

1. A New Critical Notice of Robin Cook's Medical Thriller 'Coma'

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Abstract:

This paper is an exploration of the medical thriller Coma often categorized as popular fiction through a grotesque lens. This study enables to delineate how grotesquery sustains and reinforces the relevance of fiction. Giving space to anxious imaginations about medicine and technology, these texts cannot be dismissed altogether as 'wrong sort of fiction' as suggested by Catherine Belling in her critique of Coma. Therefore, the paper argues that the creative audacity of grotesque equips it doubly as a reflection of an anxious society and also as a 'boundary creature' as opined by Frances S Connelly. Using the idea of grotesque as hybrid creature, that is as one entity which has several incompatible components jumbled together to construe meaning and sense, its emotional effects on the readers are justified. This paper takes Coma as an instance of medical thrillers and examines the various ways grotesque is embedded in the narrative. The paper concludes by suggesting the genre by extension is grotesque. Thus medical thriller becomes a space for new imaginations and inclusivity that can bring possible progress to humanity while still keeping a control over human experimentation ethics that powerful institutions may or may not employ. The idea that pervades this study is that grotesquery is employed as a template to translate

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meanings and interpretations of medical thrillers. Through multiple responses as elicited by the grotesque, these thrillers engage with readers differently and hence produce varied responses. This enables us to project the importance and usefulness of the medical thriller genre.

Keywords:

Grotesque, Coma, Medical thriller, Popular fiction, Bioethics

A New Critical Notice of Robin Cook's Medical Thriller '*Coma*'

1.1 Introduction

Popular fiction is conceived as literature 'of the people' and 'for the people' unlike highbrow literature. Medical thriller lies very much in line with this idea, entertaining millions of readers just like its predecessor -pulp magazines, science fiction and family story paper, where fictions were the only entertainment source for the populace, away from the dreary life of repression. We suggest that the genre uses the aesthetic expression and stylistic techniques of the grotesque to foreground the anxiety of biotechnology similar to many popular science fictions like *Frankenstein*, *The Invisible Man* and *The Island of Dr Moreau* etc. to name a few.

This paper also reads *Coma* and other medical thrillers by extension as a weapon of grotesque appropriation. This grotesque appropriation is best seen in its attempt to voice the social protest against the healthcare industry that requires a testee to test their result. Medical thrillers like *Coma* can be seen as a strangulated voice of the physician whose previous omniscient power has shifted to insurance and drug companies as a result of emerging in the form of a global industry like healthcare. Medical thriller towards this end does not condone off research activities but calls for regulations of experimentation so that research involving humans is balanced. Although, it was originally conceived as "entertainment fiction" (Cook, 2001, 361); these fictions when examined from the perspective of grotesque reveals its immense value for its contradictory effects on readers which will be explored in the later sections of the article.

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1.2 Current scholarly debates: Bioethics, medical thrillers and pulp science fiction.

A literature review of medical thrillers evidently proves that critics have much pondered over the effect this genre have on the public with bioethics as its crux, but they have missed to explore the recurring idea of grotesque that sustains this genre. That said, it can be seen that the lure of the grotesque lies in the experiment to delineate human desire to experience the unknown or the beyond which is horrific and anxiety ridden at times. So this study seeks to perceive medical thriller from the fresh and expansive perspective of the grotesque: one which is full of possibilities, realities and meanings so that one can engage with the text with a new critical eye and also articulate as to what makes the work grotesque. The grotesque in the fiction can be seen in the structural arrangement, in the sense of using multiple genristic characters as delineated in the first section. On top of all this, the narrative is also equipped with medical register/jargon/billingsgate, picturesque narrative, clubbed with mystery and/or suspense entitling alternate possible reality of the medical world more closely. The medical register/jargon which is completely off from the public accessibility, works to relieve the doctors from the stressful, chaotic everyday life in hospitals with their dark humour. This aspect has addressed by scholars of Bakhtin (1984) as carnivalistic. The picturesque narrative enables the reader to visualize that which is not seen on the surface but enables a vision from their prior cultural or other knowledge about an incident along with the mystery of plot, developing an effect unpredictable called grotesque.

Critic Lorena Laura Stookey in *Robin Cook: A critical Companion* (1996) opines that medical thrillers defy categorization and exceed or stretch under the looser rubric of thriller, mystery and suspense fiction (16). This crossing and blurring boundaries of genres employed in medical thrillers can be one reason for critiquing it as 'impure literature' thus can account for its grotesque style which will be delineated in the coming sections.

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Other major criticism surrounding the genre is its low literariness which they fix on lack of serious content which is not true. This may be because of its commercial and didactic nature similar to medieval literature. However, such a criticism is not new as even pulp science fiction during its early stages was considered so. Also, its similarity with the pulp fictions, especially in the stereotypes, settings and themes introduced enables scholars to call it 'lowbrow literature' or pop fiction.

