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Foucauldian “Medical Gaze” as an Ideological Apparatus of Modern Power Structures in the Works of Rifat Ilgaz, Ōoka Shōhei, Jean-Paul Sartre and Joseph Conrad

Rifat Ilgaz, Ōoka Shōhei, Jean-Paul Sartre ve Joseph Conrad'ın Eserlerine Modern İktidar Yapılarının Bir İdeolojik Aygıtı olarak Foucault-sal “Tıbbi Bakış”

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Abstract

There has always been a discursive clash between modern literature and modern medicine. Sontag, for instance, blames literature for producing discriminative metaphors, proposing that a “metaphor-free,” exclusively medical discourse, would enable patients to undergo their diseases freely. On the contrary, Karatani, arguing that modern medicine is by no means out of the realm of metaphor-production, but at the heart of it, refutes Sontag’s theses. He reinforces his counter-argument by grounding it on René Dubos’ *Mirage of Health* which criticises the self-metaphorisation of medicine via the ideology of romantic heroism and its exaggeration of its role in healing diseases. However, a considerable shortcoming of Karatani’s approach lies in the fact that he overlooks how negatively modern medicine is represented in world literature. Indeed, in several modern novels doctors are depicted as professionals who dehumanise their patients by regarding them merely as sick bodies. Such a “medical gaze” (Foucault) also manifests as a

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de-nationalising attitude in Ooka's *Fires on the Plain*, as well as Ilgaz's *Nights of Blackout*, which we particularly concentrated on. In this article, the representations of modern medicine's arrogant and patronising attitudes by Ilgaz, Ooka, Sartre and Conrad are theoretically analysed in their relations with modern power structures.

Keywords: *the medical gaze, disease, modern power structures, world literature, comparative literature*

Öz

Modern edebiyatın bazı eserleriyle modern tıp arasında hep bir söylemsel çatışma olmuştur. Üstelik bu çatışma edebiyat kuramı düzeyinde de gerçekleşir. Örneğin, Susan Sontag ayrımcı amansız hastalık metaforları ürettiği gerekçesiyle, bilhassa edebiyatı suçlar. Ona göre “metaforsuz”, münhasıran tıbbi bir söylemin oluşturulması hastaların hastalıklarını özgürce yaşayabilmelerini sağlayacaktır. Buna karşılık, Kojin Karatani modern tıbbin metafor üretimini dışında değil, tam kalbinde yer aldığını savunur ve edebiyata karşı hasmane bir tavır takınan Sontag'ın tezlerini çürütür. Karatani karşı-savını René Dubos'un *Sağlık Serabı* eserine dayandırarak perçinler. Bu eserde, tıbbın, romantik kahramanlık ideolojisi aracılığıyla kendi kendisini metaforlaştırması ve hastalıkları iyileştirmedeki rolünü abartması eleştirilmektedir. Ne var ki, Karatani'nin yaklaşımındaki önemli bir eksiklik, modern tıbbın dünya edebiyatında nasıl olumsuz bir şekilde temsil edildiğini gözden kaçırmasıdır. *Madame Bovary*'den *Karamsar Jude*'a, *Büyülü Dağ*'dan *Kutu Adam*'a, modern doktor tipi şarlatan veya sahtekâr olarak tasarlanmıştır. Bu perspektiften yaklaşıldığında, Foucault'nun “tıbbi bakış” olarak kavramsallaştırdığı tutumun muhtelif kültürlerden metinlerde resmedilmiş olduğu gözlemlenebilir. Nitekim bu makalede ele alınan Conrad'ın *Karanlığın Kalbi* ve Sartre'in *Duvar* eserlerinde, doktorlar muayene ettikleri kişileri salt hasta bedenler olarak gören, böylece onları “insanlıktan çıkarıcı” uzmanlar olarak betimlenirler. Bu insanlıktan çıkarıcı “tıbbi bakış”, yine burada işlenen Öoka'nın *Ovada Yanan Ateşler* ve yoğun olarak üzerinde durduğumuz Ilgaz'ın *Karartma Geceleri*'nde “milliyetten çıkarıcı” bakış olarak da tezahür eder. Bu makalede, Ilgaz, Öoka, Sartre ve Conrad gibi yazarların eserlerindeki, modern tıbbın söylem düzeyinde takındığı kibirli, buyurgan tutumlara ve kendisine atfettiği müktedir konuma dair temsiller, bunların modern iktidar yapılarıyla ilişkileri bünyesinde kuramsal olarak çözümlenmiştir.

Anahtar sözcükler: *tıbbi bakış, hastalık, modern iktidar yapıları, dünya edebiyatı, karşılaştırmalı edebiyat*

Introduction

Susan Sontag has been one of the first cultural theorists to problematise the use of “illness” metaphors in various discourses such as politics, philosophy, psychology, medicine, law and especially literature in her book *Illness as Metaphor* (1978). In this concise text, she criticises the way patients are encircled by metaphoric walls based on a discriminative ideology of health promotion. She lambasts such references by saying that “the healthiest way of being ill” is to distinguish the “real” disease from its figurative representations:

My subject is not physical illness itself but the uses of illness as a figure or metaphor. My point is that illness is not a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphoric thinking (Sontag, 1978: 3-4).

