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Blind but Seeing: Post-clinical Medicine in Jose Saramago's Blindness

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BLIND BUT SEEING: POST-CLINICAL MEDICINE IN JOSÉ SARAMAGO'S *BLINDNESS*

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Blind but Seeing: Post-clinical Medicine in José Saramago's *Blindness*

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ABSTRACT

BLIND BUT SEEING: POST-CLINICAL MEDICINE IN JOSÉ SARAMAGO'S *BLINDNESS*

By

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This project examines José Saramago's *Blindness* (1996) in the context of two other narratives focused on plagues and epidemics – Daniel Defoe's *A Journal of the Plague Year* (1722) and Albert Camus' *The Plague* (1947) – each written at different points in time during the development of clinical medicine as chronicled by Michel Foucault's *Birth of the Clinic*. The paper draws heavily upon Foucault's work on clinical medicine, as well as a number of different theories of medical history, government policy, and cultural attitudes towards health and illness. The goal of the project is twofold: first, to examine how the traditional elements in narratives of plague interact with and change in the presence of the relatively new phenomenon of clinical medicine, and second, to understand how Saramago's *Blindness* reveals and critiques these changes via a term I dub *post-clinical*. This demonstrates the ability of literary plague narratives to both understand and critique the medical industry at large.

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INTRODUCTION

While the roots of plague literature are incredibly deep – indeed, Rene Girard claims that "the theme [of the plague] spans the whole range of literary and nonliterary genres," and that it "is older than literature…since it is present in myth and ritual in the entire world" – this essay focuses on a period that began in the eighteenth century when, as Foucault describes it, "[m]odern medicine…fixed its own date of birth" (xii). This period, in which medical discourse began to change and organize itself under principles of objectivity and observation, gives rise to medicine as we understand it today, complete with vast networks of certification, government oversight, and rigorous, standardized practice. It is in this time period that we also begin to find what Foucault calls the "medical gaze," a metaphorical device that casts the doctor, indeed the whole clinical system, as an objective site of knowledge, and reduces the patient to a mere body, a problem to be solved rather than an individual.

Indeed, the concept of the medical gaze is one of Foucault's most influential ideas, finding its way into the discourse of historians, anthropologists, sociologists, and even doctors themselves. The medical gaze is perhaps also one of Foucault's more difficult concepts to wrestle with, its wide applications reflective of its slippery, mutable definition. In some sense, the medical gaze is an aesthetic practice. The clinic has a concept of the ideal body, one capable of certain physical movements, free of

certain microorganisms while containing others – free of pathogens, for example, while still housing beneficial gut flora. When a doctor examines a patient, this ideal body acts as an overlay on the patient's real body, and deviance from the ideal can be noted and cured. The medical gaze might be better understood through the idea of "the normate," a term coined by Rosemarie Garland-Thomson to describe the ideal, "normal" human against which all humans are compared. Garland-Thomson notes that the normate "describes only a minority of actual people" (*Extraordinary Bodies* 8). The birth of the clinic is not *just* about a new medical philosophy that privileged the examination of patient bodies over the application of historical knowledge or theology, but about the reorganization of medical knowledge around a common grammar of the body, "allowing one to *see* and *say* [sic]" what was once invisible or misunderstood (*The Birth of the Clinic* xii).

Still, Foucault is quick to note that the reorganization of medical knowledge, and by extension the gaze, is "not simply of a historic or aesthetic order" (*The Birth of the Clinic* xiv). While clinical medicine relies on a common language, a sort of normative understanding of the human body, that does not necessarily mean that the gaze is reductive. That is, while the clinic does go through a dehumanizing motion – ignoring the patient's individuality in order to correct and cure any deviance in the body – it doesn't simplify problems of health and disease. Rather, the medical gaze is one that seems to have added nuance to the practice of diagnosis. As Foucault describes the process:

> A subtle perception of qualities, a perception of the differences between one case and another, a delicate perception of variants – a whole hermeneutics of the pathological fact, based on modulated, coloured

> experience, is required; one should measure variations, balances, excesses, and defects. (*The Birth of the Clinic* 14)

A common language of medicine and a clinical ideal of health only arise because the medical gaze has created a complex understanding of health. The clinical gaze is dehumanizing, but, similar to other forms of power Foucault examined over his career, it is *productive*; it creates new understanding and the means to act on that understanding.

Finding the clinic and its medical gaze in the literature of plagues and epidemics becomes a complicated task. In some sense, the rise of clinical medicine is related to the downfall of many infectious diseases. "The plague," Foucault notes in his lecture "The Birth of Social Medicine," "faded away in the course of the eighteenth and nineteenth centuries…" (134). The very narrative of the plague is threatened by the presence of the clinic, which likely helps explain why plague seems to become a less popular narrative device after the eighteenth century. Nevertheless, plague narratives do not disappear entirely with the introduction of the clinic, though they do seem to take on a different character. Plague literature, a genre largely written by and for laypeople rather than doctors or other medical professionals, begins to display subtle changes from its historical roots.

The clinic in plague literature is of particular interest for the complications it brings to the field. On one hand, plagues have haunted the creative works (not to mention the real, physical bodies) of humans for millennia, as evidenced by the examples listed above, and clinical medicine has been more effective at curing and preventing epidemics than any other medical philosophy or treatment in written history. In this regard, the clinic acts as a sort of savior in plague narratives, staving off the devastation of pre-

clinical epidemics such as The Black Death. On the other hand, the clinic is often portrayed as a vast network of anonymous people and institutions, treating human patients as faceless bodies, mere numbers in an endless quest for health. The clinic thus turns from savior to tyrant, acting as an all-encompassing philosophy in which imperfect bodies – the ill, the disabled, the deviant, the mad – *must* be diagnosed and treated. It is this dual nature of clinical medicine that makes it so fascinating, its ability to be so overbearing and terrifying even as it saves humanity from the diseases that have so long spelled the end of so many lives. Indeed, the clinic has become so embedded in how Western societies view health and medicine that it is almost impossible to ignore in accounts of plague, fictional or otherwise.

This paper will examine the role of the clinic in plague literature, from the early, formative days of clinical medicine in the mid-eighteenth century to the cutting edge of medicine in the late twentieth and early twenty-first centuries. More specifically, this paper will examine a critique and movement beyond clinical medicine present in José Saramago's *Blindness* (1996). Using two other plague narratives – Daniel Defoe's *A Journal of the Plague Year* (1722) and Albert Camus' *The Plague* (1947) – I will first examine how traditional metaphors and concepts surrounding the idea of the plague appear in literature, and how the presence and growth of clinical medicine alters or complicates these traditions. Then, I will compare these depictions to those in *Blindness*, revealing the ways in which Saramago effectively critiques the clinic and its medical gaze, and offers a movement beyond the clinic as an all-encompassing medical philosophy.

