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A Case for Literary Malpractice: The Use of Camus's *The Plague* in American Medical Schools

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It has been a standard criticism of American medical schools that they contribute little to shape the sensitivities of their graduates. Critics in the popular press have often chided the medical establishment for perpetuating what they see as a disturbing educational anachronism: that of producing probably the best trained physicians in the world, and also some of the most insensitive individuals, as far as caring human relationships are concerned.

It is true that since the early 1950s, the ever-increasing amount of medical knowledge which has to be absorbed by each medical student has left little time for anything devoid of immediate clinical significance. Yet most medical educators have also come to recognize that such a vast amount of clinical data cannot be constructively assimilated without integrating it with a minimal ability to think critically. To that end, a large number of American medical schools now offer courses in medical ethics, thus enabling the first year medical students to be exposed early, both to the actual practice of medicine, and to the decision-making process which often underlies it.

Finding relevant and stimulating materials for the teaching of medical humanities is not an easy task. There is, however, one classic novel from French literature which has won the favor of a number of medical schools: Albert Camus's *The Plague*.¹ Published in 1947, the book details in uncompromising terms the human battering and constant ethical challenges which befall a physician during an epidemic of bubonic plague. The book appears to be well suited to the domain of medical ethics. Furthermore, it is authored by a writer whose literary talent and lifelong

struggle for human dignity were justly rewarded by the Nobel prize for literature in 1957.

Unfortunately, from a strictly pathological point of view, *The Plague* is far from being a proper vehicle for teaching medical ethics. The book is so replete with symptomatological and therapeutical inaccuracies that even a third-year student might consider it comical, were it not for the gravity of its subject matter. It would obviously be pointless to chastise Albert Camus for having inserted such errors in his book. The author was not a physician, and while there is evidence that he did research the subject of bubonic plague in the medical literature,² his lack of practical experience prevented him from integrating his information into a credible clinical picture.

As long as *The Plague* is being used in literary and philosophical courses, it fulfills its purpose very well. It allows liberal arts students to wrestle with ethical considerations in an area which is mostly alien to them, and the inaccuracy of the medical information contained in the book is inconsequential to their understanding of the issues at hand. However, when *The Plague* is being used in the teaching of medical ethics to future physicians, the same mistakes are no longer acceptable, for the young medical student is then being asked to think out solutions to problems which, within the premises of the book, have no basis in reality. Ethical choices can be elicited from simulated or contrived events which need not have, in fact, taken place, but such exercises should be conducted with situations which, given the proper set of circumstances, could indeed have occurred. Such a procedure is a basic requirement of simulated training, as in the teaching of the proper kind of incision for an emergency cricothyrotomy, by practicing on an anesthetized dog. It is encouraging to see the return of the humanities in the medical curriculum, but care must be taken that the tools employed for such a task do not become the subject of justified criticism from a few medical educators who think medical humanities to be a waste of time in the first place.

As stated before, *The Plague* contains a number of clinical errors; this study will be limited to the examination of four of the most obvious ones.

1. The Diagnosis

The Plague deals with an outbreak of bubonic plague in the city of Oran, in North Africa, in the early 1940s — an outbreak which soon reaches epidemic proportions as the town is quickly quarantined, and thousands of its inhabitants die in agony over the span of a couple of months. As the book begins, we meet the protagonist, Dr. Rieux, a 35-year old general practitioner who is among the first to witness the beginning of the epidemic. At first, Dr. Rieux does not seem unduly concerned when he observes the agony of a dying rat that is splitting up blood near the front door of his office; nor is he worried by the amount of dead rats suddenly appearing in the neighborhood. "The stairway from the cellar to the attic was strewn with dead rats . . . the garbage cans of all the houses were full of rats." (p. 13)³

Soon the town is invaded by thousands of rats which come up to die in the streets: "From basements, cellars and sewers, they emerged in long wavering lines into the light of day, swayed helplessly, then did a sort of pirouette and fell dead . . . each with a gout of blood, like a red flower, on its tapering muzzle." (p. 14) By that time, Dr. Rieux's janitor, also one of his patients, is taken ill, and getting progressively worse. Soon the prostration, headaches and fever of the first days develop into a full clinical picture, with painful swellings in the neck, the armpits and the groin. A day later, the janitor's fever has reached 104 C. There is a raging thirst and buboes have begun to develop, while dark patches are appearing on his thighs. By now, Dr. Rieux has at his disposal a clearly defined set of symptoms, and a patient whom he knows handled dozens of dead rats several days before. Yet, Dr. Rieux is still puzzled by the janitor's condition. "It might be — almost anything — there is nothing definite as yet." (p. 19) The physician does not attempt any bacteriological test which would help him to differentiate or confirm a diagnosis. He even has a telephone conversation with Dr. Richard ("one of the leading practitioners in town"), who is also treating identical cases. But when Dr. Rieux asks him if he sees anything unusual with these patients, his colleague's answer is a laconic: "I can't say I've noticed anything exceptional." (p. 20) Two days later, the janitor is dead. Meanwhile, 20 other cases, all fatal, have appeared throughout the town. When Dr. Rieux calls on his colleague again, he finds that the latter has just lost two more patients to that "inguinal-fever case," yet he, too, is still unable to arrive at a diagnosis. "I can't make anything of them . . . anyhow, what grounds have you for supposing there's a danger of contagion?" (p. 28)

