Knock: a study in medical cynicism

I Bamforth

French literature has shown an enduring fascination with the social figure of the doctor. In Jules Romains’ amusing play Knock (1922), and in its later film version (1951), the doctor as deceiver returns to centrstage with a flourish. Molière’s seventeenth-century figures were mostly quacks and mountebanks; Knock is something new: he is a health messiah. By enforcing a mental and social hygiene based on fear, Knock brings a small rural population under his sway. Insouciance is banished by artful consciousness-raising. A society mobilises under the banner of medicine. But who is Dr Knock?

In August 1923, Jules Romains (Louis Henri-Jean Farigoule), PEN activist, friend of Stefan Zweig, and one of France’s most famous and popular writers between the wars, wrote a play in three acts called Knock. It was to prove his most enduring literary creation. In the 1920s Romains was, along with Luigi Pirandello and Bernard Shaw, one of the most staged dramatists in the world, which goes to show that no literary reputation is ever entirely vouchsafed. Perhaps the only other work Romains is remembered for today is the 27 scenes of the outskirts to the French capital. Knoc

THE FARCE AND THE FARCEUR

The film opens in the early years of the 20th century with Knock, the aspirant to a medical practice, sitting in the back of an old jalopy—what the French used to call a torpédo—with Doctor Parpalaid and his wife. Knock has just purchased Dr Parpalaid’s practice in the small town of Saint-Maurice, which, from the references to hilly country and the nearby presence of Lyon, would seem to indicate a sleepy hollow somewhere in the French Alps. Somewhere deep in dear old France. All the business has—unusually—been concluded in advance by letter, and Knock is exercising his right to be introduced to the clientele. Dr. Parpalaid is a decent old duffer—un homme de l’art as the French used to say of their doctors, or a man of “good intent” in Romains’s term; his wife a formidable matron with a better sense of business than her husband. They have decided, after careful consideration, to move on to better things in Lyon—she has rheumatism and her husband “swore he would finish his career in a big city”. Urban aspirations notwithstanding, they extoll the virtues of the canton to Knock: a railway far enough away for the clientele to stay put, no competitor, a chemist who doesn’t try to do the doctor’s job, no major overheads. Knock seems uncommonly interested in what kind of diseases his prospective clients might suffer from, and is put out to discover that the local people generally come “only for a single consultation”. There are no regular patients: it’s not like the baker or the butcher, exclaims Madame Parpalaid, who takes him for a bit wet around the ears. Knock is forty, Faust’s age; though he admits this date, thus giving Knock grounds for accusing Parpalaid of pretentious États de Santé—(On Imaginary States of Health), with an epigraph from Claude Bernard: Les gens bien portants sont des malades qui s’ignorent. Well people are sick people who simply don’t know it—yet. (I Bamforth, Knock [English translation], unpublished document, 1999) It is a motto about the unwitting patient in all of us, and it turns out, ominously, to be the most telling line in the play.

There are already some subtle worrying signs about Knock. He doesn’t know the church feast days, not even Michaelmas, which is when Dr Parpalaid’s patients are in the habit of paying him. (Dr Parpalaid has ruthlessly sold the practice just after this date, thus giving Knock grounds for accusing Parpalaid of attempting to fleece him—but when did a doctor ever buy a practice without seeing it first?) As a child he was apparently an avid and precocious reader of the information slips tucked around bottles of pills: at nine he could recite entire pharmacopoeias of side effects. He has already been a ship’s doctor, he informs Madame Parpalaid, and for the duration of the voyage had crew and passengers confined to the sick bay: only the expediency of a roster kept the ship manned and the engines running. In short, Knock has a vocation and no ordinary one at that; and he has a “method”.

