
Masculinity, Medicine, and Human Empathy in Sinclair Lewis's *Arrowsmith* (1925)

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American novelist Sinclair Lewis won the Nobel Prize for Literature in 1930. The prize committee described the 1925 novel *Arrowsmith*, one of Lewis's most significant works, as an attempt "to represent the medical profession and science in all its manifestations, at least in the early twentieth-century Western world. My paper argues that *Arrowsmith* remains particularly relevant today for the connection it reveals between, on the one hand, shifts in cultural ideologies of masculinity during Lewis's era and, on the other hand, the changing role accorded to human empathy in Western medical discourse and practice during the same period.

For thousands of years, doctors believed that the healing process required them not only to know their patients as complete individuals but also to allow themselves to become personally affected by patients' experiences of distress—that is, to empathize with them. Over roughly the past century, however, advances in biomedical science and a greater reliance on technology in diagnosis and care, as well as ever-increasing commercialization, have overshadowed the importance of personal connection in Western medicine. This problem has been exacerbated by a mindset known as "clinical detachment, a form of emotional distancing that many American doctors have been taught is necessary to preserve their scientific objectivity when diagnosing and treating illness.

The novel *Arrowsmith*, I contend, provides the best literary representation we have of the historical transition in American medicine from prioritizing individual human connection to privileging scientific detachment. Moreover, the book demonstrates that this transition in what we might call medical ideology both drew heavily on and also reinforced the period's gender stereotypes and gender ideologies. To put my argument briefly, *Arrowsmith* represents male doctors who consider empathy to be an important dimension of their medical work as overly feminine. In Lewis's novel, empathy signals a lack of masculinity. The book depicts empathy as a feminized weakness that precludes a genuinely scientific approach and thus, in an ironic paradox, actually diminishes a physician's ability to save lives. I will show that by the end of his novel, Lewis has married a traditionally idealized version of American masculinity, the frontiersman, with a *new* masculine ideal: the virile research scientist.

Lewis's eponymous protagonist Martin Arrowsmith grows up in a rural village in the

midwestern United States dreaming of becoming a physician. He goes to medical school at the public university in his state, where he falls under the sway of a professor and medical doctor named Max Gottlieb. Gottlieb is a researcher in the exciting new field of bacteriology, which strives to identify, understand, and ultimately defeat the germs that cause disease. Among other lessons, Gottlieb teaches Martin the scientific concept of “control. Most literally, this refers to the use of a so-called control group in medical experimentation—a group that doesn’t receive, for example, an experimental treatment, so that the responses of patients who do receive the treatment can be measured against them. Without a control group composed of people who do not receive the new treatment, there is no way of knowing whether that treatment has helped the experimental subjects who do receive it, or whether a given improvement in those subjects’ condition may in fact be caused by some other, unrelated reason, perhaps simply the passage of time. But the concept of “control also takes on another, explicitly gendered meaning in the novel—the ability to strictly govern or “master one’s emotional response to suffering, to pursue medicine and science in what Gottlieb calls “a cold clear light—a form of what Martin himself later calls “truer manliness. As we will see, both the scientific and the gendered meanings of “control become especially relevant in the most climactic portion of the novel, when Martin finds himself confronted by an epidemic of Bubonic Plague on an island in the West Indies.

First, it is important to note that not a single woman doctor appears in *Arrowsmith*, although they did exist in 1920s America. Yet shortly after reaching medical school, Martin encounters two distinct approaches to medicine, both of which are embodied by men but nonetheless rely on gender stereotypes: medical science versus the direct care of patients. The most prominent example of the “direct care category, which the novel implicitly associates with femininity, is the dean of the medical school, Dr. Silva, whose “religion was the art of sympathetic healing. Dr. Silva is repeatedly described as a physically “little man, whose voice “purred and squeaked. The imagery describing Arrowsmith’s medical-school classmate Fatty Pfaff is even more explicitly feminizing, and the feminization is equally associated with Fatty’s empathic sympathy for his patients:

Fatty had the soul of a midwife; he sympathized with women in their gasping agony, sympathized honestly and almost tearfully. During his first obstetrical case Fatty was terrified, and he longed as he had never longed for anything in his flabby yet wistful life to comfort this gray-faced, straining, unknown woman, to take her pains on himself.