Pulp science fictions, the precursors to our modern day science fictions were basically named after the cheap material used for making the book. These fictions adorned the early 20th century America and Britain before the Second World War, with its themes on voyages, technology and science. In the early stages, writers were fascinated by science and technology and hence these books gave a positive impression of science.

However, after the Second World War, these fictions were focusing on the negative impacts because of its disillusionment and this pattern have been adopted in the medical thrillers too. Although, these physician-writers were not totally against science or technological development in medicine, what worried their consciousness and pressurised them to write was the technological double sidedness- what if it is used to exploit people?- what if it caused a damage that cannot be reversed back?

Like the pulp science fiction, it is worth engaging if one takes into account these imaginations of medicine and technology portrayed in books as they layer various cultural, social and political aspects of contemporary society in its grotesquery. From this point on study of bioethics began to emerge to critique the negative impacts. An important inquiry that emerged parallel to medical thrillers was bioethics and sometimes they were even read as corollary to each other, because these stories stressed on ethical implications in a medical world highly technologized and capitalized.

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Bioethical criticism from some scholars emanate the view that medical thriller is a misguided 'bible of bioethics' for the public. For example, the negative impression of healthcare often portrayed in darkness metaphors was considered to be one sided. However, such a criticism is blinded because what the darkness does is not taken into account. Through the depiction of darkness caused by discrepancies in the healthcare system, these books actually shows that it can be reversed with the intervention of ethical doctors or public stakeholders who have the moral responsibility.

The genre in general and *Coma* in particular unravels from the perspectives of both insider and outsider: insider- because written by medical professional, outsider- because he is no more practicing medicine, the dual sides of medicine in a publically digestible form - often leading to dilution and misreading dovetailing the fiction as a corollary of bioethics, making this having ambiguous impact on readers. Because, medical thrillers came up to disseminate the knowledge about latest technology in medicine to the vulgar/populace, it was important that the hidden aspects of medicine become more open for patients to care about.

As acknowledged by author Robin Cook in his interviews and epilogues of his later editions of the novel *Coma*, Cook writes his intention in writing the genre was to explore the subtle nuances of the medical field (Cook, 2001, 362-363). As Cook perceived medical knowledge as generally unavailable to the vulgar, his books might form a way to inform them and get them participated in the wider discourse of biomedicine and thus have a say in bioethics, the emerging scholarship that has been pervading medicine at that time.

We suggest these issues and other social problems have been drawn in the book using the strategies of grotesque like in its structural principle, theme and effect on the reader so that the books leave a didactic impression which would keep them alert of biomedical advances and its implications if taken to the extreme.

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1.3 Blurring boundaries of genre: science fiction, detective fiction, mystery fiction and suspense fiction.

The grotesque being closely tied to the body and to the attributes of the feminine as constructed in western philosophy, medical thriller envisages grotesquery not only for its themes of organ harvesting in specific, medical morality/ethics in disguise and illness and/or human body in general but also for its morphological layout that creates a climate for the creative rupture of boundaries of bodies and culture. The boundaries of bodies and culture are ruptured when machines overpower the human and control its activities and meanings are born out of it. Disease is another reality that ruptures the identity of a person and creates a tension of 'self' and 'other'. Self as in 'self-identity' and 'other' identity as in what separate the patient from being a non-patient which creates the multiple and shifting objectified gaze by outsiders. Thus medical thriller has attributes of feminine- bodied, fertile, earth-bound, and changefulness for it alters the identity of the patient. Just like the grotesque, the medical thriller is a cultural phenomenon; it fuses ethical with aesthetic questions. The ethical question debated here is professional ethics and the aesthetic lies in the integration of technological anxiety and the structural layout impregnated with detective, suspense and horror narrative. The medical thriller creates meaning by prying open a gap that lies in emerging biotechnology, pulling us into unfamiliar, contested terrain of bioethics and aesthetics. It interrogates objective scientific methods that stand as the measure of 'progress' in the progressing modern world and also questions the style or structure which is a compulsion of modernism. Like the grotesque, medical thriller is a modern product: an answer back to modernism in its thematic sense and also its violation of structure.

Similar to the Frankenstein monster created from bits of different dead bodies by his father Victor Frankenstein in Shelley's famous work, *Coma* uses the same concept but in the

context with organ transplant where recipients are attached with foreign body parts (mostly stolen or illegally processed) in order to give a longer life time. But like the monster which itself is a disaster causing entity, the science of transplant transforms a noble idea into a nightmare. This is because transplant became capable of murdering people to save some others. Although, *Coma* does not go into the detail or exploration of attaching these foreign body parts, other later medical thrillers such as *The Donation* by Myles Edwin Lee, *The Dismantling* by Brian Deleeuw's and *Harvest* by Tess Gerritsen has delved into it creating complex narratives. Also, this concept of hybrid form from the ancient art form "grottesque"; meaning a veritable confusion of ontological and biological categories found in Nero's palace are also perceptible in the narrative techniques, theme and structure of the book (Connelly, 2012, 2). This idea is established by exploring the different ways medical thriller is structured as drawing characteristics from other genres.

