

**EVERYBODY FARTS: CELEBRATING  
THE BODY AND REFUTING MEDICAL  
PATERNALISM IN JOYCE'S *ULYSSES***

Thesis by

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For the past year, my sister has tolerated my rantings on Joyce's depictions of feces, vomit, and flatulence. Her patience is impressive.

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**ABSTRACT**

James Joyce's *Ulysses* celebrates all facets of daily life in its refusal to censor raw human emotions and emissions. He adopts a critically medical perspective to portray this honest, unfiltered narrative. In doing so, he reveals the ineffectiveness of the physician-patient relationship due to doctors' paternalistic attitudes that hinder nonjudgmental, open listening of this unfiltered narrative. His exploration of the doctor's moral scrutiny, cultural prejudices, and authoritative estrangement from the patient underscore the importance in remembering that physicians and patients alike are ultimately just fellow human beings. Wryly, he drives this point to literal nausea, as his narrative proudly asserts the revolutive details of public health, digestion, and death. In his gritty ruminations on the human body's material reality, Joyce mocks the physician's highbrow paternalism by forcing him to identify with the farting, vomiting, decaying bodies around him. In celebrating the uncensored human narrative, Joyce challenges physician and patient alike to openly listen to the stories of others.

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## INTRODUCTION

On March 16, 1920, magazine editor Harriet Shaw Weaver reviewed “Nausicaa” of *Ulysses* and wrote to its author James Joyce, “You are very good for the soul, I think, medicinal, you are so unflattering to our human nature: so, though you are neither priest nor doctor of medicine, I think you have something of both—the Reverend James Joyce S. J., M. D.” (Ellmann 475). Though pleased with her compliments, Joyce was eager to correct them: “I was interested to read what you told me in your last letter as I myself started to study medicine three times, in Dublin, Paris, and again in Dublin. I would have been even more disastrous to society at large than I am in my present state had I continued” (Ellmann 475).

It was true that Joyce failed three times in his attempts to study medicine, but his academic efforts were not entirely wasted. His medical pursuits were driven largely by his desire to understand the world in a way that the church had failed to do so, in a way that recognizes his “full biological humanity” (Brown 15). His magnum opus *Ulysses* has been heralded as modernism’s fountainhead as well as the celebration of the uncensored human narrative, and Joyce’s medical training is responsible in part for its ingenuity. This estrangement from religious convention and zeal for anatomical physicality motivate his fresh perspectives that unsettle and challenge the reader. These perspectives embody life’s material reality as opposed to spiritual intangibility, and Joyce develops them through ruminations on urban squalor, digestion, and death. Furthermore, in Joyce’s rejection of Catholicism, he challenges other forms of established social beliefs throughout his honest reflections on raw, unfiltered daily life. His objections to the impersonal patriarchy of late 19<sup>th</sup> century medicine, as well as the paternalistic doctors that uphold it, are manifest in his

characters' defiance of the strict physiological categories in which authorities try to confine them.

In Joyce's criticisms of modern medicine, *Ulysses* offers a very human narrative that advocates the importance of sympathetic, nonjudgmental communication not only between patient and physician, but also between human being and fellow human being.

## MEDICAL PATERNALISM

### Medical History of Early 20<sup>th</sup> Century Ireland

Up until the latter half of the 19<sup>th</sup> century, medicine played an insignificant role in Irish daily life and culture. Illnesses were largely treated in the domestic household with the assistance of midwives, and only the very wealthy could afford to seek professional medical advice. Hospitals, on the other hand, carried a charity stigma and treated only the very poor (Granshaw 15; Plock *Joyce, Medicine, and Modernity* 10). The medical profession itself lacked certification and unity, for there was no official medical registration to differentiate educated medical practitioners from quacks.

By the end of the 19<sup>th</sup> century, however, medicine emerged as a dominant social and political force, as medical reform and a spirit of “self-governing professionalism” swept over many European countries (Parry and Parry 117). This continental urge for medicine’s reorganization stemmed from Enlightenment ideals of science and rationality (Ackerknecht and Fischer-Homberger 225), as “beliefs in feudal institutions and religion” were replaced by those in “science’s teleological and progress-oriented philosophy” (Plock *Joyce, Medicine, and Modernity* 9). Specifically in post-famine Ireland, the increasingly grim living conditions of urban slums further galvanized medical workers to overhaul the currently ineffective medical system. The 1858 British Medical Act instituted the General Medical Council, the medical profession’s ethical and legal regulating authority (Porter 355), fortifying medicine with public credibility. Prior to this period of reform, only physicians could obtain university degrees, while apothecaries, surgeons, and general practitioners were still apprenticed and thus bore a tradesman stigma. Afterwards, however, university degrees became the required standard examination for medical professionals,

further strengthening medicine with academic rigor and higher social status. And as different medical professions pulled together with combined interests, the advancement of medical science allowed for its clinical specializations. By the end of the 1800s, sanitary officers, philanthropic institutions, and medical practitioners worked jointly to combat the “problem of the ‘great unwashed’” (Plock *Joyce, Medicine, and Modernity* 11). Spurred by European medical reform and the dire need to prevent the deterioration of urban health, medicine grew into a respected and politically influential profession.

As the Enlightenment pursuit of science and rationality dominated medical practice, doctors abandoned Galen’s longstanding humoral theory of body fluids and energies for a “reductionist model which placed disease in organs, tissues, and finally cells”(Brunton xii). Furthermore, in the 1880s, Robert Koch and Louis Pasteur revolutionized biology when they discovered that bacteria were contagious agents transmitting diseases. Indeed, the advent of bacteriology also heavily influenced cultural and social debates, as seen in Mr. Deasy’s discussion of “Foot and mouth disease. Known as Koch’s preparation” (Joyce 33). While Koch’s preparation refers to the scientist’s method of preventing anthrax by inoculation in 1882, two of Koch’s assistants tried to apply Koch’s preparation to immunize cattle against foot-and-mouth disease, a viral infection that affects cattle, pigs, sheep, goats, and frequently man (Gifford and Seidman 37-38). Though Koch’s preparation could not treat a viral infection, bacteriology and its radical reconceptualization of medical science significantly impacted cultural thought. After all, “foot and mouth disease” is interwoven into Leopold Bloom’s subconscious dialogue at least five times throughout the day (Joyce 130, 46, 281, 301, 601).

