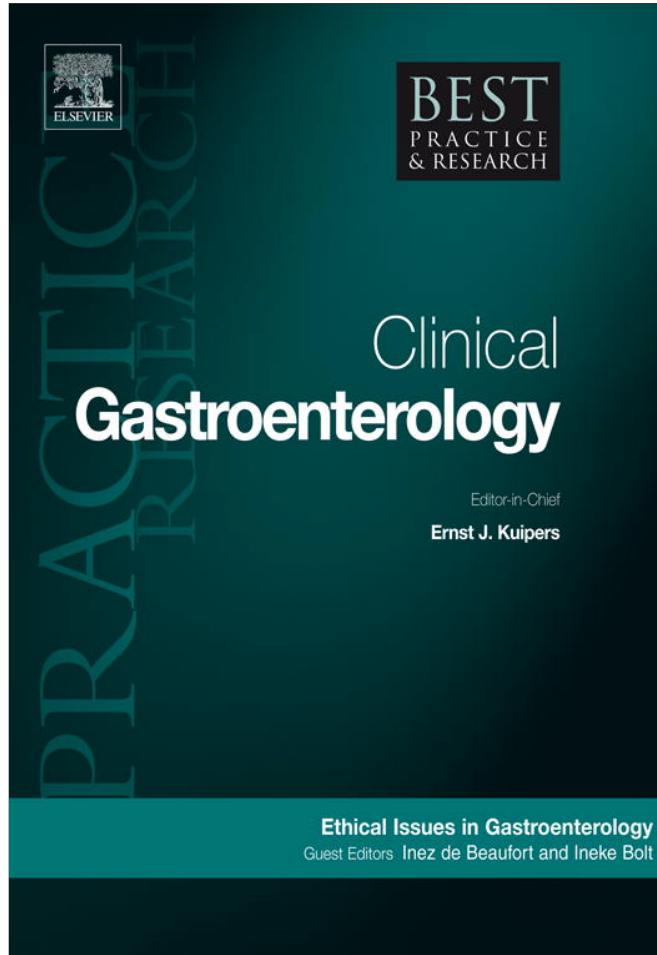


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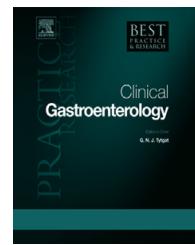
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12

Ordinary Tales from Endoscopic Odysseys *Fiction, ethics, and the gastroenterological journey*



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Fiction (i.e. novels, short stories, and movies) provides an opportunity for imaginative moral reflection and can serve as a basis for moral argument. Narratives play a role in moral reasoning because they are exemplars as well as tests. Those who care for sick people, should be interested in patient's and literary stories. Exploring the representation of gastroenterological ailments in fiction gives insight in the experience of undergoing colonoscopy, farting, pain, the borders of intimacy, hygiene and the lack of it, taboos and the doctor-patient-relationship. Included authors are, among others: Michel Faber, Alan Bennett, Charles Bukowski, Charlotte Roche and James Joyce. Several movies are discussed as well. Though in general gastroenterological problems don't seem often at foreground in fiction, in some cases they are represented in a more symbolic way, and touch upon some fundamental aspects of the human condition.

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'Thought depends absolutely on the stomach, but in spite of that, those who have the best stomachs are not the best thinkers.'

Voltaire

Introduction

Isserley is undeniably a beautiful woman: 'Her face (...) was small and heart-shaped, like an elf in a kiddie's book, with a perfect little nose and a fantastic big-lipped curvy mouth like a supermodel.' Yet her breasts are her best assets, especially when she straightens her back, sticking out her chest. She only ever wears low-cut tops. No underwear or bra. 'Fantastic tits on this one, there wasn't much of her otherwise', a hitch-hiker contemplates, sitting next to her in the car. Isserley enjoys that, picking up hitch-hikers. In fact, it's her job.

'A male in prime condition', that's all Isserley cares about. She gets a kick out of picking up men, 'savouring the thought of how superb he'd be once naked. (...) The bulge in his jeans was promising'. The Scottish, Dutch born, author is called Michel Faber (1960). For a long time the reader expects Under the Skin [1] to unfold as an erotic novel or even pure porn. He couldn't be further from the truth. Isserley is an alien, a creature which has been transformed into a type of 'human' by means of surgery. With needles in the passenger seat of the car she sedates the shapely male hitch-hikers. She delivers them to an abandoned farm. There, her colleagues first cut off the tongues of the hitch-hikers, then they are shaved, castrated and fattened up until they are ready for slaughter. Employees don't call them humans but 'vodsels', 'vegetables on legs'. When a 'shaved, castrated, fattened, intestinally modified, chemically purified vodsel', that escaped, writes the word 'mercy', Isserley is puzzled. 'The word was untranslatable into her own tongue; it was a concept that just didn't exist.' The vodsel is captured and transported back to the farm to be processed into meat. Human meat, processed into animal feed.

