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Poor Things: Parodying Diagnosis in Popular Culture

In recent years the medical humanities have emerged as a rich and burgeoning field of inquiry within contemporary popular culture scholarship. As a result of the pioneering and highly influential work of theorists such as Lennard Davis (2008), Patricia Waugh (2012), and Stephen Burn (2013), cognitive disability and mental illness are increasingly recognized as crucial and recurring topics in modern and contemporary cultural productions. With the rise of *The Diagnostic and Statistical Manual of Mental Disorders* (DSM), and a diagnosis-centred culture (what T. J. Lustig and James Peacock call the ‘syndrome syndrome’ (2013, p. 1)), an increasing number of authors are examining the stigmas surrounding hypochondria, hysteria, and medical malingering. Despite these critical trends, the diagnosis of mental illnesses and cognitive disabilities remains controversial in public discourse, and while contested illnesses are increasingly represented in literature and film, the consequences of the public suspicion of these conditions are seldom explored.

Disability studies critics Sharon Snyder and David Mitchell state that ‘we primarily come to know disabled people, both historically and in our own moment, through representations of their lives, experiences, and bodies that have been manufactured by those outside of the immediate disability experience’ (2006, p. 19). As such, one of the primary aims of disability studies is to analyse the representation and experience of disability, and contribute to policy-making and medical treatment. Cultural disability studies aims to analyse and challenge the significance and role of representations of disability in texts and popular discourse. Drawing on methodologies from within cultural disability studies, this essay introduces Alasdair Gray’s award-winning novel *Poor Things* (1992) as an interrogation of the complexities of modern diagnosis. While *Poor Things* has most commonly been read in terms of Scottish nationalism or postmodern aesthetics, I suggest that it also constitutes a systematic interrogation of the

mutable nature of diagnostic terminology, satirizing the problems that emerge when a diagnosis becomes part of popular culture. Gray offers a parodic, anti-hierarchical critique of social norms, staged via a series of cognitively different characters, with a particular focus on hysteria and psychosomatic illnesses (and cures).

The central narrative of *Poor Things* revolves around Archibald McCandless, a nineteenth-century medical student; Godwin Baxter, a reclusive and talented surgeon; and Bella Baxter. McCandless claims that Bella is Godwin Baxter's Frankensteinian experiment: a combination of the brain-dead body of a hysterical, neurotic, pregnant woman, recovered to technical life by Baxter, and the brain of her new-born daughter. An alternative narrative positions Bella as an amnesiac, whose mental instabilities were controversially 'cured' by a head injury. *Poor Things* tracks Bella's social development and sexual education, including a period of performing as a hysteric for Charcot's private lectures. I suggest that Gray's differing representations of hysteria, hypochondria, and contested amnesia mimic and undercut common contemporary stereotypes surrounding these conditions. I also propose that Gray's postmodern, parodic illustrations – predominantly sketches of human organs, muscles and bone – continue this examination of diagnosis and stereotypes. For example, a chapter on male hysteria is bracketed by diagrams of a penis and the medulla oblongata (the lowest section of the brain, which connects the brain to the spinal cord and controls involuntary functions such as heart rate, breathing and blood pressure – all associated with hysteria). Through this examination of hysteria, hypochondria, and amnesia, Gray parodies the fluidity of fashionable diagnosis, and the modern drive towards medicalisation.

As a novel set in the Victorian Scotland, Gray is also playing with popular conceptions about the nineteenth century, and particularly Victorian attitudes to hysteria and gender.

I suggest that this engagement with earlier medical practices operates as a critique of contemporary popular cultural and medical understandings of (and confusion about) psychosomatic illnesses, particularly in Western, diagnosis-centred cultures (with the rise of the DSN from the mid-twentieth century onwards). Using Gray's work as an example, this article will demonstrate the overlap between postmodern aesthetics and the expanding sub-genre of what Stephen Burn describes as 'neurologically informed fictions' (2013, p. 35), and explore the place of controversial mental illnesses and disabilities in twentieth and twenty-first century cultural productions.

Poor Things has been described as a classic postmodern text, despite Gray's description of postmodernism as 'a specimen of intellectual afterbirth', synonymous with 'fashionable' (1997, pp. 152-53).¹ Winner of the 1992 Whitbread Best Novel award and the Guardian Fiction prize, *Poor Things* received almost unreservedly positive reviews on its publication – although the reader is encouraged to question who received the praise and prizes. The prefatory note detailing the awards at the beginning of *Poor Things* also provides biographical details about 'the author,' one Archibald McCandless, 'the illegitimate son of a prosperous tenant farmer,' alongside mention of Mike Donnelly, the 'Glasgow local historian' who supposedly uncovered the manuscript, the illustrator William Strang, and 'the editor', Alasdair Gray (1992, p. vi).

