

The Hospital Body: *Misterios del hospital*

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Baudelaire once wrote, "Life is a hospital in which each patient is consumed by the desire to change beds" ("Cette vie est un hôpital où chaque malade est possédé du désir de changer de lit") (161). This nineteenth-century notion of life as a pathology of restless movement is grounded in the materiality of the human body. Baudelaire, however, speaks only of his soul, of his soul's hunger to be somewhere else, anywhere, provided it is out of this world ("N'importe où! n'importe où! pourvu que ce soit hors de ce monde!") (162). Yet the very image that is intended to transport the poet, in a kind of ontological frenzy, out of this world is a hospital filled with beds and sickness: a paradoxical image of stationary decay, of enforced desire. At the same time, the poet appears to elide the existence of patients' bodies and their diseases.

But not altogether. The lyrical impulse infusing Baudelaire's prose poem focuses on the same object that clinical medicine made its own: the patient. The poet as potential patient imagines a self of discontent, of profound *disease*, a self that occupies the visible space of morbidity. This is, then, the pathologically embodied self, the same object that both clinical medicine and realist-naturalist literature appropriated as a field of knowledge. In dialogue with his soul, Baudelaire pushes outward toward transcendence, *n'importe où*. He cannot bear the thought of finitude. He cannot see himself in one of those bodies trapped inside a hospital bed. In this sense, he has split himself off from the knowing eye/I that *does* see him there. In other words, if Baudelaire ultimately rejects his patient status, he also chooses

not to be the doctor. In "Any where out of the world," he tries desperately to be neither here nor there, neither object nor subject, to be somehow beyond the position of authority.

The exercise of that specific kind of medicalized authority—strikingly present in Baudelaire's contemporary, Flaubert—characterizes a significant number of nineteenth-century realist and naturalist novels. Taking his cue from Foucault's analysis of the eighteenth-century clinical gaze as a new way to see and say what constitutes experience (*The Birth of the Clinic*), Lawrence Rothfield in *Vital Signs* suggests that nineteenth-century fiction incorporates that particular institutionalized discourse as a legitimating form of authority, in which "the doctor-patient relationship stands as an emblem for the less manifest and more fundamental relationship between writer and text" (xvii). Medical power, he writes,

is the power to act upon, to control, and ultimately to constitute its intellectual object—the embodied self—without coming into direct contact with it or even being visible to it. (40)

The author as clinician is thus enabled to practice a kind of "professional exactitude" upon the pathologically and complexly embodied selves of his characters. The power of the professional in both clinician and novelist lies in information, the control of knowledge. From the intricate play between the internal (and multiple) discursivity of the novel and the discourse of the novelist proper emerges a doubly enhanced sense of authority that is both textual and professional. The novelist's use of medical authority reinforces the writer's literary authority (Rothfield 45, 188-89).

Baudelaire's desire to escape outward

can be juxtaposed to the medical mode of projecting downward into corporal density. The epistemological imperative to know the secrets of the human body plunges inward into the deepest pathology of all, what Foucault calls "the discursive space of the corpse: the interior revealed" (196). This need for clinical revelation is of course strongly tied to the naturalist experiment in fiction writing. In the "Carta-prólogo" to Vega Armenero's *El fango del boudoir* (1886), we read:

La clínica médica no es siempre agradable; ¿pero acaso no es en ella donde mejor se aprenden las enfermedades del cuerpo, sus causas y efectos, manera de prevenirlas y curarlas y los medios y medicinas para ellos necesarias? Algo semejante ha de ser la novela moderna; como un libro comprensivo de enfermedades sociales en el cual la exposición como el análisis se hacen sin engaños y sin miedo. (8)

Eduardo López Bago regularly subtitled his literary productions as "novelas médico-sociales" and aggressively stamped on every title page Claude Bernard's dictum, "La moral moderna consiste en buscar las causas de los males sociales, analizándolos y sometiénolos al experimento." Bernard's experimental medicine—a model structure and explanation of the real for master naturalist Émile Zola—is predicated on invasive procedures practiced upon the body. The experimental physiologist, wrote Bernard,

is a man of science, absorbed by the scientific idea which he pursues: he no longer hears the cry of animals, he no longer sees the blood that flows, he sees only his idea and perceives only organisms concealing problems which he intends to solve. (103; see also Rothfield 129)

This paradigm of bodily invasion does not, however, operate with impunity either within the nineteenth-century medical institution or within naturalist writing. Competing institutions, fields, norms, discourses—a complex, variegated array of domains and categories—often place medical authority and medicalized discourse in a defensive posture, compelled to justify and legitimate what appears otherwise as a violation of accepted codes and territories. The transgressive nature of such practices—medical and discursive—must be situated in relation to the intertwined question of authority and revelation. The naturalist novel, I would suggest, constitutes an act of transgression that, in a paradox, works, textually, on containing transgression within its fictional boundaries.

