

ラフカディオ・ハーンと医学

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はじめに

ハーンの医学分野への認識は、父親が船医であることを漠然と認識していた子供の頃に始まったようである。そして16歳の時、負傷した左目を救おうとした眼科医によって治療されたときに深まったようである。しかし、ジャーナリストになってから記事を書くため、彼はさまざまな医学的な情報を収集した。時々医者を訪ねたり、新聞や雑誌の記事を読んだり、医者友人に尋ねたりした。しかし、彼の目的は常に面白い文章を書くことだった。

ハーンの手紙には医学についての考えが書いてある。病んでいる友人には回復する方法を書き、他の手紙には、キャリアとして医学を推奨している。

ハーンの医学への関心は、彼自身の健康によっても動機付けられた。左眼の視力を失った後は、残りの眼を大切にしていた。それに、ニューオーリンズではデング熱、マルティニークでは衰弱性の発熱、松江では肺と消化器の障害、神戸では重度の眼精疲労、東京では気管支出血と心臓発作に苦しんでいた。健康はいつも気になることであった。

この論文では、まず、医師の友達との関係を見てみる。次に、医師という職業に関してどう思っていたか。最後に、作品の中に出てくる医師と医学的な話題を見てみる。それらを調べるにより、ハーンに対する理解を深めることができる。

影響を与えた医師

ルドルフ・マタス(1860-1957)

ハーンの医学の知識を深めたのは、誰よりもスペイン系アメリカ人の若い医師、ロドルフォ・マタスだった。ハーンは、医師の膨大な医学的な知識に感銘を受け、親密な友情が育まれた。マタスは、彼の作文の医学アドバイザーとして、必要不可欠な人物だった。

ジョージ・ミルブリー・グールド(1848-1922)

グールドはハーンの記事を賞賛した。マタスのように、グールドもハーンの個人的な健康、特に視力を助けた。ハーンはグールドへの手紙には医学的な研究論文の書き方のパロディーを何度か書いた。ハーンはグールドの家での5ヶ月間の滞在を楽しんだが、後に彼らは決裂した。

医師という職業

ハーンは34歳のとき医者になろうかと考えた：「カウボーイの国で堂々とした医者になろうか？日本でも医者ほうまくいくだらう。真剣に考えているよ。」学歴的にも経済的にも不可能に近い夢で終わったが憧れた職業であった。

日本では、ハーンは元生徒の落合君貞三郎に、文学ではなく医学を勉強するように勧めた。文学を愛しているなら、医者という職業は好きな本を読む暇を与えてくれる。それに色々な面白いところに住むことができる。

医学に関する記事

彼の最も初期の科学記事は「医学」である。生きている人間の脳に対3週間の医学実験について報告している、珍しい医療的なテーマの始まりである。

次の記事は「Dr. B」のインタビュー。「頭蓋骨と骨格」はスケルトンのプロの咬合器。「医学」と違って気さくなユーモラスな雰囲気でも仕上げた。

次は「食肉処理場の話」である。食肉処理場で、牛の新鮮な血をカップ3杯飲んだ後に1週間以上失明したと主張した男性の話を調べに行った。この珍しいケースを説明する医師の意見は様々である。

コマーシャルの記者になって「死体保存」(1877)を書いた。解剖と剖検の装飾された解剖学的記述は、ハーンの得意スタイルとなった。人体解剖学、生理学、病理学の専門用語に精通していることは明らかである。

極めて近視であるハーンは「近眼」(1883)で自分の経験を生かして書いた。低すぎる机、照明の悪さなど考えられる原因を挙げたが、最も重要な原因は、紙と壁の「白のまぶしさ」である。ハーンがいつも使った紙は薄い黄色だった。

次の眼科の記事は彼の盲目の左目についての「眼移植」(1886)である。3人の医師がウサギの目を人間に移植しようとしたが失敗に終わった。しかし、ハーンは将来の成功の可能性を表明した。

「偉大な英国の医師」(1885)は、ウィリアム・カーペンター博士の人生の紹介である。それから「パリの魔術師」(1885)と呼ばれるルイ・パスツールに関する記事を書いた。その中で、彼の科学に対する慎重な信念を奇跡の提供者として見ている。

最長の記事は「クレオールドクター」である。ハーンが紹介する「医師」は、医学の学位を持たない黒人の女性たちだが、ハーンがいうには、西洋の教育を受けた医師と負けないくらい効果的である。例えば、「悪寒や発熱には、ピメントの葉で作ったお茶を、破傷風にはゴキブリティーを、消化不良にはニンニクと油で揚げたゴキブリを。」そのような効果的な「薬」の作り方をぜひ教えて欲しかったが断られた。なぜかという「素人には危ない。」

ハーンの最後の医療作品は「日本の病院で」、「日本雑記」を締め切るスケッチである。ハーンは医療チームのテキパキさに感銘を受けたが、少年の叫びと恐怖を沈黙させる麻酔の効果にもっと興味をそそられた。

終わりに

ハーンの手紙や記事からわかるように、彼と医学との関係は意外と深いものである。医者友人の知識と自身の研究を使って様々な面白い医学関係の文章を書くことができた。ハーン自身にとっては、医者という職業のメリットは、旅行できる、好きな場所で暮らせる、文学を読む時間も十分にあることだった。

Lafcadio Hearn and Medical Science

by Alan ROSEN

Introduction

This paper explores Lafcadio Hearn's surprisingly keen interest in medical science, an interest primarily motivated by his journalist's desire to write on stimulating topics, but also by another powerful impulse: maintaining his personal physical health. How to stay fit and energetic enough to write, how to foster and maintain what he called "nerve-force," was never far from his thoughts. He had likely become cautious about his health after losing vision in his left eye, and the precarious condition of his remaining good eye — his sole window on the world — was constantly in the back of his mind. Indeed, his fear of blindness alone would account for a deep interest in what medical professionals had to say, but he had other health concerns as well. For example, he had suffered greatly from dengue in New Orleans, from debilitating fevers in Martinique, from lung and digestive disorders in Matsue, from severe eyestrain in Kobe, and from bronchial bleeding and heart attacks in Tokyo. Health and doctors were frequently on his mind.