The novel opens with the inclusion of fictitious reviews, ascribed to a mix of current, mainstream sources (*The Independent*, *The Scotsman*), obscure newspapers (*The*

¹ For discussion of A. Gray as a postmodern writer, see D. P. Kaczvinsky, "'Making up for Lost Time": Scotland, Stories, and the Self in Alasdair Gray's *Poor Things*", *Contemporary Literature*, 42: 4 (Winter 2001), 775-99 (p. 775) <http://www.jstor.org/stable/1209053> [accessed 21 Feb 2014], and D. Böhnke, *Shades of Gray: Science Fiction, History and the Problem of Postmodernism in the Work of Alasdair Gray* (Berlin and Wisconsin: Galda + Wilch Verlag, 2004), p. 1. For evidence of A. Gray's opinions on postmodernism, see A. Gray, *Mavis Belfrage: A Romantic Novel with Five Shorter Tales* (London: Bloomsbury, 1997), p. 153, and A. Gray, J. Kelman and T. Toremans, 'An Interview with Alasdair Gray and James Kelman', *Contemporary Literature*, 44: 4 (Winter 2003), 564-86 (pp. 573-74) <http://www.jstor.org/stable/3250586> [accessed 21 Feb 2014].

Skibereen Eagle) and clearly parodic magazines (*Private Nose*, *The Times Literary*

Implement):

‘If Gray had been content either to create a female Frankenstein or to give a new zest to the legend of Dr Jekyll and Mr Hyde Poor Things [sic] might have been a funny and original tale. ... But he has loaded his novel with false historical reference and larded it with his own gruesome drawings. ... These are the ravings of second-rate characters in a second-rate novel?’ – Sunday Telegraph

[...]

‘Fact and fiction, history and literature are stitched together and animated in that ‘Frankenstein method’ known as post-modernism. Thus Gray remains true to his own fictional tradition, while employing the devices of older and (frankly) more accessible ones, to write this dazzling book.’ – Harpers and Queens

[...]

‘That intellectual hooligan, Alasdair Gray’ – The Skibereen Eagle.

(1992, p. xv)

Such descriptors indicate to the reader that this will be a densely intertextual and self-aware novel, with a tendency to parody both realism (‘false historical references’) and postmodernism (‘that “Frankenstein method”’) (1992, p. xv). The parodic introduction also undermines the concept of reviews as necessary statements of external approval and guides to the reader’s understanding of a text. The avoidance of external judgement is compounded by the inclusion of an erratum, laid (diagonally) over the opening page of the novel, obscuring some of the reviews, and pointing out a labelling error on ‘page 187’ (1992, p. iv). Gray’s fictitious reviews reference *Frankenstein*, *Jekyll and Hyde*, and *Alice in Wonderland* – avoiding any factual touchstones, although each of the named texts do interact on some level with medical themes, albeit through fantasy. With this intertextual material, Gray satirises a selection of cultural authority figures (editors, literary critics, medical professionals), and sets up a clear contrast to those texts that deploy specific diagnostic terminology as confirmation of authenticity and readability.

The central narrative of *Poor Things* begins with the introduction of Archibald McCandless, an impoverished medical student studying at the University of Glasgow in the late nineteenth century, and Godwin Baxter, a physically repulsive but talented surgeon, the pair of whom McCandless describes as ‘the two most intelligent and least social people attached to the Glasgow medical faculty’ (1992, p. 11). Following an argument, the two break with each other for a number of months, before reconciling, at which point Bella Baxter (also referred to as Bella Caledonia, Bella McCandless, Victoria McCandless, Victoria Hattersley and Lady Victoria Blessington) is introduced, and the plot becomes markedly bizarre. McCandless’ text claims that Bella is the product of a spectacular and improbable experiment by Godwin Baxter: a combination of the brain-dead body of attempted suicide Victoria Blessington (née Hatterley), recovered to technical life by Baxter, and the brain of her new-born daughter, who was birthed from the dead woman’s body. It does not matter whether the reader prefers that explanation of Bella’s origins, or the more mundane alternative offered by her husband’s lawyer and doctor (that a blow to the head rendered Bella an amnesiac, and she established a new life for herself in Glasgow, having run away from her marriage). In either scenario, in the early sections of the novel, Bella has the exuberance of a toddler in a woman’s body, and a young child’s idiosyncratic command of language. McCandless describes Bella’s attitude and language as atypical – stating that ‘only idiots and infants talk like that, are capable of such radiant happiness, such frank glee and friendship on meeting someone new’ (1992, p. 30). *Poor Things* tracks Bella’s rapid development and her social and sexual education – which encompasses a grand European tour, an elopement, a brief stint working in a brothel, a period of performing as a hysteric for Charcot’s private lectures, and her eventual return to Glasgow as the prodigal daughter, with the intention of training as a doctor. This plot trajectory conforms to some of the more socially acceptable schemes for self-enlightenment and education in the Victorian era (taking a European tour on reaching adulthood; attending