In narrative, the compulsion to tell and yet to put off the telling, to defer endings, also works culturally through a complex interplay between authority and prohibition, secrecy and disclosure. The text I want to focus on here—*Misterios del hospital*—forms part of a larger cultural weave of texts in which the site (and sight) of the body becomes simultaneously the opening for a series of narrative revelations and the sealing of authority. In works like Clarín's *La Regenta*, Pardo Bazán's *Insolación*, López Bago's *El cura* and *El confesonario*, and *Misterios del hospital*, naturalist paradigms—to be understood as narratively and culturally transgressive and dangerous to the body politic—paradoxically function through the authorizing discourse of sacramentalization (or in gendered opposition to it, as in *Insolación*). This sacramentalizing of the body—as text and as persona—is often promoted through the discourse of confession. The use of sacramental discourse is, we know, traditional to Catholic cultures like

Spain. How the mysteries of the Sacraments become in-corporated into narrative linguistically and semiotically is highly complex, as Harry Sieber demonstrates in his perceptive analysis of the second *tratado*, or chapter, of the *Lazarillo de Tormes*. Hidden in the eucharistic image of the coveted bread, “en figura de panes, como dicen, la cara de Dios” (118) is a linguistic (and interpretative) mystery. Thus, Sieber concludes, “when [Lázaro] writes ‘This book is my life,’ he is saying to us as readers, ‘This book is sacramentally (semiotically) my life’” (30). Expulsion and incorporation are at the heart of confession and communion. What happens when these models of understanding are either re-read or contested in historically and culturally specific contexts? How and why does sacramentalization persist in presumably secularized historical periods? What is the relationship between the sacramentalized and the body profaned? These are questions perhaps ultimately unanswerable, but we can at least reconstruct hypothesized texts of the texts and contexts we read in an effort to discern how other readers, other persons, understood these same obscurely grasped and needed structures of feeling and perception. Over and over we see how the sacramental and the profane(d) cannot be viewed apart. In realist and naturalist texts of the last century, profanation of the body often follows a pathological course of degeneration. Yet the sense of the body as a sacramentalized entity to be plunged into and revealed in its scientific truthfulness discloses an underlying belief in priestly or divine prognostication.

Take, for example, the opening scene of *La Regenta*, in which Fermín de Pas, functioning like a naturalist as critics have invariably remarked about this passage, scru-

tinizes and visually possesses the city of Vetusta through the analytic gaze of dissection and disclosure. As I have pointed out elsewhere (see Valis 106), this initial act of examination derives its imaginative force from a kind of narrative sacramentalization. The narrator, in seeking the revelation of hidden Vetustan realities, performs his duty not simply as a naturalist but as a supradirector of conscience—much the way Fermín de Pas does—and, in the process, “authorizes” himself by making his authority necessary to the text. This act is analogous to the “power of the keys,” the power to forgive sins granted priests. Church reasoning justifies the necessity of auricular confession by first positing the necessity of authority (see Hanna 625). Once authority is made present, revelation must follow.

How does this authorizing process of revelation work in *Misterios del hospital*? First, some background. This little-known and hard-to-find text sports the following subtitle:

Narración realista de escenas y lances hospitalarios y patológicos, miserias humanas, etc., etc., etc., entre enfermos, estudiantes y locos, escrita en forma de novela descriptiva, médico-filosófica, nosocómica y joco-seria, en estilo liso y llano.

The author is given as a Dr. Emilio Solá—plainly a parodic, Zolaesque pseudonym. There are two proposed candidates for authorship, both belonging to the Barcelona medical establishment: Luis Suñé y Molist (1852-1914) and Emilio Pi y Molist (1824-92).¹

Ferreras says that *Misterios del hospital* deals with “una censura o una crítica de la administración del Hospital de la Santa Cruz de Barcelona, establecimiento donde

trabajaba como médico el autor, y por esta razón emplea el seudónimo” (388). Elías de Molins claims that the book, which sold out quickly, did not go into subsequent printings precisely because it contained “duras censuras contra la organización del Hospital de Santa Cruz de Barcelona.”² The confusion over authorship is, to some extent, understandable, given the overlapping of last names, the coincidence of profession and medical and literary interests, and the Barcelona connection.³

The novel first appeared serialized in a satirical publication, probably short-lived, called *La Mosca* (Barcelona), from 11 March 1882 (Año I, No.50) until 1 April 1882 (No.53), and then in the continuation, *La Mosca Roja* (not *La Misa Roja*, as Ferreras notes), from 15 April 1882 (Época 2ª, No.1) through 2 December 1883 (Año III, Época 2ª, No.88), the last number I was able to see.⁴ Ferreras calls the *Misterios* “una obra hasta cierto punto novelesca” (388). I call it a novel.