For instance, the formalistic structure of the text uses hybridity (a technique that clubs seemingly different things together to convey a meaning which may/may not be intentional) as a technique. The idea of bringing different genre styles together is one case. Blurring boundaries of various genres, *Coma*, like many other medical thrillers brings in elements of science fiction, especially in driving the plot forward. Of particular importance is the use of the chemistry, in the use of carbon monoxide: a colourless, odourless gas for poisoning patients through the oxygen valves without interference. This idea furthers the plot in a way that Susan Wheeler, the young medical student and protagonist become curious, empathetic and feels the need to find a solution to the problem, even though in the end it turns out to be hard core conspiracy. Knowing that the patients receiving right amount of carbon monoxide in this case would become comatose or brain- dead, an optimum end for organ harvesting, a plot to source organs was planned and executed at Boston Memorial. Knowledge of science facilitate in preserving organs and transplanting

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them usefully. Thus we see, the technique of placing organs in the ice igloo to control the temperature and keep the organ flaccid before organ transplantation could be done. From the earlier instances where basic science has been used, as we progress we see a gradual development to a sophisticated application of science- the bio futuristic world created at Jefferson Institute is one prominent instance. The readers are transported to a high-tech hospital with the latest facilities. We see rooms where patients are hung on strings under ultra violet rays in raised beds and fully controlled and managed by computer terminals. Ultra violet rays emitting from the ceiling was used to prevent bacterial growth thus helping in preserving the bodies with temperature maintained a little above the normal room temperature. The high rise building of Jefferson institute of Medical Research reminds one of the high tech settings of science fictions. Ultimately, even the theme of organ transplantation - which is intended to “save lives”, is itself a scientific procedure. Interestingly, by posing this technique for negative purposes like organ theft, Cook seems to open the reader’s attention to the negative impact science can sometimes bring with it and therefore to be cautious before submitting to it. Again, by putting the dualistic implication to organ transplant, the grotesque nature of displaying multisided layers is brought out.

The book also has elements from detective fictions, particularly in the sections of investigations undertaken by Susan Wheeler, the protagonist. Unlike, the specialized detective in the detective fictions, here the difference is, a medical professional takes charge of the complicated situation trying to analyse and find out the anomaly in the hospital settings. Susan’s discovery of a large number of coma patients, in the Boston Memorial Hospital is one such example. However, it should be kept in mind that the usage of a doctor in detective fiction is not a new thing, as Conan Doyle had already introduced Watson, the chief help and friend of Sherlock Holmes, but in the medical thriller, the protagonist itself becomes the detective. The chase and hit scenes, where the hit man literally hunts down the

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protagonist are some of the very interesting sections of the thrillers. It transports the reader into an entire new level of entertainment. The discovery of the cues to the crime and the attempt to avert crimes are interesting just like the detective fictions, but unlike the detective who stands apart from the crime, as an entity who is clearly a rational and untouchable being, the protagonists (who lays the detective role) is vulnerable to all threats of the conspirators. He/ she even end up being devoured in their attempt to avert crime. This aspect rather than being a disappointment to fiction brings in the more relatable, realistic and human aura to the doctor figures, deflating him from the omniscient pedestal which was until then occupied by him. It thus informs about the historical climate which had revamped the healthcare institution from its altruistic old model to the industrialized enterprise.

Another interesting aspect of medical thrillers in general, and *Coma* in particular is that it contains elements of suspense and mystery - which in itself is a genre called mystery or suspense fiction. The mystery and suspense fiction basically has elements of the detective fiction but with a narrative strategy that prolongs the truth about the crime. For example, when the novel begins Cook uses a lot of red herrings- which a literary device to distract from the original focus and thus prolong the discovery of the truth and also complicate the maze of doubts in the protagonist. For instance, when Susan Wheeler's investigation goes on, Ambrose - the hit man suddenly arrives to warn her to stay out of meddling with the hospital issues. Also, the section where Bellows gets imbricated with drug dealing because of a large number of drugs in the locker, discovery of a large number of pornographic photos in Walter's lockers, followed by the discovery of a hanged Walters, in his dingy room in a depleting suburb of Boston under mysterious circumstances are few of the red herrings employed to distract the reader from the main conspirators of coma cases so that Susan would be kept in check through Bellows rustication.