### Joyce's Defiance Against Clinico-analytical Parameters

Restructured by this reductionist model of disease, medical practice developed into the strict categorization of symptoms along established physiological norms, as doctors “generated diagnostic labels for illnesses as diverse as hysteria and cholera and argued authoritatively about how to treat the pathological manifestations of modernity” (McCourt 250). Whereas the longstanding Hippocratic consultation significantly considered the patient’s personal descriptions of disease (Nicolson 802), “the new clinico-analytical method developed generic disease entities that became independent of the patient’s individual sufferings” (Plock *Joyce, Medicine, and Modernity* 10). In concordance with Enlightenment empiricism, epistemological priority was now given to the doctor’s physical examination while the patient’s individual narrative was neglected (McCourt 251).

Joyce himself suffered from severe health problems: gastric pains, rheumatism, nervous collapses, conjunctivitis, and likely syphilis. He underwent eleven ophthalmologic operations and numerous treatments for a range of eye problems, including cataracts, glaucoma, and iritis (Ellmann 268, 308, 623). Worst of all, however, was that doctors and eye specialists disagreed on a consistent course of action. “Whereas the 1917 iridectomy seemed inevitable, the infallible Dr. Borsch, Joyce’s Paris ophthalmologist, regarded it ‘a mistake’ in 1923 and opted for a dionine treatment—although the consistency of Borsch’s dionine solution differed significantly from the one prescribed by a Nice eye specialist” (Plock *Joyce, Medicine, and Modernity* 2). It is not surprising, then, that Joyce grew pessimistic about physicians and medicine, deeming himself a cryptic patient un-diagnosable by modern medicine’s strict nosological parameters.

Joyce, therefore, portrays bodies in *Ulysses* as complex and deteriorating, yet versatile and resilient, defiant of any attempt to categorize them along clinico-analytical norms. Physiological

descriptions abound in Stephen Dedalus's and Leopold Bloom's narratives as they subconsciously and consciously register the states of health of those around them. For instance, Bloom sees "the foreman's sallow face, thinks he has a touch of jaundice" (Joyce 116), imagines "blotches of phthisis [...and] galloping tide of rosepink blood" (Joyce 440), and feels "this instant twinge of sciatica in [his] left gluteal muscle" (Joyce 496). Other examples include "gastritis and heart disease" (Joyce 286), "consumption" (Joyce 313), "bellycrab" or stomach cancer (Joyce 368), "pyemia" and "apoplexy" (Joyce 657). The bodies in *Ulysses* suffer from all kinds of illnesses; they are defective in any possible physiological aspect. These bodies, "depicted in an advanced state of collapse," are "elaborate constructs [...] severely damaged and dysfunctional," and constitute Joyce's "exploration of infirmity and frailness" (Plock "Bodies" 185). They challenge the strict nosological parameters of 20<sup>th</sup> century medical reform, re-infusing the clinical consultation with human emotion inherent in the patient narrative. For instance, one of the diners in "Lestrygonians" spills "powder from a twisted paper into the water set before him" and mutters, "That cursed dyspepsia" (Joyce 170), expressing that he is annoyed but familiar with his digestive condition. Bloom contemplates "Phthisis [that] retires for the time being, then returns" (Joyce 154), referring to "pulmonary consumption and tuberculosis [...which] may be quiescent for several months or even for more than a year" (Gifford and Seidman 167). Tuberculosis was a significant public health threat that rapidly spread throughout Dublin's urban slums, and, as Bloom notes, its quiescence must have imbued the patient with a false sense of relief, and its return a relapsing terror. And as men in Barney Kiernan's pub read from the newspaper names of the deceased and their causes of death—"Carr, Stoke Newington of gastritis and heart disease: Cockburn, at the Moat house, Chepstow..."—Joe remarks, "I know that fellow [...] from bitter experience" (Joyce 286). Joe knows the fellow "Cockburn" and evidently copes with his venereal

disease by crudely making fun of it. “For Joyce, the unruly, unclassifiable bodies of the disabled, the disenfranchised, the eccentric, and the unconventional were imbued with much more significance”(Plock "Bodies" 197), for they expressed the human narrative neglected by clinico-analytical categorization of the impersonal physician consultation.

Joyce continues to challenge the 20<sup>th</sup> century notion of the ideal body and ensuing categorizations of non-ideal bodies by exploring disability. Still today, the physiological disparity between the ideal body and the disabled body creates an unspoken social hierarchy. “[P]hysical normality was associated with social and moral competence—even with superiority –while the critical assessment of the disabled body with its physical markers resulted in disqualifying and devaluing individuals who did not comply with the standards of this new ‘hegemony of normalcy’” (Davis 10). Bloom wonders why a disabled person is considered a lesser person when he helps a blind man cross the street: “Why we think a deformed person or a hunchback clever if he says something we might say” (Joyce 173). Consistent with his empathetic nature, Bloom is sensitive to this devaluation of disabled individuals, thinking to himself, “Say something to him. Better not do the condescending” (Joyce 173). He refutes this devaluation by considering disabled individuals’ resilient adaptations and possibly enhanced sensory abilities, “Sizing me up I daresay from my hand [...] Of course the other senses are more” (Joyce 174). During his drunken escapade in Circe, Bloom reflects on the primitive cruelty of “normal” children towards a handicapped child: “A deafmute idiot with goggle eyes, his shapeless mouth dribbling, jerks past, shaken in Saint Vitus’ dance [Sydenham’s chorea, a neurological disorder]. A chain of children’s hands imprisons him” (Joyce 408). Most significantly, Joyce challenges this derogatory attitude towards the disabled through Gerty MacDowell, who is the epitome of youth and sex appeal, “as fair a specimen of winsome Irish girlhood as one could wish to see” (Joyce 333)—that is, until Bloom discovers that