And so did the author himself in a fascinating prologue to the work. He begins his “Prólogo-defensa” with this remark: “La novela, como Proteo, va cambiando de forma” (5). After a brief review of these changing novel forms, he quickly comes to his main point: up to now, he writes, we’ve had quasi-scientific novels, novels with some medical settings, and one truly “medical” novel in Spanish, *La magia del siglo XIX* by “Pythagoras,” or Dr. Anastasio García López (1861). What we haven’t seen, he goes on to say, is the purely hospital novel. (García López includes a hospital chapter—Ch. XV—which Solá undoubtedly found useful.) Although he claims not to have intended writing either a realist or naturalist novel, he recognizes, without at all rejecting idealism, the validity of both forms of

writing and the presence of a realist-naturalist style in his own work. It is evident from the references to a large body of cultural texts including *Les Mystères de Paris*, *Los misterios de Londres*, *L'Assommoir*, *La Curée*, *La Revue Réaliste*, Jules Verne, Balzac, Courbet, Poussin, Correggio, and many others throughout the novel that Solá is well read, culturally informed and very up to date. Thus it is hard to accept his somewhat ingenuous confession that "inocente de mí, que nada de esto [del realismo o naturalismo] se me ocurrió al escribir esta historia" (7).

Solá employs two converging tactical lines to justify his project. The first is genealogically inscribed; the second, precedence-bound. First, much like a literary critic, he outlines previous work on the subject. He asks and answers in one breath what has been done up to the present, and what hasn't been done in the novel form. Unstated conclusion: I am the first in Spanish to have written *la novela hospitalaria*. Then he carefully notes numerous examples of physically explicit realism in earlier writers and painters, both Spanish and non-Spanish. In other words, if Ribera can paint the flesh falling off St. Bartholomew (11), so can I with language. Solá builds up a case to justify the kind of novel he has written, a case which appears to be partly modeled on law—the notion of precedence—and partly on medicine—life histories or genealogies coupled with the idea of frequencies noted of certain symptoms, in this instance, realist touches in painting and literature.

He then supplements this rhetorical strategy by resorting to the frame of personal experience in the field of medicine. He says:

Por otra parte, el público no es muy escrupuloso en achaque de males y

desgracias. Parece que la gente se complace hablando de enfermedades y viendo cosas inmundas; las mujeres, sobre todo, acuden en tropel al patio del Hospital cuando una catástrofe ha colocado allí algunos cadáveres mutilados [...]. (14)

Or this:

No hay más que escuchar una conversación femenina en donde haya un enfermo: todo es hablar de vísceras, de sangres coaguladas, del sudor, de si los orines parecen vino, [etc., etc.] [...]. (14)

Here, Solá has clearly moved from one discursive field to another: the voice of medical experience and knowledge implies a relationship between the experience of illness and the language of realism/naturalism. Even more significantly, Solá appears to be saying that there is a certain "pleasure" derived from talking or writing about illness.

Allusion to such conversations—heavily gendered here—brings him to the question of language and language use:

De paso diré que en el contexto del presente libro he procurado huir del tecnicismo, expurgando todas las palabras médicas verdaderamente nuevas y poco conocidas. En esta tarea no he sido absoluto porque una porción de vocablos técnicos que antes nadie comprendía, ahora son de dominio público y hasta los grandes tribunos dicen en pleno congreso: *La ANEMIA del país, el MARASMO de los partidos, el diagnóstico de esas conspiraciones*, etc. (14-15)

Here is an extraordinary instance of how medicalized the general population had become by the early 1880s in Spain.

Just how much such specialized vocabulary usage had infiltrated the sensibilities of non-medical persons is illustrated in the humorous anecdote with which Solá wraps up his prologue-defense. A gentleman comes to his office, complaining of vertigo and other disturbing symptoms. The doctor gives him an explanation, which clearly doesn't satisfy him, since he responds: "Puede ser... dijo con desconfianza, pero yo creo que *todo mi mal depende de la matriz*" (16). Such anatomical ignorance provokes Solá to do a gendered doubletake. Is this a man or a woman?, he asks himself. A man, he decides, "pero muy infeliz a juzgar por el modo de entender las cosas de su propio cuerpo" (16). At this point, Solá seems to realize he had best make his exit, saying,

[...] y entrando presto en la obligación de salirme de un modo u otro con la mía, termino este prefacio sin temor de ser tachado de realista y sin preocuparme más del lenguaje. (16)

What are we to make of these curious preliminaries to the even curiouiser novel that follows? First, to justify the kind of novel he has written Solá must stress its uniqueness within the literary history of the genre. This strategy defends him against those literary professionals who might very well look askance at the creative incursions of a medical man. The strategy works professionally in another way. The generic uniqueness of the hospital novel is analogous to the discovery of a new disease. Second, Solá understands clearly the transgressive nature of the realist-naturalist mode to be language inflected. Realist-naturalist discourse is perceived as deviating significantly from the cultural norms of what is deemed sayable. The preface is meant to reinscribe such discourse back into the fold of the per-

missible. Both strategies—the one, professional; the other, literary—mutually reinforce one another by medicalizing literary authority and "literarizing" medical authority. Thus the prologue-defense serves to establish the writing doctor's authority to make certain revelations with words.

