“I Found Another to Admire”:
The Idea, the Thing, and the Female Body in “The Girl with a Pimply Face”

“Her cordy legs writhing
beneath the little flowered dress
that leaves them bare
from mid-thigh to ankle”

--- “Sympathetic Portrait of a Child,” William Carlos Williams (1917)

Though not often read in conjunction with his medical narratives, the description of the young daughter of a murderer that William Carlos Williams offers in “Sympathetic Portrait of a Child” serves as a potentially critical entry point into a discussion of the role of the female body in his later short fiction and, of course, his epic, Paterson. The performance of the sexualized medical gaze that is well-acknowledge in criticism of Paterson and the collection of short stories now known as Doctor’s Stories echoes the intertwining of sympathy and erotics with which the voyeuristic speaker describes the girl at the center of this poem. The power dynamic between the girl and the spectator is similar to that which exists between the doctor and patient. As the daughter of a murderer, the girl becomes a spectacle, and an easy target for the speaker’s observations, much as the patient is a spectacle for the doctor. A girl who is “barely ten-years-old” (l. 1), and is presumably no longer under the protection of at least one parent, is at the very least in a vulnerable state, and is in this way similar to the patients left in prone positions of medical examination in Williams’ medical narratives. Taking full advantage of her position, the speaker offers us a blazon-esque portrait of the girl, each of the first three stanzas documenting the speaker’s gaze as he fixates on different frames of the girl’s body. He remarks on the way in which the girl “jerks her shoulders” (l. 3) in the first stanza, and moves down to “her skinny
little arms” (l. 7) in the second, before resting upon her “cordy legs writhing / beneath the little
flowered dress / that leaves them bare / from mid-thigh to ankle” (ll. 20-23) in the third. In these last
lines, the description of her bare legs writhing underneath the hiked-up skirt of her dress highlights the
explicitly sexual nature of the description, the speaker self-consciously embracing the troubling
juxtaposition of the eroticism of her bare leg with the childlike nature of her “little flowered dress.”

But, as the poem spans across the girl’s body, the speaker finds that not only does the girl resist
his gaze, but that she is also watching him. Throughout the poem, there is a silent struggle between the
speaker and the girl, as each wants to watch the other without being seen themselves, which ultimately
disrupts any efforts to locate a moment of sympathetic understanding between them. As she “jerks her
shoulders / right and left / so as to catch a glimpse of me / without turning around” (ll. 3-6), the girl
attempts to position herself in such a way that she can observe him, unseen, despite the fact that she
seems to be in plain sight. She continues to vacillate between hiding from the speaker and returning
his gaze. The speaker observes that “As best as she can / she hides herself / in the full sunlight” (ll.
17-19). And, earlier in the poem, he notes her reluctance to turn around, observing: “Nervously / she
crushes her straw hat / about her eyes / and tilts her head / to deepen the shadow” (ll. 11-15).

The give-and-take between the two actors in this poem may seem to open the opportunity for
the girl to maintain a surprising amount of agency, despite the circumstances etched out in the poem.
However, it is this exercise of her agency that undoes the speaker’s attempts to maintain a sympathetic
connection to his object. As the poem closes, the speaker asks his reader: “Why has she chosen me / for
the knife / that darts along her smile?” (ll. 24-26). The formation of this stanza into a rhetorical
question, as well as the violence of the knife imagery, suggest the speaker’s reluctance to become the
object of someone else’s gaze, to allow this reversal of these roles. It is the mutuality of the gaze that
ultimately distances the speaker from his object. And, it is in this transformation of this relationship between the speaker and the girl that Williams highlights a unidirectional nature of sympathy, one in which the potential for a sympathetic connection is complicated by the object’s assertion of her own subject-ness, despite however unintentional the act might be. The semi-blazon structure of the poem aestheticizes this form of sympathy, specifically through corporealizing the forms of sympathy that Williams’ spectator performs, and those that may make him uncomfortable. For the speaker, sympathy is found specifically through finding a locus for it, a focal point, within the object’s physical body. Sympathy is purely visual, and non-communicative. The sexual charge of it lies solely in the speaker’s commitment to locating sympathy within physical locations of her body that become eroticized through the unidirectional performance of this relationship. In “Sympathetic Portrait of a Girl,” we therefore see the collapse of physical “things” and intangible ideas into one location: the girl’s body. It is through her body that Williams is able to imagine, depict, and communicate what would otherwise be an abstracted, personal, and intangible experience.

