

## **‘The mind that must be cured’: William Carlos Williams and the politics of medicine**

With the arguable exception of Gertrude Stein, William Carlos Williams was the only modernist writer to have anything in the way of scientific training.<sup>1</sup> Yet it is one of those peculiar quirks of modernist writers that nearly all of them were respectful towards science and often appropriated its language and authority for their own ends. Perhaps it is therefore fitting that Williams was also one of the few modernist writers to question the aims and methods of science. Interestingly, whilst proclamations denouncing science are a regular feature of Williams’ work, they are especially prevalent during the 1930s.<sup>2</sup> This paper will examine the writings of Williams in the context of his medical career and demonstrate that only a study of the evolution of American health policy, that is, a historical and political understanding of medicine, can reveal Williams’ complex relationship with his own profession.

As critics such as Crawford have noted, Williams uniquely positioned to be a witness to two major concurrent revolutions, one in the arts and the other in the sciences. The changes in industry and the means of production (the first Model-T came off the production line in 1908), were symptomatic of a larger change that was carried into the sciences and of course medical training.<sup>3</sup> The American Medical Association (AMA), which had been committed to standardising medical educational practices and phasing out apprenticeships since its inception in 1847, had largely achieved this goal by the turn of the century. From then on, Doctors would

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<sup>1</sup> Stein studied psychology under William James and later enrolled at medical school before dropping out. Joyce too spent a very brief period at medical school before dropping out.

<sup>2</sup> In particular see Williams’ editorial pronouncements in *Blues* (especially *Blues*, No. 2, 1929 p.31; *Blues*, No. 4, 1929, p.77) *Pagany*, and *Contact*. His correspondence of the period also shows how much science was weighing on his mind during the early years of the 1930s.

<sup>3</sup> See Paul Starr, *The Social Transformation of American Medicine*, (New York: Basic Books, 1982) p.92. See also T. Hugh Crawford, *Modernism, Medicine and William Carlos Williams* (Norman: University of Oklahoma Press, 1993) pp.84-97 for a fuller account of the relationship between modernism, medicine and the transport industry. Though Crawford’s work represents an excellent general introduction to this area, it does not offer a coherent political account of Williams’ medicine, as I hope to do in this paper.

come out of university, figuratively speaking, like one of the many Model-Ts from a production line, stamped with the latest version of scientific method. Williams, graduating in 1906, stood on the cusp of this revolution.

With the widespread acceptance of aseptic practices, the period between 1900 and 1910 that proved a decisive victory for the AMA, who managed to unite the fragmented field of medicine and gain the hard won trust of the American people in academic science.<sup>4</sup> Williams was therefore amongst the first ‘modernist’ physicians, just as he was amongst the first modernist writers, and both of these enterprises shared certain defining features; an emphasis on objectivity, ‘impersonality,’ a shared desire to completely reinvent method and form, and a tendency towards rejecting the ‘intuitive’ and focusing on those ‘dislocations,’ as Eliot would have it, those interruptions in our inherited knowledge.

## **Part 1.**

### **The Epistemology of General Practice**

After graduating, Williams started his training as an intern at an antiquated, cockroach infested Hospital in New York. The many stories of Williams’ time as an intern all lead to the impression of his training being anything but clinical. These include wrestling with a fat, naked, Greek patient, confiscating knives from under a patient’s pillow, taking advantage of pretty nurses, using ether to separate a fight between five pregnant women who had all gotten pregnant by the same man, and being offered a million dollars to marry an old widow who wanted a young doctor for a husband. The point is that Williams is often at pains to emphasise the humanity of being a doctor.