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At this point it is easy to see the blurring categories in this genre which pulls the readers into a liminal state of multiple possibilities. Fully exploiting the liquidity and instability of meanings that requires interpretations from the reader, the writer presents the anxiety of biomedical research that destabilized the earlier understandings of technological intervention with the hierarchy of man over machines. With the discovery of “living dead” to borrow from Catherine Belling’s words or “coma” as in medicine, medical statistics of life and death has been rewritten (439). Not only had it also inverted the hierarchy of man/machine but also introduced scientist to push forward with newer projects to unravel the mystery.

The text’s layout accords for the judgmental and/or moralistic outlook that stresses on the view that good wins over evil. This can be explained through the discovery of the conspiracy plot by Susan Wheeler, a new intern at the Boston Memorial Hospital. However, the impacts of the evil intent are more pronounced, that the final message goes less noticed. It is at this moment the “death of the author” and the birth of a new text appears.

The thriller becomes more than a novel: cautionary information that acts as a touchstone to measure the real world. This is probably the reason why Boston hospital for a long time had difficulty to make patients accept the OR 8 as the operation room. As a product of the famous Karen Ann Quinlan coma case, this novel of the same name served not only as horror story but inverted the perceptual context of healthcare from the ‘womb’ to the ‘grave’. The text also disseminated the prevalent gendered projection of the society. This idea is layered in situating GYN’s as the appropriate centers for exploitation for the simple reason women being less logical or to think from Mary Wollstonecraft’s point of view in *A Vindication of the Rights of Woman* (1792) she writes; “with respect to the culture of the heart, it is unanimously allowed that sex is out of the question; but the line of subordination in the mental powers is never to be passed over. Only ‘absolute in loveliness’, the portion of

rationality granted to woman, is indeed very scanty; for, denying her genius and judgment, it is scarcely possible to divine what remains to characterize intellect "(110). Considering this logic any clinical tests to women were administered just like 'guinea pigs'. The writer of medical thriller is justified in using fast paced narrative plot for it reveals the fastness of the modern world, where inhuman practices are an ordinary reality. The unusual number of coma patients otherwise healthy is a best example. Thus *Coma* – a medical thriller serves as a topical genre of inventiveness that sheds light on the controversies of the times, celebrating the forms of modernity and the writer's imagination.

The punch line *Coma* as a novel seems to project is that of the alien reality of where progress is headed onto, a convincing fact that life is irreversible and non-creatable. Medical thriller's ruptures the boundaries of what we "know", situating mostly in a direct opposition to the norm or usual, it acts like a catalyst opening the boundaries of disparate realities and setting a reaction in motion. *Coma*, being like a catalyst consumes our beliefs, culture, understandings and meaning of life. In their studied ambivalence the medical thriller as grotesque they propose one response as in progressive scientific research even as they thwart with the opposite idea of bioethics. The pleasure of a science fiction evaporates with the horror of its reality. *Coma* fixes our attention on the boundary of the health care industry and medical institution and at the same time intermingling it with the possibility of an alien and unexpected reality. Thus, the received ideas, normal expectations and social and cultural conventions are turned against themselves. This is exactly what Bernard of Clairvaux explains in describing the carved monsters of medieval times when he quotes as "this shapely shapelessness, this shapeless shapeliness" (Argiro, L. & Holt, E.G., 1961, 22).

The "gap" which medical thrillers create between contested spaces of two different realities, allows the reader to explore varied interpretations and understandings and hence is very useful. For in these gaps, the fragments of an evolving modern world jostle for space and

combine in unexpected ways and underscore the creative force like medical thrillers that coexists with creation, destruction and destabilization. The medical thriller is an interrogation of style that calls into question about boundaries of all kinds whether it is cultural, sociological, aesthetic or literary. Whether aberrant, metamorphic, or combinatory, grotesques are all transitional, in-between state of being and medical thriller justifies this when Cook himself negates its identity as science fiction. Blurring categories, the grotesque pulls us into a liminal state of multiple possibilities. The collision of the physician, normally associated with empathy and care for patients being portrayed as greedy for money and power, brings out powerful contradictory responses. The reader is left with paranoia for health care in general and towards physicians. This abrupt suspense enhances the beauty of the text and sends the normal expectations lurching without warning. The author's note towards the end of the book reaffirms this: "This novel was conceived as an entertainment, but it is not science fiction." (Cook, 2001, 329), and this seems scandalous, mocking the aesthetic enjoyment we anticipate, while pointing to a probability of such an occurrence suppressed by it. The narrative about violation of normal healthcare ethics, simultaneously attract the reader for he/she wants to know more about it and at the same time repels at the idea. The reader gets paranoid that the system should alter in this way. Medical thrillers by its excesses of being moralistic subvert itself to the extent that it forgets its entertainment motto embedded in all the pop fiction.