José Saramago's *Blindness*, both published and set in the mid 1990s, brings the study of plague narratives through the full course of the development of the clinic to the modern day. Fittingly, the metaphorical implications behind the novel's mysterious plague of blindness come into full conflict with the medical gaze. Removing any possible way of creating or accessing medical knowledge – first by removing the visual senses of the protagonists and later by resisting any attempt to rationalize or otherwise place the novel's titular illness within the body of clinical knowledge – Saramago directly critiques the clinic and its gaze. *Blindness* is, in a sense, "post-clinical," playing off Foucauldian ideas of sight as a mechanism first for gaining knowledge and later for maintaining power. Further, *Blindness* also resists the urge to return to the pre-clinical by examining the role of faith and organized religion in traditional plague narratives. By critiquing the pre-clinical alongside the clinical, Saramago critiques all the avenues of understanding and treating plagues commonly found in Western literature. Saramago creates a plague without cause or cure, essentially setting up an unsolvable conflict, and in doing, manages to resist the clinical gaze just as quickly as he invokes it.

What is Plague?

Before examining the ways that Saramago uses traditional elements of plague narratives in his critique of clinical medicine, it would be useful to briefly review the history and definitions of 'plague' in pre-clinical literature. For at least as long ago as the writing of *The Peloponnesian War*, in which Thucydides describes "the basic calamity" of an epidemic ravaging Athens, mass outbreaks of disease have been talked and written about in remarkably similar ways. Where Thucydides describes "feverish sensations in the head," "vomiting of…bilious substance[s]," and "innards [that] burned" (76-77),

Daniel Defoe[1] mentions "fevers, vomiting, headaches, pains and swellings" (Defoe 152); where Thucydides claims that some survivors of the Plague of Athens "also lost their eyes" (77), José Saramago creates a whole narrative about a blindness-causing plague; and where Thucydides notes the absence of birds and other carrion animals in Athens, Albert Camus alludes to that same city in *The Plague*, contrasting the momentary tranquility of Oran with "Athens, a charnel-house reeking to heaven and deserted even by the birds (Camus 39).

Indeed, the "course of the disease" as described by Thucydides is one that would find its way into many accounts of epidemics throughout the centuries. Far from merely encompassing a set of symptoms, Thucydides engages with the concept of "plague" (used here in a general sense and not to refer to bubonic plague specifically), a term that connotes a wide variety of bodily suffering and deformity, religious theory and divine judgement, social struggle, and general discord.

The distinction between plague as a literary device and as a real world disease can be hazy one. Still, the distinction must be made. In the literary sense, plague can refer to a wide variety of disease, albeit ones that share some common factors. The typical plague narrative, while it may focus on an individual or small group, almost always features an epidemic or at least a communicable disease. Therefore, not only bubonic plague but, typhoid fever, Ebola or AIDS may all be likely candidates for "plague," while something like cancer may not. Likewise, the theological and sociological underpinnings behind plague narratives support an idea of collective punishment and suffering. The disease

[1] For a more complete comparative analysis of Thucydides and Defoe see Catherine Rubincam's article "Thucydides and Defoe: Two Plague Narratives."

typically reflects on the sins of a whole society, and not just an individual. In this way, AIDS, which has been sometimes been cast as a reflection upon gay communities, fits the plague narrative while the similarly transmitted syphilis, which historically has been seen as result of individual sin or weakness, does not.

Further still, the diseases most likely to be thought of as plague are not "simply fatal," in Susan Sontag's words, but are those that "transform the body into something alienating" (133). Plague narratives, including those focused on in this paper, tend to give seemingly gratuitous treatment to swellings, bleeding, blindness, and indeed all manner of horrific bodily transformations. *Blindness* is a curious exception here, as the novel's plague doesn't transform the body in any apparent physical way, although it does rob its victims of sight. Narratives of the plague, then, are tied into ideas about disability, about social stigmatization, and about the nature of what it means to be human. At its most realistically grounded, this might be represented as a loss of physical ability, as in Phillip Roth's *Nemesis*, in which a community of children suffer paralysis from a polio epidemic, while at its most extreme it might manifest as full-on monstrosity, as in Max Brooks' novel *World War Z* and other modern zombie tales. At any rate, the transformative qualities of the plague tend to be the most disturbing among those portrayed in plague narratives. Death, it would seem, is not punishment enough.

In many aspects, the traditional plague narrative is threatened by the appearance of the clinic. Clinical medicine, with its rigid adherence to empirical science and technological progress, has provided a number of healthcare techniques and products that have in many ways eliminated plague as it has been known to humanity for countless centuries prior. That is, large-scale public health monitoring, preventative vaccinations,

and even targeted public health information campaigns have drastically cut down on the impact, both in severity and in the number of cases, of infectious disease. Indeed, bubonic plague, that iconic disease of plague narratives, is all but forgotten to the Western world thanks to clinical medicine. Still, the many traits that make up plague narratives are enduring ones, and while the nature of plague narratives might be altered by the appearance of the clinic, they are not gone entirely.

As will be revealed, many aspects of the plague narrative were in fact assumed by the clinic itself, purposefully and otherwise. The idea of divine punishment, for example, pushed out by a medical science that rarely takes divinity or religion into account, is replaced with a sense of surveillance and discipline. Likewise, the clinic seems to be inspired by or even to have coopted plague narratives' fear of transformation by rigidly seeking to cure bodies that don't fit the idea of a clinical norm. Indeed, the clinic pushes this fear of transformation even further by taking its gaze deeper, finding non-normativity and deformity even *within* an outwardly healthy body. Further, the clinic uses old fears and narratives of plagues to advance its own causes, with doctors portraying themselves and their clinical methods as the front line of defense against the epidemics that once did, and indeed still do, threaten humanity. It is with this in mind that I examine Saramago's *Blindness* in the context of two other plague narratives written and set in various periods within the birth and development of clinical medicine, starting with the proto-clinic present in Defoe's *A Journal of the Plague Year* and continuing through the more straightforwardly clinical *The Plague* by Albert Camus. The observations I make about traditional plague narrative tropes and clinical medicine in these two novels will then

inform and guide this essay as I examine the critical view of late-stage clinical medicine present in *Blindness*.

Saramago and the Blinding of the Clinic

Dealing with a fictional, sudden, and inexplicable epidemic of blindness, the novel by far represents the most fictionalized account of disease and medicine of the three novels examined in this paper. In some respects, *Blindness* seems to push the very limits of what may be called 'plague literature', at least in contrast to *A Journal of the Plague Year* and *The Plague*. Where those novels are realistic and, at least in *A Journal*'s case, historical, *Blindness* resists grounding its story in history by making its setting and characters relatively generic. The characters go unnamed, the location is unspecified, and the disease defies all explanation. Still, the character's that Saramago pits against the mysterious illness go through realistic, even clinically grounded thought processes. By examining how these clinical methods come into contact with a disease that seems to defy human knowledge itself, I will begin to reveal the novel's critique of clinical medicine.

I will look at Saramago's *Blindness* as a novel that responds to several centuries of clinical medicine and medical gaze with active, intentional resistance. Through the mechanic of blindness, both as a literal affliction that the novel's characters suffer and as a metaphor for the capacity for humans to know and understand the world, one can see the ways that *Blindness* identifies the principles of the clinic only to subvert them. Interestingly, one may also chart the physical movement of the novel's characters through the city, from the doctor's office to the asylum and to the church, as a search backward through the history of medicine – first through the methods of the clinic, then

later to religion and folk medicine – that ultimately results in failure. In a sense, *Blindness* occupies a unique position within the greater body of plague narrative, one that specifically critiques the tropes and history of the genre it occupies. In doing so, *Blindness* offers up a strong critique of clinical medicine, and offers a view of a world beyond clinical medicine, into a system I call *post-clinical*.