Hearn's knowledge of medical science burgeoned after becoming a journalist, but his awareness of it probably began as a small boy vaguely cognizant that his father was a ship's doctor. It probably deepened as a teenager when he was treated, ultimately unsuccessfully, by London ophthalmologists for his severely injured left eye. But it was his career as a journalist for various newspapers in Cincinnati and New Orleans that afforded him multiple opportunities to investigate and write articles on recent developments in science, including a disproportionately large number on medical science. He wrote at least eight articles primarily relating to doctors, medical science, or specific health issues, more than he wrote on any other scientific field. As a professional writer, he gathered his scientific information from various sources: Sometimes he visited a curious or newsworthy scientist or doctor for an interview. Sometimes he reported on an

interesting breakthrough he had seen in a recent newspaper or magazine article. Sometimes he consulted his own expanding library of scientific volumes, many of them in French, including the rather technical *General Physiology of Muscles and Nerves* by Dr. I. Rosenthal.¹ Later, in New Orleans, he sometimes simply asked his close physician friend, Dr. Rudolph Matas, when he needed medical information, and after that, Dr. Gould in Philadelphia. Whatever the source, Hearn's ultimate purpose was always the same: to write thought-provoking articles or stories engagingly written in one of his several inimitable styles. In fact, he succeeded so well in popularizing scientific news, much of it involving medical knowledge, that in 1883 he was made the main science writer for the New Orleans *Times Democrat*.

In addition to his published writings, Hearn's personal correspondence also sheds light on his thoughts about medical science. Many letters mention bouts of either his own, a family member's, or a friend's illness. He also dispensed medical advice gleaned from his own experience, or from his doctor friends, in letters to ailing acquaintances, telling them how to overcome their health problems. His letters also reveal that, to stay healthy, he carefully chose the kinds of exercise he took, preferring sweat-less activities such as swimming and Japanese archery (kyudo). He was also quite particular about the food he ate, considering a protein-rich Western diet to be the key to building and maintaining the physical vitality he needed to be able to write.² The letters penned in Japan in which he counsels his former student about a career in medicine provide particularly detailed insight into his thinking.

Both in his personal life and in his sketches, doctors played significant roles as friends, health-care consultants, informants, and subjects for his writing. Not only the doctors themselves, but the knowledge of medical science that he gleaned from them, provided him with a surprising amount of literary material. His attitude toward doctors, however, was not always reverential. When it suited him, he parodied their language or questioned the credibility of their diagnostic skills.

To understand Hearn's attitude toward the medical profession, we must examine his life, letters, and published works. First, I take a new look at the doctors Hearn knew personally and developed intellectual relations with. What did he think of them and how did they

influence him? Next, I examine Hearn's ideas about the profession of medical doctor as expressed in his letters. Lastly, I look at how he portrayed doctors and medical science in selected works. By thus examining what intrigued Hearn about doctors and the field of medicine, and how he used this material for creative purposes, we can broaden our understanding of the man and his literary achievement.

Doctors Who Influenced Hearn

Dr. Rudolph Matas (1860-1957)

Although Hearn had done some medical reporting in Cincinnati, it was the young Spanish-American doctor, Rodolfo Matas, more than any other physician, who deepened and broadened Hearn's knowledge of medical science. According to the biographer of Hearn's American period, E. L. Tinker, the rather young doctor, a graduate of the College of Physicians and Surgeons (now Tulane University School of Medicine), was so impressed with Hearn's writing that he arranged to meet him. Hearn became quickly impressed with Matas's encyclopedic medical knowledge, and a close friendship developed. They understood each other well, shared a love of books, stimulated each other's thoughts, and each believed in the other's future greatness.³

In addition to providing Hearn with medical knowledge for his writing, Matas also generously furnished him with sound, research-based personal medical advice, both for Hearn and occasionally for Hearn's friends. Hearn's faith in the depth and breadth of Matas's medical knowledge can be seen in this letter to a friend:

Matas, Demonstrator at the Medical University, although very young, is the most scholarly physician in regard to medical literature I ever met. He is also a polyglot, and familiar with the medicine of all Europe nearly. To give you an instance of his reading, — I went to him one day with a question about the character of the old Arabian medicine, and he instantly repeated for me the dreadful names of all the old Hispano-Moorish and Arabian surgeons and chemists and physicians, with the names of their great works. I think he will be one of the greatest physicians in the United States. Of homeop-

athy he is not however a friend. The advanced school today holds that any particular plan of general treatment is necessarily narrow and therefore condemnable: modern medicine is eclectic in the broadest sense — adopting all means to effect the desired end. I hope you will meet my friend some day. (1885.9.5)

Indeed, Hearn was so impressed by his young physician friend that he unreservedly offered Matas's medical advice to Page Baker, his editor. Baker was apparently suffering from a stubborn intestinal ailment that he was trying to cure, rather unsuccessfully, by modifying his diet according to the recommendation of a Dr. Belden.⁴ Hearn consulted Matas for a second opinion and wrote to Baker that Matas agreed with Dr. Belden's advice and further suggested a certain medically documented well-water cure:

I have been talking with Matas. He seems to think a good deal of Belden, and said the diet was just what it ought to be. He also explained to me the difficulties of the case; and he told me that Marion Simms⁵, one of the great names in American medicine, — could only get cured of a similar chronic trouble by a prolonged sojourn at Cooper's Wells,⁶ — the waters of which he drank continually, and so cured himself. I asked him if Simms might not have just wanted to advertise Cooper's Wells. He said no — that it was a well-authenticated case of cure by simple means. So I hope — if this be true, — that you will go as soon as you are well, to some place where similar waters flow, and so get strong forever. (1887.5.28)

Whether or not Mr. Baker followed Hearn's advice to try the water cure is not known, but judging from Hearn's letter, Dr. Matas was certainly an open-minded physician who was willing to entertain unconventional ideas in treatment so long as they were based on "well-authenticated" case studies.