At this stage, it is no longer credible that the town's physicians cannot identify the disease. Sporadic instances of plague were not particularly unusual on the northern coast of Africa. Furthermore, the link between the thousands of decomposing rats lining up the streets of Oran, and the symptoms of a disease which has already killed more than 20 people is just too obvious to be missed, even by the most careless practitioner. If the medical students assigned this book are asked to accept as possible such a degree of ineffectual clinical judgment, their credulity will now have to be stretched further when they read how the physicians intend to treat the plague, once they have finally diagnosed it.

2. Therapeutics

As the plague rages on, the reader is informed that the batches of serum sent from Paris are becoming less and less effective, and that the death toll is rising sharply. "The new consignment of serum sent from Paris seemed less effective than the first. It was still impossible to administer prophylactic inoculations . . . and very large quantities of the vaccine would have been needed." (p. 113) For the author, the people of Oran are dying because of a lack of serum, while it was already well known in the mid-1940s that serotherapy alone was not an effective way of fighting the

plague. The epidemic that occurred in Ferryville, Tunisia in 1944, left little doubt on that point.⁴ Yet it is not so much Camus's evaluation of the merit of serotherapy which is at fault here. It is the fact that on several occasions he confuses anti-plague serum with plague vaccine, and has Dr. Rieux and his colleagues attempt to inoculate the population with prophylactic shots of plague serum. In the 1940s the serum made by both the Pasteur and Lister Institutes was obtained from hyperimmune horses. Its use, ineffectual as it was, was limited to the acquisition of temporary and passive immunity. The plague vaccine, on the other hand, such as the one developed by Girard, was prepared from living plague bacilli, attenuated by a long, continuous culture on laboratory media. The killed vaccines, such as those used against typhoid fever and cholera, required a schedule of multiple shots. With the plague vaccine, however, where a living agent was used, only a single inoculation was needed.

There is a second difficulty associated with the use of serum in *The Plague*. Dr. Castel, one of the town's older physicians who has had previous experience in treating cases of bubonic plague, attempts, throughout the book, to produce an effective new serum by using makeshift equipment. In the end, it is, in fact, the alleged effectiveness of his serum which is credited for ending the epidemic and saving thousands of lives. While it is already known that serotherapy alone was not able to claim such a success, it would also be interesting to find out how Dr. Castel manages the feat of manufacturing his serum at all. In a city shut off from the rest of the world, where all supplies are rapidly dwindling, it is somewhat difficult to imagine how, without proper laboratory facilities, old Dr. Castel also found a stable of healthy horses.⁵

Yet, the most disturbing point remains. In Parts II and III of *The Plague*, Camus describes Dr. Rieux and his colleagues as totally helpless, reduced to signing reams of death certificates, organizing the disposition of thousands of bodies and disinfecting houses. The informed reader, and all the more a class full of medical students, can only wonder why the local physicians do not administer large quantities of sulfonamides. These were first successfully used in Africa for the treatment of bubonic plague as early as 1938,⁶ with the introduction of Prontosil (p-aminophenyl-sulfonamide). Later, between 1940 and 1941, the development of other sulfa drugs, especially sulfadiazine, was able to reduce the mortality rate down to 9%. (In 1946, the first clinical use of streptomycin resulted in an almost 100% rate of recovery, even in fulminant cases of pneumonic plague.)⁷

The use of sulfadiazine would have prevented the town from being decimated in a manner reminiscent of the ravages of the Black Death in the Middle Ages. Instead, Camus treats his readers to the ghastly descriptions of agonizing patients, mass burials, crowded crematoriums and corpses seething in quick-lime, while raging fires and dark clouds of smoke engulf most of the city. From a literary point of view, these episodes are highly effective, but, from a realistic, medical standpoint, they would never have

had to occur. If the author had dispensed with the hideous descriptions, he would have presented a far more plausible picture of the town's physicians' actual struggle against the epidemic. Instead, he offers us the ineffectual and helpless portrait of Dr. Rieux as we encounter him in *The Plague*: "His task was no longer to cure but to diagnose. To detect, to see, to describe, to register and then condemn — that was his present function." (p. 172)

3. Medical Ethics

Even outside of a purely clinical perspective, *The Plague* offers the example of one of the most irresponsible decisions a physician could ever make. Dr. Rieux's friend, a journalist named Rambert, finds that he can no longer live like a prisoner in the quarantined city. He confides in Rieux that he has bribed a couple of the soldiers on guard at one of the town's gates, and that he plans to escape within a couple of days. The only problem with which he struggles is whether he has the right to escape and look after himself, or whether he should stay in the city and help the sanitation service bury the dead. That is the only thing holding him back, and he hopes that Dr. Rieux can help him reach the right decision.