Under the Skin is a macabre nightmare with a touch of science fiction (made into a film in 2013, starring Scarlett Johansson). Obviously the book doubles as a condemnation of the bio-industry. Isserley has caught herself wondering how animals, humans and vodsels are different from each other. Hardly, is the answer, because 'we're all the same under the skin'. The dehumanisation to a vodsel is quick. Through a funnel all food is dumped immediately in the digestive tract, which is working overtime. And during the slaughter the oesophagus, stomach and intestines are removed first. The novel is of course an analogy to the way humans slaughter animals. But one can read the novel in addition to this clear interpretation in another way. The story then depicts the digestive tract as organ that more or less symbolizes the identity of an individual.

Which brings us to the themes of this article: the relation between fiction (novels and films) and ethics plus the representation of gastroenterological themes in fiction. Not so much focussing on the ethical issues *sec* but rather on representation as a basis for ethical reflection. We will limit ourselves to the digestive tract and we will not analyse novels and films about food and eating habits. A high dose of self constraint was necessary as there are many interesting novels and films on eating matters.

Fiction and ethics

How relevant is fiction for medical ethics? [2,3] This depends, in part, on the definition of ethics one holds on to. Let us, in the tradition of Greek philosophy, not to be too strict: ethics is about how we should live (Socrates' question) and what sort of persons we should be. It deals therefore, in the words of the philosopher Anthony Cunningham, with ways of life and forms of character. We paraphrase him here, with full agreement [4]. Ethics includes: ideals, aspiration and imagination with respect to 'what is good and best'. It also includes so called 'rich' concepts as shame, jealousy, respect, pride, compassion, cruelty, dignity, etc., not only the concepts good and evil, right and wrong.

Life and character are complex phenomena. We have to find out what 'really matters' and motivates us. Our daily experiences should be in the forefront and can be of great help. As we all know, for instance, intimate attachments provide shape and meaning to our lives.

The importance of daily experience thus is clear but we do take a moral position on many issues, even regarding issues we have not experienced ourselves: like war, incest, murder, child-

abuse and so on. The arguments for our moral position stem from journals, stories, television, books and films.

In what sense does fiction then help us here? Fiction provides detailed pictures of life and character, its complexities, the workings of inner life – the thick story we need for ethical reflection. Pictures of particular people leading particular lives in particular circumstances. They direct our attention to the subtleties and nuances of what should rightly command our attention. It thereby strengthens our capacities to see clearly and choose wisely. Because it maps the complexities truly, it does justice to creatures just like us, in a non-detached way, thus speaking to our heart, to ‘the heart of what matters’. It provides the power to move us, and it has moral force.

Fiction can filter our moral experience, heighten our attention beyond our daily experience in a sensitive, responsive manner. Fiction engages us. That is the reason why philosophers increasingly refer to literary texts as embodying a distinct form of knowledge and understanding. Martha Nussbaum's The Fragility of Goodness played a key-role in this development [5]. The ‘fiction’ of a story often is more convincing than the ‘faction’ of scientific research.

Here medicine comes in. Illness is a life-event of high importance and sometimes a sheer drama. It is illness that can give a ‘plot’ to the life of someone. Life becomes a story, with a beginning, an intrigue, a clue and an end. Moreover it gives a direction to life. Life sometimes may seem chaotic, but via ‘emplotment’ (a term introduced by Cheryl Mattingly) it becomes a story [6]. A plot is a synthesis that points to the horizon of meaning. This plot is realized against a background of meaning, of moral perspectives and ethical considerations.

Sick persons often feel the need to tell their stories in order to clarify their own illnesses. The sociologist Arthur Frank, who wrote the book The Wounded Storyteller, aims to create an ‘empathic bond’ between the teller and the listener or the reader [7]. It is only a small step from the patient’s story to fiction. Literature can be regarded as a tool to create real ‘empathic bonds’ between teller and reader. So those who really care for sick people – their hopes, wishes, dreams, despair – must be interested in stories [8]. This goes for friends and family, for doctors, and for ethicists...