The prologue is also significant for its inflections of gender. Women's conversation, the feminine pleasure of talking about illness, seems to suggest a special, yet unexplicated relationship between women and pathology. Does Solá imply a pathologization of women or a feminization of pathology, or both? That the feminine body is central to his novel soon becomes clear. Its centrality is anticipated, curiously, in the first sentence of the prologue: "La novela, como Proteo, va cambiando de forma." A medical cliché underlies this statement: "El histerismo es un Proteo," the description of hysteria as a Proteus, formulated by Thomas Sydenham in the seventeenth century. Leopoldo Alas uses the same phrase in his 1891 novel, *Su único hijo* (138). Hysteria in the nineteenth century was considered not only a predominantly female malady but was often equated to the feminine character itself (see Aldaraca 410; Evans 2). Hysteria's name was "woman." Traditionally, physicians had ascribed the problem to a "wandering womb." While the womb had ceased traveling by the nineteenth century, the uterus as a symbolic form of sexual-medical politics had taken its place as the controlling and defining organ of women (Ehrenreich and English 29; Poovey 35). As one physician said, it is "as if the Almighty, in creating the female sex, had taken the uterus and built up a woman around it."⁵ Solá's initial "Proteo" figure is also linked to his humorous employment of the concluding anecdote about sexual misidentification. The gentleman patient thinks his

problem arises from the womb ("*todo mi mal depende de la matriz*"). He may have misplaced an organ, but not the explanation. Solá implies a hysterical formation in his patient, not unheard of in male subjects. But in the nineteenth century hysteric males were perceived as somehow feminized or effeminate. Hysteria was a disempowering disease.

Hysteria plays a large role in the plot line of *Misterios del hospital*. The story focuses, in the first half of the novel (Chs. 1-14) on Antonio Vargas, an intern at a vast, unnamed Barcelona teaching hospital, and his love for Carmen, a teacher at a girl's school, who, by the third chapter, ends up a patient in the same hospital and is diagnosed an hysteric. Both Antonio and Carmen are free-thinkers. Weakened and made vulnerable by her condition, Carmen succumbs to the high-pressure tactics of the priest and sisters attached to the hospital and enters the convent. Vargas, in despair, tries to get her out. Exposed to a brutally managed operation, Carmen goes into convulsions and is reduced to a paralytic vegetable. Three years later she dies and, in the penultimate chapter, suffers the final indignity as a cadaver sliced up for an anatomy class. Vargas contemplates suicide by poison, but changes his mind after reconsidering the beauties of science.

The other plot line (Chs. 15-27) revolves around Alejandro Puente, also an intern at the same hospital, and his relationship and engagement to the high-born Herminia. To his horror, he discovers that Herminia is the unwed mother-to-be, veiled and identifiable only by a prominent M-shaped scar on her upper arm, whom he had treated earlier in the well-guarded "*sala de las retiradas*" of the hospital. He breaks off the engagement, they then reconcile and

are shown happily wedded ten years later in the epilogue. Vargas, meanwhile, has gone off to medical service in Cuba and died a heroic death in the mutual cause of medicine and country.

Misterios del hospital is obviously modeled in part on the melodrama and serialized romance of the *misterios* subgenre stemming from Eugène Sue's immensely popular *Les Mystères de Paris* (1842-43), which spawned seemingly innumerable translations, imitations, and adaptations from the 1840s until the end of the century.⁶ While melodrama and clinical medicine may appear strange together, both share two common elements: mystery, along with the need for disclosure of that mystery; and pathology. As Peter Brooks remarks of *Les Mystères de Paris* and the underworld of *les misérables* represented therein:

What Sue chooses for narration [...] is the deviant, the shameful, the criminal. [...] the world of the social depths—of the professionally deviant [...]—comes to appear the last place of stories ready to hand, the last refuge of the narratable. Deviance as a question in social pathology offers an opportunity for tracing its arabesque figure as plot. (155)

Deviance as content and as narrative also informs *Misterios del hospital*: indeed, one could say that the medically pathological constitutes its own special form of transgression, or deviance. Pathology has deviance built into its state of being. It possesses a narrative course of its own, from latency to signs of manifestation, full development, crisis, and resolution in death or, less likely, cure. The content of the pathological is not only eminently narratable but suggests the collusion of content and narrativity into a

symbolic space of the body as story. It also suggests how much the anecdotal frames of medical case histories are not simply narratives in themselves but opportunistic inf(lection)s of the embodied site of narrative (see Fineman; and Marcus).

In the case of *Misterios del hospital*, pathology drives the course of Solá's narrative, in some ways forcing narrative authority to take control of the story. Like a diseased body falling apart, pathology as narrative threatens the same decomposition. As Sander Gilman remarks, "it is the fear of collapse, the sense of dissolution, which contaminates the Western image of all diseases [...]" (*Disease* 1). "Art," he goes on to say, "is an icon of our control of the flux of reality" (2). The need to control the course of disease, however, more often points to our inability to do so. The pathology of hysteria, for example, was particularly troublesome to nineteenth-century clinicians. Hysteria's very mutability, its "emotional chaos" (Evans 162), threatened the boundaries of order not only between health and illness but between doctor and patient. In the *Misterios*, Carmen's convulsions and her subsequent "letargo histérico" provoke this response in one doctor, who says, "Aquí tienen Uds. un ejemplo claro de lo que son las enfermedades nerviosas. Ninguna ley las dirige y nadie es capaz de escudriñar el mecanismo de sus rarezas [...]" (71). Later, the narrator writes: "Los nervios son los autócratas, los tiranos, los Dionisios, de nuestro cuerpo" (270).