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<sup>4</sup> Ibid., p.14

On the other hand the emergence of aseptic practices and laboratory methods was increasingly reducing this sort of ‘contact’ between doctor and patient. In his autobiography Williams refers to a German pathologist named Krumwiede who represents this new future of science. His job as a pathologist entails examining blood samples and classifying the disease according to an already established table of diseases. ‘He was... to me, typically the German,’ Williams writes, ‘a man devoted to the literal truth.’ (A, 88). Although Williams was certainly not a Luddite,<sup>5</sup> the practice of pathology does represent a taxonomic version of knowledge which Williams cannot agree with as a poet. Rather than taking a body of theory straight from the university and applying it to a particular case, Williams always attempts to teach us in his poetry that a diagnosis must proceed from the evidence of the patient itself, that is, the doctor must learn to read and understand the body, so that nature itself becomes his textbook. For Williams, the essential aspect of truth is thus to be found in its *localization*, rather than its conformity to general principles. Bremen notes that Williams’ famous dictum ‘No ideas but in things’ (CPI, 263) is in many ways a manifesto for the older tradition of scepticism, going all the way back to Epicureanism, which was born out of the medical writings of the Hippocratic school.<sup>6</sup>

To an extent, this principle holds for all modernist writing. Pound had argued in 1914,

The proper METHOD for studying poetry and good letters is the method of contemporary biologists, that is careful first-hand examination of the matter, and continual COMPARISON of one ‘slide’ or specimen with another.<sup>7</sup>

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<sup>5</sup> We know this from various comments he made, most notably his assertion in ‘Jean Beicke’ that ‘one gets not to deliver women at home nowadays. The hospital is the place for it. The equipment is far better.’ Williams, *The Doctor Stories* (New York: New Directions, 1983) p.62

<sup>6</sup> Bremen, *The Diagnostics of Culture*, (Oxford: Oxford University Press, 1993) pp.20-1

<sup>7</sup> Ezra Pound, *ABC of Reading* (New York: New Directions, 1987) p.17

Williams was in many ways the archetype of this modernist obsession with the scrutiny of the visible. For this reason, Williams' poems very often document the struggle to translate a visible object into a linguistic structure on the page. Indeed it is no exaggeration to say that it was his study of diagnostics which lead him to formulate the idea that 'clarity' of vision (rather than 'truth' in any other abstract manifestation) could in and of itself be the new teleology of American poetics.

After completing his internship at a New York hospital Williams went to the Nurse and Child's Hospital in 'Hell's Kitchen,' New York. It was at this hospital that Williams had two of his most formative experiences in medicine. The first occurred when he was required to carry a dead child in a suitcase on the metro as part of a cover up.<sup>8</sup> The second happened when, as Resident Surgeon, Williams refused to sign and authorise the papers detailing the number of patients treated during that particular period, on suspicion that they were being rigged in order to secure more funding from private sources. As a result of this second incident, a job offer at a New York specialists fell through and the other doctors turned on him. 'We doctors can't go against the business of an institution like this,' his colleague warned him. 'Our business is to cure patients, not to worry over where the money comes from.'<sup>9</sup> Williams, however, seemed to feel that being a doctor was not simply about 'curing' patients; the very word 'cure' entailed for Williams a positivistic notion of the aims of science that he could never agree with. But what this episode also demonstrates is the growing realization that the entire health industry needed to be doing a great deal more in terms of 'worrying where the money comes from.'

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<sup>8</sup> Williams, *Autobiography* (New York, Random House, 1951) p.96

<sup>9</sup> *Ibid* p.103

It was not until the Depression that the medical and literary establishments began to voice these concerns as a whole. 'What should the artist be today?' Williams asks in a 1939s essay, 'What enters into it? The economic, the sociological: how is he affected?' (SE, 196). Just as artists of the 1930s were formulating these questions, so were doctors. The realization that art could never be some separate, sacred sphere of truth but was implicated in every possible sense in the political, the economic and the social, was a realization that scientists were also coming to.

Williams' experiences in the Nursery and Child's Hospital, of corpses and corruption, constituted a critical moment in his career where he finally made the decision not to pursue a profitable career as a specialist in New York city, a path which most likely would have strangled his career as a writer early on, but to return to Rutherford and become a general practitioner, a choice that would bring less profit, but more direct 'contact' with people, and more opportunities to turn those experiences into poetry. Indeed, this rejection of the specialist practice in favour of general practice entails a number of choices. In order to understand the full implications of this we must look briefly at the politics of the health industry in America leading up to the 1930s.