That Matas's medical interests were certainly broad can also be seen in Hearn's letter to Henry E. Krehbiel, his music critic friend from Cincinnati who would later become famous. They had both been wondering whether or not the difference they felt in the timbre of the voices of Blacks and whites could be explained by an anatomical difference. Of course, Hearn asked Matas's opinion.

This was not a normal medical issue and quite removed from Matas's special fields of vascular surgery and anesthesiology. It belonged to the relatively new field of comparative anatomy, yet Matas was not only intrigued, he had already done some reading in the medical journals of this emerging field. Hearn happily communicated Matas's opinion to Krehbiel:

You remember our correspondence about the comparative anatomy of the vocal organs of negroes and whites. A warm friend of several years standing, — a young Spanish physician and professor here, — is greatly interested in this new science: indeed we study comparative human anatomy and ethnology in common, with goniometres and Broca's instruments.⁷ He states that only microscopic work can reveal the full details of differentiation in the vocal organs of races; but calls my attention to several differences already noticed. Gibbs⁸ has proved, for instance, that the cartilages of Wrisberg are larger in the negro; — this would not affect the voice especially; but the fact promises revelations of a more important kind. (*Writings XIII*, 333-34)

It would seem that Hearn approached the question more as an ethnologist, while Matas approached it as a comparative anatomist, but their goals and tools were the same. Again we see that Matas's medical reading was wide-ranging and that he based his opinions on proven studies (Gibbs), not on speculation, even citing the specific research publication involved. Such wide and thorough reading of the medical literature surely impressed Hearn and inspired his confidence in the opinions of the young physician.

Having seen what Hearn thought of Matas, it is time to see what Matas thought of his role in providing Hearn with medical knowledge for use in his writing. Indeed, the medical aspects of Hearn's first novel, *Chita*, were largely, if not completely, obtained from Dr. Matas, and Hearn privately considered him not only a resource but also the book's co-author, so much so that Hearn dedicated the book to him. After Hearn's death, Matas wrote that he was especially proud of his role in the composition of *Chita*, a role he described as "unpretentious medical and philological contributions to that immortal work," specifically "the physiognomy of Death in the

terminal stages of Yellow Fever" (Matas 9). The doctor's reminiscences also suggest how extensive Hearn's interest in medicine was:

I could also speak at some length on his [Hearn's] incursions into medical history when he became deeply engrossed in Arabian and pre- and post-islamic medicine, as these medical ideas were incorporated in his "First Muezzin, Bilal," and in his "Stray Leaves from Strange Literatures." (9)

Hearn, then, was curious about not only Western medicine but also about the far more exotic world of Islamic medicine. Of course, Hearn's main interest was not so much in medicine *per se* as it was in the medical ideas, medical vocabulary, and description styles that he could fashion into entertaining writing. The more exotic and unfamiliar to his readers, the better. Hearn got a wealth of such information by picking the brain of Dr. Matas, thereby bolstering his literary endeavors with greater historical and scientific accuracy, but it is likely that Hearn gave back to Matas as much, or nearly as much, as he received.

Dr. George Milbry Gould (1848-1922)

The friendship between Hearn and Dr. Gould, a graduate of Philadelphia's Jefferson Medical College, began the same way as the friendship between Hearn and Dr. Matas: it was the doctor who sought out Hearn, and not vice versa. Both physicians had been enormously impressed with Hearn's writings and were curious about the man behind the words. Gould, a young Philadelphia ophthalmologist, had read Hearn's articles and wrote letters of admiration to him in the spring of 1887. Hearn grew pleased with the burgeoning epistolary friendship and wrote Gould, "it is a singular fact that most of my tried friends have been physicians" (1887). Except for Matas, it is difficult to imagine whom Hearn had in mind.

As their friendship progressed, Gould sent Hearn a few of his own publications, which Hearn read and commented on. In turn, Hearn offered to send Gould information on medical issues in Martinique, including an article by the local historian-physician, Dr. Cornilliac. When Hearn was ready to leave Martinique, Gould offered Hearn a room in his Philadelphia townhouse

where he could work on his book. Hearn gratefully accepted, and for five months in 1889 he delighted in Gould's friendship, hospitality, and seemingly vast knowledge. Hearn felt lucky and wrote so to his former landlady in New Orleans, Mrs. Courtney:

— Well I am busy now getting some books out. I am in the house of a very good friend — (I have luck with the doctors, like you have), — a physician here, an oculist. If anything happened to my eyes I would be in good hands. (Tinker, 304-05)

Like Matas, Gould also helped Hearn with his personal health issues, particularly his eyesight. In fact, Hearn was enjoying his stay at Dr. Gould's so well that he briefly considered living in Philadelphia permanently. They continued to read and discuss each other's writings, and Hearn even claimed that he had read Gould's work on reflex neurosis "with intense pleasure." In their free time they discussed literature, philosophy, and science. Hearn listened to (and rejected) Gould's idea for a "medical novel," and he helped Gould compile a medical dictionary. He also worked on his next book, *Two Years in the French West Indies*. Unlike Matas, however, Gould seemed to wish to change Hearn. He tried to reform him, morally and philosophically, an endeavor that Hearn did not resist, both men claiming that the doctor had given Hearn something he was sorely lacking — "a soul."