A Note on the Post-clinical

Post-clinic or *post-clinical* is a term that, in some respects, is meant to evoke the postmodern, and a reader might accurately substitute" post-clinical" with "postmodern" medicine. The clinic is an institution built on the sort of metanarratives[2] that, as Lyotard describes them, evoke ideas of steady social and scientific progress towards some orderly, one-size-fits-all ideal. The clinic is also itself a metanarrative, an interweaving of health, microbiology, bodily awareness, governmental and doctoral authority, bodily aesthetics, and indeed any number of smaller factors into one concept that Western society refers to simply as "medicine." Forms of treatment not fitting into this metanarrative, then – non-Western folk medicine, religion and spiritual healing, and son – are thus interpolated as "not-medicine." Much of the work detailing how and why clinical medicine came to take this form has already been done by Michel Foucault in his book *Birth of the Clinic*, which provides the theoretical framework for this paper. For this reason, I've used the term *post-clinical* rather than *postmodern medicine* to maintain a

[2] The concept of the metanarrative appears in various forms in many scholars' works. What I reference here is the idea of metanarratives laid out in Jean-Francois Lyotard's *The Postmodern Condition*, in which he notes that "[s]cience has always been in conflict with narratives."

degree of continuity with *Birth of the Clinic*, which uses terms such as *clinical* and *proto-clinical* to describe movements and eras within the rise of clinical medicine.

This paper uses *post-clinical* to describe any depiction or course of medicine that seems to critically engage and even resist the grand narrative of the clinic. Saramago's *Blindness* for example, the main focus of this paper, is post-clinical because it both offers a scenario that clinical medicine is incapable of incorporating into its narrative (however fantastical that scenario may be) and depicts thoughts and behaviors that are distinctly non-clinical, for example, displaying acceptance towards bodies that clinical medicine would regard as "diseased" or otherwise non-normative. *Post-clinical* may also describe real life thoughts, actions, and persistent behavior. Where a clinical doctor might observe and prescribe treatment for a patient whose body is considered non-normative without regard for the patient's identity or even personal wishes, a post-clinical doctor may talk with a patient, gain an appreciation for their personality and background, understand how the patient views and understands their own body, and may not even prescribe treatment based on the patient's needs and wishes. My goal here is to examine how an author understands and critiques health and medicine. Still, I hope *post-clinical* is a useful term in understanding how an untrained public at large can make sense of and engage with medical institutions.

Finally, I want to make it clear that *post-clinical* does not mean *anti-clinical*. The danger of examining sciences through a postmodern lens, as noted by scholars like Bruno Latour[3], is that reactionaries and conspiracy theorists may take it as license to oppose

[3] In particular, I point to Latour's essay "Why Has Critique Run Out of Steam?" In lamenting how his past works on social contructivism and scientific truth had been hijacked by opponents of global warming and

sciences outright. Clinical medicine, for all the critique offered in this paper, is still a useful and ultimately benevolent endeavor. There are no doubt countless doctors explicitly working so that they may heal and better humanity. Indeed, the effects of clinical medicine since its birth in the eighteenth century are hard to deny, and even Foucault makes concessions that plagues as they were known prior to clinical medicine have largely disappeared. Ultimately, a reader should understand that this critique is meant to carefully deconstruct and complicate clinical medicine and its role in literature, not oppose it outright.

Urban Medicine

The concept of surveillance is a critical one in examining the role of the clinic (either as an effective, curative force or as an ineffective, outdated concept) in plague literature. As large scale, public calamities, plagues require similarly large scale action on the part of afflicted peoples and governments. Often, these measures involve the quarantine of potentially infected parts of a city and even isolation of plague sufferers. In literature, this type of quarantine is often portrayed as a terrifying, inhumane (though typically effective) method in treating illness. Defoe, Camus, and Saramago all use city-wide quarantines to great effect in their respective novels, casting a claustrophobic feel on their narratives and creating the conditions to examine and even critique society and governmental control.

The attempts by governing bodies to survey and control their constituent populations in times of epidemics is older than the clinic itself. Indeed, in "The Birth of

other unintended audience members, Latour also highlights the intended goal of his critique: one that is focused on "generating more ideas than [it] receives" (2302).

Social Medicine," Foucault points to methods of surveillance and quarantine in "urban medicine," a stage he identifies as one step towards the formation of the clinic. Specifically, Foucault reveals a Middle Ages European "emergency plan" that was to be enacted in the case of major epidemic in an urban population center:

> 1. All people must stay in their dwelling in order to be localized in a single place…
>
> 2. The city was to be divided into four districts placed under the responsibility of a specially designated person…
>
> 3. These street or district monitors were supposed to present to the mayor a detailed daily report on everything they had observed…
>
> 4. The inspectors were to check on all the cities' dwellings every day…
>
> 5. A house by house disinfection, with the help of perfumes and incense, would be carried out… (145)

The tenants of the emergency plan – including the quarantine of households, appointment of inspectors, and house by house disinfection – closely resemble the orders of the lord mayor in *A Journal of the Plague Year* (Foucault 145).

While *A Journal*'s narrator H.F. attributes both the plague and its ultimate disappearance to divine judgement, the government of London – an entity whose actions H.F. spends a great deal of time describing – take a more clinical tack in its approach to the plague, relying on methods of surveillance and quarantine in their attempts to cure London. This is made no more apparent than in the pages long examination of orders

delivered by London's lord mayor. The orders operate on a number of different levels, ranging from specific directions for various medical health practitioners regarding treatment and quarantine to general guidelines about beggars, public plays, and other "idle assemblies" (29-36). While somewhat chilling in their implications of social control and for the general atmosphere of the city – indeed, H.F. initially identifies the "shutting up of houses" as "a very cruel and unchristian method" (37) – these orders nevertheless resemble the philosophy and methodology that will later come to embody clinical medicine.

Interestingly, H.F. himself is later ordered to become an "examiner," a person appointed to visit potentially infected households and give the orders for quarantine if necessary. H.F. is, of course, resistant to the idea, arguing "with the alderman's deputy to be excused" (121), but ultimately he serves out the appointment. It is perhaps here that we get the strongest sense of the novel's ambivalence towards the clinic. While H.F. finds the nature of his duty cruel and unchristian, he performs it nonetheless, and begins to concede that the methods of the clinic are perhaps effective to some degree. "It is true that shutting up of houses had one effect, which I am sensible was of moment," H.F. writes after learning of his new appointment, "namely, it confined the distempered people, who would otherwise have been both very troublesome and very dangerous…" (121). H.F. admits here that clinical methods are effective in stemming the spread of the disease, if nothing else. It is here that the novel goes on to give us some of the most graphic depictions of plague sufferers, all of them based on H.F.'s own observations or stories he has heard from other examiners. He speaks of a "young maiden" with "gangrene…spread [over] her whole body," of people that were "infected" and

"delirious" throwing themselves into the corpse pits around London, and even the gruesome "stories of living infants being found sucking the breasts of their mothers, or nurses, after they been dead of the plague" (43, 46, 90). In all of these instances, H.F. is relying directly on his senses to gain an understanding of how the plague is infecting London. In doing so, H.F. gains some valuable insight into medical practices, at one point observing how families that sent ill servants away avoided infection themselves. "This put it out of the question to me," H.F. admits, "that the calamity was spread by infection" (57). While it would be a stretch that this represents a moment where H.F.'s traditional views are superseded by the efficiency of the clinic, it's notable that his personal doubt appears once he's able to practice direct observation and experiential learning. For a brief moment, H.F. holds the clinical gaze, and it threatens his past understanding of health and illness.