“She’s lame! O!” (Joyce 351). Bloom contentedly masturbates to Gerty’s adolescent self-objectification, but his post-ejaculation ruminations betray his sexist pity towards handicapped women: “Jilted beauty. A defect is ten times worse in a woman. But makes them polite. Glad I didn’t know it when she was on show” (Joyce 351). Gerty is sexually desirable in every way: she possesses a natural beauty akin to a Greek goddess’s—“The waxen pallor of her face was almost spiritual in its ivorylike purity though her rosebud mouth was a genuine Cupid’s bow, Greekly perfect. Her hands were of finely veined alabaster” (Joyce 333)—and she diligently maintains her beauty through her consumption of “iron jelloids” and “Widow Welch’s female pills” (Joyce 333), and her meticulous study of “Dame Fashion” (Joyce 335). But her disability negates all of this, expunging both her sexual appeal to others and her personal sexuality. Joyce’s challenge against this pervasive degrading attitude towards the handicapped reveals his “intention to confront the regulative interventions of modern sciences of the body [...] The episode insists, however, that it is not Gerty’s “shortcoming” but her individual experiences and hopes that define her” (Plock "Bodies" 193). Inclusion of Gerty’s narrative—her personal thoughts and desires—rebels against society’s treatment of the disabled as lesser beings and again reinstates the human perspective into the physiological condition.

Finally, Joyce warns that parametrization of the human body to a set of ideals would dangerously imbue medical practice with racial and gender-based prejudices. In “Oxen of the Sun,” among a list of neonatal health conditions is the “agnatia of certain chinless Chinamen” (Joyce 391). Agnatia refers to the absence or imperfect development of the jaws, and while it is a true maxillofacial deformity, the “chinless Chinamen” is a racial slur. This association of an actual medical condition with a racist assumption is Joyce’s critique of 20<sup>th</sup> century nosological standards formed around the ideal body that is undeniably Anglo-Saxon. Further hints at this racism include

“negro’s inkle” or birthmark (Joyce 391), which couples a small and medically insignificant “imperfection” with the African skin color, connoting that black skin is defective and white skin is the dermatological norm. Joyce amplifies this racism by labeling Buck Mulligan as “(Hyg. et Eug. Doc.)” (Joyce 391), or the Doctor of Hygienics and Eugenics (Gifford and Seidman 437), deeming medicine and eugenics as the same practice. Indeed, Mulligan and the other doctors’ conversation regarding Darwinian survival of the fittest supports ethnic “cleansing,” as Mr. V. Lynch states, “Nature, we may rest assured, has her own good and cogent reasons for whatever she does and in all probability such deaths are due to [...] an arrangement [...] which is] in the long run beneficial to the race in general in securing thereby the survival of the fittest” (Joyce 399). In identifying medicine as eugenics, Joyce cautions his readers against the extreme categorization of human bodies whose racist implications will ultimately shortchange the patient of quality healthcare by measuring him against an inapplicable physiological standard. And Joyce’s caveat is relevant to medical practice today: medical studies show that clinical interactions between African American patients and non-African American physicians are usually less positive and productive than same-race interactions; and African American and Hispanic patients are less likely to receive epidural analgesia during labor, purportedly due to the stereotype that women of color are “tougher” (Glance; Penner et al.).

### **The Physician’s Moral Scrutiny**

While the new spirit of medical reform standardized patient diagnoses, it also promoted the application of medical research to the social context, such as the study of teenage masturbation, insanity, and alcoholism (Plock *Joyce, Medicine, and Modernity* 21). Though these public concerns were explored through a scientific—and thus a supposedly more objective—lens, the

moral judgment imposed upon these stigmatized conditions persisted, if not intensified under the dehumanizing light of medical research. Medical practitioners “established firm guidelines for what was to be regarded as normal, healthy or sane while at the same time conducting sustained studies of social irregularities and abnormalities that took on distinctively discriminative undercurrents” (McCourt 253). Thus, while late 19<sup>th</sup> century medical categorization inevitably discriminated bodies along the lines of race and sex, it also imposed this moral judgment on people’s life choices and habits.

Joyce suffered from venereal disease and a gamut of ophthalmologic conditions exacerbated from excessive alcohol consumption; he therefore was not exempt from feeling the anxiety of a patient under a doctor’s moral scrutiny. Joyce conveys the patient’s palpable unease through Bloom’s hypercritical patient examination by five doctors during Bloom’s drunken revelry in “Circe.” While this medical episode is ludicrous and exaggerated, it poignantly portrays the patient’s distress under the judgment of doctors. Bloom’s medical examination begins with an attack on his sexual being: “Dr Bloom is bisexually abnormal” (Joyce 465). It continues with the condemnation of his sexual habits, including “hereditary epilepsy [...] the consequence of unbridled lust,” “chronic exhibitionism,” and the fact that he is “prematurely bald from selfabuse” (Joyce 465), a claim that stems from folk wisdom stating that masturbation would result in hair loss (Gifford and Seidman 481). The relentless declaration of private and shameful physiological conditions becomes a public barrage of criticism, under which the vulnerable and powerless patient suffers. These moral attacks on Bloom’s sexual body convey both the patient’s anxiety in the examination room and possibly his own feelings of guilt in the indulgence of condemned sexual habits. Like a priest administering a sinner’s confession, Dr. Mulligan pronounces Bloom to “be

more sinned against than sinning” (Joyce 465), as Joyce equates the moral judgment imposed by a priest upon a sinner to that imposed by a physician upon a patient.

The medically veiled censure of Bloom’s most intimate tendencies arises from an invasive scrutiny of Bloom’s private areas. Dr. Mulligan goes so far as to conduct a “pervaginal examination [...of] 5427 anal, axillary, pectoral and pubic hairs” (Joyce 465), an overly meticulous and invasive procedure that portrays the patient’s feelings of vulnerability under the indisputable authority of the physician. In describing this absurd procedure, Joyce also critiques unnecessary medical tests imposed upon the patient, ones that are financially and emotionally costly for the patient, and ones that mask the doctor’s uncertainty or even incompetence during the clinical consultation. Indeed, the doctors attempt to compensate for their ineptitude when they include completely benign conditions in their diagnoses, condemning Bloom for his “ambidexterity,” “metal teeth,” and “patellar reflex [that is] intermittent” (Joyce 465), all of which do not warrant any special medical attention. From this hypercritical and invasive examination, Bloom’s ensuing anxiety is evident when he “holds his high grade hat over his genital organs,” and when he feels like a specimen under the physician’s gawk, who “suggest that the parts affected so be preserved in spirits of wine in the national teratological museum” (Joyce 465). Joyce’s depiction of the physician’s judgmental scrutiny sharply contrasts with the physician’s responsibility to help the patient feel comfortable and accepted for optimal patient-physician communication.