Martin Arrowsmith, by contrast, cultivates a sense of detachment that makes it impossible for him to empathize with, or really even to *see*, his patients as individual human beings. He finds the hospital routine slightly dull. He did not, he could not, develop the bedside manner. He was sorry for the bruised, yellowed, suffering patients, always changing as to individuals and never changing as a mass of drab pain, but when he had thrice dressed a wound, he had had enough; he wanted to go on to new experiences. As Gottlieb has taught him, Now it is time for the scientist, who works

and searches and never goes around howling how he loves everybody!”

Ultimately, Martin escapes patient care altogether when he obtains what appears an ideal job for him at the McGurk Institute, devoted to medical research, which Sinclair Lewis modeled on the real-life Rockefeller Institute, founded in 1901 by multi-millionaire John D. Rockefeller. Also working at McGurk is Martin’s old mentor Dr. Max Gottlieb. Shortly after Gottlieb has been promoted to Director of the entire Institute, there’s news of an outbreak of Bubonic Plague, a devastating illness, on the island of St. Hubert, a fictional British colony in the Caribbean. As it happens, after months of intensive work in his laboratory, Martin has just isolated a so-called “phage or, more formally, a bacteriophage, a type of virus sometimes useful in combatting malignant bacteria. Martin believes his phage may be effective as a vaccine against the germ that causes Bubonic Plague. Dr. Gottlieb determines to send Martin to test the vaccine in St. Hubert.

Before Martin departs, Gottlieb warns him that when he sees the suffering the plague has brought to the island’s inhabitants he may find himself beset by humanitarian feelings and tempted to administer the phage indiscriminately to as many people as he can. If Martin indulges what Gottlieb ironically refers to as “beautiful pity, however, his experiment will be ruined. Without an untreated control group, there will be no way to know with certainty if injected patients who avoid coming down with plague have been protected by Martin’s experimental phage or by some other, unknown factor. As a result, no meaningful or reliable scientific knowledge would be generated, knowledge that would, for instance, justify expending resources to manufacture the phage in massive quantities and use it, perhaps, to permanently eradicate Bubonic Plague throughout the world and thereby save millions of future lives. In response, Martin swears to Gottlieb that he will “observe test conditions. He will “harden his heart. Although the expression “harden the heart originally derives from translations of the Old Testament, I would argue that in this context the word “harden also connotes masculinity, perhaps even with a very subtle phallic implication. Once Martin reaches St. Hubert and sees people suffering intensely and then dying all around him, he realizes that remaining true to his research mission, which requires half of the people “to get the phage, half to be sternly deprived, will call for “a truer manliness than even Gottlieb had imagined. “I’m not a sentimentalist; I’m a scientist!” he boasts.

Martin’s hardened heart ultimately breaks, however, when his wife Leora, who accompanied him to St. Hubert, becomes infected by the plague and dies. Upon Leora’s death, Martin “went to pieces. Stricken with remorse, he begins giving the “phage to everyone who asked, thus “blott[ing] his experiment. The epidemic on St. Hubert lessens in intensity and then it ends. Martin and his phage are glorified in the media as “the savior of all our lives and when he returns to New York he receives a promotion and large raise at the McGurk Institute. Yet the hero treatment Martin receives feels hollow to him. He knows that his breakdown on the island—his simultaneous loss of “control in both the emotional and the scientific sense—has rendered it impossible to know whether the epidemic has ended from the phage he developed or from “rat-killing or Providence. What is important for my argument in this paper is that Martin’s internal feeling of shame at not

having been hard-hearted enough to continue his experiment by withholding his phage from half the population also undercuts his sense of manliness. He imagines other, tougher scientists judging him as weak. When he comes face to face with a fellow medical researcher named Stokes, “he saw in his eyes a pity worse than condemnation.