Blindness makes reference to these preclinical methods, the "ancient practice" as the novel words it, in revealing how the city attempts to contain the mysterious illness (37). Early in the novel, sensing the severity of the disease, the city's ministry quickly decides to place the plague's sufferers and the potentially infected in quarantine "until further notice…this could easily mean forty days as forty weeks, or forty months, or forty years, the important thing is that they should stay in quarantine" (38). Considering their options, the ministry decides to locate the quarantined to the empty mental hospital that serves as much of the novel's setting. The hospital, with its "perimeter wall," "two separate wings," and a "central area which will serve…as a no man's land" make it a perfect site for the sort of intense surveillance and spatialization that helps to give clinical medicine its edge (38-39).

In “Plague, Panopticon, Police,” Stuart Elden examines that exact spatialization and organization, weaving together Foucault’s ideas on the clinic with those of his on discipline, imprisonment, and surveillance. “The model for the disciplinary society is not the prison,” Elden writes, “but a combination of the military dream and the mechanisms for treatment of the plague” (244). It is the architecture of hospitals – with their open, uniform structures perfect for watching patients at all times while still maintaining a degree of separation from the sick and the healthy – that help make this disciplinary society possible. When we see *Blindness*’ mental hospital, then, with every step of the intake area mapped and planned to place the blind plague sufferers in quarantine, we see the end result of the clinic: a public health system capable of total control. The chaos that unfolds within the hospital amongst the two factions – those infected and those suspected – is of no matter to the ministry so long as the infection fails to cross over the hospital’s high walls or beyond the reach of its armed guards.

Indeed, the metaphorical connection between hospitals and prisons (or rather, discipline in general) is at its strongest at this point in the novel. As the novel’s plague becomes increasingly difficult to identify and control, the guards posted at the asylum become jumpy and increasingly violent. In one notable instance, the wounded car thief attempts to drag himself out of the asylum, seeking help for his injured leg. A guard, hearing the scuffling noises of the wounded man, “came out of his sentry box, his finger on the trigger of his automatic rifle.” At this point, the ley lines of clinical medicine and discipline and punishment meet, and the wounded thief is punished for his injury. The guard sees “the face of a blind man,” the face of the wounded thief. “Fear made the

soldier's blood freeze, and fear drove him to aim his weapon and release a blast of gunfire at close range" (70-75).

One may argue at this point that clinical medicine was not the source of the man's punishment. Regardless of the result – in this case, the thief's "face and skull [were] blown to smithereens by the gunshots" (76) – it may be argued that the guard was not acting as a medical official but rather as a representative of the army, and therefore the moment does not represent the punishing power of clinical medicine. To do so, however, would be to ignore the implications that come from examining clinical medicine as a major social institution. The soldiers in place at the asylum are acting on behalf of the city's doctors, enforcing a quarantine that imprisons anyone even suspected of carrying the plague. Furthermore, the thief's injury pushes his body even beyond the non-normative state that the other plague sufferers' bodies occupy. The dire condition of his leg injury compels him to enter the asylum's courtyard despite the orders of the guards. Faced with an impossible situation – that is, the man is unsuitable for the asylum due to his leg and unsuitable for the outside world due to his plague – the man is killed and, for the time being, the careful order of the asylum is restored. The deviant body is literally subjected to capital punishment, and the public health measures that were established are maintained.

It's notable that in this sense, the narrative element of punishment within plague narratives, traditionally delivered by God or some other divine being, is essentially coopted by the clinic, albeit, with a different explicit goal. That is, contrary to the image of a divine being punishing humanity directly for perceived transgressions via plagues, the clinic seeks to survey, imprison, and destroy the plagues themselves. Of course, since

it is impossible to separate the disease causing microbes from their diseased host bodies, those bodies are taken into the system of discipline by proxy. Indeed, the idea that suffering is merely a part of illness or plague is likely a useful one for the clinic, giving it allowance to treat patients in ways that might be painful or otherwise unpleasant. Common idioms such as "a dose of one's own medicine" or "a bitter pill" lend some evidence to the metaphorical link between clinical medicine and suffering – a similar connection to the one between the narrative plague and the punished body. The rhetoric and expected outcomes of clinical discipline are no doubt more benevolent than those of an angry god – a phenomenon which will be explored later in this paper – but ultimately, those suffering from a disease are punished all the same.

Of course, the larger conflict of the novel comes from the fact that, for all the measures of control and discipline enacted upon the city's populace, the disease cannot be contained. After a fire breaks out at the hospital, those contained "realised that that the soldiers who were guarding [them] had disappeared" and they leave into the city (222). In fact, it is soon revealed in a conversation the doctor's wife has with a stranger in the city that the soldiers likely went blind as well. "[T]he quarantine, it didn't do any good," the stranger tells her, "everyone is blind, the whole city, the entire country" (222). For all the control the clinic placed on the plague sufferers – to an even greater degree than any measure enacted in either *A Journal of the Plague Year* or *The Plague* – the plague of blindness spread regardless, without any apparent vector of transmission, or indeed, any apparent cause at all. It is in this moment, when the plague utterly defies all rational principles of science and medicine, that we see Saramago's critique of the clinic.

Personal Medicine

Even within the broader urban control that the city's ministry places upon its populace, on the level of a personal relationship between a single patient and a single doctor, the medicine practiced early on in *Blindness* is based on clinical ideas of direct observation of the patient's body, displaying the meticulous attention to physical symptoms one might expect from the clinic. One of the novel's main characters, an unnamed ophthalmologist, treats a number of patients in a clinical manner. When the first man to be afflicted by the novel's titular affliction enters the office of the doctor, the reader is treated to a full examination:

> The doctor asked him, Has anything like this ever happened to you before, or something similar. No, doctor, I don't even use glasses. And you say it came on all of a sudden, Yes, doctor, Like a light going out, More like a light going on, During the last few days have you felt any difference in your eyesight, No, doctor, Is there, or has there ever been any case of blindness in your family, Among the relatives I've known or have heard discussed, no one, Do you suffer from diabetes, No, doctor, From syphilis, No, doctor. (13)

While the questions might seem relatively mundane, certainly no different from the same sort of questions many of us hear when making routine visits to the doctor's office, they are in fact representative of yet another method of the clinic and its medical gaze. By asking about the medical history of the patient, the doctor is in effect turning the patient's body into an open site of knowledge, one in which the doctor may peruse an entire history of related cases and causes that might be relevant to the disease.