But keep also in mind the words of Arthur Frank: ‘Seriously ill people are wounded not just in body but in voice’.

Representation of gastroenterological experiences: Novels

For centuries the body was a mystery. Sealed by the skin, the insides were hidden from view. At least while alive. The imperviousness of the body gradually grew to the ideal of the transparent body. José van Dijck, professor of Comparative Media Studies, studied the development of this ideal in The Transparent Body [9]. This dream of transparency has gradually been fulfilled. First there were X-rays, later through other methods, including a range of scans and scopies. What we can see are pictures of the body. And pictures require interpretation, require a meaning. Often there is no direct relation between a picture and a disease. ‘Reading’ it requires training and skill.

Techniques like endoscopy help make the body transparent. Our culture nurtures the ideal of the transparent body, which is based on two assumptions, so Van Dijck argues: to see more is to heal more and taking a look inside the body is harmless. Patients have nearly blind faith in the all-seeing technical eye. Unduly so. First of all because not every deviation or disease can be made visible. And secondly – more importantly – because a new instrument usually makes other, yet unknown things in the body visible. Moreover, each observation is an intervention as well.

A scope is not just an extension of the eye, but also of the hand: looking and cutting are now combined in one action. Technological advances in endoscopy therefore have an effect on the surgical techniques of a surgeon, as well as on the patient’s experience of the operation. The connection between technology, practice and cultural representation is reflected in, what Van Dijck calls, ‘the endoscopic gaze’. She typifies the expedition into the intestinal tract as ‘a mythical journey’.

Charles Bukowski: ‘relox relox’

Doctors went for this journey in the story All the Assholes in the World and Mine [10]. Charles Bukowski (1920–1994) was a German-born American poet, novelist and short story writer. His writing

concerns the ordinary lives of poor Americans, full of sex and alcohol. Most novels and stories have his alter ego, Henry Chinaski, in first person narratives:

'I had been bothered with hemorrhoids for 15 or 20 year; also perforated ulcers, bad liver, boils, anxiety-neurosis, various types of insanity, but you go on with things and just hope that everything doesn't fall apart at once.'

The haemorrhoids didn't respond to anything – hot baths, salves, nothing helped. 'My intestines hung almost out of my ass like a dog's tail.' The doctor concludes an operation is necessary. A doctor with a German background, who tries to calm down the patient: 'Now, chust relox der bock, ya? relox relox...' 'Suddenly he jammed a wedge-shaped box into my ass and began unwinding his snake which began to crawl up into my intestine looking for blockage, looking for cancer'. Chinaski screams and shouts: 'Shit! Shit! Shit! You dog-burner! You swine, sadist (...) you voted for Nixon... Mother-ass!'

The operation succeeds, he doesn't feel any pain. After the operation, that is. After a few days the doctor examines him again and tells him to go home:

'Butt, my boy, you do not go horseback riding, ya?'

'Ya. But how about some hot pussy?'

'Vot?'

'Sexual intercourse.'

'Oh, nein, nein! It vill be six to eight weeks before you vill be able to resume anything normal.'

Sitting in the taxi to bring him home – with a 'shitpot' on his lap – he thinks: 'I felt like a goddamned monk who had just had a revelation'. Before the operation Chinaski thought: 'This is the way the world ended, not with an atom bomb, but with shit shit shit.' After the successful operation, he hasn't changed his mind.

John Kennedy Toole: raging bubbles of gas

A Confederacy of Dunces by John Kennedy Toole (1937–1969) is a comedy that hurts [11]. Main character is an anti-hero named Ignatius J. Reilly: hypochondriac, melancholic, a walking catastrophe, an unlikely philosopher in a world where few have patience for abstractions. With his clumsy ways, tweed trousers and inexcusable bluntness, he doesn't fit in social society. The reader cannot decide whether to pity or admire him, but loves him all the same.

Reilly's presence is easy to detect: his flatulence has no bounds. He wants to free himself from the large raging bubbles of gas coursing through his insides. When someone complains about the horrid smell, he shrugs and says:

'Well, what do you expect? The human body, when confined, produces certain odours which we tend to forget in this age of deodorants and other perversions. Actually, I find the atmosphere of this room rather comforting. Schiller needed the scent of apples rotting in his desk in order to write. I, too, have my needs.'