the lectures of respected and learned men) alongside the less salubrious (sexual experimentation, gambling, fiscal difficulties, and erratic letters home). With the undermining of *bildungsroman* tropes and the discretisation of a range of nineteenth-century medical men – from Baxter to Charcot – Gray parodies ideas of both literary and medical authority.

The focus on medical authority in *Poor Things* is not limited to historical or literary references. The novel is filled with images that are clearly based on William Strang's paintings and engravings, complete with 'W. S.' signatures and still more fictive prefatory material crediting Strang (rather than Gray) as the artist. Gray demonstrably bases a number of his 'Strang' illustrations on the actual artist's work, and still more on Henry Carter's illustrations in the first edition of Henry Gray's *Anatomy* (in the style of William Strang), and the original subjects of said engravings undercut McCandless and Gray the narrator's claims to reliability.² This appropriation is clearly self-aware: the most repeated image is one of a buxom woman leaning out of the mouth of a skull. The woman is presumably Bella, from the similarities to the later illustration entitled 'Bella Caledonia', and her positioning highlights the brain transplant performed by Baxter, which left Bella with the 'great crack' in her skull (1992, pp. 81, 107, 220, 256. See also appendix, figure 2 and 3). Gray, as narrator, describes this illustration as a 'grotesque design' (1992, p. xvii. See also appendix, figures 4 and 5) – a reference to the name of the Strang image on which it was based (Strang, 'Grotesque', 1897, pp. 126-7). The picture of Duncan Wedderburn is also based on a Strang engraving, entitled 'Portrait of A. Jaffray', which was painted in 1883 – the same year Gray depicts Wedderburn eloping with Bella, before Wedderburn was committed to an asylum (Strang, 1897, pp. 10-11; Gray, 1992, pp. xiv-xv, 77; see appendix).

² See appendix for details and comparative images. See also H. Gray, *Anatomy: Descriptive and Surgical*, with drawings by H. V. Carter. 3rd ed. (London: Longman, Green, Longman, Roberts, and Green, 1864), pp. 704, 718.

Gray's use of anatomical images in *Poor Things* is similarly parodic. Most of the images are inspired by (Henry) Gray's *Anatomy* (pun probably intended), and are reasonable facsimiles of sketches of human organs, muscles and bone. Alasdair Gray's use of anatomical drawings is not merely for macabre or picaresque effect. The chapter entitled 'Wedderburn's Letter: Making a Maniac' details Duncan Wedderburn's increasing mental instability and hysteria, and subsequent declaration of insanity. In the preface, the narrator of *Poor Things* states of Wedderburn that 'a doctor pronounced him fit to be detained, but not to plead' (1992, pp. xiv-xv). 'Wedderburn's Letter' is bracketed by a medical diagram of a penis and an image of the medulla oblongata (1992, pp. 75, 98). The medulla oblongata is the lowest section of the human brain, and connects the brain to the spinal cord, controlling involuntary functions such as heart rate, breathing and blood pressure (OED, 'Medulla Oblongata', 2013). Typically, hysteria is characterised by 'unhealthy excitement' convulsions and palpitations (OED, 'Hysteria', 2013) – otherwise known as increased heart rate, hyperventilation and a tendency to faint – and was originally conceived of as a female disease closely related to hyper-sexuality and frustrated conception. Josef Breuer, writing about severe hysteria, with additional reference to men, stated that, 'in this acute stage of hysteria psychotic traits are very distinct, such as manic and angry states of excitement, rapidly changing hysterical phenomena, hallucinations, and so on' (Breuer and Freud, 1974, p. 316). Gray's illustrations suggest that Wedderburn is suffering from a male form of hysteria – only 'oversexed' in this instance refers to literal exhaustion rather than a socially unacceptable level of sexual desire, given Bella's descriptions of having 'wedded' Wedderburn 'until he begged [her] not to' (1992, p. 154). Similarly, the dedication of the main narration to 'She Who Makes My Life Worth Living' is sandwiched between detailed (and oddly beautiful) images of parts of a spleen – the