Sontag's hostility to metaphors evokes Deleuze & Guattari's *What is Philosophy?* (1991) which was published thirteen years after *Illness as Metaphor*; and which suggests purifying metaphors from the philosophical discourse by replacing them with concepts. Sontag's text is equally a utopian book dreaming to build a "metaphor-free," or "metaphor-less" discourse regarding mortal illnesses as cancer and TB. Namely, Sontag criticises the tabooing (*demonisation*) and fetishisation (*sublimation*) of illness as metaphors in various discourses and proposes that illness metaphors must be censored and implies that a neatly sterilised discourse should be constructed. Furthermore, she declares that she will take the first steps towards realising it under the aegis of this book, as is clear in the last sentence of the quote. Sontag not only suggests censoring the use of metaphors because it leads to othering and discriminatory attitudes towards the illness as well as the ill, but she also argues that illuminating the unknown areas of the disease through the discoveries of medical science and developing influential treatment methods will eliminate both our fears of, and sublimating attitudes towards that disease.

Yet, is it really possible to break free from metaphors and construct a "disinfected," purely medical discourse? In "Sickness as Meaning," Kojin Karatani argues that to avoid metaphorisation through replacing metaphoric expressions with a clear-cut medical discourse is impossible, since producing illness metaphors is not only the essential discursive mechanism of modern literature, but also that of the institution of modern medicine as such (1998: 106-107). Such metaphoric expressions as "fight against disease" and "cure an illness" reify both disease and doctor as active subjects in a clash with each other (Karatani, 1998: 108). Also as a response to postmodernist Sontag's modernist view that illuminating or curing mortal diseases would liberate the patient from metaphors, as well as from fetishisation, Karatani holds that although some works of modern literature does the propaganda of modern medicine through presenting new developments in the field and sharing the medical knowledge about the aetiology, symptoms and effects of the mortal illness, such a "promotion", aside from emancipating the patient from that illness, generates new fears about it (1998: 126). Certainly, these fears trigger the production of new metaphors. In this way, Karatani demythicises Sontag's utopia of a metaphor-free mortal illness discourse, through demonstrating that the discursive basis of modern medicine is constituted of "metaphors" and the "act of metaphorisation."

An important point that Karatani overlooked in the context of mortal illness discourse, is that which concerns how modern medicine as such has been metaphorised in modern world literature. In many novels, the clash of the main character with modern power structures manifests as the conflict of the "ill" with "medicine." Namely, what threatens the protagonist is not the lethal disease as is expected, but the "look" of modern medicine, which Michel Foucault calls "medical gaze." Then, the protagonist involves himself into a romantic struggle against this controlling, scrutinising, dehumanising and denationalising "gaze" that represents current modernity and modern power structures. Although the main character pulls out all the stops with the aim of defeating this modern medical gaze, he is doomed to get totally demised by it.

In this article, our aim is to demonstrate how modern medicine is represented in the late 19th and 20th century world literature, as an apparatus of modern power structures, in subjugating the individuals through the agency of the medical gaze. To this end, we analyse four texts belonging to different cultural contexts: Turkish Rıfat Ilgaz's *Nights of Blackout* on which we will largely focus, Japanese Ōoka Shōhei's *Fires on the Plane*, French Jean-Paul Sartre's *The Wall* and Polish-British Joseph Conrad's *Heart of Darkness*.

Nights of blackouts: A consumptive's romantic struggle against modernity's "Denationalising gaze"

Rıfat Ilgaz's *Nights of Blackout* (*Karartma Geceleri*, 1974; cited as *Nights* henceforth) relates the story of Mustafa Ural, a teacher of Turkish literature and a radical poet who is wanted by the law enforcement due to his last poetry book that is considered "subversive." He escapes from the police out of the fear that his TB might get deteriorated under the conditions of prison. Although Turkey was one of the few Eurasian countries that did not participate in World War II, most of its severe effects could be felt by the society: blackouts, economic crisis, food shortage, martial law and restrictions on freedom of expression to which Mustafa was subjected by getting his poetry book banned and confiscated. Being searched by the police everywhere, he is like a modern Odysseus who cannot return home and is forced to lead a runaway life. What makes the matters worse, most of his friends, and even his wife Şükran (an "anti-Penelope" figure) turn gradually their backs on him; they avoid him as though he were a contagious germ. During his precarious odyssey throughout the streets of Istanbul which are darkened by the blackout and threatened by police whistles, Mustafa takes refuge at his very few loyal friends' homes, *kahvehanes* (coffee houses), *hammams*, public gardens, and mosques where *fajr* prayer is performed in the twilight before the dawn. This escape would end in prison where not only progressive modernist intellectuals like him, but to Mustafa's impotently vindictive delight, also right-wing modernists are incarcerated as a consequence of a shift in the government's definition of modern national identity due to international power relations.