According to Reilly the flatulence has various causes: the bad driving of his mother, the absence of a solid geometry and theology in the modern world, and his own early morning musings on the history of humanity. The reader knows the actual reason behind his unrelenting burping and farting. He is addicted to a carbonated drink called Dr. Nut, and he worked at a hot dog stand for a while. But he ate more hot dogs than he sold, which lead to him propelling gas of 'a dozen brownies worth'. Reilly always stays himself in all situations: 'Like a bitch in heat, I seem to attract a coterie of policemen and sanitation officials.'

Flatulence blows through a number of novels, A Book of Memories by the Hungarian writer Péter Nádas (1942) is another [12]. Part of the morning ritual of the elderly professor is emptying his bladder and, sometimes, his bowels. It really is a fabulous flatus when the sound resonates powerfully thanks to the toilet bowl sound box.

James Thurber: The Ticking Stomach

James Thurber (1894–1961) has had poor vision since birth. At the end of World War I he is called in for a medical exam, to assess if he is fit enough to join the force [13]. With his bad eyes he is rejected immediately. Only to be called back two weeks later for another exam. This continues for a while until he joins the medical staff and starts examining people himself. Dr. Ridgeway is pleased his colleague helps him lighten his workload. All is well until Thurber – as a fictional character – meets a man whose stomach is ticking:

‘Once I got hold of a man who, it came out later, had swallowed a watch—to make the doctors believe there was something wrong with him inside (it was a common subterfuge: men swallowed nails, hairpins, ink, etc., in an effort to be let out). Since I didn’t know what you were supposed to hear through a stethoscope, the ticking of the watch at first didn’t surprise me, but I decided to call Dr. Ridgeway into consultation, because nobody else had ticked. “This man seems to tick,” I said to him. He looked at me in surprise but didn’t say anything. Then he thumped the man, laid his ear to his chest, and finally tried the stethoscope. “Sound as a dollar,” he said. “Listen lower down,” I told him. The man indicated his stomach. Ridgeway gave him a haughty, indignant look. “That is for the abdominal men to worry about,” he said, and moved off. A few minutes later, Dr. Blythe Ballomy got around to the man and listened, but he didn’t blink an eye; his grim expression never changed. “You have swallowed a watch, my man,” he said, crisply. The draftee reddened in embarrassment and uncertainty. “On purpose?,” he asked. “That I can’t say,” the doctor told him, and went on.’

The stomach as a collection reservoir of the weirdest objects.

Louis-Paul Boon: Stomach complaints

The Flemish author Louis-Paul Boon (1912–1979) published a short story, called *Stomach Ache* [14]. The narrator is burdened with ‘a growing anxiety (...), a fear, a gnawing conscience as his pastor used to say, as if a disaster was about to happen at any moment. It was somewhere in my stomach, right below my heart, sometimes I kind of had to push it away.’

The man is very introverted ('a solitary') and doesn't speak out about what is bothering him. Not even to his wife. This quote reveals a lot: 'I liked to listen to my own grumbling.' And later: 'Again I experienced so much pain that there was no telling about.' The type and intensity of the pain can't be put into words, neither can his anxiety and fear. He fights with his wife about the most futile of causes:

‘I was annoying and tried to make everyone’s life a living hell. (...) I really should have comforted her, and admitted that she was troubled and that I admired her courage. But I refused, I experienced so much pain that there were no words, and would rather die than love her. On the attic I wrote “stomach” on the top copybook with my finger, that’s how thick the dust was.’

Boon describes the stomach ache as something hungry which keeps ‘gnawing and whining and shaking its head.’ This gnawing creature is soon called a ‘burrowing viper’. A viper with young ‘because they were devouring me from the inside’. The narrator concludes: ‘I squirmed myself into the floor’. In the images he sketches here – fascinatingly sculptural is the word ‘into’ – the sufferer collides with his pain.

The last doctor he sees is quite a rough and hot-headed man. But the doctor and the patient come to like each other. The end of the road to ‘Golgotha’, as the narrator calls it, is in sight. And the diagnosis? X-ray pictures reveal: ‘Oh it was just a common gastric prolapse I had, we saw her there lay between the intestines with a pouch of 4 fingers wide. But it was nothing, I was going to wear a band and take plenty of rest and powder.’

Charlotte Roche: challenging hygiene

Wetlands, the debut novel of Charlotte Roche (1979) was a #1 bestseller in Germany [15]. The main character is Helen Memel, an 18 year-old woman with an anal lesion after an intimate shaving accident.