From 1900 to 1920, health policy in America, which had always been a subordinate issue in the general question of welfare, had been gradually separating from other social policy. This was concordant with a movement from seeing healthcare as a social phenomenon, like unemployment, to seeing it as a pure science. However, whereas in England the reforms forced through by Lloyd George during the same period initiated a nationalised health program (later evolving into the NHS), in America, the AMA successfully opposed a national health program, arguing that it would draw doctors into a system, an institution of healthcare that could only

deprive them of autonomy.<sup>10</sup> During the first half of the twentieth-century a battle was fought between reformists on the left who were trying to introduce compulsory health insurance to protect the working classes (backed by labour groups and the philanthropic foundations),<sup>11</sup> and on the right, the AMA (backed by the pharmaceutical and insurance industries) who realized that a socialized medical system controlled by government would not only subject the pure aims of science to political agendas, but, of course, threaten their profit margins. In 1924, the president of the AMA complained about a plot by left wing elitists to do away with old-fashioned country doctors and force the entire medical industry into a centralized and hierarchical system based around the hospital instead of the individual.<sup>12</sup>

The drive towards health care reform reached a new peak during the Depression when equivalent reforms were being enacted in every aspect of the welfare state. The AMA, however, staved off changes to the health care system by generating public suspicion that the reforms were ‘Soviet-inspired’ and detrimental to traditional American liberties.<sup>13</sup> ‘There was no new deal for health’ as Fox writes.<sup>14</sup> The medical industry would be a bastion of American individualist and free market ideals, with medical knowledge as any other commodity to be traded in a free market. The terms and factions of this debate continue to define American health policy to this day.

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<sup>10</sup> For an in-depth history of American health care during this period see Paul Starr, *The Social Transformation of American Medicine*, (New York: Basic Books, 1982). See especially p.118 for the crucial 1910 Flexner report.

<sup>11</sup> See for instance the 1932 report of the Committee on the Costs of Medical Care funded by several philanthropic foundations. I.S. Falk, ‘Medical Care in the USA, 1932-1972: Problems, Proposals and Programs from the Committee on the Costs of Medical Care to the Committee for National Health Insurance,’ *The Milbank Memorial Fund Quarterly. Health and Society*, Vol.51, No.1, (Winter, 1937) pp. 1-32

<sup>12</sup> See Daniel Fox, *Health Policies, Health Politics: The British and American Experience 1911-1965* (New Jersey, Princeton University Press, 1986) p.43. See also pages 10-20.

<sup>13</sup> Paul Starr, *The Logic of Health Care Reform*, (Knoxville, TN: Grand Rounds Press, 1992) p.13

<sup>14</sup> Fox, *Health Policies*, p.79. See also Lowell Eliezer Bellin, ‘The Intellectual Decline of the Health Care Left,’ in *Medical Care*, No. 9. Vol. 19 (Sep., 1980) pp.960-8

What is involved here are not simply two different political parties at work, but two different types of doctor, which (at the risk of brutalising a complex history) we will define as rural general practitioners supporting the AMA and its drive towards autonomy, and city specialists favouring healthcare reform. These two types of doctor also represent two different philosophies of science. The centralised laboratory necessarily assumes that disease is a positive phenomenon, that it can be examined and identified according to a classificatory system and then a treatment prescribed – all in an absolute, positivistic sense. The general practitioner, on the other hand, must visit people in their homes where other factors become increasingly relevant, such as poor nutrition, poor standards of hygiene, whether the patient is living alone or receiving care from relatives etc. The general practitioner must consider disease not as an ontologically unique occurrence, but as part of a broader social nexus. What this means is that ideologically, the general practitioner is bound to a pragmatist rather than an idealist understanding of diagnosis.