At this juncture, it should be borne in mind that Camus intended to show Dr. Rieux as the epitome of the responsible physician and selfless individual. Dr. Rieux himself has a wife who is dying alone in the sanatorium of another town; yet, from the start of the epidemic, and for the sake of all the victims of the plague, he has denied himself the very thought of joining her. For the author, he represents the ideal of a virtuous man who has rejected God, and yet remains an example of righteousness for man's sake. We would, therefore, anticipate the physician to give a stern lecture to his friend about the irresponsibility of such an act. We would expect Dr. Rieux to tell Rambert that the problem is not whether he should stay and help out instead of being selfish and escape. The real problem is the possibility that he may already have contracted the plague, and that he could spread the epidemic to the entire country, thereby being responsible for the deaths of thousands of other people.⁸ If Rambert would not heed such advice, then in all conscience, the physician would have no other choice than to turn him in to the authorities.

Yet nothing of the sort ever happens. Dr. Rieux does not even begin to debate the issue with his friend, but instead encourages him to escape: "You're right, Rambert, quite right, and for nothing in the world would I try to dissuade you from what you are going to do. It seems to be absolutely right and proper." (p. 150) At a later point, after Rambert has decided to stay, Dr. Rieux is still oblivious to the ethical and medical issues involved, and can only lament over his difficulty to understand his friend: "Personally he felt incapable of deciding which was the right course and which was the wrong, in such a case as Rambert." (p. 183)

4. The Child's Death

The physicians' alleged state of helplessness is further emphasized in the

episode of the young boy's agony. For Camus, this passage was an important part of the book. It helped him demonstrate that the torturing death of innocent children precluded the existence of a loving and omnipotent God, and it provided a powerful example of the necessity of man's love for his fellow men, despite the absurdity and cosmic senselessness of their lives. This classic passage portrays the agony of a young boy, as he hopelessly struggles against the last stages of the disease. In eloquent terms and vivid narrative style, it compels the reader to become one more witness to the harrowing death scene. For medical students, this part could have indeed generated a fruitful discussion on euthanasia and on the necessity for physicians to accept death, especially the agony of a young boy. But, fortunately, it cannot be used for such purposes. An informed medical student might accept the fact that Dr. Castel's serum has failed to save the young patient, but he could hardly condone the attitude of the two attending physicians who silently watch him writhe in excruciating pain for hours, until death mercifully claims him on the morning after.

... gasping for breath on a dank, pestilential shore, lost in a languor that already looked like death. When for the third time the fiery wave broke on him, the child curled himself up and shrank away to the edge of the bed, as if in terror of the flames advancing on him... utterly exhausted, tensing his thin legs and arms, on which, within forty-eight hours, the flesh had wasted to the bone, the child lay flat, racked on the tumbled bed, in a grotesque parody of crucifixion. (p. 193)

Camus wanted us to feel the intensity of that scene. He hoped the readers could share the stoicism and dignity of the attending physicians, as they witness the agony, so that they, too, could be united in the common bond of life's tragedies. Yet, it is unlikely that a class of medical students would partake in such feelings, because what is striking here is not the physicians' strength and dignity, but their unethical, if not cruelly incompetent behavior which allows the child to die in such torments. In the mid-1940s there were several available drugs which could have alleviated the suffering of the young child. With such an advanced, untreated case of primary pneumonic plague, with septicemia and probable meningeal involvement, there wouldn't be much concern that the administration of sedatives or analgesics might depress respiration and cardiovascular functions. Dr. Rieux could have used a number of pharmacological agents: morphine sulfate, 10 to 15 mg s.c.; amytal sodium, 400 mg I.M. or even chloral hydrate, 500 mg rectally — all every six hours or more if necessary. But such is not the conduct of the two physicians. They remain standing by the bed, until Dr. Rieux himself can't bear the sight of the boy any longer and walks out of the room:

In the small face, rigid as a mask of grayish clay, slowly the lips parted and from them rose a long, incessant scream... filling the ward with a fierce, indignant protest, so little childish that it seemed like the collective voice issuing from all the sufferers... 'I must go,' Rieux said, 'I can't bear to hear them any longer.' (pp. 194-195)