Throughout his life, Williams had often claimed that he saw his work in medicine and his work as a poet as so intricately tied, that he had difficulty distinguishing between his work in each field. Early in his autobiography, Williams writes: “As a writer, I have been a physician, and as a physician a writer” (xii). Recounting his years as a practicing physician and poet, Williams claims that he was able to seamlessly transition from poet to doctor when a patient walked into his office, but once home from work, he could not rest until he then wrote ten to twelve pages. In “The Practice” chapter of The Autobiography, Williams writes:

[A]s a writer I have never felt that medicine interfered with me but rather that it was my very food and drink, the very thing which made it possible for me to write. Was I not interested in man? There the thing was, right in front of me. I could touch it, smell it. It was myself, naked, just as it was, without a lie telling itself to me in its own terms. (357)
In medicine, through his patients, Williams found access to various iterations of the “thing” around which he oriented his modernist aesthetic. Williams’ ability to tangibly interact with “the thing” through his encounter with his patients would suggest that his patients’ bodies, and that the human body in general, may have been a key material focus for Williams’ conceptualization of “the thing.” And yet, Williams’ assertion that the thing was also himself suggests that it was through a sympathetic or empathetic relationship with his patients -- one in which he “actually became them” -- that he was able to access the thing through medicine (356, emphasis Williams’). Because much of his reputation rests in his dual identity as doctor and writer, it is not surprising that Williams would describe the process of living this “double life” early in his autobiography.

But, curiously, this is not the way in which Williams chose to open his autobiography. Instead, almost as soon as he opens his autobiography, he warns his readers: if they wanted to read about his sex life, they will be sorely disappointed. He writes:

I do not intend to tell the particulars of the women I have been to bed with, or anything about them. Don’t look for it. That has nothing to do with me...I am extremely sexual in my desires: I carry them everywhere and at all times. I think that from that arises the drive which empowers us all. Given that drive, a man does with it what his mind directs. In the manner in which he directs that power lies his secret. (xi)

Williams’ somewhat narcissistic opening to his autobiography collapses together his desires and sexual experiences with his life as the “doctor poet.” The juxtaposition of his secret sex life with his life as a physician and as a modernist poet suggests a close tie between Williams’ sexuality, his practice, and his aesthetics. He cryptically hints to this idea in the claim he makes in the passage cited above: “I am extremely sexual in my desires...I think that from that arises the drive which empowers us all.”

William’s insistence on aligning his sexuality with his literary and medical work may not be terribly surprising to those who have studied his work, and particularly his medical narratives. Dating
back to Williams criticism in the 1960s, couched in the rise of early feminist literary and psychoanalytic criticism, literary critics have established the troubling sexual politics inherent in Williams’ treatment of his female patients. In her foundational article, “Connotations of Rape in ‘The Use of Force,’” R.F. Dietrich establishes the ways in which the violent diagnosis of diptheria in “The Use of Force” mirrors the violence of rape, particularly the narrator’s forced entry into his young patient’s mouth. And, though “The Use of Force” is perhaps the most studied example of the problematic gender and sexual politics in Williams’ medical narratives, it is certainly not the only example of this troubling doctor-patient dynamic. The short stories collected in the 1951 volume, The Doctor Stories, provide an array of problematic encounters between the white, middle-class, male doctor and his ethnically diverse, working-class, female patients, including a fifteen-year-old girl in “The Girl with the Pimply Face” and women in labor in “A Night in June” and “Comedy Entombed: 1930.” Paterson also famously provides a more stylized depiction of a violent interaction between doctor and patient in the “Take off your clothes” scene of Book III.1

These kinds of encounters indeed call for a thorough consideration of how Williams depicts the gender and sexual politics of patient healing. This is particularly true of the time at which Williams was practicing, when the medical field was so heavily dominated by those in privileged subject positions. Critics have also found it necessary to discuss the ways in which his narratives could still be meaningful to current medical practitioners in the late twentieth and early twenty-first centuries. Readings of Williams’ work that straddle the disciplinary boundaries between literary studies and the medical sciences see these narratives as an important pedagogical sources that teaches physicians-in-training -- as well as reminds well-seasoned medical professionals -- of the importance of open doctor-

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1 For the purposes of this paper, I will only cover “The Girl with a Pimply Face.” However, it is my hope that the framework I establish in this paper will prove helpful in an analysis of these texts as well.
patient communication and the kinds of decisions a doctor may have to make when treating patients on-the-ground.