The flu epidemic of 1929, during which Williams kept a plague journal, demonstrates this precisely. The fact that economic depression caused a *public* health disorder affirms that the ‘body politic’ is more than a figurative construction; health is literally a public function. Any truly accurate medicine would therefore also have to go about ‘curing’ the Depression as well as its diseases. A true ‘science’ of medicine would have to be carried into government, welfare, housing and every single aspect of our lives, it would have to look at the totality.

Williams himself was caught somewhere in the middle of this debate, practicing as a general practitioner in Rutherford but having his own specialist sideline in obstetrics in New York. Whilst he recognised the importance of the emergence of the hospital and the need for strict regulation, he was nevertheless nostalgic for the previous era in which care rather than cure was

the operative principal. Most of all, it is the positivism of the science of surgery that Williams regarded with some degree of contempt.

Any worth-his-salt physician knows that no one is 'cured' ... Surgery always seemed to me particularly unsatisfying. What is there to cut off or out that will 'cure' us?... The cured man, I want to say, is no different from any other. (A, 286-7)

The epistemology of the 'cure' carries with it that absolute opposition of normal and abnormal, it presumes that there is a normal functioning human body and that any deviation from this condition is pathological. 'I defend the normality of every distortion to which the flesh is susceptible, every disease, every amputation' Williams remarks, in Whitmanesque fashion.<sup>15</sup> Moreover the classificatory aims of empirical medicine are inherently tied to a positivistic version of language in which words and things equate to each other on a one-to-one basis. Each bacteria or virus can, and must have its own substantive category. There is only one 'Influenza A H1N1' (swine flu), and if it were to mutate it would be given a different tag for identification. Yet by the same token, within its category it is endlessly reproducible in a positive manner. The end point of medical language is thus reproducibility without variation; it is the Model-T production line of language, and it is bound up with an *industrial* phenomenology of disease. By naming, identifying and labelling that which it encounters, the 'pure Language'<sup>16</sup> of medicine, as Foucault calls it, is thus able to contain and control any given phenomena within its system of knowledge.

In opposition, Williams offers a new 'language of the clinic,' one born out of his own experiences as a *general* practitioner and based on his own pragmatist and realist philosophy.

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<sup>15</sup> Williams, *The Doctor Stories*, p.88

<sup>16</sup> Michel Foucault, *The Birth of the Clinic*, , trans. A. M. Sheridan (London: Routledge, 2003) pp.140-1



The physician enjoys a wonderful opportunity actually to witness the words being born [i.e. as his patients relate their problems to him]... We begin to see that the underlying meaning of all they want to tell us and have always failed to communicate is the poem... And it is the actual words, as we hear them spoken under all circumstances, which contain it. (A, 361-2)

Everything that Williams admires about medicine and indeed poetry stems from this ‘contact’ that he has with the particular patient before him, the ‘actual’ words experienced in context. If the language of the clinic finds its closest parallel in industry, then it is the ‘case history’ (or ‘case report’) that most clearly encapsulates the philosophy of ‘general practice.’ Indeed, a great many of Williams’ short stories (and even many of his poems) could be described as ‘case histories.’ The entire thrust of Williams’ engagement with medicine is away from seeing the patient as an incidental factor in the treatment of a disease, and towards putting the patient at the centre of his own story. The narration of the patient’s story engages diagnosis in the process of historicising and contextualising.<sup>17</sup>

Entailed within this ideal of doctor-patient ‘contact’ is a kind of reverence for the ordinary – everyday language spoken by ordinary people. Unlike the city specialists in their hospitals (the ivory tower of the medical profession), Williams was working directly with the poorest people, visiting them in their homes and frequently not being paid for the care he was providing. Stories such as ‘Four Bottles of Beer,’ which shows Williams visiting a poor immigrant family, explicitly deal with his internal conflict about whether to force payment from those who can barely afford it, and the point at which his patients can be said to be taking advantage of him. Williams describes these glimpses into the ‘gulfs and grottos’ of the poor during his medical rounds as ‘the very thing which made it possible for me to write’ (A, 288, 357). If, as Mark Storey notes, medical discourse is always generated at ‘institutional sites,’ then Williams’ case