‘malpighian corpuscles’ (1992, p. 154), to be precise.³ Again, these images are near-identical to Carter’s anatomical drawings, but the divisive relationship between Bella/Victoria (the afore-mentioned ‘She’) and McCandless link as significantly to long-debunked ideas of humoral medicine as to any more modern or accurate understandings of the body.

This introduction of the spleen is particularly pertinent given Classical and early-modern understandings of that organ as responsible for producing ‘black bile’, the humour associated with melancholy and hysteria (Faraone, 2011). Plato describes hysteria as the product of a ‘wandering womb’, where that organ, ‘desirous of procreating children and when remaining unfruitful long beyond its proper time’, becomes ‘discontented and angry’ (1964, III: 91c). Said womb then travels ‘in every direction through the body, closes up the passages of the breath, and by obstructing respiration drives [women] to extremity, causing all variety of disease’ (1964, III: 91c). Writing in 1733, physician George Cheyne described the spleen as one of ‘the more immediate and eminent causes of nervous distempers’ for both men and women, prompting minor complaints such as ‘yawning’ and a ‘hysterick, or nervous cough’, through to more serious maladies:

[A] deep and fixed melancholy, wandering and delusory images on the brain, and instability and unsettledness in all intellectual operations, loss of memory, despondency, horror and despair, a vertigo, giddiness of staggering, vomittings of [...] choler: sometimes unaccountable fits of laughing, apparent joy, leaping and dancing; at other times, of crying, grief, and anguish; and these generally terminate in hypochondriacal or hysterical fits (I mean convulsive ones) and faintings, which leave a drowsiness, lethargy, and extreme lowness of spirits for some time afterwards.

(1733, p. 183)

Cheyne’s description of hysterical symptoms is markedly similar to the account of Wedderburn’s behaviour at the end of his elopement with Bella. Wedderburn’s

³ See also H. Gray, *Anatomy: Descriptive and Surgical*, drawings by H. V. Carter, pp. 658-9, and appendix, figures 6-8.

rambling (and much-capitalised letter) to Baxter, having abandoned Bella in Paris, describes how Wedderburn initially alternated between ‘tears of gratitude’ (1992, p. 87) and joy at Bella’s company (‘GUFFAW! GUFFAW!! GUFFAW!!!’ (1992, p. 87)) and resentment of ‘the EXHAUSTING Bella!’ (1992, p. 86). These reactions devolve into Wedderburn ‘sobbing’ that he didn’t ‘want to spend [his] whole honeymoon in the Midland railway terminal hotel’ – forgetting, ‘in [his] anguish, that [they] had never married’ (1992, p. 85) – before recounting a string of hallucinations and fits, for which he holds Bella responsible:

I retreated into a corner and slowly sank to the floor, frantically punching at the space around my head as if boxing with a loathsome and swarming antagonist like huge wasps or carnivorous bats; yet I knew these vermin were not really outside but INSIDE my brain and gnawing, gnawing. [...] And Bella seemed one of them!

(1992, p. 93)

These descriptions clearly parody the idea of hysteria as feminine weakness.

Furthermore, references to discredited diagnoses, and the anatomical accuracy of Alasdair Gray’s illustrations (and their similarity to Henry Gray’s recognisably modern – even to a twenty-first century reader – medical diagrams) are an ironic attempt to confirm the reliability of the narrator. Any impressions of dependability are undermined, obviously and throughout the text, by this parodying of diagnosis and the medical profession.