In this paper, I wish to further the conversation of the aesthetic value of Williams’ medical narratives. However, I also wish to do so in such a way that draws upon earlier critical discussions of the gender politics of medical treatment in the modernist period, and in Williams’ work specifically. My efforts to do so will rely heavily on a framework that borrows from the arguments and investments of disability theory, particularly the close attention disability theorists pay to the tension between the discursive and the physical body in literary and theoretical texts. Though Williams certainly sexualizes the bodies that appear in his medical narratives, the actual body parts placed in narrative focus are not typically sexualized parts of the body. These moments of erotically charged encounters between the doctor and the patient highlight the different registers at which the body appears in Williams’ medical works. The points of interest for Williams are a teenage girl’s pimply face, a small child’s epiglottis, a pregnant woman’s severely burned thigh and her varicose veins. And yet, in other moments, the body becomes completely abstracted, particularly in *Paterson*, in which the Beautiful Thing shifts between existing as an actual woman, a patient, a victim of gang rape, and the idea of the Beautiful Thing.

This paper will focus particularly on Williams’ short story “The Girl with a Pimply Face.” In my analysis, I will look to the ways in which Williams’ focus on the injured and seemingly asexual parts of the girl’s body can better inform our understanding of the role of the physical body in Williams’ modernist aesthetic, and perhaps help us to think through the place of the woman’s body in medicine-and-body-oriented modernist texts more generally. Turning to David Mitchell’s critique that modernist literature seeks to use the disabled body as only a metaphorical tool, I will argue that Williams’ sexualization of his patients highlights his interest in “real” bodies, and complicates the
relationship between concerns of illness, class, and sexuality, in modernist aesthetics. In doing so, this paper will argue that Williams’ narratives of doctor-patient encounters deserve a more prominent place in Williams’ oeuvre that circulate around his philosophy of “no ideas but in things.” Through surveying the role of the body as a “thing” and as an “idea” in this narrative, this paper will ultimately consider the ways in which Williams differently employs the “thing-ness” and “idea-ness” of the female body, and to what ends.

The narrative tension that composes “The Girl with a Pimply Face” is that which exists in the competition between the fifteen-year-old girl and her baby sister, the story’s patient. Though the narrator’s visits are ostensibly to check on the ailing baby, the focus of each visit is her older, pubescent sister. The opening scene of the story, however, does not necessarily give the reader a clear impression that this will be the case. When he first sees the pimply faced girl, the narrator describes her as a “lank haired girl of about fifteen standing chewing gum and eyeing me curiously...The hair was coal black and one of her eyelids drooped a little as she spoke” (42). This initial description registers no immediate attraction, nor does it depict the girl as particularly inviting in any sense, let alone sexually. And yet, the narrator concludes: “Boy, she was tough and no kidding but I fell for her immediately.” Despite the fact that he also notices that she had “one of those small, squeezed up faces, snub nose, overhanging eyebrows, low brow and a terrible complexion, pimply and coarse” (43), he still thinks: “This young kid in charge of the house did something to me that I liked” (44). His attraction is immediate and is based solely on these remarkably asexual descriptions of her body and a few lines of stilted dialogue. The juxtaposition of the non-sexual content of the description and the erotic tone confuses the initial moment of attraction, making the narrator’s admiration for the girl all the more troubling.
The doctor’s attraction to this teenager places “The Girl with the Pimply Face” in the portion of Williams’ oeuvre that has distressed critics concerned with social and sexual justice. But I am not necessarily concerned with the ethics of the doctor’s attraction to the girl, nor with the extent to which we can consider this to be an attraction. Rather, I want to focus my analysis around the reason for the doctor’s attraction to this young girl, or at least how he explains it to himself and to the reader.

Physically, the details of the girl’s body that the narrator eroticizes are only obviously erotic in tone and not particularly sexual in appearance or in visual description. The closest the narrator comes to a focus on an overtly sexual part of the girl’s body is his description of her breasts and limbs: “But after all she wasn’t such a child. She had breasts you knew would be like small stones to the hand, good muscular arms and fine hard legs” (44). The emphasis on the tactile in this portion of the description highlights the narrator’s fantasy of holding her breasts and feeling the muscles of her arms and legs.

Similar to the blazon of “Sympathetic Portrait,” the progression of the narrator’s description follows his gaze as he moves from her breasts, to her arms, to her legs, and to her feet: “Her bare feet were stuck into broken down leather sandals.” Though in prose form, this blazon-esque structure signals to the reader a similar effort to both visually possess the girl as his object and establish a sympathetic bond with her. As his eyes rest on her legs, he notices the scabs left from what she thinks was poison ivy. After he asks her about the scabs, he describes the appearance of her leg in greater detail, as she lifts her skirts to show him a leg covered in mosquito bites, the skin of which she “had torn at the affected places with her finger nails” (45). Once he had finished looking at her legs, he notices a “big brown spot” on the back of her foot, which she guesses is dirt. Though the narrator

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seems to only want to focus his diagnostic skills on her bare legs and feet, the girl rejects his help in these areas, and calls his attention back to her pimpled complexion, disrupting the narrator’s focus on the hard edges of her body.