The purpose of gaining a family history is of course to attempt to gain a precedent for the patient's condition, allowing quicker and more effective treatment for an illness that is perhaps hereditary. In terms of the clinic, however, this line of questioning indicates a more complicated move in which disease – including related factors such as the patient's environment, family history, and other concepts that lie outside the patient's physical body – is entirely spatialized within the patient's body. Foucault imagines this spatialization as a "fine two-dimensional space of [a] portrait," a flat space that condenses a patient's existence and history into a mere body to be read and cured (*The Birth of the Clinic* 9). That the moment seems normal reflects something of how embedded the clinic has become to society. In fact, the self-evident, organic nature of clinical medicine – the tendency to act "as if the patient's bedside had always been a place of constant, stable experience" and not a new revolution in medicine – is yet another invention of the clinic itself (Foucault 54). The institutions that reorganized knowledge and methodology into a normative medical gaze simultaneously normalized their own history, ensuring that clinical medicine found itself engrained into the fabric of society.

"The Old Age of the Clinic:" Clinical Medicine in Plague Narratives

The idea that the clinic had become central to societal concepts of health and medicine is one that has precedence in plague literature, revealing another dimension to Saramago's employment of plague narrative tropes and ideas in his critique of clinical medicine. Indeed, the centrality of clinical medicine in narratives like Camus' *The Plague* and, to a lesser degree, Defoe's *A Journal of the Plague Year* may indicate why Saramago uses plague – rather than any other crisis of human health, such as cancer or even environmental disaster – to deliver his critique. The quick moving, widespread reach of

plagues necessitates a high degree of medical intervention on the part of the clinic, while the terrifying, transformative qualities of the diseases gives a suffering public a greater tolerance for what might otherwise be seen as excessive or unacceptable measures from the clinic. Saramago's critique of clinical measures is made all the more powerful when placed in context with other plague narratives – such as *The Plague* – that don't offer this same level of critique.

The Plague, published in the 1940s, occupies what I might call the sweet spot of clinical medicine. Taking place well after the birth of clinical medicine – long enough for clinical methods to become accepted as commonplace – and at the time of rapid globalization and institutionalization that occurred with the World Wars[4], *The Plague*'s examinations of government authority and of philosophies skeptical towards the idea of an inherent meaning of life create a fertile space for clinical medicine to thrive. In his attempt to showcase his existentialist philosophy – displaying a human existence devoid of inherent meaning, divine intervention, or philosophical center – Camus resonates neatly with a clinic that had cast itself as objective and observational, without explicit intention beyond the "mere" treatment of disease.

Perhaps most importantly, *The Plague* is a relatively rare instance of a plague narrative featuring a doctor as its protagonist – it is revealed at the end of the novel that Dr. Rieux was the novel's narrator all along[5]. This narrative device offers the reader easy

[4] Many scholars have read *The Plague* as a larger metaphor for French resistance in the face of Nazi occupation, pointing to Camus' work on the underground French Resistance magazine *Combat*. For a more in-depth examination of *The Plague* as war metaphor see Shoshana Felman and Dori Laub's *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History*, which makes the claim that "Camus does indeed exemplify…literary witness to the Holocaust" (95).

[5] It's arguable whether *Blindness* might also be considered a plague narrative with a doctor protagonist. While the ophthalmologist is certainly an integral part of the plot, I contend that his wife is in fact the

access to the novel through a clinical lens, in which Dr. Rieux thinks and acts according to the principles of the medical gaze. *The Plague* is not just a clinical novel in the way that the methods of the clinics are enacted, but also in the way they ultimately succeed. While Dr. Rieux's musings towards the end of the novel seem dark – fixating on the cyclical nature of disease and the impossibility of truly eradicating plague – they also implicate the clinic as a safeguard, indeed, perhaps the *only* safeguard against future outbreaks of communicable diseases. Camus removes the human as the inherent center of the universe, and in doing so, mirrors the removal of the individual from the medical gaze.

From its very onset, *The Plague* makes it clear that the novel exists in a world of clinical medicine. Dr. Rieux acts with the full knowledge and training of the clinic, and he does so with great efficiency and, indeed, personal detachment. For example, when Rieux is called upon to examine a patient who has attempted suicide, he does so with great calm, urging the patient to not "be alarmed." Indeed, the moment shows the great lengths clinical practitioners must go through to apply their gaze and remove the patient from the situation. Despite the utter horror of the patient's apartment – the words "Come in, I've hanged myself" "scrawled with red chalk on a door," the "rope dangl[ing] from a hanging lamp," the patient "with bloodshot eyes" – Rieux seems almost entirely unfazed. "Naturally," Rieux notes, "there was some asphyxia. An X-ray photograph would be needed" (19).

protagonist of the novel, and that her lack of clinical training is an important part of the novel's critique of clinical medicine.

By comparison, one might think of how the doctor in *Blindness*, upon discovering that he himself has gone blind, calls the hospital and gives an account of his illness with such "clinical dryness" that it surprises even the hospital director (33). The severity of a plague is such that the clinic doctor must dehumanize even themselves to a degree, becoming detached so that they may perform their duties. As I will explore later in the paper, this movement happens in reverse for the characters in *Blindness*, taking them from a detached clinical worldview to one that centers on acceptance and connectedness to other humans. For Rieux, however, the clinic is at its most pervasive, pushing him to become a disinterested observer, no matter how gut-wrenching the scenes he's called on to witness are.

Indeed, *The Plague* spends some time specifically describing Rieux's own though process and gaze as a doctor, and the ways in which it is sharpened by the epidemic. Where we might expect the tireless work of a doctor in a time of plague to be detrimental to their work,

> For Rieux his exhaustion was a blessing in disguise. Had he been less tired, his senses more alert, that all-pervading odor of death might have made him sentimental. But when a man has had only four hours' sleep, he isn't sentimental. He sees things as they are; that is to say, he sees them in the garish light of justice – hideous, witless justice. And those others, the men and women under sentence to death, shared his bleak enlightenment. (193)

Here, Rieux becomes a doctor whose efficiency is without equal. His weariness has removed his own personal stake from the equation, allowing him to see things with a

degree of objectivity required by clinical medicine. Of course, the clinical gaze, while efficient, is not friendly. As Rieux enters the "light of justice," he also becomes a figure to be feared, an instrument of the clinic rather than the "savior" that he was once "welcomed as" (193). Of course, as Rieux ultimately succeeds, however temporary, in helping to cure Oran's plague, the way he is affected by the clinic seems justified, lending an implicit endorsement of clinical medicine. *Blindness* takes a different tack, however, putting characters through a similar period of dehumanization but with the opposite result.

The Decline of the Clinic

The doctor's clinical surveillance is carried even further as *Blindness* introduces "the scanner" that the doctor uses to examine the patient's eyes directly (14). Reminiscent of Dr. Rieux's X-rays, the scanner is nevertheless cast in a different light, "as a new version of the confessional, eyes replacing words, and the confessor looking directly into the sinner's soul…" (14). In this way, Saramago plays on several plague conventions at once, tying the idea of illness as divine judgment neatly into more modern ideas of clinical surveillance and the authoritative position of the doctor. The scanner is cast as a part of an infallible, all-seeing eye, the very instrument that makes the clinical gaze possible. This makes it all the more surprising, then, when the scanner fails to find what's wrong with the patient.