The story of their falling out, the financial disagreements, and the publication after Hearn's death of Gould's acrimonious memoir, *Concerning Lafcadio Hearn*, are well known.⁹ But for five months at Gould's house, Hearn was as happy and comfortable and productive as he had ever been before. Like Matas, Gould had also stimulated Hearn's thinking and satisfied Hearn's natural curiosity about science in general and medical science in particular.

In Japan, Hearn was mainly treated by two physicians, but neither seems to have had any influence on his thinking. In Kobe, Hearn befriended his eye doctor, Dr. Edward Papellier, a German ophthalmologist who advised him to quit newspaper work in order to save his remaining eyesight, but Papellier's intellectual or literary influence on Hearn was probably negligible. In Tokyo, Hearn's family doctor was Dr. Kizawa, but again there is no indication that their relationship was anything more than one of doctor-patient. In May 1903, when Hearn suf-

fered from bronchial bleeding, Dr. Kizawa advised him to stop his daily walks and his annual swimming at Yaizu, and to refrain from lecturing. It was also Dr. Kizawa who attended Hearn in September 1904 when he had three heart attacks (angina pectoris), the last one fatal.¹⁰

Physician as a Profession

Hearn genuinely admired most doctors and, at the rather advanced age of 34, declared to a friend that he was thinking of becoming one. From New Orleans he wrote to Krehbiel that he was "seriously" considering becoming a doctor, but one who practiced in rather remote areas: "I have half a mind to study medicine in practical earnest some day. Wouldn't I make an imposing Doctor in the country of cowboys? A doctor might also do well in Japan. I'm thinking seriously about it." (*Writings* XIII, 331-33.) Despite his rather advanced age and totally inadequate financial resources for such an undertaking, Hearn seems to have believed he could do it. This was not quite pure fantasy. After all, Hearn's father was a doctor, a graduate of the Royal College of Surgeons, Dublin, and an Assistant Surgeon in the British Army, serving on its ships. Although Hearn hardly knew his father and was separated from him while too young to understand much about his occupation, he had inherited his father's genes and perhaps with them a natural interest in, if not an aptitude for, medicine. If his father could do it, maybe so could he.

But why specify the American West, or Japan, as places to practice? To Hearn, possessing a doctor's skill meant more than obtaining financial security or respectability. There was something even more precious: freedom to travel and sojourn in relatively remote, undiscovered, interesting areas of the world. He was aware, perhaps from Matas, that in the more densely populated areas, even doctors faced stiff competition. But as a physician in places where doctors were scarce, he would be an important, even an "imposing" figure. To Hearn, doctors had something he sorely envied; namely, the skills to earn a living anywhere they chose. Thus he believed they were relatively free to live in any exotic place they took a fancy to. Consider this letter to Page Baker, written just prior to his trip to the French West Indies in the summer

of 1887:

The die is cast; — the 140=dollar ticket has been bought. Saturday next I flee. There are only two other passengers. Nobody goes to such an outrageous part of the world at this most outrageous time, except physicians, and — fellows like me. These other passengers are physicians. They leave at Barbadoes. Then I shall be left alone with the crew; and we shall steam into the Southern cross in awful silence. (Loyola University Library, no. 5-23)

Only “physicians” and “fellows like me,” by which he meant poor writers in search of material (literary Colum-buses), had the chance to visit and observe such interesting places as Barbadoes. The difference, of course, was that doctors could make a decent living in those places and stay as long as they liked, whereas writers like Hearn had to live hand to mouth.

In Japan, Hearn’s attitude toward the profession of physician did not change. Drawing on the knowledge he gained from his long association with doctors and the medical profession in America, Hearn recommended his former pupil, Ochiai Teisaburo, to study medicine rather than language and literature: “I imagine that you may have special qualities fitting you to become a good doctor, — qualities of character, kindness, and truthfulness in thinking and doing.” Perhaps remembering the doctors who were going to Barbadoes, he told Ochiai that being a doctor would enable him to travel: “I should like to see you become a good doctor as well as anything else . . . the profession would help you to travel later on. I think that all larger steamships, for example, employ good doctors, who have plenty of leisure for studies while voyaging.” (1895.7.2, Barrett no. 120) Hearn was also probably remembering his father, a ship’s doctor, paid to travel the world.

Six months later Hearn wrote another letter to Ochiai explaining in further detail his thoughts on the desirability of studying medicine: Firstly, becoming a physician will “assure your independence” and “make you large-minded” because it forces one to learn about many areas of science such as chemistry, physiology, biology, histology, and embryology. “The study of medicine is, to a large extent, the study of the universe and of universal laws — and makes a better man of any one who is intelligent enough to master its principles.” As

Hearn also knew well from his medically-related journalistic investigations, “there are many very horrible things in it which you will have to face; but you must not be repelled by these, because the facts behind them are very beautiful and wonderful.” Perhaps most importantly, medical study was in itself fascinating: it “will show you that the most ordinary human body is full of machinery more wonderful than any genius ever invented.” (*Writings XV*, 18-19)

Yet another important advantage that Hearn believed the life of a doctor could provide for Ochiai was the chance to use his linguistic ability and to enjoy literature:

Also do not forget that your knowledge of English will be of great use to you in medicine, and that, if you love literature, medicine will give you plenty of chance to indulge that love. (Some of our best foreign authors, you know, have been practicing physicians.) In Kōbe I find that some of the best Japanese doctors find English very useful to them, not only in their practice, but also in their private studies. But you will also have to learn German; and that language will open to you a very wonderful literature, if you like literature — not to speak of the scientific advantages of German, which are unrivalled. (*Writings XV*, 18-19)

Hearn was assuring Ochiai that choosing medicine as a profession did not mean having to give up his passion for language and literature. On the contrary, the life of a doctor would give him the means and leisure to enjoy them without the financial worries that a literary career would probably entail. In short, as a doctor he could continuously enrich himself with knowledge and experiences gleaned from studying science, reading literature, and visiting new places.