It would be convenient to overview the historical background of the novel in its relations with "modernity" and "disease." During and briefly after World War I, Ottoman Empire was subjected to the imperialist violence of the UK, France, Italy and Greece, losing large territories in the Middle East and facing the danger of getting colonised. One of the ideological attempts of justifying this invasion and dismemberment by the modern "Great Powers" on discursive level was insistently labelling Ottoman Empire as "The Sick Man of Europe" from the second half of the 19th century onward (Güven, 2016: 430). Needless to say, such a dismissive metaphorisation which could be redefined as "modernist discrimination" was based on the health-illness dichotomy: Ottoman Empire, which is unable to keep up with European modernity, was posited as a desperate TB "patient" in his deathbed, whereas the modern and constantly modernising Western Europe evoked a sadistic "doctor" who enjoys watching the lethal symptoms of the patient in a near-death state.

In order to defeat this threat of colonisation by the modern "Great Powers" the only antidote was modernisation. Mustafa Kemal (Atatürk), a modernist commander lead the anti-imperial war of liberation, as a result of which his army won a miraculous victory against the

“Great Powers.” Subsequently, he founded the Republic of Turkey in 1923, after abolishing the Ottoman Empire and the new regime launched a major movement of modernisation through a series of reforms on military, economic, political, cultural, academic, artistic, linguistic, judicial and social levels with the aim of empowering the nation and consolidating its independence against the Damoclean threat of modern imperialism.

From the late 1920s to 40s, it was Europe’s turn to take over the part of “the sick man” in the wake of devastating economic crises that triggered another major problem: the rise and rapid expansion of fascism, which was but an attempt at resolving modern capitalism’s turmoil *from within*, through a totalitarian rule by a corporatist state.

Meanwhile, the Turkish modernisation decelerated due to the death of Atatürk in 1938, and almost came to a halt by the outbreak of World War II in September 1939. Prior to the outset of the war, the new president İsmet İnönü, whose main strategy was “pro-Allied neutrality”, had maintained that the only way to defeat the Nazis would be an alliance of Turkey, the Soviet Union, France and the UK (Watt, 1989: 282). Nonetheless, following the signing of the Molotov-Ribbentrop Pact (treaty of non-aggression) between Germany and the Soviet Union in August 1939, İnönü was prompted to shift his attitude into “complete neutrality” out of the concern to have two enemies simultaneously (Weinberg, 2005: 78). In the wake of this pact, and upon learning Stalin’s geopolitical plans on Turkey, Ankara’s relations with Moscow worsened. This change triggered a proto-McCarthyist “red purge” against the left-wing intelligentsia. Namely, left-wing modernists came to be regarded and metaphorised as “pathogenous traitors” working for the benefits of the Soviet Union; subsequently they are left out of the track of modernisation.

The consumptive Mustafa as a progressive writer is regarded as such a “sick man” who needs to be quarantined and “treated” not only by the political authorities but also his disloyal friends who internalised the “gaze” of the political power. It is this gaze that not only discriminates and labels him as “the enemy of the nation,” but also attempts to “sanitise” him. In this section of the article, we will clarify the meaning and function of this gaze directed at Mustafa.

Protective/discriminative “Gaze” of the “Healthy” others

Ever since he is wanted by the law enforcement, everyone turns into a dangerous person with a threatening gaze for Mustafa: soldiers, his landlord, and all civilians whom he suspects to be either undercover police officers or informants. Nonetheless, what scares and disturbs him the most is not the gaze of the strangers, but those of his friends and his family.

Another gaze that *others* Mustafa is that of his wife Şükran. After Mustafa is turned into an outlaw, her outlook on him grows more and more negative. She keeps their son Aliş away on the pretext of protecting him from getting infected by his father’s TB. When Mustafa returns home for the second and last time, Şükran has already acquired the gaze that *diagnoses* him as an outcast, even as a potential “enemy of the nation”. Such an outlook overlaps also with that of Kemal, the editor of his banned book. Şükran tells her husband that Kemal suggested that he should see his lawyer and subsequently surrender to the police. Indubitably, that is what she also wants. Then the following dialogue occurs between Mustafa and his wife:

“First, I’ll take a bath!” he said. “Let me see Kemal Bey’s lawyer after I got cleaned up! Obviously, he wanna get rid of me as soon as possible, but it’s not gonna be that soon!”

“I think the sooner the better for you! They’re not gonna subtract the days you’re on the run. It’d be so nice, wouldn’t it, if you went to surrender and made a clean sweep!”

“‘Make a clean sweep!’ So that I won’t spread it around, right?” said Mustafa without disrupting his coolness (İlgaz, 2014: 115).

This tense dialogue reveals that an analogy between illness, namely TB and Mustafa’s political attitude is established. In other words, the contrast between Mustafa’s radical modernism and the “model of modern national identity” that is imposed by the 1940s government is installed on the modern medical discourse’s dichotomy of the health vs. illness. Thus, Şükran represents here, the disloyal, renegade or “recovered” intellectuals who internalised the authority’s discourse and its gaze which has two aspects: protective and discriminative. While Şükran urges her husband to surrender, she seems to be worrying about his health and more than that, the public health as tuberculosis is contagious. Hence, Mustafa’s left-wing modernist utopia is associated with an infectious and lethal sickness. And the prison is illogically seen as a “modern” institution that will heal, rehabilitate and correct Mustafa as though it were a hospital.