In her analysis of Williams’ treatment of women in his short stories, Marjorie Perloff characterizes the critical approach to the sexualization of the female characters as a rationalization that would argue: “Williams, both in his life and his art, so the reasoning goes, was unusually sensitive and responsive to the human condition -- especially to the condition of the ordinary poor people, many of them immigrants, who came to him as patients...Williams does not sentimentalize their plight, yet he can see...a glimpse of what he calls ‘the hard straight thing in itself’” (Perloff 841). And, indeed, if we look at the doctor’s rationalization for why he would be attracted -- in any sense of the word -- to the girl with a pimply face, then it would seem as if he has located some “idea” of the girl within her physical body, and it is this idea that draws him to her.

Early in the story, in the same moment that the narrator catalogues the physical body of the girl, he also begins to theorize the character of the girl standing before him. He thinks to himself: “She was just a child but nobody was putting anything over on her if she knew it, yet the real thing about her was the complete lack of the rotten smell of a liar. She wasn’t the least presumptive. Just straight” (44). The narrator’s descriptions of her character parallel the image of her physical body that he presents later, the straightness of her character mirrored in the hardness of her muscle tone. This summary of her character will also come into relief against her mother who is, according to the narrator, always in a state of alcohol-induced hysterics and affected maternal concern. In contrast, the narrator creates the character of the girl in atonal, one-line responses that suggest an absence of affect and, therefore, a character who would seem to purport the objectivity and honesty of Williams’ own
form of imagism. As Crawford argues, while the doctor diagnoses the baby, the actual patient, he also diagnoses the rest of the family as well, who suffer from the illness of immigrant poverty. And, though the doctor recognizes the effects of this life in the body and character of the girl, he reads her as someone who could succeed in these surroundings (77). In the narrator’s mind, he has constructed a narrative of her life and forced her into it, one in which she is “a tough little nut finding her own way in the world,” a girl whose circumstances have hardened her, which may in fact allow her the strength and ingenue to succeed in this environment. The doctor takes comfort in this narrative, translating his sexual desire to a noble calling to do good for her, through helping to cure her face and convincing her to continue her schooling.

The uncomfortably detailed description of the body, therefore, becomes co-opted as an aesthetic representation of the doctor’s loftier desires to “save” the girl. And, as Perloff points out, the narrative would seem to support the doctor’s interest, as by the end of the story, the baby is doing better, the girl’s acne has healed, and she will also return to school (184). But, sexual politics aside, Williams’ assertion that there are no ideas but in things may complicate this reading. If we are to understand that it is the idea that justifies the narrator’s presentation of the thing, this would seem to give the idea of the girl priority over the girl’s status as the “thing” of the story.

In this reading of “The Girl with a Pimply Face,” the story fits effortlessly into the arc of Williams’ stories that Perloff constructed in her article “The Man Who Loved Women.” Perloff’s article traces the ways in which the doctor narrator in Williams’ fiction relies on his credentials as a doctor in order to assert his authority over his female patients, and gain access to their lives and bodies under the protection of the guaranteed innocence of the doctor’s intentions. These encounters are not unchartered territory in Williams criticism, and Perloff’s article is key in the feminist critique of the
role of the female patient in the doctor stories. Particularly because Williams’ doctor narratives have also understandably captured the attention and interest of the medical community, the discourse that surrounds these stories often involves a serious consideration of Williams’ commentary on medical ethics and patient care. After the feminist focus on the power dynamics in this part of Williams’ oeuvre in the ‘60s and ‘70s, Williams critics -- some with medical backgrounds -- began to read these ethically dubious moments in the context of the general discipline of medical ethics.3 Barbara Currier Bell’s analysis of “The Use of Force” summarizes the history of the criticism of this particular story as well as other medical narratives similar to it in Williams’ oeuvre. She writes that by the time she wrote this article in the early ‘80s, there were already two established lines of interpretation for understanding this story. The first, in the tradition of R.F. Dietrich, notes the psychoanalytic imagery used in the story in order to call attention to the implications of rape and sexual violence in the narrative.4 The second, however, focuses on the narrator’s ability to use force in order to successfully diagnose the patient’s potentially fatal disease.5

Though these two readings stimulated an important topic in Williams criticism, ultimately this conversation comes down to a baseline judgement of the doctor-narrator: either the doctor is “good,”

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3 The reason for this shift in critical conversations surrounding these stories may be due to the establishment of the journal Literature and Medicine in 1982, which covers Williams’ medical work on a regular basis.