Projecting the mutilated bodies of comatose patients, the writer satirizes the metamorphosis from health care as an institution to health care as an industry. Erik Erikson has rightly defined the power of grotesque in the following words: "If reality is the structure of facts consensually agreed upon in a given stage of knowledge, actuality is the leeway created by new forms of interplay" (Erikson, 1972, 165). With alternative realities existing in the medical world, medical thrillers play with the human mind, making the lay person

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conscious not only of possibilities of biotechnology but also with actuality that is given wide media publicity in the recent times. Hence it can be concluded medical thriller can be seen as a 'grotesque creature'. In this direction if one pursues one can possibly unravel the non-treaded paths this genre can lead us, like the "grotto". The medical thriller is an incantation for the 'in-between' book in this globally driven world that reduces diversity and calls for a totalizing uniformity. Like the non containability of grotesque as James Goodwin (2009) notes in *Modern American Grotesque*, medical thrillers explores beyond its boundaries to be inclusive of topics in science and biotechnology to make conversations relevant to the times. It challenges the notions of progress and asked far-reaching questions about the directions in which progress would take us. Medical thriller then calls for a new approach in the way we look at popular literature and reemphasize its presence amongst the imperializations of canonical literature.

1.4 On the grotesque.

At this point it is important to have a general idea as to what the word "grotesque" points to. The aetiology of the word "grotesque" can be roughly pinned down to the Italian word "grotto-esque" and "groteche". "Grotto-esque" was used to denote the ancient Roman mural paintings which consisted of a curious combination of vegetable and animal matter in fantastical patterns, while "grotto-esque" meaning "of the caves" began to be associated with caves signifying its qualities of deep labyrinthine layers or mazes (Connelly, 2012, 4). Although, the origin was associated with the caves, the aesthetic principle has evolved in its meaning signification over the years "from culture to culture and era to era" mostly giving the impression of an eliding quality (Harpham, 2006, 461). It is indeed this characteristic which had forced scholars to comment that grotesque is "an aesthetic of eliding difference" (Paulson, R., 1983, 7). Over the years grotesque developed to exist in two forms, that is as a "verb" and an "adjective". Many scholars (Connelly, Kayser, and Bakhtin) unanimously agree that the grotesque best expresses in the verb form- that is as an action, in the act of doing. But it also exists as an adjective in the modern context and many times it has been carelessly or loosely used in an array of situations. The most common adjectives used to

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capture the idea of grotesque are “absurdity”, “strange”, “unnatural”, “horrific”, “distortion”, “ambiguous” etc. For a simple understanding of grotesque- a brief description from *Oxford English Dictionary* is taken-“incongruous or inappropriate to a shocking degree; it can consist of comically distorted figures, creatures or images. It can also extend to but not limited to peculiar, odd, absurd, macabre, depraved, degenerate and perverse.” However, such a description has its own anomalies for it suggests a large number of categories and we come to think of grotesque as an umbrella category which is actually not the case. On the other hand, the most common definition of the grotesque is that it is a combination of extreme oppositional qualities like ludicrous and fearsome together in such a way that the reader is left confused after perceiving or experiencing the grotesque. This is because he/she is left confused with an array of emotions ranging from fear, anxiety, laughter, pity, disgust etc.

An idea of grotesque history suggests that grotesque was a creative voice of inclusion and possibilities that thrived in subterranean spaces or hidden from the official culture in the early stages at least. However, one should not forget that in the medieval renaissance it had achieved a different status. The various perspectives down the history of grotesque can be summed up very roughly. Connelly outlines categories of the grotesque as follows: witty and urbane ornamental grotesque, the rowdy and subversive carnivalesque grotesque, traumatic and/or modern grotesque and noble grotesque. From this, the trajectory of the complex and diverse varieties of the genre is perceivable. The carnivalesque grotesque projects the idea that (grotesque) It is an action, not a thing- more like a verb than a noun- the carnivalesque body is an example –“in the act of becoming”, or the abject as a collapse of boundaries (Connelly, 2012, 2). Thus we can conclude that the best way to understand the grotesque is by knowing “what it does and not what it is”- its most important function is to “play or put things into play”(Connelly, 2012, 2).

In visual art, grotesque is seen as an image in flux, the same applies for literary images- metamorphic images or combinatory or aberrant images. Another important factor

determining grotesque is that it is culturally relative, example the image of goddess Kali, Ravana and Ganesh from Hindu Mythology appears grotesque to an American or European (however it is to be considered that internet culture has reduced this impact to great degree). Birthing of grotesque takes place at the point when cultural boundaries are ruptured, compromised and contradicted with the “known” or what is “proper” or “normal”.

Being a by-product of progressing modernism, medical thriller then speaks directly to the many concerns central to humanistic debate.