There was, however, one problem that worried Hearn: Ochiai’s less-than-vigorous health. Hearn’s advice on this was clear. Doctors need to be physically and mentally tough, especially if they wish to work in a populated area: “to practice medicine in any large city in Japan, you must have a vigorous body — must not be too weak. It is a profession requiring strength, or at least nervous strength; — power to bear much fatigue. In some quiet country-place, you could practice medicine with less strain upon your strength.” He recommended a position as

physician on a ship as a less demanding alternative: “You might be engaged by a steamship company, for example, and be so enabled to gain strength by a few years of travel. Or you might secure a tolerably easy position by the result of such study” (Barrett no. 134). In a few years, Hearn would be contemplating whether or not his own son could or should become a doctor some day.

Articles about Medicine

Notwithstanding Matas’s considerable influence on the scientific side of Hearn’s mind in New Orleans, Hearn’s career as a medical science reporter had begun much earlier, in Cincinnati. “Medical Science,” one of his earliest scientific articles, appeared in the *Cincinnati Enquirer* of March 24, 1874. It reports on a rare, almost bizarre, three-week-long medical experiment performed on the exposed brain of a living human by a Dr. Bartholow.

... the patient was a woman about thirty-two years old. A large part of both hemispheres of the brain was exposed by the eating away of the bones by a long existing cancer.

Careful not to inject his own opinion or to add color, Hearn lets the three doctors speak for themselves. Here is the opinion of one:

The Doctor said that as the brain had frequently been penetrated by the surgeon’s knife, and portions lost by accident without obvious detriment to the patient, he assumed that he might with the same impunity introduce extremely fine needles for electrical experiment. This he did. (Johnson 35)

Whether by his own choice or by order of a senior editor, Hearn’s style here is uncharacteristically detached, matter-of-fact, and objective. Perhaps because he was still on unfamiliar ground, there is hardly a descriptive adjective in sight and no attempt whatsoever to reshape or enhance the gruesome aspects. In fact, the last eight paragraphs are as dryly factual as Hearn could possibly have made them, concluding with a numbing anaphora of indirect statements: “Dr. Bartholow stated that . . . ; Dr. Kearney said he would . . . ; Dr. Ludlow wanted to know if . . .”. He ends by presenting two questions of medical ethics that the experiment had raised: Was the patient’s life

shortened? Was the experiment ethically justifiable? However, Hearn does not comment on these questions at all, making this a scrupulously objective but rather dull piece of science reporting. It strongly suggests that he was not yet sure how to handle medical topics more creatively

Five months later Hearn interviewed another doctor, “Dr. B,” a professional articulator of skeletons, for an article titled “Skulls and Skeletons” (Aug 30, 1874). This time, however, he completely changed his treatment and tried for a good-natured humorous effect, one that Jonathan Cott described as “charmingly macabre” (55). Unlike the previous piece, this one uses the doctor to create amusement, the reporter himself becoming a character in the story. In fact, the piece is made up almost entirely of good-natured conversation:

“You see my children help me in my work, sir,” said the articulator with a smile of paternal pride. “As fast as I can get the bones bleached they sort them out in little heaps, so that I know just where to put my hand on anything I want. I’ve taught them the names of the bones, their position, and all that.”

“But you do not mean to say,” asked the astounded reporter, “that these children know the names of all those bones!” ...

“Come, Katie dear, tell the gentleman what this is.” The child rose, looked at the piece carefully, and answered with a pretty little smile.

“Left femur, pa.” (Johnson 45)

When the doctor describes one of his daughter’s favorite toys, a particularly well-formed skull, as having once belonged to “a pretty, but very naughty girl — Mattie — ... a splendidly-limbed woman” (46), we realize that Hearn is playing a private joke on his future wife, Mattie Foley, perhaps playfully warning her to change her ways before it is too late. Light and cheery banter in a familial context sharply contrasting with the morbid materials and the nasty process was to become one of Hearn’s go-to styles.

Hearn’s next medical reportage was more serious. “A Slaughter-house Story” (Aug 21, 1876) came nearly two years later when he revisited a kosher slaughter-house to check out the story of a man who claimed he had gone blind for over a week after drinking three big glasses of fresh blood. It seems to have been one of Hearn’s last science pieces for the *Enquirer*, and like “Medical Sci-

ence” it presents another rare and somewhat unappetizing medical case. This time, however, Hearn does not simply report what he has overheard; he seems to have personally questioned “several of our most prominent physicians,” who all agreed, albeit for different reasons, that drinking blood could not cause temporary blindness. As one prominent doctor explained:

He might have become temporarily blind, owing to a multitude of causes, but certainly not from drinking a quantity of blood. For instance, a certain phase of kidney disease frequently produces blindness. I consider the transfusion of blood . . . to be the reverse of beneficial, and I have always warned my consumptive patients against drinking blood. The latter practice is both morally and physically detrimental. A blood drinker is apt to introduce parasites into his system — cysticerci. The cysticercus is neither more nor less than an immature tapeworm . . . When we eat raw beef or drink beef-blood, we are liable to swallow the parasites. Now the blood, on reaching the stomach, at once coagulates — the clot being digested like other solid food, and the serum being absorbed. But the cysticerci are not wholly digested. (Johnson 100)

However, another doctor disagreed, telling Hearn: “I consider fresh beef blood a splendid medicine for weak and sickly people . . . it is, perhaps, the most nutritive food that can be put into the stomach” (100-101). Again, Hearn does not offer an opinion, nor does he try to enhance the power of the expression to revolt at all. He seems to have felt that, for most readers, the mere practice of drinking blood and the detailed medical explanations of bacteria and clotting would be entertainingly repulsive enough without stylistic embellishments to manufacture disgust. His subtexts are clear: The details of medical science are not for the squeamish, and doctors often disagree.