Poor Things also engages with the irony of discussing cognitive difference by cross-examining the concept of ‘normality’. Bella is a perfect demonstration of the problematic definition of normal provided by the OED, as a person who is ‘physically and mentally sound; free from any disorder; healthy’ (OED, ‘Normal’, 2013). Few, if any individuals exist in a physically ideal state. If they do, it is transitory – as highlighted by the disability rights category ‘Temporarily Able Bodied’ (TAB), a term used with particular reference to connections between aging and disability (Gerschick,

2000, p. 1264). Discussing the concept of the normal, Georges Canguilhem suggests that attitudes to illness and disease have consistently reverted to the idea that ‘we delegate the task of restoring the diseased organism to the desired norm to technical means [...] because we expect nothing good from nature itself’ (1998, p. 40). Both ‘Temporarily Able Bodied’ and Canguilhem’s definition of normality render the totally healthy, ‘normal’ individual an ironic aberration. Such a description could be applied to Bella, tall and beautiful, whose ‘most striking abnormality is her lack of it’ (1992, p. 223). Bella, according to Baxter, has been examined by a series of medical experts, and it is the educated opinion of ‘Charcot of Paris, Golgi of Pavia, Kraepelin of Wurzburg, Breuer of Vienna and Korsakoff of Moscow’ that Bella Baxter is ‘sane, strong and cheerful, with a vigorously independent attitude to life, even though amnesia (caused by injury to her skull and the loss of an unborn child) has left her with no memories preceding her arrival here’ (1992, p. 222). Baxter continues his report of her mental state, declaring that these doctors had agreed that Bella:

Shows no signs of mania, hysteria, phobia, dementia, melancholia, neurasthenia, aphasia, catatonia, algolagnia, necrophilia, coprophilia, folie de grandeur, nostalgia de la boue, lycanthropy, fetishism, Narcissism, Onanism, irrational belligerence, unhealthy reticence and is not obsessively Sapphic. They say her only obsessive trait is linguistic.

(1992, p. 222)

Such a list is ridiculous (diagnosis by default seems a distinct possibility when the medical experts offer such a plethora of labels), but, as with many of the farcical elements in *Poor Things*, it is not completely fictional – all of the listed “diagnoses” were given to patients at some point in medical history (although not, it must be granted, all at once). Furthermore, Gray’s list of Bella’s non-diagnoses, and cross-examination of the establishment resonates with social theorist and philosopher Michel Foucault’s work on the role of the medical professional in the developing legal system in nineteenth-century France. In his lectures on the ‘abnormal’, 1974-75, Foucault offered an analysis of the role of the expert medical witness. He argued that the role of

such experts in nineteenth- and early twentieth-century France was to prove that the accused ‘already resembles his crime before he has committed it’ (1975, p. 19).

Foucault compiled the following list of quasi-diagnoses from character summaries presented to French juries by nineteenth-century psychiatrists and neurologists:

“Psychological immaturity,” “a poorly structured personality,” “a poor grasp of reality.” [...] “a profound affective imbalance,” “serious emotional disturbance.” [...] “compensation,” “imaginary production,” “display of perverted pride,” “perverse game,” “Herostratism,” “Alcibiadism,” “Don-Juanism,” “*bovarysme*,” et cetera.

(1975, pp. 15-16)

Foucault offers this list of diagnostic terminology to demonstrate how expert witnesses used medical language as a way of proving guilt – attesting that an individual was physically and psychologically capable of committing crime, and how that crime was in line with his or her personality. Gray’s mimicry and seeming appropriation of Foucault’s criticisms, parodied as they are in the form of Bella, questions medical authority, and also exemplifies a tendency in contemporary writing to parody or even pathologise the norm. Bella’s improbable normality is set in direct contrast to the desire to ascribe a name to a syndrome, disability or condition found in texts explicitly depicting disability or illness – where to be given a diagnosis, or even a specific list of symptoms or characteristics, makes one abnormal. Bella is not only strikingly normal (and therefore abnormal), but a character who is so specifically lacking a medical label that she destabilises the concept of medical or social authority.

Furthermore, each potentially authoritative character in *Poor Things* is shown first in a position of power: Duncan Wedderburn, the lawyer in charge of writing up Baxter’s will; McCandless and Baxter, both well-established medics; Bella’s husband, General Blessington, with the force of law and arms behind him (and medical opinion). Yet each character fails to retain what Rosemarie Garland-Thomson refers to as a ‘position of authority’ (1997, p. 8) over Bella, and is in turn rendered not only powerless but

ridiculous. Wedderburn is a failed gambler and lover, who makes a hysterical fool of himself all over Europe. McCandless and Baxter are outwitted by Bella as she flees Scotland (drugging McCandless with chloroform in the process). The General, denied his wife, has his private business aired in public alongside his taste for (and embarrassment of) sado-masochism, in the guise of 'Monsieur Spankybot' (1992, p. 238), and commits suicide shortly afterwards. Every instance of superior power or influence is countermanded, either by contrasting events elsewhere in the narrative, the unreliability of the narrators, or by Bella's atypical 'normality'. Cumulatively, this demonstrates a parodic, anti-hierarchical critique of social norms, staged via the consciousness of a cognitively different character. This constitutes a far more empowering portrayal than the more typical utilisation of a specifically disabled character as a convenient foil for plot revelation or the development of a neurotypical character (both common tropes in representations of disability in popular culture (Murray, 2006)).