Furthermore, Bloom’s medical diagnosis is imbued with racial and gender-based prejudices, as he suffers from the “feter judaicus” or the “Jewish stench” (Joyce 465). He is proclaimed the “new womanly man,” stemming from the anti-Semitic and anti-feminine argument that “Judaism is saturated with femininity” and Jewish men were therefore womanly, passive “non-men” (Gifford and Seidman 481). In alignment with this “new womanly man” diagnosis, he suffers

from “hypospadias,” a malformation of the male genitourinary tracts, and he is determined to be “*virgo intacta*,” which is Medical Latin for a virgin with hymen intact. Bloom complies with this stereotype of the Jewish “non-man,” exclaiming “O, I so want to be a mother” and undergoing childbirth to bear “eight male yellow and white children” (Joyce 466). While the physician automatically diagnoses Bloom with health conditions that validate his own racial prejudices, Bloom’s own compliance with this diagnosis is even more disturbing. His eager reconfiguration of his gender and life plans around the physician’s verdict underscores the patient’s default trust in the physician and his potent influence on the patient’s identity and personal goals. Joyce emphasizes the authority of the physician’s opinion on the patient’s life, as well as the dangers of such clinical diagnoses unchecked by a consciousness of social prejudices.

### **Physician Estrangement: A Case Study in Obstetrics and Gynecology**

Just as Bloom religiously follows the physician’s word, physicians in *Ulysses* exalt current medicine as if it were an absolute truth. In “Oxen of the Sun,” Joyce includes a stream-of-consciousness segment on possible neonatal tragedies:

“Every phase of the situation was successively eviscerated: the prenatal repugnance of uterine brothers, the Caesarean section [...] acardiac *foetus in foetu*, aprosopia due to a congestion, the agnathia of certain chinless Chinamen[...] the prolongation of labour pains in advanced gravidancy by reason of pressure on the vein, the premature relinquentment of the amniotic fluid (as exemplified in the actual case) with consequent peril of sepsis to the matrix, artificial insemination by means of syringes, involution of the womb consequent upon menopause, [...] the recorded instances of multigeminal, twikindled and monstrous births conceived during the catamenic period or of consanguineous parents [...] The gravest problems of obstetrics and forensic medicine were examined with as much animation as the most popular beliefs on the state of pregnancy such as the forbidding to a gravid woman to step over a country stile lest, by her movement, the navelcord should strangle her creature and the injunction upon her in the event of a yearning, ardently and ineffectually entertained, to place her hand against that part of her person which long usage has consecrated as the seat of castigation” (Joyce 390-91).

Here, several medical students and their friends discuss possible infant deformities and birth complications. These include genuine medical concerns such as “the premature relentment of the amniotic fluid,” referring to oligohydramnios, the condition of having too little amniotic fluid, which threatens the health of the infant. Likewise, “the prolongation of labour pains in advanced gravidancy by reason of pressure on the vein” describes aortocaval compression syndrome, in which the gravid uterus exerts pressure on the inferior vena cava—the major vein carrying blood from the lower half of the body to the heart— and thus causes low maternal blood pressure, which results in numerous health problems including prolongation of labor. Intriguingly, these legitimate medical concerns are ruminated in conjunction with superstition, for “the gravest problems of obstetrics and forensic medicine were examined with as much animation as the most popular beliefs on the state of pregnancy.” Such pregnancy-related folklore include the belief that a pregnant woman could endanger her unborn child if she stepped over a stile, or if she touched her own genitalia (Gifford and Seidman 430): “the forbidding to a gravid woman to step over a country stile [...and] the injunction upon her in the event of a yearning, ardently and ineffectually entertained, to place her hand against that part of her person which long usage has consecrated as the seat of castigation.” As the medical students discuss genuine medical concerns as seriously as they do superstition, Joyce shows that medical authorities are prone to not only social prejudices, but also cultural beliefs unfounded in scientific evidence. In this regard, the physician should not deem his knowledge absolute and his judgment unquestionable, as do the paternalistic doctors in “Oxen of the Sun.” And if even the most advanced medicine is not immune to popular superstition, society should not assume that its own modern science is definitively correct. As ridiculous as it was to the modern scientist of 20<sup>th</sup> century Ireland, alchemy was valid to the modern scientist of the Medieval Ages, the “chemist [who] turned back page after page [...] Living all the day among

herbs, ointments, disinfectants. All his alabaster lily pots. Mortar and pestle” (Joyce 81). Joyce makes a case for a physician’s humility in the inevitable influence of cultural prejudices, superstitions, and the limits of modern medicine on his medical education.

As they wait on the suffering Mina Purefoy, the medical students and their friends detachedly discuss legitimate medical concerns, popular superstition, as well as rare, bizarre birth defects. These include “*acardiac foetus in foetu*,” “*aprosopia*,” and “*agnatia*,” which respectively refer to the infant being born without a heart, face, and jaw. The medical students’ insensitivity is egregious: they treat Mina Purefoy’s painful childbirth as an occasion to intellectually discuss severe birth defects over rounds of beer. As they enumerate neonatal conditions for fun, they even fabricate medical terms like “*multigeminal*” and “*twikindled*.” In this invented medical vocabulary, Joyce parodies the paternalistic doctor’s loquacious and unmerited arrogance, the superiority he feels when speaking a language only learned peers would understand, even if some words in the language are made up. Here, Joyce also notes that medical vernacular can sound so foreign as to distance the words from their meaning, which poses a significant barrier for patient-physician communication. As a comic illustration, the author describes Bloom’s otherwise mundane scratching of a bee sting as such: “He compressed between 2 fingers the flesh circumjacent to a cicatrice in the left infracostal region below the diaphragm resulting from a sting inflicted 2 weeks and 3 days previously (23 May 1904) by a bee” (Joyce 663). The reader must slowly parse through the anatomical jargon before realizing that Bloom is merely scratching his bee sting. Other scratching incidents—one man “scratch[es] slowly in the armpit of his alpaca jacket” (Joyce 116), while another passerby puts “his hand in his pocket to scratch his groin” (Joyce 164)—sound more vulgar but are nonetheless much clearer.