The four points outlined here are sufficient to challenge seriously the clinical relevancy and ethical propriety of *The Plague* as a required text for a medical ethics course. The question may indeed be raised as to why such problems have not been detected before. From the time of its publication to 20 years afterwards, *The Plague* has met with excellent reviews, even in respected French medical journals,⁹ but it should be added that the physicians who reviewed the book could never have predicted that it would one day be used in a medical school program. However, our question may be partially answered by the fact that a number of faculty members who teach medical ethics have no medical training, and since these courses tend to be scheduled during the first or second quarter of year one of the curriculum, neither faculty members nor medical students are able to assess the medical incongruities and erroneous clinical judgments which are found in Camus' work.

It should be stressed once again that we are not denying that the book raises pertinent issues, for some of them are quite compelling. We are saying that *The Plague* introduces them in such implausible clinical situations that it invalidates them as tools for the teaching of medical ethics.¹⁰ Instead of trying to find a significant literary work which could serve the purpose of such a course, it might prove more relevant to use actual clinical cases as a basis for discussion, since the purpose of the course is not to teach literature, but to encourage the students' ability to think critically.

This does not mean, either, that literature and the humanities are to be banned from the curriculum. Quite the contrary. If Camus's masterpiece cannot serve the purpose for which it is being used, other writers and artists can still direct pointed questions to the present delivery of medical care in the United States. Among many others, James Dickey raises compelling and haunting issues which could be most stimulating to the ethical sensitivity of future physicians:

For our children lie there beyond us
In the still, foreign city of pain
Singing backward into the world
To those never seen before,
Old cool-handed doctors and young ones . . .
Who must hear, not listening, them:
Them, crying: for they rise only unto
Those few who transcend themselves,
The superhuman tenderness of strangers.¹¹

References

1. Among these are: Penn State University School of Medicine, The University of Texas Medical Branch at Galveston, The University of Rochester School of Medicine, The University of Illinois Medical School at Chicago, Texas A & M University School of Medicine, Emory University Medical School, etc . . .
2. Camus studied the history, symptoms and statistics of the disease. See Germaine Bree, *Camus* (New Brunswick: Rutgers University Press, 1959), p. 117, and Herbert R. Lottman, *Albert Camus, a Biography* (New York: Doubleday, 1979), p. 264.

3. Camus, Albert, *The Plague*, translated from the French by Stuart Gilbert (New York: Alfred Knopf, 1964). All subsequent quotes are taken from this edition.

4. See E. Margrou, "Le Traitement de la peste bubonique . . .," *Bulletin de la Société de Pathologie Exotique*, Vol. 39 (1946), p. 117.

5. See A. Donatien, "Technique actuelle de la préparation du sérum antipestique," *Archives de l'Institut Pasteur d'Algérie*, Vol. 19 (1941), p. 71.

6. Carmen, J. A., in the *East African Medical Journal*, Vol. 14 (1938), p. 362; cited by Pollitzer, p. 457.

7. See R. Pollitzer, M.D., *Plague* (Geneva: World Health Organization, 1954), pp. 457-470.

8. Indeed, at the end of the book, Tarrou, another of Dr. Rieux's friends, catches the plague and dies on the very day the town's gates are opened and quarantine is lifted.

9. See M. Gueniot, "La Peste", *Médecine de France*, Vol. 1 (1949), p. 5. Aimé Dupuy, "A Propos de *La Peste* d'Albert Camus", *La Presse Médicale*, Vol. 71 (Jan. 5, 1963), pp. 37-38. Dr. Antoine Lacroix, "Les Médecins dans l'oeuvre d'Albert Camus et plus particulièrement dans *La Peste*", *Histoire de la Médecine* (Nov. 1966), pp. 2-11.

10. Camus himself did not believe that medicine, Christian ethics or religion were compatible: "One realizes that they are irreconcilable, and that one must choose between the relative and the absolute. If I believed in God, I should not treat mankind." Albert Camus, *Notebooks, 1942-1952*, translated by Justin O'Brien (New York: Harcourt, 1965), p. 92. Camus stated this position even more directly to the medical profession in a short text entitled "Exhortation to the Physicians of *The Plague*": "You will not follow that religion which is as old as the most ancient cults . . . from the day when it came crashing down on our innocent city, it has not ceased from decimating the men and from demanding the sacrifice of children. And if this religion were to come to us from Heaven, you would then have to say that Heaven is unrighteous." Albert Camus, "Les Archives de la peste," in *Les Cahiers de la Pléiade*, Vol. 1, 2 (1947), pp. 151-152. [Translated from the French.]

11. Dickey, James, "Them, crying" in *Poems, 1957-1967* (Middleton: Wesleyan University Press, 1967), n.p.