As she lays in the hospital bed, facing surgery, she inquires about the procedure. The proctologist explains: 'We'll make a wedge-shaped incision to cut out the infected tissue'. Afterwards, she is bleeding and tries to think about other subjects than the pain itself:

'They could use a more clever system for communications between the patients and staff. One buzz: I need a little more butter for my whole-grain bread. Two buzzes: please bring a flower vase with water. Three buzzes: help, blood is gushing out of my ass so fast that I hardly have enough left in my brain to think straight and I'm stuck here thinking up stupid ways to improve the hospital.'

Excrements in extremis. Helen is a bodily-fluid-obsessed woman, who challenges all hygienic norms. 'I'm my own garbage disposal. Bodily secretion recycler', she says. Helen eats her vaginal discharge, her own vomit as well as that of a friend, and pus not only from her pimples but from her anal wound and the bleeding haemorrhoids. Just to summarize the plot in short. We would not recommend the book to staff member or patients: the author seems to try very hard to be as disgusting as possible, without any subtlety.

Alan Bennett: two brands of soap powder and on being one shirt

Bennett (1934) is an English playwright, screenwriter, actor and author. Looking back on his life, he pays attention to the many times he was confronted with proctoscopy [16]:

'I am lying on a trolley in a cubicle in the endoscopy unit of the London Clinic. With my gut scoured clean and awaiting scrutiny and naked except for a hospital gown, I am beginning to look forward to the Valium. The nurse goes out, pulling the curtains closed. Condemned cells have no door, I reflect, just a tastefully patterned curtain and a locker for your valuables. Actually the curtains have changed since I was last here.'

He recalls a family history burdened when it comes to gastro-intestinal carcinomas, and most of all he remembers nobody would even mention it at home. The specialist does his job and the camera scans the walls of his intestines ('with its proctoscopic odyssey') while two nurses try to keep him calm: 'whispering reassurance before I have entirely realised that reassurance is required'. A moment later the tumour is revealed and the doctor invites Bennett to take a look at it himself:

'But openness has its limits and my eyes are firmly shut as he gives me another burst of Valium and edges the camera past the evil monster, even looping the cable round it and giving it a tug to show how rooted it is. And he must be a gardening man because, almost to himself, he says something that chills the heart.'

After mentioning that his own gardening skills are limited, Bennett utters the two words of the doctor: 'Ground elder'. He considers complementary medicine, but the two worlds (regular and alternative medicine) blacken each other so badly he gets confused. Almost cynical he notes in his diary: 'It's like the claims of two brands of soap powder, only you're the fucking shirt'.

Bennett's story is beautiful and all too human. Full of marvellous observations. A small anthology here to prove the case. On his oncologist: 'I regarded him as torturer rather than nurse, hunter more than healer'. On his stay at the ward: 'Nothing disturbs this privileged sepulchritude. Life is elsewhere.' On the famous Alec Guinness visiting him: 'He was surprised and even disappointed that I had not lost my hair.' On the pain he feels due to an appendicitis: 'The martyrdom of St Erasmus, whose intestines were wound round a wheel, must have begun in much the same way.'

The food is awful, and he writes about his complaints to one of the board of trustees: 'No effort is made to tempt the appetite, and the London Clinic's notion of a salad is what one would give in Leeds in 1974, namely a piece of lettuce, a slice of tomato and another of cucumber. It deserves a place in museum of gastronomy.' The nurses assure him that their food was even worse...

How does he see cancer and being a patient? 'Cancer licenses hypochondria', he states. 'I did not see cancer as a way of dramatising my life, the lurid light of approaching death endowing even the most trivial event with a long shadow.' He stopped reading about cancer in the newspapers, because 'their coverage of the subject [is] almost carcinogenic in itself'. Having recovered he ends with these words:

'Yet I am thereby enrolled as a member, I hope a long-time member, of the exclusive aristocracy of those who have survived cancer.'

Jan Wolkers: A Rose of Flesh

A Rose of Flesh by the Dutch novelist Jan Wolkers (1925–2007) was published in English in 1967 [17]. Daniël has a date with Ans, a nurse. Ans calls to cancel the date, because one of her old patients is likely to pass away within a day. The old man has colon carcinoma, and has had an ileostomy for years.

'You're not God, how can you be so sure.'

'I don't care about God. If the doctor says so it will happen, I have never experienced any different here. It's a very old man.'

'Then he is old enough to die alone. He doesn't need you to do that.'

'As a matter of fact he does. I have taken care of that man for three years.'

