Twentieth-century disease experience is linked to the past in the characters of Prior Walter's ancestors. Kushner invokes one of our most potent cultural symbols, the angel, to remind us of the possibility of transcendence.

A Journal of the Plague Year deals successfully with disease because it stresses the collective reality. The novel does not attempt to view illness in relation to the character of the afflicted. From a twentieth-century perspective our belief in the supremacy of technology is perhaps as mythological in nature as the omens and portents of Defoe's eighteenth-century residents of London. This need to believe in the eradication of all disease has led us to construct cultural models that assign culpability for the onset of illnesses. The works that attempt to incorporate the patterns of infection into artistic designs lead us to certain conclusions that are damaging. In a recent article on AIDS prevention a doctor noted the following:

We should be telling young women that they're not protected because they come from the suburbs or they went to a certain college or they're a nice person or they go to church every Sunday.149

From a literary viewpoint, cultural models enable the individual to confront the fact that life in this form is a finite state. Disease is an inevitable by-product of
living. The biological experience of the world is an ever-emerging reality and our cultural responses need to address these changes. Although blaming the victims of illness makes it easier for the healthy members of society to deny the possibility of encountering illness in their own lifetimes, it also blunts the sense of compassion towards others. By avoiding prejudicial views of diseases, assigned by character, the society provides support for the individual seeking treatment or attempting to avoid infection. By creating cultural stereotypes for illness, society imbues the afflicted with a sense of guilt and diminishes the legitimacy of precautions for those who are deemed unlikely to become infected. Cultural responses to disease should always be based upon the twin goals of comforting the afflicted and stressing prophylactic measures among those who have not been infected.
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56. Major-Poetzl, *Michel Foucault's Archaeology of Western Culture*, 147.


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