When Bella Baxter – the cognitively different character to trump all cognitively different characters – is diagnosed by the foremost doctors and psychiatrists of the Victorian era as 'sane, strong and cheerful, with a vigorously independent attitude to life' (1992, pp. 185, 222), Gray parodies the fluidity of fashionable diagnosis and terminology. He does so not only by highlighting the irony of the premier neurologists of the Victorian era diagnosing Bella as sane (in documents 'signed and witnessed with English translations attached' (1992, p. 222)), but by including a scene where Charcot – one of the afore-mentioned neurologists – requests that Bella 'perform' neuroses for a fashionable audience. Charcot then proceeds to lecture on the hysteric symptoms of the woman he greeted as 'the one completely sane English' (1992, p. 185). This parody is not simply comedic: Gray's focus on hysteria enables a cross-examination of the prioritisation of diagnosis. As such, Gray engages with the potential

problems that emerge when a diagnosis becomes part of popular culture, to the point where there is pressure for individuals to *perform* that diagnosis. That Bella also performs hysteria to provide Charcot with a diagnostic specimen directly references this tradition. The fact that she does so for a specious diagnosis, for profit, satirises rather than deifies medical authority, despite the paratextual demonstration of Bella's atypical cognitive development.

This paratextual playfulness and parody is also demonstrative of Gray's engagement with postmodernism throughout *Poor Things*. Postmodernism, in potentially challenging and responding to capitalism, does so in reaction to what Linda Hutcheon refers to as the 'increasing uniformisation of mass culture' (1989, p. 6). Such a process involves asserting difference, which Hutcheon describes as a 'typical [...] postmodern contradiction: "difference," unlike "otherness," has no exact opposite against which to define itself' (1989, p. 6). The postmodern devices featured in *Poor Things* conform to patterns of self-reflective metafictional writing, but they also serve to highlight and challenge ideas of medical authority – and the development of mass culture across the nineteenth and twentieth centuries. Such engagement is relevant to broader, contemporary, representations of cognitive atypicality. The medical listing mechanisms that Gray associates with socially problematic diagnoses echo those recounted and critiqued in a range of contemporary productions, from Benjamin Kunkel's *Indecision* (2005) to the BBC series *Sherlock* (2010-2014) (among others). Cumulatively, these authors demonstrate the mutability of diagnostic terminology, and challenge the increasingly pervasive stereotypes surrounding representations of cognitive disability and illness in contemporary popular culture.⁴

⁴ For further discussion of the 'current preoccupation with neurological conditions and disorders' in twenty-first century literature and film, see *Diseases and Disorders in Contemporary Fiction*, ed. Lustig and Peacock, p. i. See also J. Kearns Miller, 'Introduction', *Women From Another Planet? Our Lives in the Universe of Autism*, ed. J. Kearns Miller et al. (Milan, MI: Dancing Minds Books, 2003), pp. xvii-xxiii.

Appendix:



Figure 1

A. Gray, illustration of Robert de Montesquiou, supposedly of Jean Martin Charcot (relabelled as 'Count Robert de Montesquiou-Fezensac'), *Poor Things*, p. v., 187. Based on Giovanni Boldini's *Comte Robert de Montesquiou* (1987). Musée d'Orsay, 'Works in Focus' series <http://www.musee-orsay.fr/en/collections/works-in-focus/home.html> [accessed 9 Jan 2017].