After joining the staff of the *Commercial* in 1875, however, Hearn apparently wrote only two or three articles that might be termed “medical” in nature. One was “Embalming A Corpse” (*Commercial*, July 11, 1877). As he did in his earlier articles on the Tan-Yard Murder, he again graphically describes the devastated organs of a male corpse, this one being embalmed before his eyes by “two prominent doctors” at the Ohio Medical College.

The first stage of the process consisted in the removal of the viscera and the brain. The latter is extracted by opening the skull at the back with a fine saw. The abdominal and thoracic cavities were emptied through an incision made in the manner usual at post-mortem examinations. . . . There was fatty degeneration extraordinary of most of the internal organs; the heart was in such a condition that the finger could be pressed through it with the least effort; . . . the pericardium was found filled with blood, but immediately about the heart itself the fluid had clotted into a species of thick coating, which peeled off under the fingers like bark, exposing to view the fissure underneath. (Johnson 151)

The writing could be taken directly from a medical student’s anatomy class notebook. Such enhanced anatomical descriptions of dissections and autopsies had already become his trademark, a staple of his repertoire first seen in his graphic reportage on the Tan-yard Murder. In this article, however, Hearn seems to have achieved a comfortable stylistic balance between prose that is at once medically objective and evocatively subjective. His growing familiarity with the technical terminology of anatomy, physiology, and pathology is also evident and testifies to his more-than-layman’s involvement with medical science.

Hearn addressed another specific pathological condition in “Myopia” (March 4, 1883). As a severe myope himself, he might understandably have written rather passionately about this topic, but his treatment is decidedly impersonal and non-technical. Citing the works of two Frenchmen, Professor Raoux and Dr. Motais, Hearn informs the American reader of myopia’s increasing incidence in Germany, Switzerland, and France, especially in the schools. After listing some of the generally accepted causes, such as the “narrow-faced type” used in school-books, desks that are too low, bad lighting, and even tight clothing, he devotes a whole paragraph to the one cause he deems most significant: “the glare of white” — from the writing paper, the textbooks, and even the walls and ceilings; these, he declares, must be softened by “neutral tints” (Nishizaki 159). He was speaking from experience: he himself firmly insisted on using a certain shade of yellow paper for his notes and compositions in order to minimize eye-strain. He ends the piece with a myope’s

dream that one day human beings may learn how to change the shape of their cornea at will, as some species are able to do, to suit a variety of visual needs.

If “Myopia” was coincidentally about Hearn’s severely myopic right eye, his final ophthalmological article was about his blind left eye. “Eye-Transplantation” appeared nearly three years later in the *Times-Democrat* of January 24, 1886. Again, he used a French source, this time an article he saw in the Paris *Figaro* of January 8, 1886 about the attempts of a French surgeon, Dr. Chibret,¹¹ to transplant a rabbit’s eye into a human. In one case, the transplanted eye “had accommodated itself to the nerves and attachments, and had become perfectly sensitive to touch” (Nishizaki 161). However, due to some “ulcerations” at the back of the eyeball, the transplanted eye remained totally sightless. Hearn notes that other surgeons, Drs. Terrier and Bradford, also tried transplantation, also unsuccessfully, but they would not declare the endeavor to be totally hopeless. In the words of Dr. Terrier, “in science . . . we can not be positive about the impossibility of making such and such a discovery” (162). Ever the believer in the potential miracles of medical science, perhaps especially so when it concerned his own affliction, Hearn concluded that this expression of slight hope was “decidedly encouraging,” since a doctor is “especially bound by his profession to be guarded in the expression of his opinions.” Hearn then speculated that if eye restoration became possible, then “future physicians might be able to make up a man again, after he had been literally cut to pieces” (162) — Frankenstein perfected.

Two other medical editorials focused not on disease but on the physicians. “A Great English Physician” (December 15, 1885) honored the recent death of Dr. William Benjamin Carpenter (1813-1885) by recounting his life as a pioneer in human and animal physiology. Hearn was duly awed by the doctor’s many achievements, but what impressed him the most was the fact that this great man’s life work was already “behind the age,” so rapid have the advances of medical science been over the past few decades.

Biology has been revolutionized. . . . Histology now demands the utmost skill of the microscopist and the chemist. . . . Pathology now requires from its adept a knowledge of the invisible world. (Nishizaki 209-10)

In this new age of specialists, Hearn concludes, “an ency-

clopedist of the older school” like Dr. Carpenter would naturally be left behind. Yet, “as the founder of a system, and as a potent teacher of positive science” he must be remembered as a great researcher (211). Though the subject is the life and work of Dr. Carpenter, the auxiliary message is the astonishing rapidity with which medical knowledge is being proliferated.