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<sup>17</sup> For a discussion of the ‘case report’ as both a professional practice and a narrative technique see Jane Caldwell, *Literature and medicine in nineteenth-century Britain: From Mary Shelly to George Eliot*, (Cambridge: CUP, 2004) pp.118-143.

histories subvert and decentre that authority by privileging the domestic setting.<sup>18</sup> Williams most famous character, Doc Rivers, in many ways encapsulates this fading resistance to the ‘Moloch of Scholarship,’ whilst also highlighting the problems of regulation in the older system. We can therefore see that there is an underlying naturalist theme to Williams’ understanding of the relationship between science and art; his belief that a doctor must literally get his hands dirty in the diseases and problems of ordinary people mirrors his belief that the poet must get his hands dirty with everyday words and things.

Williams’ medicine is therefore implicated in every sense in class conflict. It is no coincidence that many of Williams’ medical stories were written during the Depression for Fred Miller’s Marxist magazine *Blast* (not to be confused with Wyndham Lewis’ magazine of the same name) and focus on working class families trying to survive the economic devastation.<sup>19</sup> Williams’ 1939 short story, ‘The Paid Nurse,’<sup>20</sup> for instance, tells of a factory worker who is involved in an industrial accident which leaves his skin blistered and swollen. Like many factories they employ their own in-house doctors and nurses, who, instead of giving him the care he needs, order him back out onto the factory floor to do heavy work. The employee goes to an outside doctor, Williams, who intercedes by writing a letter to the state senator. Our narrator is successful in securing some sick leave for the employee and the right to return to work afterwards, though not as far as to get him any compensation for the scars he will sustain.

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<sup>18</sup> Mark Storey, ‘A Geography of Medical Knowledge: Country Doctors in Elizabeth Stuart Phelps and Sarah Orne Jewett,’ *Journal of American Studies*, Vol.44, No.4, p.694.

<sup>19</sup> The stories published in *Blast* from September 1933 to November 1934 include ‘Jean Beicke,’ ‘The Use of Force,’ ‘The Girl With a Pimple Face’ and ‘A Night in June.’ Many more of Williams’ stories however fit into this category of ‘case history.’

<sup>20</sup> Originally published in *The New Anvil*, Vol.1, No.1 (March, 1939)

Here Williams' worst fears seem to have been realized; the medical industry has been co-opted into reinforcing private agendas. The hegemony of scientific knowledge is not, in the end, separate from other power structures; rather they are different facets of a single entity. As the victim remarks, 'If I make any trouble they'll blackball me all over the country.'<sup>21</sup> Thus the worker becomes trapped in a Foucauldian nightmare of exploitation and repression where all factories are transferable aspects of the one great 'Factory' from which he can never escape.

The 'case' of John Coffey offers a similar example. Coffey was a Marxist thief who hoped to challenge property law in court, and in effect to put the legal system on trial. However, the courts would not accept the challenge and Coffey became the eponymous 'Early Martyr' of Williams' 1935 collection of poems:

Rather than permit him  
to testify in court  
Giving reasons  
why he stole from  
Exclusive stores  
then sent post-cards  
To the police  
to come and arrest him  
— if they could —  
They railroaded him  
to an asylum for  
The criminally insane  
without trial<sup>22</sup>

Coffey was not, according to Williams, 'insane,' in any real sense. He knew exactly what he was doing and why. In the end, two doctors, described by Williams as 'frankly puzzled,'<sup>23</sup> pronounced him insane thus allowing him to be committed to an asylum without trial. It is not

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<sup>21</sup> Williams, *The Doctor Stories*, p.98

<sup>22</sup> Williams, *Collected Poems, Volume I*, ed. A. Walton Litz and Christopher MacGowan (New York, New Directions, 1986) p.377