1.5 Grotesque, medical thrillers and *Coma: a novel*

It is now suggestive from the above, the incomprehensibility or rather expansiveness of grotesque and hence this study draws on the various theories of grotesque to ground the importance of the medical thriller genre and also show how this unfolding leads to better understanding of its depth as literature and aesthetic. Therefore, various grotesque theories from art, literature and culture are drawn to bring into sharper focus the variety and richness of the grotesque expression in these texts by exploring and analysing the structural patterns, imagery, themes and aesthetic function. As dependence on a single approach would prove futile to grasp the grotesque, it is very essential to embrace this broader outlook which to some extent would enable the understandings of the texts relevance at this historical time by ‘speaking back to the powerful institutions’. Since the historical trajectory of grotesque is so expansive and projection onto a comprehensive theory of one period would be too narrow an approach, it is important to draw key ideas from various periods and then weave an understanding that justifies why medical thriller can be seen from grotesque lens. Here then the grotesque is used as template for the textual analysis.

As pointed earlier the changing scenario of a modern world where the popular became the central readers, it necessitated the need to nourish fictions for popular in simplistic language and aesthetic that caters to a lay person the vulgar. So the writer of medical thriller draws on a familiar and unavoidable setting, a hospital to leave the marked effect of biomedicine on its readers. The medical plot brimming with suspense and controversies not only seek wider readership for its topical content, but also set the stage for various debates about technology, ethics and cultural beliefs, making it a veritable bonfire. One of the ways in which the importance of medical thriller as a popular fiction roots itself is in the stance of 'being grotesque' or 'like grotesque' i.e., a creative outburst of grotesque – “an aesthetic of eliding difference” from Ronald Paulsen’s words and the context of this study (7).

The rich association of the grotesque with the “grotto” is one way to understand the grotesque. Medical thrillers having similar attributes because of its foregrounding in medicine, a mysterious subject then can be seen as a grotto or cave. Leonard da Vinci on standing at the mouth of the cave draws the effect it had on. He writes the grotto brought at once a primal fear and curiosity to see what is inside the dark interiors. This idea gives an idea about 'labyrinth of mazes' that it is associated with and thus metaphorically telling of its assumed complexity and darkness. One way to see the aesthetic of grotto is to see it as 'labyrinth of mazes'. Likewise, the medical thriller involving medical mystery and crime becomes associated with the grotto. The crime happening within the hospital is the darkness which is of the cave and the protagonists' attempt at finding the truth can be compared to the labyrinthine mazes the story is built upon. The grotto or the cave has also brought the implication of womb to the grotesque. Hence the carnivalesque expression of the grotesque explores that shift of fertility and womb on one side and death and grave on the other side. The novel *Coma*, because of its entanglement with the murder of patients in the form of coma or brain-dead then becomes grotesque in the true sense with its

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complications of mystery and truth. The book becomes earthy and material, a cave, an open mouth that invites the readers into other worlds-an alternative world of medicine where life and death is 'at play' with each other. It becomes perceptible to the reader that the monsters and marvels of medicine as an industry are conceived in its story, and here the unethical medical practises contribute as a space for contesting the debate of bioethics.

The aesthetic appeal for these works lies in its immediacy with the readers in the following ways- 1) the medical thrillers pulls the reader beyond the boundaries of the world we know, 2) it also reminds them of the limits as human and our own mortality that can only be extended by medicine's intervention and 3) yet focussing the lens on the side of medical research that can be a possible fact and fiction.

Although this genre has much to offer, we think that the reason for its dismissal as 'popular or lowbrow literature' by Catherine Belling and other main stream scholars lies in its pedantic and overt expression of bioethics in the guise of cautionary tale. This reason is furthered in her argument in her critical essay *Living Dead -fiction, horror and bioethics* which states that "(T)he public engagement that accompanied the rise of bioethics and that led to increased transparency and patient autonomy in medical decision-making had its birth, in part, in the distrust and paranoia reflected in the medical thriller. Because fiction can shape public perceptions of health-care dilemmas and may affect decision making on bioethical issues, bioethicists need to pay attention to popular fictional accounts of medicine" (Belling, 2010, 439). This study hints that medical thriller cannot be dismissed altogether for its popular cautionary tale, as within this tale, a more genuine issue of organ deficiency and cultural, social and political understanding of life and death, the effects of globalisation on medicine and also the perception of women as targets for possible human experiments remains hidden. The story being both controversial and popular is an eye

opener for those who view how powerful institutions trap targets from a gendered lens. The subjection of more females as testees for experiments or for illegal organ harvesting is a case in point where Cook tries to show how the quality of women as less logical is actually utilized by institutions. The topical media outbursts on healthcare reiterate a very similar scenario of controversy as narrated in the story and hence is evident that alternate realities exist side by side like the Gay experiment after the government sponsored hepatitis B vaccination (Cantwell, 1988).