Hearn’s longest newspaper article on medicine was also about doctors, but ones who never went to medical school or obtained a physician’s license. More a personal essay than a news item, “The Creole Doctor” treated readers of the *New York Tribune* Sunday edition (Jan 3, 1886)¹² to a feature-length article by Hearn describing his struggles to adapt to the climate of New Orleans and introducing them to the world of Creole healers and treatments that cured him. The “doctors” were actually women from “the old French-speaking generations of colored nurses and domestics” (*Occidental Gleanings* 198). When he had “bilious fever,” he was given a hot, reddish, bitter concoction that made him dizzy and breathless at first, but then fully restored (and even improved) his health. “I wanted to obtain the recipe from the negress who prepared the medicine; but this, to my surprise, she refused to give even in exchange for what I believed to be rather handsome remuneration” (199-200). It was, she implied, too dangerous to be used by a novice. When his eyes were inflamed, an egg poultice taught to him by “an old colored woman” who was said to practice Voodoo was “remarkably efficacious” (200). These healers had no academic credentials, but Hearn seems to have considered them as knowledgeable and effective as a graduate from a Western school of medicine.

The rest of the essay focuses on the specific ingredients and application of similar folk-medicine cures, a pharmacopoeia which Hearn had learned about mainly through Dr. and Mrs. Matas. These were primarily “tisanes,” or herbal teas. Hearn again uses a deliberately unadorned “cookbook style” to let the unusual facts themselves entertain. For chills and fever, tea made from pimento leaves, strong black coffee with lemon-juice, or snake-root in whiskey are recommended. For typhoid fever, green coffee berries in whiskey; for sleeplessness, lettuce-leaf tea before bed; for nausea, geranium-leaf tea boiled with “the interior of a fowl’s gizzard.” For colds, celery-leaf tea with a few drops of paregoric and honey; also castor oil and molasses, or roasted onions with mo-

lasses and butter before bed. For indigestion, tea made from bay leaves and mint-plant leaves; for jaundice try melon-seed tea. Take cockroach tea for tetanus, and cockroaches fried in oil with garlic for indigestion. The more revolting the preparation, the more interesting for his readers, but he also included some commonplace items such as carrot juice, “the great remedy . . . efficacious in the extreme.” The list goes on and on, prescribing drinks for diarrhea, heart palpitation, rheumatism, and “overheated blood,” made from things like eggshells, pecan bark, bananas, and parsley-root. Lemon-juice, an old Creole febrifuge, had recently been recognized by the International Medical Congress. He ends by imploring ethnologists, folklorists, and medical scientists to learn more about Creole herbal medicine, which “deserves scientific attention.” In this way, Hearn implies a need to expand our understanding of what constitutes a true physician.

Toward the end of his career as a scientific journalist, Hearn also wrote an article on Louis Pasteur called “The Magician of Paris” (Dec 24, 1885). It is, I believe, representative of Hearn’s attitudes after more than a decade of scientific reporting. In it we see his gradually developed, cautiously hopeful acceptance of the popular notion that science in general, and medical science in particular, can truly perform miracles:

What the science of the future might accomplish or cannot accomplish, is hard to say. That it may discover some wonderful method of prolonging human life is not altogether an absurd dream. Perhaps it is not even absurd to suppose that humanity may yet be able to realize all its best and dearest dreams. (*Occidental Gleanings* I, xxi)

A longer, healthier human life-span might be considered the supreme achievement of medical science, but Hearn also felt strongly that such progress was often not a true improvement in the state of the world or in the quality of human life. We may live longer, he writes, but we will never be able to reverse time and regain our lost youth. To his credit, Hearn usually tempered his dreams of a miraculous future for mankind with a sobering dose of reality gained from hard personal experience.

Although Hearn generally respected medical doctors, he sometimes privately doubted their opinions and made fun of their esoteric research. He was confident

enough in his friendship with Dr. Gould to share those feelings. From New York, he sent Gould the gist of an amusing article that poked fun at physicians’ diagnostic skills:

Last Sunday the World¹³ had an editorial denying the scientific exactness of medicine: it sent a girl=reporter — a fine healthy handsome person — to twenty different physicians, and each declared she had a different disease, and all prescribed for her, — and then the World publishes all the prescriptions in facsimile and the names of the doctors, and made geese of them like hell! (1889.10.31, Tinker 311)

Twenty doctors examined the same patient and no two diagnoses were the same? Hearn was greatly amused and assumed Gould would be, too. Doctors who took themselves too seriously, he felt, were legitimate targets of satire.

And in another letter to Gould, he gently parodied the highly technical language of medical research in an amphigory to amuse Gould:

Dear Gooley: — I feel like a white granular mass of amorphous crystals — my formula appears to be isomeric with Spasmotoxin. My aurochloride precipitates into beautiful prismatic needles. My Platinochloride develops octohedron crystals — with a fine blue fluorescence. My physiological action is not indifferent ... The heart stopped in systole. — A base — $L_3H_9NG_4$ — offers analogous reaction to Phosmotemystic acid.

Yours with best regards, Phosmolybdic Lafcadio Hearn.

Isolated from a tub of intestines left to putrefy 22 months in an open vessel at 67° — (*Writings*, XIV 89)

Precise scientific description rendered nonsensical, Hearn offered Gould a parody of the meticulously objective tone of medical research articles, perhaps even Gould’s own articles. The slightly misspelled chemical terms (auric chloride, platinos chloride, phosphomolybdic are correct) presented Hearn as a sort of botched medical experiment, a diseased specimen.

A subsequent letter describes Hearn’s frustration in trying to answer Gould’s request to tell him all about zombies. Every time Hearn tries to continue, Gould stops

listening. Hearn's increasing mental deterioration is rendered as a parody of medical research.

Gould, — "I'll be back in a minute." (Strides across the street.)

Violent agitation in the peripheral centers of Hearn . . . owing to disintegration of cerebral tissue consequent upon the sudden arrest of nerve-force in discharge.

Gould, suddenly reappearing: — "Go on with that old story, now."