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Knock arranges for the other members of the cabal, the teacher and the pharmacist, to visit him. His language is fulsomely ingratiating. He blandly predicts the former with the modern horror of microbes. As physician-magus, he consigns the latter to the role of marchand-épicier, one of those money-hungry apothecaries and suppliers of unicorn’s horn who inspired Molière to create Purgon and Fleuryant. He engages the town crier to tell the country folk that consultations are to be given free of charge at the surgery on Monday mornings. When he asks the town crier what the townspeople used to call his predecessor, he discovers it was never “Monsieur le docteur”, but often a sobriquet—Ravachol. Romain’s is enjoying a little joke with his audience. Ravachol was a notorious anarchist in nineteenth-century France (his actual name was Königstein) who ended up losing his head to the guillotine. His name marks Dr Parpalaid out as an old-fashioned believer in anarchism as against the power of capital and the state, though it has to be remembered that nineteenth-century anarchism was not irrationalist: it was utopian. It is an attitude still quite common among French doctors who, rather than acknowledge the unwelcome fact that doctors need the state to protect their monopoly, champion what they call “liberalism” as a solid defence against the intrusions of government into the private sphere. Romain’s defined his philosophy of unannimism as “a natural and spontaneous harmony within a group of people who share the same emotion”. The very fact that Kropotkin’s cooperatives and Proudhon’s theory of “mutual aid” derived from Darwin’s law of natural selection as effortlessly as did Spencer’s competitive model, which provided a foundation for eugenics, suggests there can be no straightforward leap from scientific to political ecology. Indeed, this kind of anarchism—of the non-bombing, moralistic kind extolled by Tolstoy—looks mostly like a philosophy for smallholders. All this cold hat to Knock. His ideal of social organisation is a form of hygiene organised around himself as “continual creator” and saviour. His plan for conquest is clearly of long standing and carefully organised. He assiduously acquaints himself with the incomes of his clients. Patients are ruthlessly stripped of their defences, beginning with the flimsy mantle of insouciance which has protected them from worrying about their health. The Lady in Violet, a certain “dame Pons, née demoiselle Lempoumas”, gets the shock treatment: her insomnia, which Dr Parpalaid had never taken seriously—he used to tell her “to read three pages of the civil code every evening”—may now be the result of a “pipestem deformity” of the intracerebral circulation or perhaps even a “sustained neuralgiform crisis of the substantia nigra”. Or perhaps, as Knock quickly adds, it’s just a big black spider sucking on her brain.

Knock’s use of “big words” to terrorise the Lady in Violet is one of the oldest medical tricks: think of Molière’s cod Latin-sounding Sganarelle in the most famous predecessor farce le Médecin Malgré Lui (1666), or the nuciform sac, a structure unknown to any anatomy textbook but wielded to good effect by the surgeon Mr Cutler Walpole in George Bernard Shaw’s play The Doctor’s Dilemma (1906). The description of Walpole’s stage directions even resembles Jouvet’s portrayal of Knock in the film: his face, according to Shaw in his stage directions, looks “machine-made and beeswaxed; but his scrutinising, daring eyes give it life and force. He never seems at a loss, never in doubt; one feels that if he made a mistake he would make it thoroughly and firmly...”. It may be scandalous to admit it, but dissecting has long been part of medicine’s therapeutic arsenal: Knock profers big words, not for the sake of the cure, but for the rather more pertinent issue of reinforcing his authority.

The nuciform sac turns up in another guise in Axel Munthe’s hugely successful if self-regarding volume of reminiscences from the same decade, The Story of San Michele (1929), in which he tells how, when working in private prac-

tice, the fashionable diagnosis of colitis, invented precisely to save patients from the scalps of surgeons like Mr Cutler Walpole, “spread like wildfire all over Paris”. Munthe, a young Swede who qualified in Paris at the unheard-of age of twenty-two, was once called “the most fascinating man in Europe”: his persuasive bedside manner brought him a large clientele of wealthy patients whom he believed should be made to pay for the poorer (Knock has a system of “means testing” too). Several chapters of Munthe’s memoir are devoted to the most famous doctor of his time, Jean Martin Charcot, with whom he trained at the famous Paris hospital La Pitié-Salpêtrière. Patients, doctors (most notably Sigmund Freud, in 1885), and the public flocked to see the great man in action in the specially designed amphitheatre he had in nineteenth-century France. Munthe’s comment on how Charcot talked about his patients is revealing: “Charcot in his auditorium where his mostly but not exclusively female audience, including his mainly but not exclusively female patients famously arched their backs at the critical moment of hysterical suggestion. Charcot took hypnosis seriously as a technique for healing, though the psychoanalytic movement as a whole, fearing that transference and countertransference would contaminate the psychoanalytic method, shied clear from suggestion techniques; even then, was to stay in the bag of tricks of many an individual psychoanalyst. Munthe’s was a more measured approach. To Munthe, the role of hypnosis was to be a technique for healing, though the psychoanalytic movement as a whole, fearing that transference and countertransference would contaminate the psychoanalytic method, shied clear from suggestion techniques; even then, was to stay in the bag of tricks of many an individual psychoanalyst. Munthe’s was a more measured approach.