Meanwhile, arguably the most appropriate example for the exclusion of Mustafa from the realm of modern national identity through “the gaze of the healthy other” could be found in the episode of İlhan Paytak who is a fellow teacher, currently doing his military service as a reserve officer. Assuming that the last spot to be suspected by the police would be a military base, Mustafa decides to take refuge in his lodging at the Motor Transport Battalion in Yeşilköy. So far, he considered İlhan a close friend, who often brought them rations at these days of food shortage. Nevertheless, to his shock, İlhan gives him a cold shoulder from the moment he finally managed to join him following several questionings by the guards at the main entrance. İlhan immediately refuses to give him a shelter since he does not want to take risks by getting caught with someone who is searched everywhere. He takes Mustafa unwillingly to a lousy *köfte* (grilled meatball) restaurant near his base. The clash of different visions of “modernity” occurs ironically at the moment of the toast, just before clinking their wine glasses:

“Come on”, said Mustafa, “To good days!”

İlhan looked doubtfully at his eyes:

“To health!” he said. “By the way, how’s your health condition? Your sick leave must be expired soon, mustn’t it?” (İlgaz, 2014: 43).

These two toasts based upon different wishes that seem to be harmless, neutral and benevolent, are in fact two opposing concise views on the prospective courses of Turkish modernisation. Namely, by saying “To good days!” Mustafa implies that the present situation is not good, since the modernisation process that had started in the 1920s is interrupted, it must be resumed. In contrast, İlhan emphasises “health.” He appears to be concerned about Mustafa’s health condition as is seen in his response to Mustafa’s toast. Just like Şükran,

he urges Mustafa to surrender as soon as possible for the sake of his health. Consequently, many of his friends such as İlhan, Hüsni, Kemal Bey and Nevzat, as well as his wife Şükran who regards him as “the enemy of the nation,” appear to be concerned about his health. In other words, while they seem to worry of his health on the one hand, they marginalise him and push him out of the category of modern national identity, on the other. In short, the gaze directed at Mustafa is not merely an othering and isolating one, but also a modern gaze that paradoxically cares about the biological well-being of him.

Modern “medical” gaze and Mustafa’s illness

This modern attitude that alienates the person in question while attaching importance to his/her sanitation corresponds to one of the most important mechanisms of modern health discourse, which Foucault calls the “medical gaze” (*le regard médical*). He argues that it is one of the myths produced by the European modernity before and after the French Revolution:

The years preceding and immediately following the Revolution saw the birth of two great myths with opposing themes and polarities: the myth of a nationalised medical profession, organised like the clergy, and invested, at the level of man’s bodily health, with powers similar to those exercised by the clergy over men’s souls; and the myth of a total disappearance of disease in an untroubled, dispassionate society restored to its original state of health. But we must not be misled by the manifest contradiction of the two themes: each of these oneiric figures expresses, as if in black and white, the same picture of medical experience. The two dreams are isomorphic: the first expressing in a very positive way the strict, militant, dogmatic medicalisation of society, by way of a quasi-religious conversion, and the establishment of a therapeutic clergy; the second expressing the same medicalisation, but in a triumphant, negative way, that is to say, the volatilisation of disease in a corrected, organised, and ceaselessly supervised environment, in which medicine itself would finally disappear, together with its object and its *raison d’être* (Foucault, 2003: 31-32).

According to Foucault during the years preceding and following the French Revolution, the perception of medicine drastically changed. At that time, modern medicine replaced both the old institution of premodern medicine and the Catholic church, and came to assume both metaphysical and scientific social functions. The metaphysical one is based on a utopian meta-narrative of creating an Edenic garden of a healthy society without disease, whereas the scientific one is that of the modern doctor who analyses the patient through his cold, senseless, and neutral medical gaze that dehumanises him/her by relegating him/her into a malfunctioning body and soul. Foucault maintains that although these two phenomena appear to be contradictory, they are in fact complementary, since it is the modern doctor who is the very agent of achieving the above-mentioned utopia of hygienic society through his scientific surveillance and control over bodies. In compliance with this utopic meta-narrative not only the disease but also the institution of medicine as such would get dissolved since there would be no need of it.

The discourse of modern medicine that Foucault criticises in a rather reticent way, as a mainly ideological and linguistic category, has not only played a great role in the ideological formation of the modern nation states of Europe, but also that of such countries like Turkey and Japan that modelled after Europe in their modernisation processes. Although doctors are absent in *Nights*, modern medicine and particularly the Foucauldian medical gaze plays a ghost-like role and haunts Mustafa throughout the whole narrative and his intellectual friends assume the role of doctors. Yet, their gaze is not completely the same as the medical gaze. Namely, whereas Foucauldian gaze dehumanises patients by focusing on their bodies, the gaze of Mustafa's disloyal friends not only dehumanises him, but also de-nationalises him by abstracting his body=health (as a medical/political object in need to be healed) from his mind=soul. Thus, they betray his soul while they are concerned about his body=health.