Medical jargon also divorces words from their emotional charge. A more tragic example is Bloom's reminiscence of his father's suicide by "aconite, resorted to by increasing doses of grains and scruples as a palliative of recrudescing neuralgia: the face in death of a septuagenarian suicide by poison" (Joyce 676). Here, the narrator explains that Bloom's 70-year-old father uses increasing doses of aconite poison to soothe his "recrudescing neuralgia," or a relapsing pain that occurs along a damaged nerve. In this case the medical condition of neuralgia refers to his father's sharp emotional depression after his wife's death. In contrast, Molly describes Bloom's father as follows: "his father must have been a bit queer to go and poison himself after her still poor old man I suppose he felt lost always making love to my things too the few old rags I have" (Joyce 718). While the medically technical portrayal of his suicide is somber but emotionally subdued, the emotion in Molly's portrayal is intuitive and immediately palpable. She paints an endearing picture of a depressed old man who still has sexual desires. She depicts him as a mourning, confused human being, while Bloom's technically worded reminiscence describes him as a distanced patient case study.

Through this divorce of emotional pain from the patient's situation, medical jargon can be useful to protect the physician from emotional fatigue, so that he can maintain professionalism and clear judgment when advising the patient. On the other hand, its insensitive utilization can estrange the physician from the patient, or the patient from his or her own body. For instance, when Molly visits the gynecologist Dr. Collins, she is unnerved by his anatomical diction: "your vagina he called it I suppose that's how he got all the gilt mirrors and carpets getting round those rich ones off Stephens green running up to him for every little fiddlefaddle her vagina and her cochinchina" (Joyce 720). Molly is very comfortable with her own body and sexuality, as her stream-of-consciousness thoughts reveal her candid and open attitude towards sex—"it didn't make me blush

why should it either its only nature” (Joyce 726). She repeatedly compliments her body as she explores herself, proudly noting “I bet he never saw a better pair of thighs than that look how white they are [...] I wouldn’t mind being a man and get up on a lovely woman” (Joyce 720). But for all her self-confidence and organic familiarity with her own body, she feels estranged from it when Dr. Collins calls it “your vagina.” She distrusts Dr. Collins and his perception of her body as a textbook sum of anatomical parts. Furthermore, Molly intimately understands her own body, so she can self-reliantly monitor her own sexual health, and she is comfortable with minor physiological variations as part of the cyclical nature of the female reproductive system. She disparages “those rich ones” who live ignorantly estranged from their own bodies, those who run “up to him for every little fiddlefaddle her vagina and her cochinchina.” Molly grows indignant when she recalls Dr. Collins “asking me if what I did had an offensive odour what did he want me to do” (Joyce 720), as Dr. Collins’s anatomical terminology and pointedly invasive questions alienate her from her physiological intuition.

Molly’s uncomfortable and ineffective interactions with her gynecologist capture the general female sentiment towards the male-dominated field of obstetrics and gynecology in late 19<sup>th</sup> century Ireland. As a reaction against the feminist movement of the time, male authorities sought biological evidence to prove female inferiority, and the growing practice of obstetrics and gynecology conveniently suggested that female biological functions were “by definition, disease or disorder, a deviation from the standard of health represented by the male” (Moscucci 102). Furthermore, while advent of the ovariectomy—the partial or full resection of the ovaries—promoted gynecologists to the reputable level of surgeons performing abdominal surgery, it intensified medical scrutiny and pathologization of women’s bodies. Feminists and antivivisectionists decried mutilations against women’s anesthetized bodies, and Jack the Ripper’s

brutal dissections of his female victims in 1888 further associated gynecology with patriarchal murder of the woman's objectified body (Plock *Joyce, Medicine, and Modernity* 132, 40). This was especially the case when it was discovered that Jack the Ripper's victims were missing female organs such as the uterus and ovaries. Disturbingly, the diffident and awkward Leopold Bloom who eats "with relish the inner organs of beasts and fowls" is accused of being Jack the Ripper during his intoxicated revelry in *Circe* (Joyce 53, 445). Ironically in this same revelry, he and brothel mistress Bella Cohen each undergoes a sex change, and the female Bloom is raped by the male Bella (Bello), when "He [Bello] bares his arm and plunges it elbowdeep in Bloom's vulva" and exclaims "This downy skin, these soft muscles, this tender flesh" as Bello auctions Bloom as a prostitute (Joyce 505). Bloom's graphic rape is a clear allusion to the brutal invasiveness of gynecological examination practices (Plock *Joyce, Medicine, and Modernity* 137). His objectification as a prostitute with "soft muscles" and "tender flesh" turns him into the creature to be hunted and eaten by a man with peculiar culinary preferences, possibly a vivisectionist who extracts female organs. Joyce's disconcerting connections among Jack the Ripper, his female victim, and Leopold Bloom's seemingly innocuous dietary choices highlight the female patient's vulnerability under the gynecologist's surgical knife. The woman lying on the gynecologist's operating table may simultaneously feel like the victim of a patriarchal sociopath and the prey of a man hungry for her organs. These gruesome analogies also allude to the cannibalistic reality of digestion, as will be discussed later.

## MATERIAL REALITY

### Public Health

The practice of ovariectomy incited outrage not only because it mutilated a woman's body on the grounds of medically sanctioned patriarchy, but also because it permanently expunged a woman's reproductive abilities, literally "castrating" her. Post-Famine Ireland was irreproachably obsessed with national regeneration, and the ovariectomy's eradication of a woman's fertility was seen as damaging to the nation at large (Plock *Joyce, Medicine, and Modernity* 139-40). This preoccupation with public health in the latter half of the 19<sup>th</sup> century was manifest in educational campaigns against maternal ignorance and neglected breastfeeding, as well as the aforementioned establishment of clinico-analytical standards to uniformly combat public health problems spawned in urban squalor.