5 David Morris, for example, claims that Williams has become “patron saint of the medical humanities” because of Williams’ ability to narrate the ethical decisions he made in his fiction (124). A key proof of this lies in the ways in which critics with medical backgrounds, like Nancy King, have written articles that specifically address the utility of Williams’ methods, particularly in his anticipation of the now growing trend in narrative diagnostic medicine. See: David B. Morris. “Williams’ Force.” Literature and Medicine. 5 (1986). pp. 122-140. And, Nancy M.P. King & Ann Folwell Stanford. “Patient Stories, Doctor Stories, and True Stories: A Cautionary Reading.” Literature and Medicine. 11(Fall 1992): 185-199.
or the doctor is “bad.” However, throughout these decades of Williams criticism, there has also been a specific focus on the relationship between the inherently sexual tone in Williams’ oeuvre, his work in medicine, and his specific imagist aesthetic. In *Literature and Medicine*’s commemorative issue of the centennial of Williams’ birth, Theodora Graham’s introduction outlines the life Williams led as a physician and poet and the ways in which Williams’ collected material from his practice for his poetry and fiction. David Morris, however, argues that particularly through “The Use of Force,” we can see that Williams’ professions as doctor and writer did not always exist in the easy accord that Williams portrays in his autobiography (125). As opposed to the litany of texts devoted to Williams’ poetry, only one volume, Robert Gish’s *William Carlos Williams: A Study of the Short Fiction*, has focussed solely on Williams’ short fiction. Of particular interest to Gish in his approach to Williams is a careful look at how Williams’ own theorizing of his short stories pulled from his experiences as a doctor, particularly because his situation at the time of the Depression dictated the terms by which he would record this period in narrative form (Gish 15). Similarly, in his study of “The Use of Force” and technical side of Williams’ short story writing, J.E. Slate writes that of the 52 short stories Williams had written, “The Use of Force” was the only story that had received significant critical attention. He

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6 In order to move beyond this dichotomy, Bell presents an alternative means to reading this story, arguing that instead of the critical focus on the doctor’s ultimate decision to employ force in patient care, we should instead focus on the process by which he came to this decision in order to consider how medical ethics plays into a doctor’s actions on the ground (146). Similarly, George Monteiro argues that Williams’ short stories emphasize the conflicts between Williams’ “learned professionalism” and his “affective impulses” (77). Like Bell, Monetireo focuses on the thought processes of the doctor narrator in Williams’ short stories, placing Williams at a transitional moment in both medical advancement and in modernist literature, further solidifying Williams’ persona as a doctor-poet. See: Barbara Currier Bell, “Williams’ ‘The Use of Force’ and First Principles in Medical Ethics,” *Literature and Medicine*. 3 (1984). pp. 143-151; and George Monetireo, “The Doctor’s Black Bag: William Carlos Williams’ Passaic River Stories.” *Modern Language Studies*. 13:1 (Winter 1983). pp. 77-84.

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7 The text is devoted predominately to the burden of being the only volume dedicated to the short stories and therefore endeavors to prove their relevance to Williams’ autobiography, his identity as a doctor-poet, his overall modernism, and nearly every theoretical school popular in the 1980s.

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8 Though Slate wrote the article in 1989, and though Williams’ critics have covered other stories since then, “The Use of Force” still seems to hold this distinction.
argues that the modernity of Williams’ stories is strictly dictated by the universe in which Williams found himself as a general practitioner in Depression-era Passaic County. His stories feature neither classical heroes, nor classic narrative structures, and they are not meant to be dramatizations of any one philosophical principle. Rather, they are universes built on their own terms, in their own languages, based on the violence and poverty of the communities he observed.9

In 1993, T.H. Crawford began to think through these connections in his monograph Modernism, Medicine, and William Carlos Williams. In this practically definitive study of Williams’ medical writing, Crawford places Williams’ work in the context of changes in modern medicine that were contemporary with the years of his practice, as well as a sociohistorical study of the urban communities in which Williams worked. In so doing, Crawford performs a book-long study of the intersections between Williams’ medical practice and his aesthetic as a poet, arguing, for example, that Williams’ emphasis on contact and local experience in his writing emanated from a reliance on empirical objectivity that came from his practice of medicine. A decade later, Cynthia Barounis uses Crawford’s theorizing of the ties between Williams’ medical practice and poetics in order to analyze his use of color and grey imagery in Al Que Quiere and An Early Martyr. In so doing, Barounis argues for Williams’ own awareness of the power of the medical gaze and his ambivalent attitude toward it. Barounis thereby highlights the ways in which we can use Williams’ aesthetic to complicate our previous understanding of his awareness of his privilege and power over his patients.