Hearn starts to explain once more, but Gould suddenly disappears again. Hearn describes his own neurological deterioration as Gould might have observed it:

— Brutal confusion established in the visual, auditory, gustatory, and olfactory ganglia of Hearn; — general quivering and strain of all the mnemonic current lines, and then a sense of inquisitorial torture going on in various brain-chambers Slow recovery as from concussion of the cerebellum. (*Writings*, XIV 89-90)

The sketch continues through several more frustrating interruptions until Hearn's brain has been so scrambled by Gould's behavior that he is taken away to the Pennsylvania Lunatic Asylum for Uncurables by two policemen, to the "Astonishment of Gould."

The last piece Hearn wrote on a topic related to medical science appeared late in his career in Japan. Titled "In a Japanese Hospital," it occupies the important position of closing sketch in *A Japanese Miscellany* (Boston: Little, Brown & Co. 1901) and describes the skillful treatment of a four-year-old boy who presented at a Tokyo hospital with a broken arm. The boy is uncooperative and afraid of the smiling hospital staff ("There are doctors here — doctors that hurt people"). When the boy refuses to get on the examination table, two doctors and two nurses "lift him deftly" and smoothly anesthetize him by placing a cloth over his eyes and mouth. Hearn admires the boy's fighting spirit and the skill of the medical staff:

Quickly the ends of the fractured bone are brought into place with a clear snap; — bandages and cotton and plaster-of-Paris, and yet more bandages, are rapidly applied by expert hands; — the face and little hands are sponged. Then the patient, still insensible, is wrapped in a blanket and taken away. . . . Interval, between

entrance and exit: twelve minutes and a half.

A skillful, wonderfully efficient medical team, yes, but Hearn was more impressed by the anesthesia's power to silence the boy's cries and fears: "In one moment — under the vapor of a chemical — voice, motion, will, thought, all pleasure, pain, and memory, had ceased to be; — the whole life of the budding senses — the delicate machinery of the little brain, with its possible priceless inheritance from countless generations — had been stilled and stopped as by the very touch of death" (*Writings*, X 394).

The rest of the essay speculates about human life and death. Like the boy, we all come into the world crying and struggling, and we go out with "a sudden vanishing of personality under the resistless anaesthetic of death." And almost in imitation of the boy's experience, so does the "life" of *A Japanese Miscellany* come to a halt, its words and thoughts and voice going silent and out of mind as we close the book.

Conclusion

As we have seen from his private letters and published news articles, Hearn's relationship to medicine was long and deep, personal and literary. Medical science had nearly always been closely connected to his life: as the child of a doctor, he may have inherited his father's aptitude for medical science; when he injured his eye at age 16, he was painfully introduced to the world of ophthalmology; and as a newspaper reporter, he counted physicians among his closest friends and used their knowledge and his own researches to write articles (and a novel) about medical subjects. As a teacher in Japan, he advised his students to study medicine, if they had the aptitude and sufficiently vigorous health, and he praised the occupation of physician as one of the noblest of human endeavors. To Matas, he wrote, "You know Philadelphia, I suppose, — the beautiful city; and I suppose you know that physicians here form the leaders of, and give the tone to social life. It seems to me but just that they should, — representing the highest intellectual rank of civilization when they are really worthy of the profession."¹⁴ Hearn did not deem all doctors "worthy," of course, but a truly fine one commanded not only his friendship but also his utmost respect and admiration as a superior member of

society. Although he always considered himself to be first and foremost a writer, a man of letters, the world of doctors, health, and medical science was never far from his mind and often appears in his writing in a variety of engaging contexts.

¹ According to Albert Mordell, Hearn's library contained quite a few volumes from *The International Scientific Series* (Appleton) such as *Animal Intelligence*, *Animal Parasites and Messmates*, *General Physiology of Muscles and Nerves*, and *Animal Locomotion*.

² For details concerning Hearn's ideas of a healthy diet, see my "Hearn, Health, and the Power of Food," *Memoirs of the Faculty of Education, Kumamoto University*, No. 47, 1998, pp. 159-73.

³ For a more detailed account of the relationship between Hearn and Matas, see Edward Laroque Tinker, *Lafcadio Hearn's American Days*, (London: 1925) pp. 227-37.

⁴ J. Webster Belden (1856-1914), prominent New Orleans physician.

⁵ James Marion Sims (1813-1883), American surgeon, called the "father of modern gynecology." His ethics have been questioned for allegedly performing experimental surgeries on unconsenting Black slave women.

⁶ Founded by Reverend Preston Cooper in the mid-19th century, Cooper's Well was a resort in Raymond, Mississippi. Its underground waters were said to help cure diseases of the intestine, liver, and bladder, among other maladies.

⁷ Paul Broca (1824-80), French physician, anatomist, and anthropologist, noted for discovering "Broca's area" of the brain.

⁸ A reference to Dr. G. D. Gibb's paper "On the Essential Differences Observable between the Larynx of the Negro and That of the White Man," in the *Journal of the Anthropological Society of London*, Vol. 3, 1865.

⁹ For a detailed account of this falling out, see E. L. Tinker, *Lafcadio Hearn's American Days*, (London: 1925), pp. 306-15.

¹⁰ Hasegawa Yoji. *A Walk in Kumamoto*, Global Oriental: 1997, p.335.

¹¹ Paul Chibret (1844-1911), French ophthalmologist and founder of the Societe Francais d'Ophthalmologie.

¹² So far as I know, this is the only article Hearn ever published in the *New York Tribune*.

¹³ *New York World*, a Manhattan newspaper published from 1860 to 1931.

¹⁴ Nishizaki, Ichiro: Newly Discovered Letters from Lafcadio Hearn to Dr. Rudolph Matas," 『お茶の水女子大学人文科学紀要』第8巻第3分冊, 文学, 53-54.

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