<sup>23</sup> See Bob Johnson, "'A Whole Synthesis of His Time': Political Ideology and Cultural Politics in the Writings of William Carlos Williams, 1929-1939" *American Quarterly* Vol. 54, No. 2 (2002) p.187

only the betrayal of the medical profession that Williams cannot forgive, it is that Coffey's own aims were ultimately scientific; 'What Coffey was after was definition, a light in the dark, a diagnosis.'<sup>24</sup> In this respect he is a kind of 'modernist' criminal and the case represents the realization that scientific 'knowledge' is ultimately an extension of hegemonic power structures, or as Marx puts it, 'the ideas of the ruling class in every historical period are the ruling ideas.'<sup>25</sup> Indeed the final line of 'An Early Martyr,' 'They "cured him" all / right,' became the ending of *A Clockwork Orange*, another story in which the medical establishment is co-opted into enforcing the state. One could argue that such stories such as 'The Paid Nurse' and 'An Early Martyr' ultimately hampered the cause of health care reform in America by playing to a powerful public fear of institutionalism. Whilst Williams did often align himself with socialist causes such as defending John Coffey, assisting Spanish Revolutionaries with medical aid, and so forth, his scepticism was directed equally at all institutions, state and private. For this reason, he never joined the ranks of the AMA.<sup>26</sup>

In 1936, Williams wrote an article entitled, 'A Social Diagnosis for Surgery: A Poet-Physician on the Money-Cancer.' In it he argues that the world is suffering from a 'disease,' namely a credit monopoly of corporations and financiers that is designed to uphold the status quo and prevent lasting political change. Despite this, he argues, the disease itself is 'not inherent in Capitalism, any more than malignant disease is inherent in the normal, personally possessed, human body.'<sup>27</sup> Society's problems therefore must be addressed in their localization, rather than attempting the kind of totalitarian revolution that Pound was suggesting. Just as Madame Curie looked beyond the known table of elements to discover another element – radium – which was

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<sup>24</sup> Ibid p.187

<sup>25</sup> Karl Marx, Friedrich Engels, *The German Ideology* (London: Lawrence and Wishart, 1970) p.64.

<sup>26</sup> See Paul Mariani, *William Carlos Williams: A New World Naked*, (London: W.W. Norton & Co., 1990) p.403

<sup>27</sup> See Johnson, 'A Whole Synthesis of His Time' p.195

put to use in curing cancer, so the poet must look beyond the boundaries of knowledge to cure society. Later this would become one of the dominant themes of his epic poem *Paterson*.

‘Release the gamma rays that cure the cancer / the cancer, usury. Let credit / out.’<sup>28</sup>

## **Part 2.**

### **The Hospital and Its Critics**

The 1930s was in many ways the era in which the hospital emerged as the primary site of healthcare, with the number of hospital beds increasing by eighty percent during this time and many procedures that were formerly done at home now being done at the hospital.<sup>29</sup> Yet although the location of healthcare was being centralized, the practice of healthcare was becoming increasingly specialist, and this was in accordance with the increasing alignment of medicine and academia through the growth of teaching hospitals. Pound had been denouncing the increasing specialization of academia for many years describing it as ‘German Philology with sacrifice of individual intelligence to the Moloch of ‘Scholarship’’<sup>30</sup> and ‘the idea that the man is the slave of the state, the ‘unit,’ the piece of the machine.’<sup>31</sup> By the time he published *Provincialism the Enemy*, Pound had construed ‘socialism’ into an entire mode of thinking or method of scholarship which he called ‘kultur,’ and which was for him the antithesis to free-thinking individualism, disempowering the individual by preventing him from seeing the totality of his field.