Reconciliation with modernity in the process of “rehabilitation”

Mustafa's initial reaction to this “modern medicalised power harassment,” which paradoxically protects its citizens' “health” by discriminating them, is to turn his illness into some kind of armour or weapon. For instance, while discussing with İlhan, he takes his time to meditate about his identity and he finds a correspondence between his political identity as a left-wing modernist and his medical identity as a patient: “The very day he became a teacher of literature he got sick, and entered the sanatorium” (İlgaz, 2014: 44).

Needless to say, although Mustafa interprets his alternative modernism here as a “disease,” he does not use it in its pejorative sense. On the contrary, he aestheticises and sublimates disease just the way romantic writers did (Sontag, 1978: 26-32), and he transforms this sublimated image into a means of resistance against 1940s decaying modernity. Indubitably, the most striking representation of this decadence is the adultery of Şükran with İlhan, who would be arrested at the end of the novel for gas smuggling. In this sense, Mustafa is similar to Marguerite Gautier, the heroine of the French romantic Alexandre Dumas fils' *La Dame aux Camélias* (1848), who through her lethal illness, attempts desperately to protect herself from the rotten modern and “healthy” capitalist society with its new materialist values.

However, a break point in this romantic escape/resistance occurs on the occasion of İnönü's May 19, 1944 speech, in which he declared that “the right-wing ideology is as much a crime as leftism” (İlgaz, 2014: 254). This speech made on the 25th anniversary of the day the War of Independence was launched, gives Mustafa an impotent and sadistic delight. Thus, although Mustafa's will was initially to resume the modernisation of previous decades to carry it out in a more populist, bottom-up manner, to learn that right-wing modernists would also be punished along with left-wing ones, is satisfying enough for him to put an end to his resistance. That is to say, Mustafa's romantic modernism turns to a more moderate, abstemious and minimalist one—which is based on an opportunistic ideology of “lesser evil” or “as good as it gets.”

Furthermore, Mustafa compromises also with the denationalising/dehumanising medical gaze of the central power. For instance, in the first paragraph of the book which forms the last section of the chronological story, the narrator depicts Mustafa as follows:

During last four, five days, night and day, [Mustafa] had become accustomed to seeing a pair of eyes of almost any colour on the triangular window of his cell's door. When he could not see them, he felt lonelier, more forgotten in his cell (Ilgaz, 2014: 1).

Mustafa was almost cured as a result of getting put behind the bars, as his illness was never mentioned after his arrest. Although modern criticism has read this novel as a denouncement of 1940s militarism and authoritarianism, Mustafa who was disillusioned by the internal corruption of the intelligentsia recovers his health and finds a masochistic, self-punishing peace in the extremely tight and abusive discipline of the military prison. For instance, at the end of the novel, while leaving the courtyard, one of the soldiers who accompanies him, tells Mustafa that if he wants, he could speak to his wife who tried to approach him. Mustafa's answer manifests clearly his new attitude: "Thanks, sergeant! But, the more we hear from the outside, the heavier our burden inside gets. We would get crushed between walls" (Ilgaz, 2014 : 269).

Now, in order to demonstrate how universal is the theme of the medical gaze is, it would be appropriate to compare *Nights* retrospectively, with some works of the 20th and late 19th century world literature by Ōoka Shōhei 大岡昇平), Jean-Paul Sartre and Joseph Conrad.

Fires on the plain: Dehumanisation in the absence and presence of the medical gaze

Ōoka Shōhei's *Fires on the Plain* (*Nobi* 『野火』, 1951; cited henceforth as *Fires*) centres on the consumptive Private Tamura's survival on Leyte Island during the last stages of the Pacific War after he is ousted both from the hospital and his army unit under the excuse of food shortage, and his subsequent struggle to adjust himself to the civil life in post-war Japan. There are number of striking similarities between the two books on both contextual and textual levels. First of all, both authors belong to countries that went through fast-forwarded processes of overall modernisation, as a response to the threat of getting colonised by Western "great powers", which were interrupted by the outbreak of World War II. Secondly, both narratives are inspired from authors' real experiences of illness and social exclusion under the "sombre" conditions of the war –although it should be noted here again that Turkey did not participate in the war. Furthermore, although their publication dates are hardly close to each other – *Nights* in 1974, *Fires* in 1951- both texts have the final stages of the war as their *main* time settings. Their most important commonality, as far as this article is concerned, is the tension between the consumptive protagonist and the medical gaze. Hence *Fires* is another novel that must be reread from the point of view of this gaze.