Because Daniël already bought tickets for a show, Ans sends her colleague Emmy instead. It's Emmy who tells him about the hospice they both work at. She also explains to him what an ileostomy is: an artificial anus, created for people with a rectal carcinoma. Emmy: 'It looks strange. Horrible and beautiful at the same time. It's red and quite velvety. It's almost like a flower, a rose. A rose of flesh.' What a beautiful metaphor.

Just a small detour, speaking of stomas. In the novel Memorandum by the South-African author Marlene van Niekerk (1954) the main character suffers from a carcinoma of the large intestine [18]. He receives a partial bowel resection. He remembers overhearing strange dialogues between his two ward mates when he spent the night in the Intensive Care department. At best he can recall reconstructed fragments, like this one: 'As long as he reads my intestines correctly, cuts out the bullshit and edits the rest, or installs a gut drain'. The English translation butchers the beautiful Afrikaans word for a stoma: 'buikspuier'.

Marcel Proust: In Search of a Metaphor

Surprisingly Marcel Proust (1871–1922) in the final part of his In Search of Lost Time relates both imagination and sensibility with the stomach and the intestines [19]:

'It is uncertain whether in the creation of a literary work the imagination and the sensibility are not interchangeable and whether the second, without disadvantage, cannot be substituted for the first just as people whose stomach is incapable of digesting entrust this function to their intestines.'

In another phrase he imagines that our own individuality is an independent organism, a sort of polypus with infected intestines:

'I had always thought of our own individuality at a given moment in time as a polypus whose eye, an independent organism, although associated with it, winks at a scatter of dust without orders from the mind, still more, whose intestines are infected by an obscure parasite without the intelligence being aware of it, and similarly of the soul as a series of selves juxtaposed in the course of life but distinct from each other which would die in turn or take turn about like those different selves which alternately took possession of me at Colmar when evening came.'

James Joyce: windandwatery though

Ulysses by James Joyce (1882–1941) not only has the reputation of a notoriously difficult book, it actually is [20]. At first glance it looks like complete chaos, but the underlying schemes (created by others) offer the necessary support. Each episode is devoted to a passage/persona from Homer's Odyssey, in which a different form of art, symbol, writing technique, colour and human organ are key. In episode 8, Lestrygonians, the 'stomach' is the theme and the writing technique 'peristaltic'.

The entire episode is centred on everything to do with food. Hunger plays a large role and sometimes turns into sex, the same holds for desire and aversion, mind and body, which all unite in this episode. Joyce captures the peristaltic movement by sometimes letting the main character Leopold Bloom hesitantly progressing, contrasted with his frequent dwelling, for instance in front of store windows with silk lingerie.

This is even reflected in the use of language. There are sentences meant to be a direct representation of the peristaltic movement in the digestive system:

'His heart astir he pushed in the door of the Burton restaurant. Stink gripped his trembling breath: pungent meatjuice, slush of greens. See the animals feed.

Men, men, men

Perched on high stools by the bar, hats shoved back, at the tables calling for more bread no charge, swilling, wolfing gobfuls of sloppy food, their eyes bulging, wiping wetted moustaches. A pallid suetfaced young man polished his tumbler knife fork and spoon with his napkin. New set of microbes. A man with an infant's saucestained napkin tucked round him shovelled gurgling soup down his gullet. A man spitting back on his plate: halfmasticated gristle: gums: no teeth to chewchewchew it.'

At other times super short sentences quickly succeed each other, as small bites of language making their way down through the oesophagus to the stomach:

'His eyes followed the high figure in homespun, beard and bicycle, a listening woman at his side. Coming from the vegetarian. Only weggebobbles and fruit. Don't eat a beefsteak. If you do the eyes of that cow will pursue you through all eternity. They say it's healthier. Windandwatery though. Tried it. Keep you on the run all day. Bad as a bloater. Dreams all night. Why do they call that thing they gave me nutsteak? Nutarians. Fruitarians. To give you the idea you are eating rumpsteak. Absurd. Salty too. They cook in soda.'

In the hands of Joyce the function and the efficiency of the gastro-intestinal tract are given their own appropriate language and style.