These narratives make confronting the medical thriller just 'like the grotto' or 'as the grotto'. One encounters a new experience of both fascination and dread for 'coma' had become a reality by the late 1970's (Belling, 2010, 439). The deep running representational problem of a new scientific extension of death is reflected in an appealing thrilling story style. However, the anxious popular reaction to the movie and fiction part was never expected by the physician-writer. Debates on euthanasia had emerged after the publication and the idea comatose bodies are indeed useful for the rising dearth of organs furthered issues of reception. This extension of medical discovery in preserving bodies then at the cultural level only complicated the ideals of religion, culture and social beliefs of various communities around the world. The fear impending in the misuse of the technology as revealed in the plot of *Coma* became the foci from that point. The reader's simply forget to take into account the brilliant scientific advancements like techniques of endoscopy, efficient brain surgery and invention of MRI scan after reading the book. On the other hand the reader gets confused at the new way of 'seeing death and life' assisted by machines and gets sceptical of health care. This confusion is exactly the emotional response elicited only by grotesque as suggested by Wolfgang Kayser when he defines it as "the mixture of heterogeneous elements, the confusion, the fantastic quality, and even a kind of alienation to the world"

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(Kayser, 1981, 51). Thus *Coma* provokes responses that are contradictory as its meanings, fusing humour with horror, wit with transgression and repulsion with desire.

The original intent of *Coma* as revealed by the writer was to encourage more people for organ donation while studies reveal the contradictory effect. The imagery of comatose bodies are gruesome, like meat hung from hooks, in an unknown state of existence and the idea that it is these bodies which are much desired for their valuable organs that could be transferred to needy donors simply chills the reader. Like the cyborg or centaurs, the grotesque creature of brain dead patients cannot be identified as one thing or the other and this boundary creature roams the borderlands of the conventional and very familiar. Peter Fuß conceptualizes the grotesque as a paradoxical or chimerical category in which the satirical, the absurd, the comic, the fantastic, and the uncanny may be mixed (2001, 112). Each of the patients falling into a coma state is a grotesque because we feel attracted and repulsed at these creatures. It is this aspect which Philip Thomson argues in *The Grotesque*, as “the paradox of attraction/repulsion” (1972, 51). This is basic to the grotesque that the mixture of incompatibles remains unresolved and the work itself turns grotesque for it erupted from the climate of cultural change where the concept of death had been rewritten. Medical thriller then can be seen “not just an indicator of change but as an active agent of this change” as Peter Fuß notes. From the bodied grotesque of living-dead patients, the grotesque next moves to the next idea - physical structure of the hospital. In the novel *Coma*, a hospital turns out to be a centre for criminal conspiracy and murder for the procurement of organ for harvesting. For this, patients are given carbon monoxide in the OR and turned ‘comatose’. This plot contradicts the “normal” understanding and workings of hospital- that is as a place that saves people from their birth till death. Boston Memorial becomes an anxious site because it where conspiracy thrives. Hospitals and health care centres like

Boston Memorial in this manner become grotesque for they become spaces of birth (womb) and death that is the grave like the grotto.

Another interesting thing is the theme/trope of organ harvesting which is loaded with meanings culturally. In many parts of the world, organ harvesting is a taboo because of its religious and/or cultural roots that believes in the body integrity even after death. Here examples of Asian countries like India (Hindu culture) and Madagascar (Malagasy culture), a small island in the Indian Ocean where organ harvesting is considered beyond exotic and is considered horrific and /or taboo are taken. A truly horrific image to Malagasy, then, is that of a surgeon removing the heart of a dead person in order to place in the body of a living patient. Organ transfer is not a very popular idea in Madagascar (Sharp, 2007, 16). The reason pointed out in Hindu culture in India is very complex arising from various rituals and beliefs from mythology. One of the oldest beliefs is the “law of karma” (Trivedi, 1990, 942) and reincarnation and the concept of death within Hinduism which rests on the question of whether the body is dead biologically or religiously (Doniger, 1996, 201).

In science fictions too this trope of organ harvesting has been explored. For example, Kazuo Ishiguro’s *Never Let Me Go* where organ harvesting is explored by tying it with cloning to talk about the issue of non-persons and the ethical implications. Driving through complex psychology, the book poses the basic question of who has the right to live and whether such a decision is right at all. Similarly, *Coma* also uses organ harvesting from brain-dead patients to pose the same question. In doing so, these writers seem to critique contemporary biotechnology.

1.6 The concept of Brain-death and its impact

It is interesting to note that while recent science suggests “death” on brain-dead patients, it is both confusing and perplexing in assuring that such patients are dead, where earlier the

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heart was the center of life. With the heart functioning on assistance from technology these complexities can be understood and accommodated only in a phenomenon and aesthetic like grotesque where the interstitial moments and familiar aspect 'death' becomes something else.