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<sup>28</sup> Williams, *Paterson*, (New York, New Directions, 1995) p.182

<sup>29</sup> Fox, p.75-6

<sup>30</sup> Ezra Pound, “Economic Democracy” originally published in *The Little Review* (April, 1920). Quoted here from *Selected Prose*, (New York: New Directions, 1973) p.210

<sup>31</sup> Pound, *Selected Prose*, p. 192

Although Williams' own opposition to the academy was not politicized to such an extent, he did consistently argue that the individual imagination represents a superior force to the collective of science. In *Spring & All*, he argues that science leads only 'to gross and minute codifications,' whilst the imagination intercepts reality as a totality. 'It is the imagination on which reality rides,' whereas science 'has no future but multiplication.' For Williams, imagination is the quality that someone like Copernicus or Madame Curie or Einstein possessed in abundance, rather than any superior scientific training. Indeed we can see in the figures of Madame Curie or Copernicus the echo of the romantic visionary. Like prophets or poets, these great individuals looked outside of the 'codifications' that society assembles for itself.

In 1939, Kenneth Fearing, the Marxist poet of the Depression era and editor of *Partisan Review*, published a novel called, *The Hospital*. The novel does not have a single protagonist, but is divided up into 47 mini chapters, each told from the first person perspective of someone related to the hospital. Through their fragmented accounts, each offering only a small fraction of the overall plot, a sort of story-of-the-collective emerges. What unites and binds the story together is the hospital itself, which presides over the book as the definitive symbol of unity. For Fearing the hospital becomes the symbol of the Marxist state, and he seems to imply that a truly socialist society would be the society-as-hospital. His device of having many different narrators is something akin to Foucault's description of the clinical epistemology of disease; 'an individual with many similar heads.'<sup>32</sup> For Fearing, the individual doctor or patient is merely the historically transient manifestation of a system that endures.

One might think about this in relation to Nietzsche's *The Birth of Tragedy*. For Nietzsche, Apollo is the god of the *principium individuationis*, the individual as a whole and self-contained

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<sup>32</sup> Michel Foucault, *The Birth of the Clinic*, p.27

unity.<sup>33</sup> He is the god of physicians and also the god of prophecy. The sense that the universe is composed of a spontaneous order and that there might be design or fate in its machinations is an idea that is strongly linked to our sense of health and wholesomeness and healing. The physician's task is therefore the restoration of the body to that universal 'Order' which is also society's order.<sup>34</sup> Dionysus, on the other hand, represents the forces of destruction and is connected through the Orpheus myth with the dismemberment of the corpus.

The front cover of Fearing's novel (Fig. 1) is something of a study in itself, and leaves us in no doubt as to the Apollonian nature of hospital in the 1930s.



Figure 1. The front cover of Kenneth Fearing's 1939 novel, *The Hospital*.

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<sup>33</sup> Friedrich Nietzsche, *The Birth of Tragedy* (New York: Dover Publications Inc, 1995) p.11

<sup>34</sup> Anne Hudson Jones, "Literature and Medicine" in *The Body and the Text*, ed. Bruce Clarke and Wendell Aycock (Texas: Texas Tech Press, 1990) p.11

The single building of the hospital with its rigidly straight lines contains and dominates the landscape. The hospital itself is transparently a hierarchy, culminating in a single tower projecting itself into the sky, and presiding over the rest of the building like the key which governs and gives order to the others. The hospital in Fearing's picture, is clearly more than just a building, it is an entire scientific method, an epistemology, a culture, and a network of power relationships. It clearly states that knowledge should proceed from the top and then disseminate outwards from there. The hospital represents the very thing that Williams had always attempted to overcome; the binding of knowledge into a confined, 'occult' space. It asserts that knowledge is to be contained *within* this structure, whilst we, the viewer, must observe from the outside.

One might compare this to Williams' 1938 poem, "Between Walls."

the back wings  
of the

hospital where  
nothing

will grow lie  
cinders

in which shine  
the broken

pieces of a green  
bottle

What stands out in "Between Walls" is the oppressive rigidity of the structure, with that two part line (a form he often used during the 1930s). It carries a sense of zooming in, of containment, which ultimately derives from the same impulse to sterilize and control.

During the second World War, medicine did in fact become inextricably bound up with a military hierarchy. By 1943 almost half the physicians under the age of sixty-five who had been



in private practice were in the armed forces.<sup>35</sup> Rather than each individual doctor offering his own unique practice, competing in a free market (the ideal of medicine that the AMA had long held), instead doctors were now an interchangeable commodity, an extension of the state.