Yet, there is a fundamental difference between these texts as far as it concerns the phenomenon of the medical gaze, what disturbs Tamura initially, unlike Mustafa, is not its presence but its absence. A relevant example to this lack of medical gaze might be the way Tamura names the outcast sick soldiers who are *de facto* expelled from the army like him, and planted themselves next to the hospital as "rejects." These denationalised, pseudo-soldiers are rejects not only because they are expended for their physical flaws, but also because doctors reject to see them:

The only concern of the doctors was how to get rid of their patients and save food. If any man showed even the slightest symptoms of diarrhoea, his rations were immediately stopped. In such cases, the patient often preferred to leave the hospital, however ill he might be, rather than to starve slowly to death (Ooka, 2001: 31-32).

Tamura's trauma of being rejected is further highlighted at the beginning of the novel:

My squad leader slapped me in the face.

"You damned fool!" he said. "D'you mean to say you let them send you back here? If you'd told them at the hospital you had nowhere to go, they'd have had to take care of you. You know perfectly well there's no room in this company for consumptives like you!" (Ooka, 2001: 3).

As we have seen in *Nights*, the medical gaze is not only a power device of modern nation state apparatus that is imposed on the citizens unilaterally, but something that is internalised by the citizens who inevitably develop dependence on it. Tamura's second odyssey (following the absurdly oscillatory journey between his unit and the field hospital) starts with his escape as a result of the violent air raid on the hospital. During this journey, the trauma of being deprived of medical gaze will drive Tamura to illusions and hallucinations which are but subjectively constructed substitutions for that gaze such as:

1. The threatening cross of the church (which restores the medical gaze to its original state as a "religious gaze", i.e. the scrutinising looks of the clerics).
2. The "bonfires for burning waste husks" (Ooka, 2001: 21) (they form a gaze as Tamura would later on discern that these are in fact signal fires used by guerrillas for informing each other about the enemy) to which the title refers.
3. Especially the eyes of the native woman whom he unjustly killed at the presbytery.

Needless to say, the murdered native woman's gaze is the hallucinatory manifestation of his repressed guilty conscience that would hunt him throughout the novel. For instance, when he reaches the stage of despair and he considers surrendering, he has the illusion that the Filipino female guerrilla whom he spots around the Red Cross truck is the reincarnation of the native woman he killed and that she keeps watching him. In his last days before becoming a POW, the illusory gaze expands to cover all nature: "Everything was looking at me" (Ooka, 2001: 188).

But this sense of sin drives him paradoxically into more sins and dehumanises him even further. Most explicit symptom of dehumanisation is the uncivilised act of anthropophagy. In Chapter 28 Tamura notices that all starving Japanese soldiers have metamorphosed into cannibalistic zombies; what he does not realise though is that he is also one of them. This sort of literal dehumanisation is something that could be added to Foucault's theory of medical gaze. Namely, dehumanisation in case of the modern doctor's look occurs on subjective level (the doctor regards/sees the patient as a non-human), whereas modern individual in need of that look may become literally/objectively dehumanised and dangerously savage, just as is observed in Tamura's case.

In the “Epilogue” the reader learns in retrospect from Tamura’s memoir that American troops saved him from the guerrillas who had almost lynched him, and he was transferred to the field hospital at Ormoc. The American army doctor who operated his broken crane explains to him the aetiology of his memory loss. Namely, Tamura manages finally to be exposed to the modern medical gaze by way of becoming a POW. After being treated at a special hospital in Tacloban for his consumption and heart issues, he is repatriated and admitted to another POW hospital.

Subsequent to his discharge, he manages to return home without being sentenced as he concealed his war crimes from American authorities. Yet, he notices that he has irrecoverably been alienated from his wife. Additionally, not being able to adjust himself to the post-war life and being deprived of the medical gaze annoy him. Five years later, he resumes his strange rituals of apologising before meals, which he had performed at POW hospitals, “to the organism to whom that matter originally belonged” (Ooka, 2001: 228). It goes without saying that they were triggered by his guilty conscious over his cannibalistic past. Then he visits a mental clinic where he decides to stay, with a desire of isolating himself from his wife and the society.

It is not hard to guess that he is driven by a Raskolnikovian desire for self-punishment. Yet, whereas for Dostoyevsky’s anti-hero the self-imposed incarceration is a temporary means, for Tamura it is an end. Although he knows that his doctor is having a relationship with his wife (whom he divorced a short while ago) and that his psychiatric skills are less than mediocre, he still wants to stay isolated in the institution where he continues writing his memoir which he began on the doctor’s recommendation with the hope of recollecting the lost parts of his memory. Namely, he is dependent on the doctor’s gaze even though he does not trust its efficacy as is seen in this subtly sarcastic observation: “Having fixed me with his eyes, in which I can detect the self-satisfied expression of one who believes that he understands another’s mental condition, the doctor nods and leaves my room” (Ooka, 2001: 237).

Even though no intertextual influence is the case, there are several thematic and discursive commonalities between *Fires* and *Nights*, such as the individual’s submission to, and morbid dependence on modern power structures’ correctional institutions. What should also be noted is that neither Mustafa nor Tamura believes the efficiency of modern power’s healing force, but still they are dependent on it. It is as though being labelled as a “sick man,” and being admitted to an institution, relieve their identity crises and alienations of being forced to live in a modern world that they cannot adjust themselves to.