Once Knock has made it explicit, danger is like the house-dust mite: everywhere. One might call it “Getting the Fear”. Professional hypnosis is a form of hygiene. Knock encourages the local schoolteacher, Mr Bernard, to indulge his little obsessive-compulsive tic: “Do you think, doctor... I may be a carrier of germs?” Mr Bernard’s phobic reaction testifies to the power of a mystery—the invisible germ—caught in the full glare of scientific explanation. No other scientific figure stands with such emblematic clarity in Republican France’s sense of itself as the bacteriologist Louis Pasteur—“le bienfaiteur de l’humanité”. It was after all the French Revolution which gave rise to the belief that where a physician worked his miracles there could be no clergy, and that illness was a matter for the common weal. The evil of profiteering doctors would disappear once equality, freedom, and fraternity had been established. Diseases would be classified; statistics collated; clinics built. Pasteur is emblematic because he embodies so well the due process of the positivist formula: theoretical research plus application of acquired knowledge makes for general wellbeing.

Medicine, for the nineteenth-century French, was the advance post of Progress. Such was its prestige that Zola made his novels case-histories: he anticipates one of Knock’s lines in his novel Lourdes with the query: “Supposing that after all there is a Power greater than that of man, higher than that of science? It is the instinctive hankering after the Lie which creates human credulity...” Zola’s literary view of the world is on a level with semiology. When Flatterer Mousquet, the only chemist in town, Knock astutely promises to triple his income within a year. Besides, aren’t they partners in the great fight against disease? When Mousquet points out that people have to fall ill first, Knock retorts with a policy statement: “Fall ill”—that’s an old-fashioned idea! It has been completely overturned by modern scientific medicine. Health is a word which could just as well be struck from the dictionary. What I see are people variously affected by a various number of diseases of varying virulence. Of course, if you insist on telling them they’re well, they’ll be only too happy to believe you. But you’re leading them on. Your only hope can be that you already have too many patients to take on new ones.”
You were contemplating a wild landscape, barely cultivated by human hand. Now I offer it to you impregnated by medicine, fired by the spirit of our subterranean art. When I stood here for the first time, the day after my arrival, I wasn’t too proud: I realised my presence didn’t count for much. This vast expanse of France had the temerity to bum me and my revelations. But now, I’m as much at ease here as an organist sitting down to play his instrument. In two hundred and fifty of these houses—not all of which are apparent because of the distance and the greenery—there are two hundred and fifty bedrooms where someone’s confessing the power of medicine, two hundred and fifty beds where a recumbent body attests that life has a purpose, and—thanks to me—a medical purpose. At night the view is even more beautiful, for then their lights shine out. And almost all these lights are mine. Non-patients sleep in the outer dark. They cease to exist. But patients leave on their night-lights or their lamps. For me, night banishes everything that remains outside medicine, wipes away its irritation and provocation. Instead of the district we know there is a kind of firmament of which I am the continual creator. And I haven’t mentioned the bells. Their first office for all these people is to call them to my prescriptions; the bells intone my orders. Think of it: in a few moments, ten o’clock is going to sound, and for all my patients ten o’clock is when they read their rectal temperature for the second time: just think, in a few moments, two hundred and fifty thermometers will be inserted at the same time...

Knock is acting not in his own good, he tells Parpalaid, nor even that of his patients, but in the interests of that third thing: la médecine. Parpalaid is struck dumb, bereft of argument. There can be only one possible conclusion: soon the old doctor, who has already had to suffer the ignominy of his less than rapturous welcome by the hotel/hospital staff, and who would seem the person best armed through his culture and experience to recognise Knock for what he is—an agent of the great lie—and thereby resist his blandishments, is being invited by his successor to take a rest cure himself. Knock’s medicalisation of the canton is complete.

Progress has come to Saint-Maurice, so it believes, and it is a collective progress which nobody has the power to resist, not even Dr Parpalaid. A self-contained society forms as the spectator watches; it shares the same hopes and fears, its solidarity is such, even after three months, as to repulse Dr Parpalaid when he comes to collect the remainder of the payment on his old practice. Whatever fails to fit this world-as-interpreted-by-medicine is suppressed or rejected: medicine for the inhabitants of Saint Maurice becomes the very content of their lives. They offer Knock a seller’s market. He leans on what he is expert at inducing—fear: a contrived dart of panic among the cast that can make laughter from the auditorium sound oddly complicit or uneasy. The inhabitants of St Maurice might be suffering from maladies imaginaires, but Knock is a master at the art of reinforcing that particular form of fright. His strategy is simple but effective: he defines the bad, and dictates the good. He invokes a cosmic principle, subjecting the horizontal society of supposedly autonomous subjects to the vertical idea—of divinity. Perhaps he is a latter-day Dr Mesmer, a magnetiser who puts the instruments of reason to the ministry of what is essentially a prospect of salvation, plumbing that part of the mind that is ineducable, a metaphoric but no less hateful terra incognita the French psychologist Pierre Janet termed “the subconscious” five years before Freud.