Key to the establishment of medicine as a reputable profession, the late 19<sup>th</sup> century public health movement confronted diseases incubating in overcrowded and poorly planned cities. While urban developers focused on reforming sewage systems, waste disposal, and ventilation, physicians spread awareness on the detrimental health effects of poor diet and filthy living conditions (Plock *Joyce, Medicine, and Modernity* 139-40). The frequent mentions of poverty-related diseases woven throughout Bloom's subconscious musings testify to the ubiquity of these conditions in Dublin at the turn of the 20<sup>th</sup> century. For instance, tuberculosis periodically surfaces in Bloom's mundane observations, and is variously referred to as "Scarlatina" (Joyce 87), "consumption" (Joyce 313), and J. J. O'Molloy's "phthisis [...indicated by] the galloping tide of rosepink blood [and...] a severe chill" (Joyce 440). Bloom also

cursorily notes health problems arising from inadequate nutrition, such as “jaundice” (Joyce 116, 399), and “dyspepsia” (Joyce 170). Even Buck Mulligan, the pompous and well-off medical student, points out Dublin’s poverty and squalor as the cause for its residents’ crumbling public health: “If we could only live on good food like that, he said to her [the milkwoman] somewhat loudly, we wouldn’t have the country full of rotten teeth and rotten guts. Living in a bogswamp, eating cheap food and the streets paved with dust, horsedung, and consumptives’ spits” (Joyce 14).

Joyce was particularly sensitive to children suffering from such urban filth. Still mourning the loss of his son ten years later, the naturally sympathetic Leopold Bloom observes “a boy for the skins [who] lolled, his bucket of offal linked, smoking a chewed fagbutt” (Joyce 68). A boy “for the skins” is one who has been collecting rounds of trash heaps along the street, and his “bucket of offal” or trash can is linked to his person by a chain (Gifford and Seidman 84). Next to him is “A smaller girl with scars of eczema on her forehead” (Joyce 68). In an instance of paternal affection, Bloom thinks to himself, “Tell him if he smokes he won’t grow. O let him! His life isn’t such a bed of roses!” (Joyce 68) Later, Bloom ruminates on the various environmental causes and remedies for poverty-related illnesses predominant in children:

“Gasworks. Whooping cough they say it cures. Good job Milly never got it. Poor children! Doubles them up black and blue in convulsions. Shame really. Got off lightly with illnesses compared. Only measles. Flaxseed tea. Scarletina, influenza epidemics. Canvassing for death” (Joyce 87).

Here, “Gasworks” refers to the Alliance and Consumer Gas Company on Great Brunswick (now Pearse) Street. Notoriously odoriferous, the works transformed coal into gas for lighting and heating (Gifford and Seidman 106). Bloom reflects on the popular superstition that

its fumes cured whooping cough, and on the popular belief that “Flaxseed tea” served as a natural panacea. He pities the impoverished Dublin children who are susceptible to this slew of illnesses including whooping cough, tuberculosis, and influenza. His remark “Canvassing for death” refers to Bloom’s grim reflection of the diseases’ pervasiveness and their solicitations for death, or his own melancholia in perceiving death everywhere while he canvasses advertisements daily.

While Bloom soberly considers the filthy urban conditions that virulently victimize children, he also registers seemingly innocuous instances of this squalor. His stream-of-consciousness account is riddled with mundane urban vulgarity, such as a man who “raked his throat rudely, spat phlegm on the floor” (Joyce 227), and another who “ejects from the farther nostril a long liquid jet of snot” (Joyce 412). The city streets are permeated with “the sweet oaten reek of horsepiss” (Joyce 74), and pubs with the “Smells of men. His gorge rose. Spat on sawdust, sweetish warmish cigarette smoke, reek of plug, spilt beer, men’s beery piss, the stale of ferment” (Joyce 161). These descriptions of the city’s inadequate sanitation and overpopulation violently invoke disgust, while their honest depictions of the physical, material reality of life are celebrated as Joyce’s delivery of the uncensored human narrative. As Shanahan and Quigley note, “Joyce does not spare us the coarse realities of daily existence”(Shanahan and Quigley 632).

Joyce’s revolting city sketches call for sanitary reform, but one particular scene goes as far as to charge public health improvement as a collective moral obligation. After Bloom’s lunch, he walks along the sordid city streets and observes,

“At Duke lane a ravenous terror choked up a sick knuckly cud on the cobble stones and lapped it with new zest. Surfeit. Returned with thanks having fully digested the contents. First sweet then savory. Mr Bloom coasted warily. Ruminants. His second course” (Joyce 171).

This is a literally nauseating picture, as are the other numerous scenes of mundane urban vulgarity. But unlike the others, this image of the dog re-ingesting its vomit is morally telling, in that it parallels the Biblical verse Proverbs 26: 11, “Like a dog that returns to his vomit/ is a fool who repeats his folly.” Joyce depicts Dublin’s residents as unfazed by their repulsive living conditions because they are used to them. But being accustomed to something does not justify it, and likewise, Joyce deems it foolishness to repeat this folly, to constantly live each day in urban squalor—or witness one’s citizens do so—without trying to alleviate it. Moreover, the dog is inaccurately labeled a “Ruminant,” a cloven-hoofed mammal that chews its own cud, traditionally associated with the devil. Joyce thus levies a moral charge against Dubliners and their authorities who idly watch children suffer in a disease-riddled environment. In indirectly calling them sinful fools, Joyce denounces inaction and resignation to Dublin’s festering public health.