Meanwhile, however at first glance these texts seem to be Orwellian, they are not. Namely, in *1984* Winston Smith struggles against modern power—the gaze of Big Brother for achieving an authentic individuality, nonetheless, finally he finds peace in renouncing his individuality and reconciles with power; whereas in the finales of *Nights* and *Fires* the protagonists want to stay incarcerated in order to preserve their individualities *as much as they can*, by keeping distance from the corrupted modern society.

“The medical gaze” as a pejorative metaphor in European literature- *Heart of darkness and the wall*

Although the representations of “the medical gaze” in modern European literature vary by work, their common point is their negativity. For instance, the pharmacist Homais (who would later be awarded by Legion of Honour in spite of his “incurable” medical ignorance) in Flaubert’s *Madame Bovary* (1856) and the quack physician Vilbert (who sells counterfeit medicines) in Hardy’s *Jude the Obscure* (1895), posited as villains and charlatans, project their authors’ dismissive attitudes towards the bloated self-esteem of modern medicine. They are symbols of medicine that pedantically assume the almighty position of curing most of illnesses and possessing the potential to create some day, what Foucault defines a healthy society without illness. For example, Karatani, quoting René Dubos criticises modern medicine’s exaggeration of its role in curing contagious diseases and TB through merely medical science (Dubos, 1987). In fact, it was largely the outcome of some outer factors: the construction of sewer systems in European cities in the case of contagious diseases and “the selective process brought about by the great epidemic of the nineteenth century which weeded out the susceptible stock” paving the way for the birth of healthier, more immune generations in the case of TB (Karatani, 1998: 105). Such a criticism could also be observed in Tamura’s undervaluation of his lousy psychiatrist.

What underlies such a dislike is also the fact that medicine is seen as an important element of modern power structures that modern literature is often at odds with. A relevant instance could be Conrad’s *Heart of Darkness* (1899; cited henceforth as *Heart*). Throughout the novel, the second narrator Marlow tells his friends, on the “cruising yawl Nellie”, as well as the readers, of his strange adventures in the “Dark Continent,” exposing the inefficiency of colonial enterprise, which he observed after being sent there as a freshwater steamship captain. At the beginning of his “yarn” he relates how he was examined by a, most likely Belgian, doctor when he applied for the post of captain:

“The old doctor felt my pulse, evidently thinking of something else the while. ‘Good, good for there,’ he mumbled, and then with a certain eagerness asked me whether I would let him measure my head. Rather surprised, I said Yes, when he produced a thing like calipers and got the dimensions back and front and every way, taking notes carefully. He was an unshaven little man in a threadbare coat like a gaberdine, with his feet in slippers, and I thought him a harmless fool. [...] ‘Ever any madness in your family?’ he asked, in a matter-of-fact tone. I felt very annoyed. ‘Is that question in the interests of science too?’ ‘It would be,’ he said, without taking notice of my irritation, ‘interesting for science to watch the mental changes of individuals, on the spot, but . . .’ ‘Are you an alienist?’ I interrupted. ‘Every doctor should be—a little,’ answered that original, imperturbably (Conrad and Murfin, 1996: 9).

In spite of the fact that this curious doctor is a “real” doctor unlike the pseudo-physicians Homais and Vilbert, he is still depicted like a charlatan, since he acts unprofessionally as a “phrenologist” and “alienist,” in an attempt of diagnosing the mental health of Marlow. Treating the patient as an “alien” through the techniques of “alienism” which would later

be replaced with psychiatry, as well as “phrenology” that would later be regarded as a discriminative pseudo-science, are very vivid images underpinning the characterisation of the modern doctor as a sham-physician.

On the other hand, such a sarcastic reconstruction of the modern doctor as an unprofessional, megalomaniac and foolish figure, is a proleptic foreshadowing of the modern European colonial system’s inefficient functioning which Marlow would shortly undergo in Congo. The medical gaze of the doctor dehumanises Marlow immediately as insane, for the reason that he applies for such a dangerous job. Although the doctor is supposed to contribute to the colonial system, he instead paves the way for its malfunctioning by labelling its agents potentially mad. Hence, while the gist of this pro-imperialist novella lies in the fact that bureaucracy cuts its own throat by constantly employing and producing mediocre personnel (the charismatic, creative, but equally lunatic, “cutthroat” agent Kurtz is controversially presented as an antidote to such a corruption); it also expresses a deep mistrust to modern medicine that casts a dehumanising gaze upon its patients.

Conrad’s colonial doctor is almost resurrected as the sadistic Belgian doctor in Sartre’s *The Wall*. He works for the Franco forces and is interested in the near-death symptoms of the captives rather than curing them. The story, set during the Spanish Civil War, relates the last night of three captives: Tom Steinbock (an Irish International Brigade member), Juan Mirbal (a wrongly accused non-political youth) and the narrator Pablo Ibbieta (an anarchist who would be saved from execution after his falsified testimony accidentally causes the execution of a hiding anarchist leader, Ramon Gris) who are supposed to be shot by a firing squad at dawn.