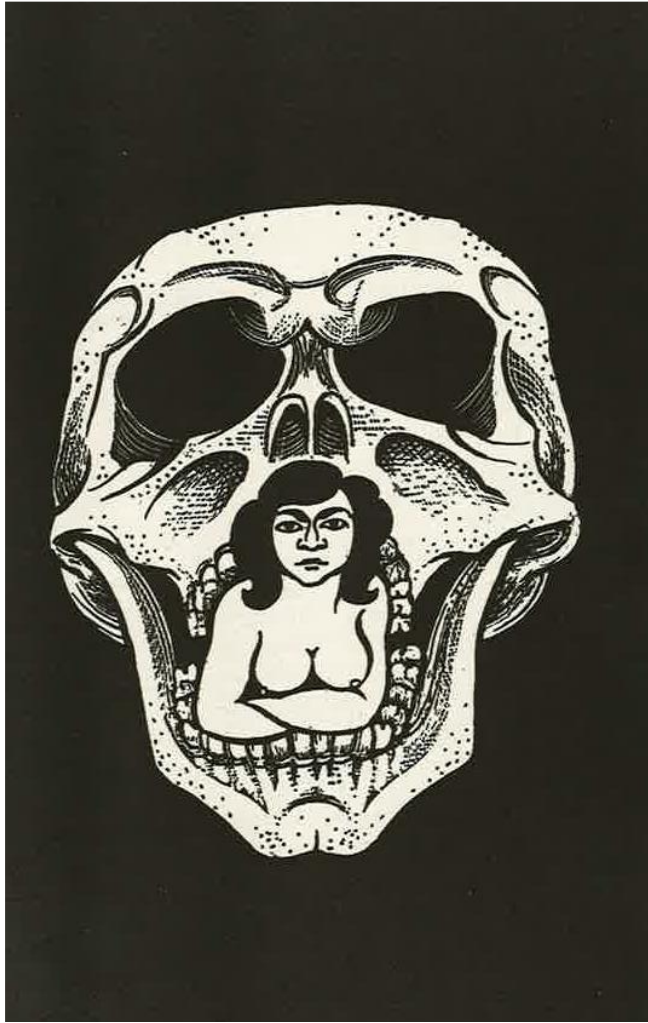


Figure 2

A. Gray, 'Grotesque', *Poor Things*, pp. xvii, 248.

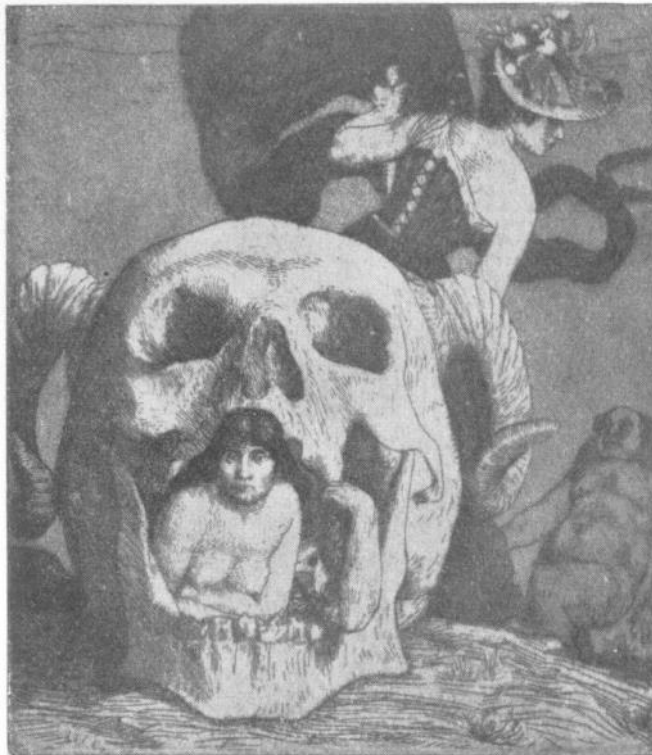


Figure 3

W. Strang, 'Grotesque', no. 311, *William Strang: Catalogue of his Etched Work, 1882-1912* (Glasgow: James Maclehose and Sons, 1912), pp. 126-7. By Permission of University of Glasgow Library, Special Collections.