This sense of hysterics as being "outside the rules" was intolerable to the medical establishment. The autocratic example of Charcot at the Salpêtrière Hospital immediately comes to mind. In Solá's novel, when Carmen's attacks overstep the bounds of medical propriety, she is transferred to

the "sala de los delirantes." "Todos los enfermos que se desatan en convulsiones," writes the narrator,

todos los agitados que necesitan medios coercitivos [...] son conducidos a la salita de San Pablo [la sala de los delirantes]. Además van allí, de castigo, los enfermos que cometen atentados contra las severas y ascéticas costumbres de la Casa, los que se rebelan contra la autoridad de los médicos o de los hermanos, etc. etc. (74)

There she is tied down, with "brazaletes de cuero sujetos por correas y cuerdas a los bordes de la cama" (74-75).

Hysteria as transgression produces a hystericized narrative, in which the description and effect of ever multiplying pathologies invades the narration proper as accumulating signs of impending breakdown, an indiscriminate heaping together of a *totum revolutum* leading to the final dissolution, the morgue and dissection room, where "trozos de distintos cadáveres" cohabit "en espantosa mezcolanza" (160). Incurables are enumerated in a horrifying classification of their individual decomposing bodies. Thus, "el número 2 era un joven escrofuloso muy avanzado: su cuerpo era como depósito de apostemas que salían de mil agujeros y fistulas [...]" Patient three is an old man,

con la mano derecha afectada de úlcera cancerosa llamada epiteloma: nadie hubiera dicho que aquello fuese una mano; figuraos dos libras de fresas despachurradas y revueltas formando papilla y figuraos que con esta pasta un escultor chapucero forma una mano grande y deforme, y figuraos, finalmente, que en vez del excitante olor de las fresas oléis allí algo como

de perros muertos, en putrefacción.
(411)

Another case is "hidrópico, hinchado de pies a cabeza," his skin literally dripping away from him. Yet another appears to be suffering from the advanced stages of syphilis:

Un ser de la raza negra ocupaba el número 6; en su rostro había cicatrices radiadas, *blancas*, porque en los negros las cicatrices no son negras, lo cual se explica fácilmente aunque, si aquí lo explicase, nadie que no fuere médico me entendería. Tales cicatrices eran estigmas de una antigua sífilis secundaria. [...] el pobre negro tenía grandes llagas en la boca, le habían caído los huesos de la nariz [...] [etc., etc.]. (412)

Number eight is gangrenous; number ten has "un tumor maligno [que] había borrado su virilidad dejándole neutro; es decir ni hombre ni mujer [...]," and still the cancer is advancing. Finally, the narrator says: "El número 11... pero basta ya, que se me oprime el pecho y se atasca la pluma ante la enormidad de tantas patologías..." (412-13).

Body parts proliferate in *Misterios del hospital*. Operation and autopsy scenes provide narrative sequences of grotesque realism that in some cases approximate through inversion the Rabelaisian excess of carnival. When a fight between interns breaks out in the dissection room, for example, the medical students hurl body parts at each other. One of them, "[...] en un abrir y cerrar de ojos, cogió aquel trozo de intestinos hediondos y jugosos y lo estampó por la cara de Cervera [...]." The other one sinks his hands into the vat of body parts, pulling out what he can and throws it with such fury at the other intern, "que lo derribó hecho una miseria, quedando un trozo de

cerebro aplastado contra la pared y muchas menudencias adheridas a la levita de su contrario" (163). In the end, Carmen's body is also dispersed among medical students hungry to practice their dissecting skills. "En el museo de *Osteología*," says the narrator,

aun se conserva el esqueleto de su mano derecha entre otras muchas manos de hueso que pertenecen Dios sabe a quien. La de Carmen se distingue por la finura y la elegante configuración de sus falanges. (516)

The loss of body parts, then, disseminates symbolic disorder, the naturalist space of dissolution. But paradoxically, this metonymically ordered focus has another contrariwise effect: concentrating the medical gaze on the object of knowledge. Nowhere is this epistemological drive to grasp the real more evident than in the dissection process. Nowhere is it also more contested than in the problematic status of hospital cadavers. If the autopsy is the supreme sign of medical authority and revelation of knowledge, in nineteenth-century Spain the power to exercise that knowledge and authority was divided between the medical establishment and the Church (with the local authorities sometimes betwixt and between the dispute). Church resistance to medical access to cadavers for purposes of research and study turned the body into a contested site of knowledge (see Alvarez-Uría 83; Simarro 548). In *Misterios del hospital*, cadavers are hard to come by, so the corpses are rented out by the hour to medical students, thus encouraging hasty and careless dissection practices:

Había en ella [la sala de disección] algunos jóvenes que practicaban

operaciones en el cadáver, ensayando su destreza para no quedar desairados en los próximos exámenes. Todos *trabajaban* [...] con ahinco y con lamentable rapidez para aprovechar el tiempo y el dinero, pues aquellos trozos de cadáver se pagaban a buen precio, y las horas eran muy limitadas. El amo de este útil aunque triste negocio, era el mozo Juan, el borrachón *anatomista*, que sacaba algunas pesetas alquilando por horas todos los cadáveres que podía a los aficionados; después, los restos iban a la cuba confundidos y revueltos, y de allí a la fosa. (161)

The scarcity of cadavers is explained in these terms:

La causa de esta escasez ha provenido, siempre, de que el Colegio de Medicina vive como realquilado del Hospital civil y debe atemperarse a lo que él manda por boca de su órgano prioral. Este y la junta tienen tanto horror a la mutilación de los cadáveres, que los escatiman tanto como pueden a los hombres de ciencia [...]. (497-98)

Autopsies were perceived as an attack upon the existence of the soul and thus as a threat to Church powers.

The dispute over the medical use of cadavers points to a larger, historical conflict between secular and religious authority within the hospital setting. Solá's unnamed institution—apparently modeled on the Santa Cruz Hospital in Barcelona—is run by a religious order. The director is a Prior. On this subject the narrator remarks,

Fundándose en que la persona a cuya dirección esté confiado un Hospital debe estar dotada de celo, inteligencia, sagacidad, y sobre todo, de un gran caudal de conocimientos médicos,

viene a significar que las virtudes evangélicas y los hábitos de piedad no bastan, y por ende, mejor está la dirección en un médico, que en un sacerdote. No lo creen así (ni lo creerán jamás) los encargados de nuestro Hospital: el severo ropaje del Prior ofusca y avasalla la simple levita de médico; su voz de mando no admite réplica, él lo dirige todo, lo examina todo, lo sabe todo. El da órdenes de higiene; él concede permisos para verificar autopsias; él guarda en su casa los instrumentos de cirugía, no fiando su posesión a los profesores del establecimiento [...]. (340)

He goes on to say that with such vast responsibilities and authority, a religious director might want to divide his power up, but no:

[...] un prior investido del carácter que las leyes hospitalarias de aquella Casa le conceden, no hace tal cosa; se basta a sí propio. Con un prior, la disciplina se cumple a las mil maravillas, porque su categoría sacerdotal inspira más respeto a hermanos, *hermanas* y enfermeros. Le obedecen ciegamente: es un ser sagrado. (340-41)

Coincidentally, the same year Solá's novel appeared—1883—marked the completion of the hospital laicization program in Paris (Goldstein 231).

Medical authority to reveal the mysteries of the human body—while fractured on one level of practices and perceptions—operates effectively on the level of the controlling gaze, which in turn isolates those segments of plot—those narrative mysteries—chosen to be unveiled. Once again, disclosure reinforces authority. When Carmen awakes one morning, she finds her bed surrounded by doctors and interns:

[...] más de cuarenta cabezas observaban afanosamente aquel rostro semi-extático; más de ochenta ojos enviaban sobre él una mirada curiosa, mientras el profesor hablaba extendiéndose en consideraciones más o menos gratuitas sobre el origen del mal, sus causas y el curso que seguiría. (70)

In another scene, an old woman with a tumorous mass in her mouth and nose comes in to be operated on, and the narrator comments,

¡Qué impresión la del mísero paciente al entrar allí, en aquel lugar de tortura, donde tantos hombres, llenos de curiosidad, van a contemplar una escena plagada de crueles dolores, que ha de sentir con sus propios nervios! (263)

The detached yet voyeuristic gaze first of all objectifies the patient, then the body itself. The intern Vargas is moved hearing the individual stories of patients, but:

en cambio no se afectó nunca oyendo gemidos, ni viendo operaciones, porque consideraba todo esto como simples manifestaciones y contingencias del cuerpo enfermo y observando el cuerpo se olvidaba del individuo a quien pertenecía. (62)

This form of medical perception turns the patient into the Other, whose special mark is pathologically inscribed. If the idea of the pathological points to "disorder and the loss of control," it also singles out difference: difference as the projection of that impending disorder and the need to reinsert boundaries, to create the illusion of order (Gilman, *Difference and Pathology* 23-24).