The text focuses on the problem of depersonalisation/dehumanisation process of the modern individual triggered by the near-death state he is in. The Belgian doctor is the intra-textual element that exposes this content to the reader. What should also be noted is that he is a substitute for a priest. For instance, the major who comes accompanied by two falangistas to pronounce their death sentence, after verifying that “naturally they do not want a priest”, informs them that a Belgian doctor who is authorised to spend the night with them is coming shortly.

One is tempted to speculate that Foucault might be inspired by this episode while stating that the modern medicine initially styled itself as “organised like the clergy and invested, at the level of man’s bodily health, with powers similar to those exercised by the clergy over men’s souls” (2003: 31). Thus, the Belgian Doctor is a character corresponding to Foucault’s interpretation of modern medicine as a field assuming, and attempting to replace the metaphysical functions of Christianity by producing a utopic ideology of, as the phrase goes, “sanitary salvation.”

For instance, the doctor’s self-introduction is almost identical with that of a priest, the only exception being the noun “doctor”: “I am the doctor [...] I have authorisation to help you in these trying hours” (Sartre, 1969: 5). Although Tom and Juan believe candidly the doctor’s imposture as a “secular priest” who would relieve their fears “in these trying hours,” the cynical Pablo comprehends his real face at an early stage, and deeply dislikes him.

Tom had hidden his face in his hands. I could only see the fat white nape of his neck. Little Juan was the worst, his mouth was open and his nostrils trembled. The doctor went to him and put his hand on his shoulder to comfort him: but his

eyes stayed cold. Then I saw the Belgian's hand drop stealthily along Juan's arm, down to the wrist. Juan paid no attention. The Belgian took his wrist between three fingers, distractedly, the same time drawing back a little and turning his back to me. But I leaned backward and saw him take a watch from his pocket and look at it for a moment, never letting go of the wrist. After a minute he let the hand fall inert and went and leaned his back against the wall, then, as if he suddenly remembered something very important which had to be jotted down on the spot, he took a notebook from his pocket and wrote a few lines. "Bastard," I thought angrily, "let him come and take my pulse. I'll shove my fist in his rotten face" (Sartre, 1969: 6).

What disturbs Pablo is not really the presence of the doctor as such, but his medical gaze. Particularly Pablo's following sentence captures impeccably the almost robotic inhumaneness of that gaze: "The doctor went to him and put his hand on his shoulder to comfort him: but his eyes stayed cold." The doctor's hand has a fatherly image at the beginning of the sentence, but when it drops to the wrist of Juan, with the aim of taking the pulse, that image shatters and turns into that of the medical gaze, which regards the patient as only a body without a soul. As is clear in this passage depicting a case of "medical harassment," the doctor is not only a sadistic observer, but also the accelerator of the dehumanisation/depersonalisation process of the prisoners. Even Pablo's dementia at the end of the story must be largely ascribed to the Belgian doctor's bizarre and inhumane attitude that contradicts with his hypocritical words.

Hence, by focusing on the treatment of medical gaze in this story, one can easily notice that *The Wall* which has generally been regarded as a typical existentialist novel, is in fact a post- or even an anti-modern text that criticises modern institutions. It suggests that essentially fascism's fundamental discriminative structures of attitude and reference are not so far from those of some modern institutions, as is illustrated vividly by the Belgian doctor's actions and words.

Conclusion

Needless to say, Pablo's opposition to, and dislike of the dehumanising medical gaze overlaps with those of Mustafa, Tamura and Marlow. One can find many other works of modern world literature that are at odds with the medical gaze. For instance, both the head doctor of the sanatorium (where the protagonist Hans Castorp would unexpectedly be forced to spend 7 years) Hofrat Behrens, who was traumatised by his consumptive wife's death and morbidly tends to see everyone as a potential consumptive, and his assistant, Dr. Krokowski who psychologises TB in a Freudian way (evoking "the Belgian doctors" of Sartre and Conrad) in Thomas Mann's *The Magic Mountain* are among the most repulsive medical figures of world literature. Also in Abe Kobo's *The Box Man* the reader discovers that what he had thought of as a genuine doctor was in fact an impostor who borrowed the name of his former doctor-captain (whom he served as a medical corpsman during World War II), under whose "guidance he was able to perform" even such complicated operations as "appendectomies" (2001: 113-121), since the "real" doctor can no longer work due to his morphine addiction.

As was demonstrated so far, some works of modern and postmodern literature criticising modernity and modern power structures, specifically targeted modern medicine, which they regarded as a power apparatus systematically alienating and dehumanising the patients. Furthermore, modern medicine's narcissistic self-representation as an almighty healer, as well as its patronising cold attitude towards the patients it treats, are vividly epitomised in the image of the "medical gaze." It was this modern authoritative gaze that was problematised both by such postmodern cultural theorists as Foucault and Dubos, and by such writers as Ilgaz, Ōoka, Sartre, Conrad, Flaubert, Hardy, Mann and Abe.

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