HYGIENE AND POLITICS

What gives pause in Romain’s brilliant farce is that, in the 1930s, that politicised and polarised decade, Knock was interpreted as a parable about demagogues able to capture the public imagination and mould entire populations to their will. Knock was a type of Great Dictator, the politician without principles: 1922, the year before the play was written, was also the year “Il Duce” came to power in Italy.

There are parallels. The more daringly absolute Knock’s demands on the Saint-Mauriciens—he even gets the Lady in Black, who exudes “peasant avarice and constipation”, to renounce what is clearly her only real passion in life, la bouffe—the more certain they are of his authority to impose such strictures upon them. Their microcosm, even though it is rural, has no socially cohesive institution to counteract medicine’s explaining power (hence Knock’s interest in Act I in discovering whether the townspeople go regularly to Mass, white or black). Knock lacks any sense of scruple or limit, though he repeatedly claims he is the servant of a higher morality. He plays up to his patients’ amour propre, while drastically curtailing their Freedom. Sacrifices there will have to be. Soon his patients are running after something they already have. Mark Twain noted, with his usual puckish humour, how little of substance is actually offered by health messiahs: “There are people who strictly deprive themselves of each and every eatable, drinkable and smokeable which has in any way acquired a shady reputation. They pay this price for health. And health is all they get out of it. How strange it is. It is like paying out your whole fortune for a cow that has gone dry.”

Or it could be that Knock is in thrall to an impersonal will-to-diagnosis: in the last scene of the play he tells Dr Parpalaid that his “involuntary diagnosis-making” has become so highly developed he dare not look in the mirror. Not, at any rate, with his tongue in his cheek.

Romain’s was surely aware of Nietzsche’s visionary portrait of the “great deceivers”, written forty years before his play:
of new needs, new ways of breakdown; the exaltation of fresh anxieties that humankind would feed upon. Jules Romains announced, though, that we haven’t yet known it, the mad-cap mechanisms that were going to rule the world, suggestion and self-suggestion. In Knock, like a prophet at the gates, Jules Romains suddenly shone a light on power, the upsurge of paradigms (idées-forces) and collective theories. Humankind is a machine to make gods and every leader of men a creator of myths. Jules Romains, philosopher, moralist and dramatist, provided an admirable advance warning of the modern and all-encompassing mechanism of cohesion and conviction..."

Romains’s play is still read and studied by French schoolchildren, which is surprising. But it doesn’t do the little effect as critique on the original experimental society: France is now one of the most highly medicalised countries in the world. The postwar period saw the medicalisation of France in the grand style, a process dramatically accelerated by the events of summer 1968. "Knockisme" has entered the French language, and is used occasionally in medical anthropology as a descriptive term for popular credulity and gullibility.

Yet the play is more than a study of dupery: the Italian philosopher Guido Ceronetti noted that all the old satires on medicine and doctors (and there is no shortage in French literature) look backwards, over their shoulder; Knock, on the other hand, steps confidently into the future. It is a play that capitalises on Marx’s idea of tragedy reinstated as farce—except that the farce comes first and the tragedy later. The villain of the piece allows himself a smile just once in the play, while reading the town crier’s mind. He has made a discovery, and it isn’t medical, but mythic. In the “Big Lie”, according to Hitler, there is always a certain force of credibility. Knock has found a way to deflect hubris. By deflecting it from himself, he obliges Nemesis to visit those who take him at his word. Nemesis is user-friendly and not at all dramatic, ladies and gentlemen, for these are modern times—Nemesis is the realisation that desire is both prerational and manufactured to the highest quality standards. Nemesis is the actor upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuses to disappear. It takes on new forms; it turns up acted upon. Just look around. Despite all our best efforts illness refuse...
We have to go back to the beginnings of Enlightenment and the twilight of the traditional world from which doctors derive their magical aura as healers to find out why. The first realisation that the equation “knowledge is power”—Knock’s equation—could turn in on itself, through the force of imagination, is to be found in the work of one of the wittiest and most perspicacious philosophers of the Enlightenment, Georg Christoph Lichtenberg (1742–1799). Around the time of the French Revolution, that historical rupture that changed the role and status of the medical profession for better and worse, he wrote a short but pregnant aphorism. “Health”, he told his scrapbook, “is contagious”.

REFERENCES AND NOTES
1 Romains J. Knock ou le triomphe de la médecine. Paris: Gallimard, 1924.