Of course, the failure of the scanner does not represent the downfall of the clinic entirely, but it does prime the reader to look for – and fail to find – a clinical solution to the plague of blindness. Indeed, the doctor later makes the conjecture that "the channels that go from the eyes to the brain got congested" (64), a reasonable solution that the

readers themselves might be considering. Still, the novel offers little in the way of clinical solutions to the disease, and instead, portrays the clinic and its medical gaze to be just as blind as the rest of society. This is made apparent early in the novel as the ophthalmologist himself is "struck by blindness" (28). The doctor's blindness is a pivotal moment in the novel. As he is the only character in the novel who has undergone clinical training, his blinding suggests the blinding of the clinic itself, or at least the start of it. Without his eyes to examine patients or make use of his medical instruments, the doctor's ability to diagnose and treat is taken away. Still, a philosophy that is as widely engrained as clinical medicine is takes time to disappear. For a time, the doctor attempts to make use of his clinical training, and indeed the medical gaze itself, despite his inability to see. After the thief attempts to assault the girl in the dark glasses, resulting in a severe leg wound from where she kicked him, the doctor and his wife take pity on the thief and attempt to care for him. For the doctor, this means treating him as a patient:

> Allowing himself to be guided by his wife, the doctor gently probed the edges of his wound, he could do nothing more, nor was there any point in trying to bathe it, the infection might have been caused by the deep penetration of a shoe heel that had been in contact with the surface of the streets and the floors here in the building, or equally by pathogenic agents in all probability to be found in the contaminated almost stagnant water, coming from antiquated pipes in appalling condition. (61)

Here the doctor is attempting a diagnosis, much like he did with the first plague sufferers earlier in the novel. In the absence of his sight, however, he must rely on his wife to guide his hand, in effect turning her into an instrument of the medical gaze for a moment.

Indeed, the doctor's wife seems very aware of how she functions as an aspect of the medical gaze. Only a few pages later she watches the girl with the dark glasses interact with the boy with the squint. Suddenly aware that she's watching what the participants believe is a private conversation, "the doctor's wife felt as if she were behind a microscope and observing the behavior of a number of human beings who did not even suspect her presence, and this suddenly struck her as being contemptible and obscene" (65). What the wife is feeling here is her role in perpetuating the medical gaze, first by acting as an instrument of the gaze in the doctor's examination, and then by assuming the gaze herself when she looks at the plague sufferers she cares for. What is perhaps obscene here however, is not just the act of staring itself, but the act of voyeuristic gazing. By viewing a moment in which the participants believe themselves to be in private – or at least, not able to be seen – the doctor's wife momentarily seizes the upper hand in an unequal exchange of power. By imagining her own role as "behind a microscope," the wife simultaneously reduces the girl and the boy as microbes or tissue samples or some other piece of a body that is not fully human. The moment serves as an effective analogue for how clinical medicine uses its powerful gaze to turn patients into something less than human, bodies upon which to read and cure disease. Worse yet, while the medical gaze, in Foucault's words, "subtracts the individual" to diagnose an illness, *Blindness* offers no chance for diagnosis, and leaves only the subtraction of the individual (14).

It must be noted here that dehumanization as a consequence of clinical medicine is not a phenomenon that must be opposed outright, although it is worthy of investigation and complication. As I stated in the opening pages of this essay, the clinic exists for the

benefit of humanity: to cure and prevent illness, and to promote well-being in humans. The dehumanizing element of clinical practice may be a way of allowing medical professionals to better focus on and treat the aspects of disease that would otherwise be obscured by the patient's body or personal identity. One need not know a patient personally in order to kill the harmful microbes inside them. Dehumanization may also act as a defense mechanism against the more unsettling practices of clinical medicine, such as conducting invasive surgery or administering painful treatments. At the same time, dehumanization may pave the way for abuse. The line between a bloody but necessary surgery and a grotesque and unethical medical experiment is sometimes a blurry one, and dehumanization further obscures that line. Consider how the soldiers guarding the asylum open fired upon a wounded, non-threatening plague sufferer under the auspices of maintaining a quarantine. Because the doctor's wife momentarily makes use of the clinic's dehumanizing perspective without the benevolence or necessity of treating a suffering human, describing the moment as "obscene" is appropriate.

This failure of the clinic and consequent obscenity of the medical gaze appears early in the novel. To reveal this, I revisit the moment when the doctor examines the first patient with blindness. The doctor "could find nothing in the cornea, nothing in the sclera, nothing in the iris," and indeed nothing in any of the structures of the patient's eyes. "I cannot find any lesion," the doctor tells his patient, "your eyes are perfect" (14). Already, then, one can see how Saramago resists, even subverts the clinic within his plague narrative. A clinical understanding of the body necessitates a degree of continuity between all bodies. That the patient cannot see *must* indicate that there is a problem in the structures of the eye, some deviance from the 'normal' eye that explains the difference in

sight. When the flaw fails to present itself, then, it represents a failure of a whole history of clinical medicine. The penetrative gaze of the clinic fails here not because it can't penetrate far enough – the comparison of the scanner to a confessional indicates something of its power as an observational tool – but because the very assumption the doctor makes is suddenly, and inexplicably flawed. The patient has no disease at all, at least not one that the clinic can explain, and is thus hurried out by the doctor. With no disease, no way of finding a disease, the patient is no longer a patient. Indeed, with no diagnosable illness, the patient perhaps never *was* a patient, and the doctor's medical gaze was merely a useless, "obscene" measure. This alteration of identity, from a patient whose deviant eyes cause blindness to a man who simply is blind, is clearly signaled: "That night the blind man dreamt that he was blind" (15).

By revealing that the blind man now dreams he's blind the novel indicates a shift in the blind man's mental map of his own body. Were his blindness merely a temporary condition, one might expect him to dream of himself as still sighted. After all, a person with a hang nail, a broken bone, or even an illness like the flu does not necessarily dream of themselves with the respective condition; a temporary condition doesn't get incorporated into one's identity. Instead, the man *is* blind, and comes to think of himself as such whether he's conscious or not. Interestingly, this brief moment touches on one of the novel's more complicated issues: the tension between curable illness, long term disability, and personal identity. In modern disability studies, this issue comes down to the idea of *medicalization*, a framework in which, "[r]ather than adjust[ing] social environments to meet differing bodily needs, medical interventions seek to cure the individual 'abnormal' body" of impairments and disabilities (Lewis 116). While it's

debatable whether a medicalized view of disability is always harmful to people with impairments or if it can provide relief[6], *Blindness* enters into the conversation by exploring a world in which a disabling illness increasingly moves outside the realm of clinical medicine, and therefore medicalization. As with the example of the blind man dreaming of his blindness, this idea frequently takes the form of confused, mutable identities for the novel's characters.