Yet health care reform never materialized and the war represented the culmination of 1930s ideals of the interventionist. The post-war boom seemed to reconfirm the capitalist principles of the AMA, and with the threat of communism on the horizon, socialism and its attendant philosophy was more unpopular than ever. As a result, the forces of health care reform gradually dissipated. In addition, there was hardly a period in which antipathy towards ‘progressive’ science was stronger than the period after Hiroshima, Auschwitz and Dresden.<sup>36</sup> In this respect, the world was gradually moving into alignment with the beliefs that Williams had long put forward. His 1933 story ‘Jean Beicke,’ for instance, already expresses this post-war sentiment:

I fell asleep and in my half sleep began to argue with myself – or some imaginary power – of science and of humanity. Our exaggerated ways will have to pull in their horns, I said. We’ve learned from one teacher and neglected another. Now that I’m older, I’m finding the older school.

Science, I dreamed, has overcrowded the stage more than necessary... It touches us too crudely now. (DS, 66)

Already in the 1933 Williams was filled with this conflicted feeling of scepticism and consent, resentment and reliance with regard to science that became the hallmark of the post-Hiroshima era. In the aftermath of the war the discursive power of the hospital was appropriated by any and every interest group looking to cash in on the cultural authority that the medical

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<sup>35</sup> Fox notes that the medical industry “often used the lessons and language of mobilization, deployment, command, and combat to formulate and describe proposed policy.” The “march” of science was no longer simply a metaphor. The new military doctors were largely trained after 1920; they weren’t adverse to hospitals and moreover, “The armed forces gave certified specialists higher ranks and broader responsibilities than even the most experienced general practitioners” (Fox, pp.19, 116).

<sup>36</sup> There are many accounts of the involvement of the medical profession in Auschwitz and the human experiments conducted there. See *Nazi Medicine: Doctors, Victims and Medicine in Auschwitz* by the International Auschwitz Committee (New York: Howard Fertig, 1986).

profession had gained. Williams had never endorsed socialism. As we have already noted he felt that usury was ‘*not* inherent in Capitalism,’ and this seemed to be the post-war boom seemed to confirm the principles of the free market. Nevertheless that revision of capitalist practices for which he had always hoped never came about, and even as late as 1951 he was writing,

Today the hospital is part of the fairgrounds for the commercial racket carried on by the big pharmaceutical houses. Almost every day there are exhibits of the latest drugs put on by the sales force of this or that manufacturer in the doctor’s waiting room... If the physician does not hand out the latest variant of the popular cure-all, he will fast lose his practice. Rightly so. (A 292)

That ‘rightly so’ is laced with a certain amount of resentment, but however grudgingly, it tacitly consents to the post-modern world and its attendant consumerist philosophy. The encroachment of a state controlled ‘establishment’ of medicine, a repressive institution with its concomitant hierarchy of knowledge that the AMA had so often feared and criticized was in fact *not* the true guiding force of American medicine. The true guiding force was in fact *the resistance to this principle*; resistance to centralisation, to standardisation and to hierarchy. It is this resistance that Williams carries unconsciously into his work. Regardless of whether his conservative rejection of the institution of medicine was justified politically, his scepticism towards any positivistic or totalitarian conception of knowledge enabled him, to his credit, to break with the reactionary modernism of Eliot and Pound. It is in his rejection of the teleology of the centre that Williams pre-shadows much of the current philosophy of science. Williams was far-sighted in his pragmatist challenge to scientific method and his willingness to put the patient’s own story at the centre of his diagnosis. Above all, out of all the philosophies and manifestos for poetry that Williams wrote, what truly redeems him in the eyes of the modern

critic is the knowledge he carried instinctively into his work that it would be impossible, as the AMA advise, to ‘keep politics out of the picture.’<sup>37</sup>

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<sup>37</sup> Fox, *Health Policies, Health Politics*, p.156