From this critical tradition, I would like to highlight the emphasis on objectivity as a link between Williams’ medical practice and his literary work, as well as the use of his aesthetics to assess

his own attitude toward the medical gaze. Like Barounis, I would like to change the critical question from one that asks if Williams employs the medical gaze, to one that evaluates the ways in which he highlights his awareness of his power dynamic through his narrative structure. Therefore, the ongoing discussion of the relationship between things and ideas in Williams’ work cannot go on without a greater consideration of the human body as a locus for the thing and the idea, and without providing more attention to how this network plays out in Williams’ medical narratives. My argument that we must read the bodies in Williams’ medical narratives specifically as physical objects draws upon the discussion of feminist body theory. Though each theorist approaches this discussion within a different framework, collectively they argue that in theories that rely on the body, we must recognize that there are two different ways in which theoretical texts deploy the term “the body”: in one, the body acts as a discursive object -- one that exists as a signifier for an abstracted idea -- and in the other, the body acts as a physical object -- one that is oriented in space and is a part of a network of tangible, visible actions and interactions with other objects.

In my previous reading of “The Girl with a Pimply Face,” for example, I argued that the girl’s body’s presence as a physical object was an aesthetic consequence of the body’s representation of a greater ideal that existed as a metanarrative in the narrator’s mind. According to disability theorist David T. Mitchell, this would be emblematic of the way in which the body functions in modernist literature as a whole. Disability theorists are equally invested in the dichotomous relationship between the discursive and the physical body, particularly because theorists like Mitchell and Tobin Siebers

10 Such theorists include Judith Butler, Donna Harraway, and Elizabeth Grosz.
have argued that feminist body theorists still argue from the perspective of the able-bodied.¹¹ In his comparison of representations of the disabled body in modernist and postmodernist literature, Mitchell argues that though modernists were able to abandon the Victorian pathologizing of the disabled body, they still reified categories of the grotesque through using disabled bodies as metaphorical tools. His analysis of Sherwood Anderson’s *Winesburg, Ohio* -- particularly the opening dream sequence -- leads Mitchell to conclude that Anderson uses the grotesque figure in order to serve as a corporeal vision of general principles and truths that his writer narrator would later incorporate into the main body of the text. Mitchell writes: “By objectifying truth in this manner, in making an abstract concept into material that can be snatched up like a valise or pocketed as a possession, the grotesque is constructed through a process of sublimation” (144). The fact that these “truths” later come to be a part of the ills of the modernist social landscape further pathologizes the disabled figure that comes to embody the failures of modern life.

Though I do not wish to argue that all or even some of the patients’ injuries or illnesses in Williams’ works would necessarily put these characters in a disabled subject position, I do think that disability theory outlines some interesting methods and theoretical terms that are helpful when analyzing the physicality and materiality of the body, particularly of the injured, ill, or fragmented body. Disability theory’s approach to representations of the body in literature help us to think through some concrete ways in which the discursive and physical bodies function differently in literary representations of illness and healing.

¹¹ For example, Siebers argues against Haraway’s use of the prosthetic in “The Cyborg Manifesto,” claiming: “I know the truth about the myth of the cyborg, about how able-bodied people try to represent disability as a marvelous advantage, because I am a cyborg myself...The cyborg is always more than human -- and never risks to be seen as subhuman. To put it simply, the cyborg is not disabled” (63). See: Tobin Siebers, *Disability Theory*. Ann Arbor, MI: University of Michigan Press, 2008.
Conversely, because of Williams’ approach to literature as a doctor-poet, I would also argue that Williams’ oeuvre is a necessary place to turn when considering the role of the physical body in modernist literature. Particularly, if we return to my earlier reading of “The Girl with a Pimply Face,” Williams’ use of the girl as an embodiment of the social and economic poverty of the urban poor in Rutherford, New Jersey, would seem to suggest that injured bodies in Williams’ stories would fit perfectly into Mitchell’s reading of the disabled body in modernist literature. Though the phrase “no ideas but in things” would suggest a primacy of the material object over the rhetorical idea -- as classical imagism is often understood -- Emily Lambeth-Climaco argues for a re-interpretation of this claim and a re-orientation of the relationship between the idea and the thing in Williams’ aesthetic philosophy. Rather than reading this line as Williams’ affirmation of his support of Pound’s imagism, or the violent, more technologically based emphasis on the material in the Futurist manifesto, Lambeth-Climaco reads this line as a description of Williams’ own particular brand of imagism and modernism. Recognizing the only tools available to Williams as a writer, she argues that the relationship between the idea and the thing must be more complicated than we may have originally understood it to be, particularly because Williams’ “act of redemption of things from their ‘murder’ at the hand of signifying objects” is only achievable through the use of the “murder weapon of language” (46). She concludes: “The thoughts of Paterson seem to mediate between the concrete and the abstract. Thus, while ‘no ideas but in things’ appears to segregate ideas from things, extending also the separation of language, Paterson’s mental lens gives rise to a much more fluid notion of ideas and things” (48).