The concept of identity in *Blindness* is a complex one that is nevertheless vital in understanding how the novel depicts a post-clinical world. The very fact that none of the characters have names, and very few have established backstories or even clear personality traits is of particular note. In line with the medical gaze turning humans into patients to be diagnosed, *Blindness* frequently identifies characters by what clinical medicine might call their physical deficiencies. The boy with the squint, then, is wholly identified as a patient whose body does not fit with the normative view imposed by the clinic[7]. He is not just a boy with a squint, he *is* the squint for all intents and purposes in the novel; readers have little else to identify him by. Of course, at the outset of the novel this seems like a simple perpetuation of the clinic and its gaze. The doctor, and by extension his wife, know many of these people through his ophthalmological practice; it's perhaps natural for him to continue identifying the girl with the dark glasses, his patient, by her conjunctivitis. Still, as the novel goes on this tendency to identify characters by their medical status starts to take on a critical, almost absurd quality.

[6] For a nuanced, accessible view of the tension that surrounds the medical model of disability see Susan Wendell's article "Unhealthy Disabled: Treating Chronic Illnesses as Disabilities."
[7] The boy with the squint likely suffers from *strabismus*, a weakness of the eye muscles that can lead to vision problems and "lazy eye."

For example, identifying the girl with the dark glasses by her conjunctivitis is initially a useful tactic. Her medical condition pushes her outside the clinical norm, making her unique and easily identifiable. Her dark glasses serve as a handy visual indicator of her condition and serve to mark her out as an individual. While the medical gaze diminishes her as a human – erasing her name and her backstory beyond what's useful in medically treating her – it simultaneously creates a unique body that can be easily picked out by the reader. However, as the novel progresses this identifier becomes less and less useful. The girl with the dark glasses continues to apply the eye drops meant to cure her conjunctivitis to ironic effect: "Her eyes were already better, but she was not to know" (159). In a sense, her identity as a sufferer of conjunctivitis is one built on an already disappearing clinical past. Her previously non-normative body has been absorbed into the new normal of the plague of blindness, and her once unique status as a blind person has become an entirely useless way of identifying her. Indeed, even if her conjunctivitis had not cleared up at all the effect would have been the same.

Further still, the novel increasingly makes use of the word "blind" as a descriptor for characters that the group meets along the way. Nearly every stranger they come across or interact with becomes "the blind man" or "the blind woman." Of course, since nearly everyone in the novel's town has been stricken with blindness, the identifier is an utterly useless one. Here the novel makes a strong critique of the normative gaze the clinic applies. In describing characters by what society would ordinarily think of as a unique, non-normative quality – blindness – then placing those characters in a situation where their condition is overwhelmingly the norm, *Blindness* reveals something of the absurd, arbitrary nature of the medical gaze. A normative view is entirely mutable based

on local conditions, current year, and whole number of other factors, meaning that the medical gaze is far less objective or disinterested than clinical medicine portrays it as.

Still, how do I know that *Blindness* is indeed moving *beyond* the clinic and not simply critiquing the rise of the clinic in the first place? In other words, what, beside the mere fact that the novel was publish in 1996, makes *Blindness* postclinical rather than merely clinical or even, anachronistically, preclinical? The answer comes in what may be the novel's most shocking moment, when the group, having left the asylum and started wandering the city, enter a church in order to rest from their walking.

Divine Judgements: Plagues and Churches

The link between plagues and divinity or divine judgement is one that predates even bubonic plague – the disease that is probably most commonly referred to when the word "plague" is used now – as a human disease. In examining the ways in which AIDS has come to be understood as a plague, Susan Sontag ruminates on the nature of plague and illness as a divinely sourced punishment. "Plague, from the Latin *plaga* (stroke, wound)," she writes, "has long been used metaphorically as the highest standard of collective calamity, evil, scourge" (132). Indeed, to gain a sense of this, one merely has to flip through a copy of the Old Testament. Perhaps the most commonly cited references to plague in The Bible occur in The Book of Exodus, in which God inflicts ten plagues upon the Egyptians in punishment for their enslavement of the Israelites. While many of these 'plagues' stretch the definition of what we may call a plague today (often using the term to refer to a widespread outbreak of disease), we can nevertheless find allusions and parallels to illness. Perhaps the most obvious disease-like plague is that of "festering boils" that God manifests through a handful of soot thrown into the air by Moses (New

International Version, Exod. 9.8-11). The idea that plagues are directly sourced from God in response to some sin or digression is one that is highly salient in plague literature.

Indeed, the notion of "illness as a punishment," as Sontag words it, doesn't disappear once plague literature begins to enter the realm of clinical medicine. Despite Sontag's claim that such a punishment is "an idea opposed by all attention to the ill that deserves the noble name of medicine," one can find both concepts – that of a divinely sourced, punishing plague and that of an ostensibly secular clinic – interacting in complex ways within plague literature. It's a testament to how entrenched both of these concepts of plague are that Saramago explicitly tackles both in *Blindness*, but he's not the first author to do so (133).

Daniel Defoe's *A Journal of the Plague Year*, set in the 1660's during the Great Plague of London, and published in 1722, enters into the conversation roughly half a century before clinical medicine is formally born. Because of this, *Plague Year* displays a sort of division between traditional plague literature conventions based on biblical concepts of sin and punishment and developing clinical medicine. Much of the novel's resistance to the development of the clinic comes from the novel's protagonist and narrator, H.F. himself, whose deep religious convictions often seem to run counter to the methods and initiatives of the city's doctors. Indeed, H.F.'s continuing presence in the city stems from his Christian devotion. In the wake of advice from his brother to flee the city and its plague, H.F. muses on the religious implications:

> It immediately followed in my thoughts, that if it really was from God that I should stay, He was able effectually to preserve me in the midst of all the death and danger that would surround me; and that if I attempted to secure

> myself by fleeing from my habitation…it was a kind of flying from God… (8)

Here H.F. plays on ideas of plague as a divinely sourced calamity, even going so far as to reason that fleeing the disease might invite further wrath from God upon himself. What's curious about this moment is not H.F.'s devotion, but rather the incongruence of his beliefs with the rest of the novel's characters, all of whom seem to advocate for fleeing, or otherwise treating the disease through clinical measures, such as quarantine and patient examination.

The London that H.F. wanders is one where divinity, supernaturalism, and disease interact in complex ways. Proceeded by "a blazing star or comet," the plague that strikes London is immediately cast as a crisis of faith, rather than a medical mystery (15). While H.F. expresses doubt at these prophetic signs, he notes:

> these things had a more than ordinary influence upon the minds of the common people, and they had almost universal melancholy apprehensions of some dreadful calamity and judgement coming upon the city (16).

Indeed, the plague and its coincidental circumstances seem to ignite an addiction "to prophecies and astrological conjurations, dreams, and old wives' tales" within London's populace (16). Defoe devotes a number of pages to the occultism of the plague sufferers, detailing practices that seem to modulate between extreme Christian faith – visions of a "flaming sword held in a hand coming out of a cloud" and "an angel clothed in white, with a fiery sword in his hand," and even "[i]nnumerable sects and divisions and separate

opinions[8]" surrounding Christianity and the Church of England – and outright blasphemy, such as in the case of the elaborate "charms, philtres, exorcisms, [and] amulets" that H.F. equates with "evil" and "wickedness" (16-25).