Movies

La Grande Bouffe: Eating to die

The film tells the story of four middle-aged friends. They gather in a villa with the express purpose of eating themselves to death [21]. Their binge begins, including an oysters-eating-race. They invite three prostitutes to join them. Also Andréa, a young and a Rubenesque schoolteacher, joins them. The eating continues unabated, they only pause for sex. Michel suffers from indigestion goes to the toilet and his extreme farting causes the sanitary pipes to explode. The house is flooded with excrement. Frightened the prostitutes flee at dawn and leave only Andrea. Then Marcello dies, frozen in the driving seat of the Bugatti outside. After Marcello comes Michel, who literally dies of laughter at the exploding toilet incident. Amid flatulence and diarrhoea he collapses on the terrace. Shortly afterwards, Ugo prepares an enormous dish made from three different types of liver pâté. Friends sit at his side: the one feeding him, the other masturbating him until he dies.

Last to die is the diabetic Philippe, into the arms of Andréa after eating a cake she has made shaped like her breasts. The film ends with a scene of the garden filled with neighbourhood dogs, geese and poultry, and meat carcasses. Director Marco Ferreri's repetitive orgiastic film, with all its disgusting scenes, critiques bourgeoisie excess and is a satire. This is where eschatologic and schatologic considerations meet. The humans and animals make similar sounds as man loses his civilised qualities.

The Belly of an Architect: on the human condition

Stourly Kracklite, a renowned American architect travels to Rome with his wife, Louisa. They will live there for nine months while staging an exhibition in honour of the French architect Etienne-Louis

Boulee, a man who based his architecture on the human anatomy. A stomach complaint occurs as Kracklite is vomiting after a diner. The complaints worsen as the months pass by. The pain sometimes feels 'round', on other occasions more 'square'. Or in the words of the architect himself: 'as a pyramid with sharp edges'. A doctor tells him that the sinister pains are due to his lifestyle, but he does not believe this. He visits a stomach specialist, 'specialized in the intestines of priests'. This doctor examines him using colonoscopy (off screen). Then the doctor has to bring bad news. The gastroenterologist walks him along a corridor lined with Roman busts telling anecdotes of how each died. 'He died screaming... he died screaming too... we don't know about this man, but in any case he's dead.' Kracklite gets the message: his death is being announced. By the end, his pain is physical, emotional, and professional. In *The Belly of an Architect* [22] director Peter Greenaway is again an architect in images, with his precise nature of compositions and many frames. The movie is full with signs and symbols. The belly functions as the *pars pro toto* for the human condition, in which the belly even is an 'erogenous zone'. Due to problems with his stomach the architect loses his wife, his exposition, his unborn child and his own life. Throughout the film comparisons are being made between architecture and the intestines. Looking at the ruins of ancient Rome another architect says: 'These ruins remind us about the things we don't see'. This goes for the alimentary canal as well, though in most cases the human body isn't a ruin (yet). Also the doctor-patient-relationship is at stake. At first Kracklite states that they are equal ('we all share the same metabolism') but he changes his mind after the colonoscopy: 'When someone has taken a look in your most intimate parts, you're no longer equal'.

Miscellaneous

There are two movies we want to mention in short: though they are concentrated on a character with intestinal cancer, this disease isn't decisive for the movie. Had these characters had another form of cancer, it wouldn't have resulted in another plot.

In *Providence* by the French director Alain Resnais, the morbid thoughts of the seriously ill writer Clive Langham, due to intestinal cancer, come to life [23]. Literally, that is. Each time fantasies and thoughts of Langham come to his mind, they really come into the picture. At the end of the movie the reason for his pain and complaints is being revealed: intestinal cancer.

Akira Kurosawa's *Ikiru* details the existential struggle of an office holder in his desperate search for purpose [24]. Upon learning he has terminal stomach cancer this man, Shimura, leaves his job of thirty years without a word. Is it possible to find meaning in that one year he has left to live? He succeeds, thanks to an office-girl, however small his contribution is to make the world a better place.

Reflection and conclusion

Roaming through fiction for a thematic search can be very hard and sometimes not wholly satisfactory. Like the Argentine author Julio Cortázar (1914–1984) noted years ago with playful irony in his mighty masterpiece *Rayuela* (*Hopscotch*): 'During his reading hours, which were between one and five o'clock in the morning, but not every morning, he had come to the disconcerting conclusion that whistling was not an important theme in literature' [25]. By the way, Cortázar is also the author of a remarkable short story in which the main character vomits... rabbits [26].

It's striking how few aspects of gastroenterology are featured in fine literature. Usually chronic disease (like bad skin conditions), progressive disease (dementia) and major events (CVA) easily find their way into literature. Does gastroenterology lack intrinsic drama? We do not think so. Or do other factors come into play? It is interesting to note we couldn't find any literary fragments on M. Crohn, not in our memory vaults, not in the book cases with double rows of novels. On the other hand, our search is a preliminary one.