The body objectified focuses attention

on its individual parts. In naturalist writing the body as particle often becomes a special kind of sign, which is marked pathologically. In other words, I am talking about *stigmata*. Think, for example, of the label of hysteria applied to Carmen, a diagnosis which later wavers between hysteria and epilepsy and demonstrates how slippery the notion of hysteria was in the last century. The identifying symptoms of hysteria were, in effect, called stigmata (Evans 26). For Charcot and many others, such external signs as fits, fainting spells, paralysis, uncontrollable laughter, and similar disorders pointed to one cause only: "C'est toujours la chose génitale" ("it's always the genital thing"), he confided to colleagues but never admitted publicly (see Evans 26). This is the later, well known Freudian displacement upward, in which the hysteric converts lower body terrors and desires into a symptomatology of the upper body.⁷ For Stallybrass and White such pathological contents as the phenomenon of hysteria are nineteenth-century middle-class reworkings of the carnivalesque inverted and expressed as a form of disgust (186-88), a disgust which is perceived in both the hysteric and the on-looker (see Matus 231-32). The unacceptable bodily excesses of carnival bear a stigma of shame attached to them. From stigma to stigmata is a small step. In either case moral-religious values define the terms. In the increasingly medicalized—and ideologically polarized—context of the last century, the stigmata of religious origin and the stigmata of pathology appear to share a common nosology. The need to discriminate between them becomes critical in test cases like the nineteenth-century reinterpretations of Santa Teresa's mystical states. Thus one churchman responds heatedly to the charge of calling Santa Teresa an hysteric,

as anticlericals like Ramón León Máinez (1880) and Eduardo López Bago (1885) and even a cleric like the Jesuit Hahn (1883) did (though, in this latter case, with reservations). In response to Hahn, Abbé Morel wrote:

[...] l'hystérie est un nom mal porté; et quoiqu'elle puisse atteindre par exception des femmes simplement à plaindre, elle emporte avec elle une idée de honte, qui semble un sacrilège quand on veut faire entrer Thérèse en partage de ce déshonneur.

([...] hysteria has a bad name; and even though it sometimes affects a number of women who are to be pitied, attached to it is a sense of shame, which seems sacrilegious when one attempts to apply the same label of dishonor to Saint Theresa. [Morel 650]).

The insistence upon separating the medical-physiological issue from the moral-religious domain reveals how much the medical and the moral were becoming interpenetrated with each other's terms of reference and values.

In *Misterios del hospital*, all diseased parts of the body—not simply hysteria—are treated as stigmata, in the special sense that they are singled out through the medical gaze—the “mirada punzante, suigeneris” (467)—and read by an authoritative act of scientific revelation. Stigmata not only point to a special status of representing the Other but to the need for interpretation. Someone must “read” the meaning of the stigmatic sign. That authority to read the body's signs is contested in the hospital setting of the *Misterios*. Even more significantly, each opposing authority—medical and spiritual—often reads through the terms of dis-

course of the other.

Thus the penetrating *mirada* we identify with the physician is also the gaze of the confessor. Father Pajares scrutinizes the soul of Carmen in this way: “[...] clavó su mirada, *sans façon*, en la linda enferma, tal como la hacía Lavater cuando estudiaba los rostros de la gente para conocer su espíritu [...]” (89). Her confession is turned into an interrogation, as he presses her for more and more details. The key question becomes: “¿Y tu honra?” (92). Since an attempted rape triggered Carmen's hysterical breakdown and she openly admits to being a free thinker, her honor is clearly compromised already in the eyes of her Carlist confessor.

Similarly, the body of Herminia is also an object of scrutiny for the intern Puente, but since he is not permitted to view her, he recalls a passage from Hippocrates:

que para diagnosticar o conocer bien una enfermedad se debe observar todo lo propio del enfermo, sin olvidar las cosas exteriores (*et externa*) es decir: los objetos que le rodean, y así, el perspicaz estudiante [...] dio un vistazo escrutador a la mesita de noche y a las ropas de la cama [...] [etc., etc.]. (283)

Of her body he sees only the M-shaped scar, which the reader can't help but associate later with her unwed mother status. The scar, of course, gives her identity away to Puente. Herminia's baroness mother is now afraid he will publicly reveal the terrible secret (455). (He does not.) Just as Herminia confesses her sin to her mother as though she were a priest (485), so too does she confess much later to Puente, who forgives her, sealing the scene with a kiss, “la rúbrica del fallo absolutorio” (490). Herminia's scar is as much a stigmatic sign as is Carmen's hysteria. Moral stigmata—the sign of the fall

into sexuality—mark both their bodies... and, of course, their gender. Each woman's body is a "mystery," whether inscribed by melodrama or by medicine. Unwed motherhood must be hidden. Hysteria—a malady so ill-defined it generates a "discourse of mystery," as one critic puts it (Evans 4)—must be disclosed. Both are seen as pathological. The horrendous death of an unmarried woman (and her child) in childbirth seems to be the embodied emblem of a combined medical-moral lesson or warning (Ch.7) and an anticipation of later events in both women's lives. Herminia's child dies; so does Carmen. Both the *madre soltera* and Carmen are also subjected to the mutilations of an autopsy.