Lambeth-Climaco’s assertion that the relationship between the thing and idea is less rigid than we originally thought it to be would, therefore, support the my reading of “The Girl with a Pimply
Face” that I questioned earlier. As she further elaborates on the “fluid” relationship between object and rhetoric, Lambeth-Climaco also notes that the structure of the line “no ideas but in things” supports different readings of this relationship. Though she does not discount the classical reading of the line, she also notes that the preposition “in” may suggest a second way to read it. Placing the idea in the thing would seem to suggest that the thing should serve as a framework, as a grounding for the idea, as a signifying object (49). This specific re-interpretation would then seem to suggest that we would be correct in reading the girl’s body as an embodiment of the idea of her that the narrator has super-imposed onto it. Indeed, this reading would appear to be a perfect illustration of Lambeth-Climaco’s argument once we move it beyond her specific reading of Paterson.

However, a key consequence of Lambeth-Climaco’s argument is that we no longer need to read the thing and the idea as quite at odds with each other as we may have originally assumed. That is to say, if we do not read them as primary and secondary, or one as the consequence of the other, then we can perhaps revive our reading of this story. If we recognize the knowledge about the girl that each “form” of her body reveals, and how these knowledges compete with each other, then we will see that the ending of the story is more ambivalent than earlier readings of the story have suggested. As Perloff already notes in her reading of the story, the doctor’s attempts to “save” the girl seem to come to an end when his colleague -- also familiar with the family -- reveals that the girl was not quite the “straight kid” that the doctor wanted to believe her to be. He tells the doctor: “That thing! You mean that pimply face little bitch...There’s about a dozen wise guys on her trail every night in the week. Ask the cops. Just ask them. They know...They say you’ll stumble over her on the roof, behind the stairs anytime at all” (55). This moment in the narrative highlights the way in which the doctor’s co-opting of the girl’s material body and the idea of her that he then formulated seem to exist in a competition in
the doctor’s mind. While he certainly thinks of the girl’s body as a sexualized object, the fact that this body actually acts upon its sexuality and does not only exist as an inert thing, frustrates his attempts to fit the girl into the narrative he had constructed earlier.\textsuperscript{12}

Despite this, Perloff still argues that the ending of the narrative would suggest a victory for the doctor that would, in turn, provide narrative support from the “boundary crossing” earlier in the story that may have alienated the readers. In the girl’s decision to take the doctor’s advice to cure her acne, and in her decision to go back to school, it seems that though their relationship may be somewhat problematic, the good it does for her life still highlights the positive influence of the white male physician over his less privileged patients. But, because the doctor learns this information through the reading of her material body, the narrative suggests that the story’s conclusion is not all that easily legible. In his last visit to check on the baby, the doctor describes the scene he finds when he enters the apartment: “The fifteen-year old was in there at the window in a rocking chair with the tightly wrapped baby in her arms” (55). The image of the girl is madonna-esque in its description, suggesting a purity in the moment that ends when the girl stands to greet the doctor: “She got up. Her legs were bare to the hips. A powerful little animal.” Though there to check on the baby with a heart condition, the first question the doctor asks concerns not the baby, but the girl’s revealing outfit: “What are you doing? Going swimming? I asked.” The girl corrects him, telling him that it is her physical education uniform, which is how the doctor learns that she has gone back to school.

After the initial realization -- and appreciation -- of the girl’s “powerful” legs in the skimpy uniform, the doctor then asks if she is going back to school, so as to reabsorb her back into the narrative of the capable, streetwise girl who manages to thrive in the squalor in which he finds her.\textsuperscript{13}

\textsuperscript{12} why i don’t think it’s just basic jealousy.