The influence of the idea of "wickedness" is present in *Blindness* in its description of divine icons, but in a way that seems to critique religion as a site of medical knowledge entirely. Contrary to the traditional image of God and other divine beings as immune to, or perhaps even the cause of the plague, *Blindness* portrays a different situation:

> at that very moment she thought she had gone mad…it could not be true what her eyes revealed, that man nailed to the cross with a white bandage covering his eyes, and next to him a woman, her heart pierced by seven swords and her eyes also covered with a white bandage, and it was not only that man and that woman who were in that condition, all the images in the church had their eyes covered, statues with a white cloth tied around the head, paintings with a thick brushstroke of white paint… (316).

The images are striking ones, completing the motion beyond the clinic that *Blindness* creates. Whether the inhabitants of the church carried out this metaphorical blinding because they blamed God for the plague or because they felt God was not above catching the illness or perhaps some combination of both is immaterial. In any case, the message is clear: faith no longer provides an answer to calamity, even when the clinic fails.

[8] Defoe might be alluding to his own Unitarian religion here. Defoe's position as an open Dissenter makes the novel's resistance to clinical practices understandable, as he opposed government involvement in any issue related to faith or the divine. For a more complete look at Daniel Defoe's religious practices see John Robert Moore's article "Defoe's Religious Sect."

Beyond that, however, the scene loops back, reinforcing the blinding of the clinic even as it makes clear the obsolete position of religion in plague narratives. Informing her husband of the blinded images, the wife and the doctor engage in a brief discussion about the nature of the images. The wife conjectures that someone, bitter about their own blindness, wished to ensure that the images couldn't see either. When the doctor doubtfully replies that images, not being able to see in the first place, can't be blinded, the wife retorts that "images see with the eyes of those who see them." Furthermore, the wife connects this idea to her own vision, speculating that she'll "become more and more blind" overtime because there's no one through whose eyes she can see (317). In effect, what the wife is revealing here is the relational nature of staring and gazing, that is, the idea that the gaze, medical or otherwise, is only effective because it is in some way a relationship between two or more people. In a sense, the physical blinding caused by the plague lead into the metaphorical blinding of god and the clinic and then doubled back so that even the wife's physical vision is "blinded," robbed of its power by virtue of its relationship to other sighted people being removed. This is far removed from the point early in the novel where the doctor's wife feels her gaze upon the boy with the squint and the girl with the dark glasses is "obscene." Where in that instance the structure of the clinic was still in place – the phenomenon of blindness still thought of as non-normative, the blind still part of an assumed relationship with those who looked at them – now the clinic and even the proto-clinic have been effectively resisted, and even literal vision can't escape metaphorical blindness.

The end of the novel makes this abundantly clear as, even when the plague is mysteriously lifted from its sufferers and all the afflicted regain their site, the doctor and

his wife cast doubt on their ability to ever know the reason behind the illness. "Why did we become blind," they ask, "I don't know, perhaps one day we'll find out" (326). Here the doctor and his wife finally relinquish their pursuit of knowledge, clinical or otherwise, and in doing so, move beyond the clinic. To push the moment of understanding to "perhaps one day" is a powerful rhetorical move, as it moves knowledge beyond the strict control of man or God. This is not necessarily a negative revelation either. While this particular inexplicable experience of a plague of blindness has removed the control of health and disease from human hands, thus asserting the possibility of a human condition for which there is no cure, it has at the same time, instructively, demonstrated the futility of certain dehumanizing or punishing practices carried out by clinical medicine. If the clinical gaze separates the patient from their body, then *Blindness* reunites them, giving humans a sort of domain over their own bodies even as their site of knowledge is taken away. In a sense, this reconnects the suffering body to what Foucault identifies as one of the oldest forms of medicine, one formed "[a]t the dawn of mankind" that "consisted of an immediate relationship between sickness and that which alleviated it. [A] relationship…of instinct and sensibility, rather than of experience…by the individual from himself to himself" (55).

Indeed, this is what it means to live in a post-clinical world. Rather than a system which corrects non-normative bodies, either through divine judgement and punishment, or through the medical gaze and diagnostic medicine, the post-clinical world is one in which humans simply *are*. That is, the normate ceases to exist and humanity is recognized as a diverse gamut of individuals, each with unique bodies. Even as they regain their sight the girl with the dark glasses still chooses to live with the man with the

eyepatch despite the fact that she can now see him as "an old man…in the flesh" (324). Passed through their physical and metaphorical blinding, these two characters come to accept each other's bodies the way they are. Broadly speaking, this is what Lennard J. Davis calls *dismodernism*: "Impairment is the rule, and normalcy is the fantasy" (31). In *Blindness*, this manifests when those with non-normative bodies – the girl with the dark glasses, the boy with the squint – become normal under the new paradigm of a sightless society. Or, more accurately, the idea of normalcy itself is threatened in the world of *Blindness*, and non-normative bodies become just as non-normative as any other. The objective, disinterested "truth" of the clinic is threatened, leaving the possibility for a post-clinical world in its stead. This does not mean medicine itself is necessarily the target of critique. Indeed, the presence of clinical medicine, or something like it, may paradoxically be an important part of post-clinical medicine as it offers suffering people yet another option in addressing their suffering. That is, in a post-clinical world, the clinic is one method of treating illness, but it is not an imposed one. The idea of "post-clinical" medicine is a difficult one to wrestle with, but put simply, it may be a system of medicine that treats physical suffering without directing a socially normative view on its patients. The thief's leg wound causes him great pain and threatens his life; to treat him does not represent an attempt to make a non-normative body normal. The boy with the squint, on the other hand, likely does not suffer beyond having to deal with a body that does not fit the idea of a "normal" body. Post-clinical medicine, then, might not see the boy's squint as something to treat, but rather yet another example of the wide variation in human bodies.

In the end, the critique *Blindness* applies to clinical medicine is a subtle one. Rather than showing a world without the clinic or otherwise outright calling for an end to clinical medicine, *Blindness* displays characters who have gained an awareness of clinical medicine, both in the frightening, dehumanizing elements it encompasses and the potential benefits it has for its patients. Clinical medicine becomes post-clinical medicine when the narrative that has held it in place – the narrative of scientific certainty, of ultimate doctoral authority, of no other options – is made apparent and questioned.

As this paper has demonstrated, advancements in medical thought and technology find their way into plague narratives with surprising speed. As medicine in the Western world began to reorganize itself around concepts of objectivity, disinterest, and observation, so too did literature begin to reflect this change. Daniel Defoe writes about common perceptions of doctors in the time of London's Great Plague, and about the large scale, clinical measures London's government took in combating the epidemic. Camus displays an understanding of clinical practice and technology, giving readers an inside look at the mind of a doctor during an epidemic and the techniques employed in curing it. And Saramago, writing well after the advent of clinical medicine, imagines a world that has been made fully aware of enlightened reason and objective understanding, displaying clinical methods and ideas so that they can be subverted. It is perhaps the universality of plague narratives that give this quality of literature – the ability to reflect current, ongoing developments in a complex, scientific field – such importance. The clinic, with its all-seeing, dehumanizing gaze, can be a frightening entity to a sufferer of illness. To read a narrative that manages to encompass both the ancient fear of disease and the more

modern fear of the clinic, and to overcome both with the hope offered by the inevitable cure or retreat at the end of the novel is a powerful experience.

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