The organ transplantations paradoxical ideal, "the dead donor with a living body" relies on the technological ability to extend the liminal period of biological dying to a point where its resources can be a separate condition of its own, a condition imbricated in horror from the start (Greenberg, 2003, 36). Like the ornamental grotesque which works on the principle of 'creative freedom' and 'artistic audacity', here the book uses the artistic imagination to imagine the extension of heart beats but not preserve the brain functioning. Or alternatively, the creative imagination of the writer worked to show science with the use of technologies that could observe and record brain-death and record heart beat phenomenon without 'the paradox of irreversible coma' which is indeed a grotesque reality of the present world.

The next important feature of grotesque is creative fusions, breaking open what we know and merging with unknown, that are complex and in their own way consistent. The consistent structural aspect of the medical thriller is that of flux. As medical thriller *Coma* is analyzed morphologically one observes a fusion of stylistics from various genres like detective fiction, suspense and science fiction. The plot is very simple though it integrates the various styles of different genres. Specific literary devices like cliffhangers and red herrings are employed with the moralistic and judgmental undertone of detective fiction to grasp the content of the story. The structural skeleton of medical thriller plot in Robin Cook can be pinned down to the following which is consistent and a quality that all the grotesque aesthetic possesses: Though all the texts have these elements yet the order, the narrative

unfolding and themes vary within the field of medicine: -Discovery of an abnormality in ordinary or otherwise taken for granted environments-Primary investigation of the cause-Accidental stumbling upon unethical issues-Tracking down the criminals and their modus operandi-Chase and threat to the investigator's life-Securing help from friends and decoding the mystery-Appropriate punishments to the wrong doers meted out either by the investigator or by the judiciary.

1.7 The effect of grotesque on readers

The second kind of flux elicited in grotesque literature is the unpredictable responses elicited from the readers. Catherine Belling attributes medical thriller to “debased and populist literature”, and “the wrong sort of fiction” for its more fictional account “is lacking the cultural capital” attached to highbrow literature (Belling, 2010, 440) for the same reason. Cook says he intended *Coma* to encourage popular participation in healthcare policy making and particularly to promote organ donation by preventing “egregiously wasteful practice of discarding valuable human resources” (Cook, 2001, 307). But the effect that the work had on the populace is the opposite for it is read as a sort of horror story along with a critique of health care. If the reader analyses the text closer it becomes certain that the work was stressing the scarcity of organs and the subtle idea that bodies should not be wasted but donated to save lives. “Sometimes there are situations where the common folk if you will, cannot be depended upon to make decisions which will provide long term benefits. The common man thinks of his short-run needs and selfish requirements (Cook, 2001, 299). However, the conspiracy plot in the story prepares the reader to dismiss the issue of organ scarcity and focus on the other side of health care in general in a dubious context. The question of the “living dead” a new invention of medical history is pondered over to destabilize the anthropological understandings of life and death. This altogether confuses

the popular understandings raising problematic questions of “euthanasia” and “organ donation”. “Our legal system is not geared to handle our needs. My God they cannot make a decision to terminate a patient even after it is certain that his brain has turned Jell-O. How can science proceed under a public policy handicap of that proportion?”(Cook, 2001, 299)

Due to the sheer variety of imagery and creations that can be understood as grotesque the varied creations has to be read according to what “it is doing”(verb form) (Connelly, 2012, 2). There is a chance to misread grotesque for its cultural relatedness and period specifications. Misreading is the reason for the perception of the grotesque in modern fields of aesthetics in negative terms: disfigured, disordered, misshapen, deformed, and formless while abject, uncanny, and formless and carnivalesque. These terms are mainly used to define grotesque in literature and other fields. That said it is now clear that unimaginable imagery combined together does not exactly make up grotesque. The response along with the imagery evoked or elicited makes a work grotesque.

1.8 Conclusion:

The paper concludes by suggesting *Coma* and the genre by extension as grotesque. Thus medical thriller becomes a space for new imaginations and inclusivity that can bring possible progress to humanity while still keeping a control over human experimentation ethics that powerful institutions may or may not employ. Cook shares the notion that there are limits to progress which man should not surpass because of the detrimental changes which might result. Through a variety of motifs and new perspectives like the science fiction writers like H. G. Wells and others makes startling insinuations about man’s capabilities. More than an adventure Cook’s novels began to take form and direction, becoming more a medium of ideas, especially with bioethics and the impact such negligence can cause. The idea that pervades this study is that grotesquery is a template to translate meanings and

interpretations of medical thrillers as in the idea of brain-death, organ harvest and hospital as a safe haven. Through multiple responses as elicited by grotesque, these thrillers engage with readers differently and hence produce varied responses. This enables to project the importance and usefulness of the medical thriller genre.

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