At least one of the dramatic requirements is met: cancer is sometimes lethal, and has the character of a chronic disease, with years of repercussions on the quality of life. Even when the diagnosis of (returning) cancer is uncertain, the fear of cancer (or the return thereof) plays a role.

Another recurring phenomenon is pain to excruciating pain. Bennett, Boon and Bukowski all mention it. From vague feelings of anxiety (Boon) to the comparison Bennett draws to the torture of

Saint Erasmus. Even Bukowski makes his alter ego Chinaski feel like a martyr. And Louis-Paul Boon considers the suffering of his character as a road to 'Golgotha'.

Wherever there is a martyr, you will find a torturer. In the found fragments both empathetic doctors and rougher types are featured. This can also be contributed to the perception of the patient, the foul-mouthed Chinaski is quick to rant 'dog-burner, swine, sadist.' Even the mild and very British Bennett doesn't have words of flattery for several of his practitioners: 'torturer rather than nurse, hunter more than healer'.

This perception is possibly aggravated due to the fact that scopes invade the borders of physical intimacy and identity. Cracklite (in *The Belly of an Architect*) concludes that after a colonoscopy doctor and patient are no longer equal. How important the digestive tract is to the human identity, was symbolically shown by Michel Faber.

The aversion against physical exams is a fertile breeding ground: the taboo which still rests on, let's just say it, pee and poo matters. Charlotte Roche set out to break down this taboo. But unfortunately, the exaggerations lead to Roche's *Wetlands* reasserting the taboo, rather than breaking it. Even her plea against hygiene has had an opposite effect. She did however, admittedly and with gritted teeth we remark, end up as an internationally best-selling author.

In their search for a cure, chronic patients often orient themselves on alternative medicine. Their grounds being fear and uncertainty. Bennett advocates common sense.

Within gastroenterology there seems to be little space for humour, except for the black humour in *La Grande Bouffe*, using the filth of human defecation in an orgy of decadence. It is limited to light doses, such as the flatulence in, amongst others, *A Confederacy of Dunces*. Thurber also hits a lighter note in a story where the stomach functions as a place to store things, in this case a watch. This function of the stomach has been known for centuries (Jonah in the whale) and still is ultramodern (drug mules).

Also remarkable is the lack of positive and/or beautiful metaphors. Proust renders some fine and surprising ones in relating both imagination and sensibility with the stomach and the intestines. Only the stoma is described visually and poetically as 'a rose of flesh' (Wolkers) and a 'buikspuier' (Van Niekerk).

Ultimately, it's Peter Greenaway and James Joyce who bring the digestive tract and its function to symbolic heights. In Greenaway's movie the belly functions as the *pars pro toto* for the human condition. Novelist Joyce also presents a work of art on a high symbolic level. He seems to capture the image of gastroenterology in one neologism: 'windandwatery'. In mentioning Joyce we return to the first conclusion: the *tractus digestivus* is the *tractus neglectus* in fiction.

Epilogue

Some films have reached an iconic status, their social impact spans decades. One example is *The Boys from Brazil* which is (more so than the novel) the sampling sheet for cloning humans to the general public [27]. And *Coma* – based on the novel by Robin Cook – was decisive in creating an image of shifty organ trafficking. One of the most famous SF novels regarding the human body is *Fantastic Voyage* by Isaac Asimov [28]. After shrinking them to, what we would now call, nano dimensions, a submarine containing five scientists is inserted in the blood vessel of a famous nuclear scientist. They have exactly one hour to remove a brain tumour. After this hour they will return to their normal proportions, thus reducing the body of the scientist into shreds unless they return in time. Their journey takes them through a large number of organs in the human body, but not through the oesophagus, stomach and intestines. Is the presence of a clear front and back exit with sometimes an emergency exit – as often present in gastroenterology – even detrimental to the imaginative powers of SF authors?

The pertinent question remains why gastroenterological diseases receive relatively little attention in fiction and science fiction. Does the specialism have an image problem, as this (fictional) image is often limited to a 'windandwatery' organ? Consider that there are plenty science fiction movies on eating and eating habits [29]. Therefore we would like to prescribe a suggestion: continuing the development of the field by means of scientific research? Great. Of course. But the field is most prominently lacking sciencefictionesque attention.

Conflict of interest

None.

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