### **Digestion and Excretion**

This vomit re-ingestion scene in “Lestrygonians” is only one of many instances that explores the revolting material reality of alimentation. In this chapter, Joyce comprehensively describes the smells and sounds of both food and those who eat it, but the reoccurrence of food, digestion, and defecation is woven throughout Leopold Bloom’s entire day. Bloom himself is described in very particular alimentary detail, the first traits that readers learn about him: “Mr

Leopold Bloom ate with relish the inner organs of beasts and fowls [...] he liked grilled mutton kidneys which gave to his palate a fine tang of faintly scented urine” (Joyce 55). He adheres to a spiritual ritual of mastication, digestion, and excretion, one consisting of “The preparation of breakfast (burnt offering): intestinal congestion and premeditative defecation (holy of holies)” (Joyce 680). At first glance, his “digestive spirituality” that is “associated with this idiosyncratic taste” seems bizarre and perverse (Benejam 29), but in *Ulysses* bizarreness and perversity commonly mask Joyce’s observations of otherwise ubiquitous human behavior. Most people do eat at specific times, have set routines for meals, and have dietary restrictions to which they religiously adhere. Even when he is not eating or defecating, Bloom is so preoccupied with digestion and defecation that he plans to “Bend down let something fall see if she [the statue of Venus]” has an anus (Joyce 168). Though he does have his share of hypersexual thoughts throughout the day, he appreciates the statue of Venus not so much for its sexual beauty but because it and others are “Aids to digestion” (Joyce 168), and “unlike Mulligan, his desire to see the Venus’ backside is not sexual but digestive” (Benejam 31). Joyce therefore explores food and how it is processed in the human body in gritty and literally nauseating detail.

This fastidious attention to culinary and alimentary detail could partly be explained by Joyce’s upbringing during and after the Irish Potato Famine. The Famine devastated the country whose dietary regime was based on one single crop, such that the wary Irish people began to diversify their foods and were more conscious of what they were eating. In fact, post-famine Ireland saw a rise in “nutritional science and popular superstitions concerning food intake,” late 1800s self-help movements for dietary reformation, and the “formation of nutritional science as an academic discipline” (Plock *Joyce, Medicine, and Modernity* 31-33). As a result, food and the

ways in which humans process it are pervasive in *Ulysses*, for “Food was constantly on Joyce’s mind [...] he paid attention to eating habits and used them as a litmus test for his own and his family’s health” (Ellmann 167).

Joyce’s grueling alimentary descriptions undoubtedly contributed to the negative reception of *Ulysses* upon its initially restricted publication (Latham 20), including Virginia Woolf’s revulsion and H. G. Wells’ question of whether Joyce had a “cloacal obsession” (Wells). On the other hand, many others appreciate this quality of *Ulysses* for its honesty in the depiction of human life. The mundane and embarrassingly perverse threads of Bloom’s daily account are all familiar within our daily consciousness—we’ve all seen someone put “his hand in his pocket to scratch his groin” or pick “chips off one of his rocky thumbnails” (Joyce 164, 250). Joyce’s boldness in putting forth all aspects of the human life in fresh and fecal detail challenges what can and cannot be considered as literature, and why some aspects of the human narrative are elevated above others while some are filtered or omitted.

Nevertheless, while many appreciate his inclusion of conventionally omitted aspects of the human narrative in his aim to “describe and celebrate all facets of the life of man” (Shanahan and Quigley 632), there is something unavoidably debasing when he does. In celebrating the universal human experience, he manages to reduce them to animals eating other animals. As a sailor in the cabman’s coffeehouse shelter recounts his supposedly mortifying travel experiences, “I seen maneaters in Peru that eats corpses and the livers of horses” (Joyce 581), one cannot but think of Bloom and his love for “toothsome pliant meat” (Joyce 63), “cooked spicy pig’s blood [...] and] kidney ooz[ing] bloodgouts” (Joyce 57). Bloom’s aforementioned culinary ritual resembles and relies on the physiologically grotesque ritual that precedes it, the slaughter of

animals with “a terracotta saucepan for the reception of the duodenum, colon, blind intestine, and appendix etc when successfully extracted and two commodious milkjugs destined to receive the most precious blood of the most precious victim” (Joyce 296). As these animals resemble human sacrifices, humans resemble animals in *Ulysses*. Like a cow, an old woman can have “old shrunken paps” (Joyce 14), and a woman can be a walking piece of meat with “moving hams” (Joyce 57). Joyce forces the reader to acknowledge that the human carnivore is an animal eating another animal—a cannibal. Bloom eats his favorite “steak and kidney, steak then kidney, bite by bite of pie he ate Bloom ate they ate” (Joyce 258); the voracious cycle continues to the point where he is the one being eaten. Indeed, “it’s everybody eating everyone else. That’s what life is after all” (Joyce 118), and “Eat or be eaten. Kill! Kill!” (Joyce 162) In boldly confronting the materiality of the human existence, Joyce reminds the reader that the universal material is the body being transmuted into different forms as it eats or is eaten. In a wry, experimental twist of the sympathetic purpose of literature, Joyce challenges readers not to identify with each other, but to physically identify themselves in each other.

The start of the 1900s ushered in a new nutritional science that begot not only a dietary consciousness, but a psychological and personal one. According to early twentieth-century chemistry, the “process of tissue formation, in which the physical organism was shedding its waste of tissues every six weeks” could be naturally extrapolated to direct control over one’s own body composition and ultimately personality: “Not only do we choose our meals and thus establish our individuality, but foodstuff is also accountable for personality development” (Plock “Bodies” 37). Since Gerty Macdowell does not “like the eating part” and wonders “why you couldn’t eat something poetical like violets or roses” (Joyce 337), Plock interprets Gerty to be

physiologically composed of what she most frequently savours “sentimental novels like Miss Cummins’s *The Lamplighter* and *Mabel Vaughan* [...for] Her discourse is an assortment of popular romance literature” (Plock "Bodies" 39). Furthermore, in the intersection of cannibalism and eating literature, Joyce’s *Ulysses* eats other literature in that it “ingests not only life (his [Joyce’s] own, as has been amply documented), but also words already digested by other writers” in that “often other titbits and choice morsels were added to an apparently finished body part (or episode), or even included elsewhere when additions came too late for the printer” (Hulle 179). Intriguingly, the digestion of *Ulysses* disregards “traditional hierarchies: everything is chewed and mixed together, whether it is the caviar of what is traditionally considered high literature (such as Homer, Aristotle, or Shakespeare, to name only a few), or the crumbles of daily bread, such as extracts from newspapers” (Benejam 35). And in the most perverse form of cannibalism, self-cannibalism, *Ulysses* eats itself in its own intra-textuality. For instance, as the novel states early on, Bloom “ate with relish the inner organs, nutty gizzards, fried cods’ roes” (Joyce 55), it digests itself when it regurgitates this statement: “As said before he ate with relish the inner organs, nutty gizzards, fried cods’ roes” (Joyce 258). Joyce thus includes literature in the human cannibalistic cycle, challenging the common perception of literature as something that transcends the grit of material reality.