\textsuperscript{13} As Perloff notes, this is essentially a formula for all of doctor’s stories.
But, as we have seen throughout the story, the girl uses the materiality of her body to frustrate these efforts. While the doctor wants to help heal her “fine hard” legs and feet, she disagrees with his diagnosis of her legs -- insisting that the scabs are the result of poison ivy and not mosquito bites -- and dismisses his concern for her feet, saying she would guess that it was just dirt. She also actively pursues her own sexual interests, even though to the doctor her body only becomes erotic in his description and appreciation of her. And, in this final scene, it is the girl’s lack of affect that he had found so attractive early in the story that ultimately forecloses on any attempt to read the story’s conclusion as a successful moment for the narrator. The narrative closes with the following conversation between the doctor and the girl:

How’s your face?
Gettin’ better.
My God, it is, I said. And it was much better. Going back to school now?
Yeah, I had tuh. (55)

Once he realizes that the girl’s face had improved, the doctor imagines an end to the story similar to that which Perloff describes in her analysis, one in which he can walk away feeling that he had at least helped this one girl. After he has insured that his help has indeed improved her acne, the narrator then moves on to ask her if she had followed up on his second piece of advice, to go back to school. Though critics have usually focussed on the fact that she went back to school, the way in which the girl responds complicates the assumption that the doctor was indeed the reason for this change in her future plans. The passivity inherent in the way that she phrases her response highlights the fact that she is returning to school most likely because a municipal authority has forced her to return. This would suggest that she is as much at the mercy of the urban infrastructure as was her baby sister, whose condition had worsened while in the care of the local hospital. All the doctor has won is the victory of knowing that he was correct in warning the girl that someone may force her to go to school. That is all.
In the last line of the story, the girl closes the narrative herself, and in such a way that it also reminds the reader that the doctor’s reading of her, her body, and her life is at best naive, and at worst willfully ignorant of the community he serves. Though this may not necessarily be new information, it is important to note that the story’s narrative structure itself makes this clear to us. Once we recognize the competing goals of the girl’s material body and the ideas this body inspires in the doctor’s mind, we can see that Williams has constructed this narrative in such a way that illustrates the epistemological process by which the narrator assesses his “patient,” and the ways in which he negotiates his relationship with her based on these conclusions. He sees her body, desires her, sublimates his desire into an idealized vision of her life, and forms a relationship with her based on this ideal, which she then dismantles. In so doing, Williams illustrates a narrative technique and aesthetic principle that heavily relies on the differentiation between the material and discursive bodies, as well as the ongoing competition between them. Williams constructs such a narrative through the stitching together of his imagist aesthetic, the sexual charge that comes with an imagist deconstruction of the female body, and his reliance on the corporealization of an idea in order to disseminate to his readership.

Though the investments of disability theory informed my reading of Williams, I would also argue that this short story complicates Mitchell’s assessment of bodily representations in modernist literature. It is certainly true that most of Williams’ patients are only temporarily injured or ill, and do not necessarily occupy the actual subject position of disability. However, narratives that are this particularly oriented around ailing bodies, bodies that are constantly subjected to a medical gaze, and narratives that are usually told from the point of view of the one who holds that gaze could potentially enrich the discussion of disability and bodily integrity in modernism and modernist medical narratives.
Because Mitchell’s assessment of modernist representations of the body is heavily informed by Anderson’s *Winesburg, Ohio*, he argues that in modernism, the disabled body is always a signifier for an abstracted social failing, and therefore the bodies in the text only function as embodied orientations of these ideas in space.

This is also the case in “The Girl with a Pimply Face,” as the doctor stubbornly reads the girl as an embodiment of the dirt, alcoholism, and poverty of the Rutherford working class. The dirt on her feet, the scratch-induced inflammation of her poison ivy rash, and the clogged, inflamed pores on her face all suggest a body ravaged just by filth alone -- a metonymic representation of her lived experience. But, as Williams’ use of the girl’s body demonstrates, we cannot assume that this is the body’s only function in the story. In “The Girl with a Pimply Face,” the female body functions not only as a focal point of problematic erotic desire -- a locus for the ways other, more privileged characters understand her -- but it also simultaneously functions to deconstruct the narrator’s use of her body. A return to the discussion of William Carlos Williams’ treatment of the female body that takes into account the multi-functional purpose of the female body could, therefore, change the conversations we have when we think of Williams’ love for women and his place in medical modernism.
Bibliography