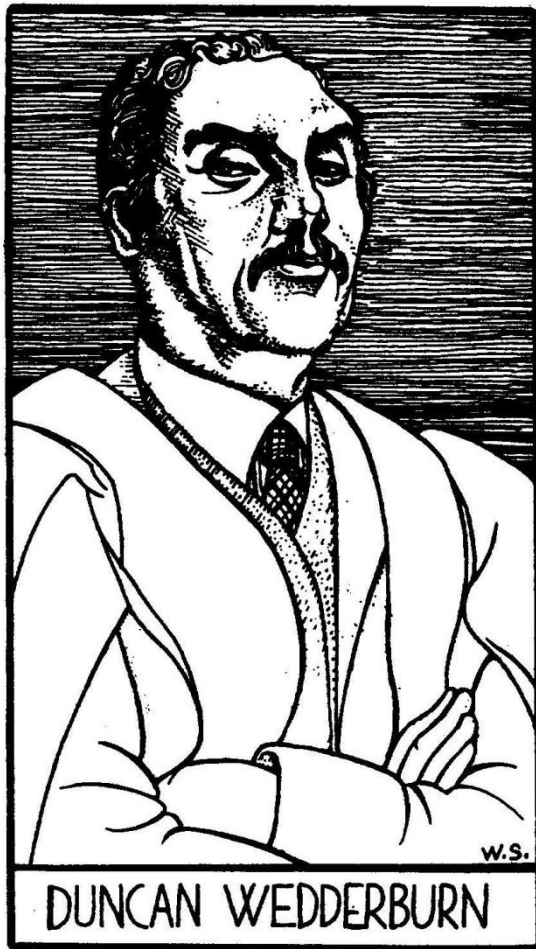


Figure 4

A. Gray, 'Duncan Wedderburn',
Poor Things, p. 76.



Figure 5

W. Strang, 'Portrait of A. Jaffray',
no. 25, *William Strang: Catalogue of
his Etched Work*, pp. 10-1. By
Permission of University of Glasgow
Library, Special Collections.

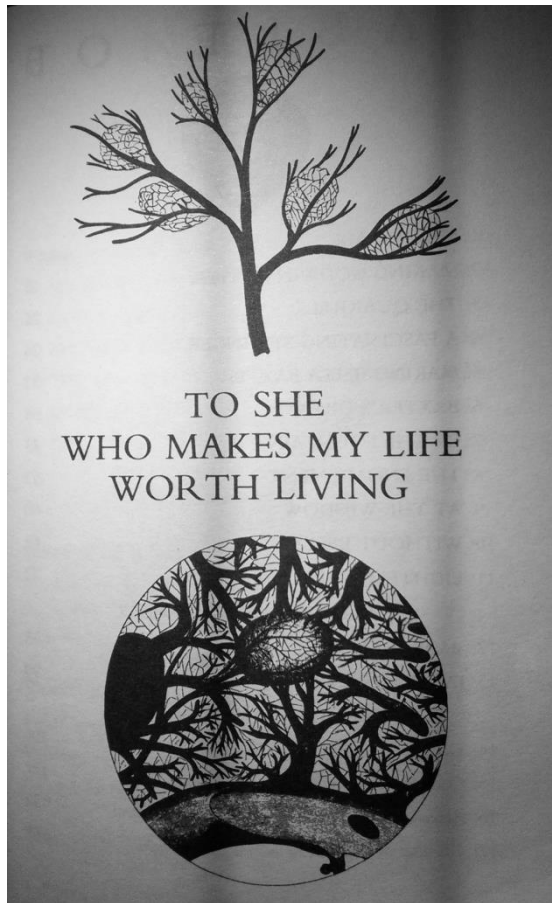


Figure 6

A. Gray, *Poor Things*, p. 5.



Figure 7

H. Gray, '348. Malpighian Corpuscles, and their Relation with the Splenic Artery and its Branches', *Anatomy: Descriptive and Surgical*, with drawings by H. V. Carter. 3rd ed. (London: Longman, Green, Longman, Roberts, and Green, 1864), p. 658. By Permission of University of Glasgow Library, Special Collections.

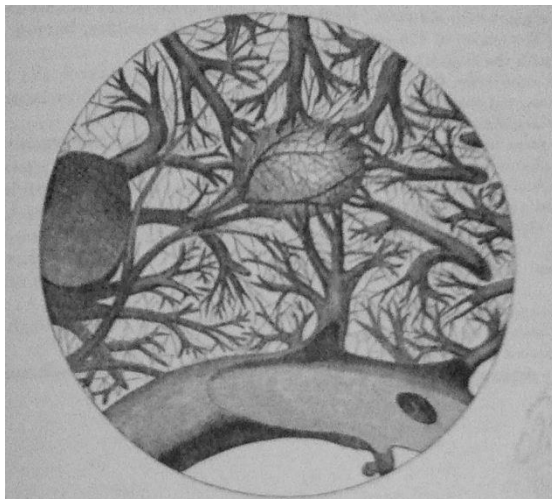


Figure 8

H. Gray, '349. One of the Splenic Corpuscles, showing its Relations with the Blood-vessels', *Anatomy*, drawings by H. V. Carter, p. 659. By Permission of University of Glasgow Library, Special Collections.

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