The body as sacramentalized entity signifies the convergence of medical and religious domains, in which the body is made "to confess," to reveal its secrets. The moral-melodramatic imagination of *Misterios del hospital* is at the same time an embodied one. Indeed, the hospital itself is visualized in key moments as a kind of body, in which the narrating eye plunges inward, opening up secrets. Confession as medical exposure and as moral evacuation merge when Antonio and Carmen—now under the Church's tutelage and constantly watched—secretly meet in the *voida*, the Catalan word for the place where all the detritus of the hospital is collected. Literally the bowels of the institution, it is described like the insides of the human body:

Se llegaba a la *voida* por un largo y estrecho corredor, entrando por la cocina pequeña. [...] A medida que el curioso se aproximaba al fin del corredor sentía un frío húmedo, viendo chorrear agua por las paredes y por el suelo, y al mismo tiempo penetraba en sus narices un hedor

enciclopédico predominando la peste de la grasa rancia y los sulfhidratos amoniacales de las letrinas. [...] La estancia era cuadrilonga y destartada, con gruesas vigas arriba y ventanas, con rejas, que miraban a un callejón sombrío [...]. (242)

Then follows a descriptive listing of the various liquids, soaking and clinging to the soiled sheets and other cloths, such as:

las nauseabundas gelatinas espectoradoras por el tísico; los acfetados líquidos expelidos por el melánico; las fétidas secreciones que mancharon la cama de la recién parida [...] [etc., etc.]. (242)

The narrator concludes the paragraph (but not the description of the *voida*, which goes on quite a bit longer) with this: "[son] todas esas menudencias [las] que vienen a representar viñetas intercaladas en el texto del gran libro hospitalario," a hospital text that Vargas, elsewhere, claims is also "el gran libro de la práctica, el libro de la experiencia, que por hojas tiene enfermos y por letras tiene síntomas" (81).

In this place Carmen "confesses" to Antonio her error in entering the convent. Here also romantic love and regret play out their drama in the symbolically enacted depths of the lower body, where generation and degeneration cohabit the same space. The naturalist terms of excess point to a dual scatological-eschatological frame, the kind of medical-moral discourse that infuses novels like Clarín's *La Regenta*, Pardo Bazán's *Los pazos de Ulloa*, and López-Bago's *El cura*. The hospital body is a special text that is read as a sacramentalized entity, a sacred text, if you will, that only those authorized to open its pages can read. It is a text filled with signs of mystery, those stigmata of the

bodily interior materialized, that such tools of professional knowledge as experience and practice are capable of revealing. It is this medicalized authority, which, in turn, derives much of its power from religious discourse but also shares and contests power with the spiritual domain, that stamps the seal of approval upon the writer's authority. Finally, it is this authority that allows the writer simultaneously to transgress and to contain transgression through language as a form of pathological infection and inflection.

Notes

¹ Luis Suñé y Molist is identified in at least four sources as the author not only of the *Misterios del hospital*, but of a collection of Catalan verses, *Consells o aforismes inèdichs* (Barcelona, 1904) and several poems of a satiric and humorous bent (see *Enciclopedia Universal Ilustrada* 58: 893-94; Elías de Molins, 1: 648-49; Ferreras 388; and *Diccionari biogràfic* 4: 323). He also co-founded in 1873 a private laboratory for vivisection and bacteriology, started up several medical journals such as *La Gaceta Médica Catalana* and *La Higiene para todos*, and wrote a large number of specialized publications on deafness and trauma, hygiene, electrotherapy, hypnotism, and other subjects.

Emilio Pi y Molist was well known as a specialist in mental afflictions and author of numerous medical publications on madness and the construction of improved insane asylums. He penned a *memoria* for the Academia de Medicina y Cirugía de Barcelona entitled *Examen médico del siguiente pasaje de Chateaubriand en sus "Mémoires d'outre-tombe"; 'Lejos de mi cadáver la sacrilega autopsia...'; o sea consideraciones sobre el impulso y carácter comunicados por la anatomía a la medicina moderna* (1852). He was also a renowned *cervantista*; and director of the insane asylum attached to the Santa Cruz Hospital in Barcelona (see *Enciclopedia Universal Ilustrada* 44: 408-09; Ferreras 321; and *Diccionari biogràfic* 3: 501-02).

² Elías de Molins 2:649, under "Suñé y Molist, Luis."

³ Pi y Molist is clearly linked to the Santa Cruz Hospital; I have been unable to find out if Suñé y Molist was also part of the same establishment. I should point out that the student years nostalgically recalled in *Misterios del hospital* roughly correspond to those of Suñé y Molist (b.1852) and not to Pi y Molist, born in 1824. Ferreras suggests that both Reginald Brown (in *La novela española, 1700-1850*, 1953) and Palau y Dulcet in the first edition of his *Manual del librero* (modified in the second) mistakenly identified Pi y Molist as the author (321,388). According to Sancho de San Román, however, Pi y Molist was indeed the author: "[...] parece que Pi, arrepentido de su publicación adquirió con ánimo de destruirlos cuantos ejemplares pudo conseguir" (230, n.3).

⁴ It came out in book form in late 1883 (Barcelona: Guillermo Parera, Librero).

⁵ Dr. M.L. Holbrook, *Parturition without Pain: A Code of Directions for Escaping from the Primal Curse*, 1882; qtd in Poovey 35.

⁶ See Zavala 90-95; Ferreras 259-60; Román Gutiérrez 280. Muñoz Molina parodied the genre in his 1992 *Los misterios de Madrid*.

⁷ See Freud, *Dora* and *Early Psychoanalytic Writings*; Marcus 177; and Stallybrass and White 185-86.

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