This exploration of both the body’s and literature’s materiality begins with digestion and continues with excretion. As promised, Joyce does not spare any details of the common day, especially not of defecation and micturition. He weaves many fecal and urinary observations throughout Bloom’s daily narrative: “the beasts [and their] flop and fall of dung” (Joyce 57), the deposition of “fecal and other matter in an unsanitary outhouse” (Joyce 503), the “sweet oaten

reek of horsepiss” (Joyce 74), and “men’s beery piss, the stale of ferment” (Joyce 161). Like Joyce’s painstaking alimentary detail, his excretory detail also twistedly fulfills the unifying purpose of literature while forcing the reader to contemplate the materiality of literature. In Leopold Bloom’s infamous defecation scene, “Quietly he read, restraining himself, the first column and, yielding but resisting, began the second [...] He read on, seated calm above his own rising smell [...] He tore away half the prize story and wiped himself with it” (Joyce 66). The “column” is both a column of words and a column of feces, and literature is both a transcendent intellectual activity and substitute toilet paper. Similarly, in Stephen’s micturition scene, he contemplates,

“Better get this job over quick. Listen: a fourworded wavespeech: seesoo, hrsss, rsseeiss ooos. Vehement breath of waters amid seasnakes, rearing horses, rocks. In cups of rocks it slops: flop, slop, slap: bounded in barrels. And, spent, its speech ceases. It flows purling, widely flowing, floating foampool, flower unfurling” (Joyce 49).

Stephen’s urination possesses an onomatopoeic and lyrical “wavespeech” and the urine itself has its own “speech.” Tucker notes that Stephen “evolves a language out of his urination that shows us a Stephen who does not seem to be repressed or intellectualizing, as his language seems to grow out of the act itself” (Tucker 41). And since Bloom reads the short story by “artist-creator Beaufoy” and later confuses him with the very virile Theodore Purefoy, whose wife will yet again be giving birth (Cheng 89), defecation is not only associated with artistic creativity but organic creativity. McKnight suggests that “Language also becomes an excrescence, and through language the artist can express himself, press himself out of a confining space. Parturition and peristalsis seem fused together” (McKnight 432). Joyce explores alimentation in all its stages—mastication, digestion, defecation, micturition—and ironically

upholds the unifying purpose of literature by forcing readers to identify themselves in the eating, pooping, and peeing cannibal.

## **Death**

In his gritty exploration of digestion and excretion, Joyce challenges readers to confront the revolting material realities that we psychologically deny but heavily rely on to survive. Even more unsettling, however, is Joyce's depictions of death in this same light, as he addresses the physicality of decaying corpses. During Paddy Dignam's funeral in "Hades," Bloom draws similarities between Molly's flatulence and corpse gas: "Molly gets swelled after cabbage. Air of the place maybe. Looks full of up bad gas [...] they have to bore a hole in the coffins sometimes to let out the bad gas and burn it. Out it rushes: blue. One whiff of that and you're a goner" (Joyce 100). As Molly passes farts through her anus, the coffin passes the gases emitted by putrefying bodies through a hole bored in its side. Here, Joyce portrays digestion as another form of decomposition, for material parts of corpses decompose in the stomach just as they do in a coffin (Staten 386).

Bloom's nauseating ramblings on the materiality of death jarringly clashes with the spirituality conventionally associated with it. Instead of ruminating on the religious consequences of a man's passing, Bloom imagines selling his body to fertilize gardens, "Well preserved fat corpse gentleman, epicure, invaluable for fruit garden. A bargain" (Joyce 104). And instead of focusing on the afterlife of the spirit, Bloom focuses on that of the corpse, "Turning green and pink, decomposing. Rot quick in damp earth lean. The lean old ones tougher.

Then a kind of a tallow kind of a cheesy. Then begin to get black, treacle oozing out of them. Then dried up” (Joyce 105). Joyce’s revulsive portrayals of rotting cadavers underscore the material reality of death, as deteriorating bodies are compared to tallow, cheese, and treacle (molasses). When Bloom tries to synthesize his musings on death’s physicality with its societally imposed spirituality, the effects are quite comical: “Get up! Last day! Then every fellow mousing around for his liver and his lights and the rest of his traps. Find damn all of himself that morning” (Joyce 102). The only way he can cogitate the Last Judgment—in which Christians believe will rise and be physically reconstituted as they were before their death—is not by dwelling on its spiritual consequences but on its corporal inconvenience for the risen. Thus, Joyce’s exploration of the material reality of digestion and decomposition confront the reader with unsettling truths deemed by society to be indigestible.

## CONCLUSION

In his acute observations of raw daily life, Joyce reveals through *Ulysses* the disintegrating yet resilient bodies of the city's passersby, and their nonconformity to strict clinico-analytical parameters of 20<sup>th</sup> century modern medicine. His celebration of all aspects of living, even the gritty ones, challenge the reader to contemplate the body's material reality so heavily censored from conventional literature and public thought. In his depictions of the revolutive materiality of urban squalor; our cannibalistic, farting bodies; and the putrefying corpses of the dead, Joyce reveals the physical truth that doctors must confront. He charges physicians not to diagnose patients through neat clinical categorizations, but through the liquid and dynamic stories of the patients themselves, and of their (literally) liquid and dynamic bodies. To do so, physicians must consciously avoid the moral judgment and paternalistic attitudes that so naturally come with the hubris in elevated social status. They instead must listen to the patient with an open eagerness, regardless of the patient's socioeconomic, racial, and sexual background. While this charge may seem daunting, Joyce proves that he has already perfected this skill in his nonjudgmental, honest accounts of everyday people. Through *Ulysses*, he celebrates all facets of life through all kinds of people, and he challenges not just physicians but all fellow human beings to follow suit.

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