Partly out of despair, Martin then enters a second marriage with a young but wealthy widow named Joyce Landon. Martin’s inner sense of manliness is even further wounded by this marriage. Unlike his first wife Leora, who habitually “obey[ed] his wishes, Joyce Landon assumes from the start that, partly due to her independent wealth, she can assert power over him: “She expected him to remember her birthday, her taste in wine, her liking for flowers, and her objection to viewing the process of shaving. She wanted a room to herself; she insisted that he knock before entering; and she demanded that he admire her hats. Martin finds himself “afraid of her (439). In this portion of the novel, Martin is repeatedly associated with the word “soft, and in each case the word has an implicitly feminizing connotation. His marriage to the wealthy Joyce has him trapped in a “soft and smothering prison,” he sleeps in an overly “soft bed, he himself has “become soft. For Martin, the softness that undercuts his ability to feel manly and masterful began not with this marriage but instead on St. Hubert, at the moment when he allowed his emotions to conquer his scientific rigor.

Martin determines that the only way to recover his masculinity is to return to serious laboratory research. He determines to do so both by leaving Joyce and, perhaps surprisingly, by leaving the prestigious McGurk Institute. Martin leaves McGurk because he fears that the “ease and repute he gains by working there will, again, “make him soft. Martin’s solution to his crisis of masculinity draws heavily on an ideology of re-masculinization that became especially prominent in America at the turn of the twentieth century, when President Theodore Roosevelt, among many other prominent male voices, urged supposedly “over-civilized American men to reclaim their manly identities by spending time in nature performing such rugged activities as hunting, chopping wood, wilderness camping, and the like. The idea behind what was sometimes called the “wilderness cure was to recapture the experiences of risk, fortitude, and strength traditionally associated with the American frontier, which by the early twentieth century had been fully settled. This is the period during which organizations such as the Boy Scouts were founded to teach American boys wilderness survival skills, cowboys became mythic heroes of popular culture, and *Tarzan the Ape*, though written in England, became an American best seller. So-called “primitivism was celebrated as a way to restore masculinity to American men who feared that they had become too soft to qualify as “real men.

Arrowsmith adopts this ideology with a twist, however. The novel’s ending borrows the virility popularly associated with the American frontiersman, the man wresting his living from the wilderness, and assigns it to independent biomedical research. Martin and a lab colleague named Terry Wickett, who also resigns from the McGurk Institute, acquire a “shack or small cabin in the northern woods of Vermont. Next to it they build with their own hands a “shanty to use as a laboratory and a “rough stable for their horses. They spend all day working in the lab and in the evening they smoke “before the rough fireplace of the cabin, loafing in chairs made of barrels

cushioned with elk skin. They fished before breakfast, they supped at a table under the oaks, they tramped twenty miles on end.” Martin, the narrator tells us, “felt himself growing sinewy and “deep of chest. In many respects, the life that Martin and Terry live in their wilderness cabin mirrors the sort celebrated in the pages of Sinclair Lewis’s famous contemporary, Ernest Hemingway, the bard of supposedly “true American masculinity. Lewis takes a step beyond Hemingway, however, in intertwining Martin’s and Terry’s stereotypical male pursuits in the wilderness with a vision of medical science that is as far removed from empathy, sympathy, or similar emotions as possible. For instance, they order some lab monkeys and, in pursuing their experiments, become “as merciless as the gods, injecting them with deadly pneumonia. Martin’s new sinewy strength, his deepness of chest, is associated with the elimination of human emotions in his medical pursuits: He would yet determine the essential nature of phage; and as he became stronger and surer — and no doubt less human — he saw ahead of him innumerable inquiries into chemotherapy and immunity; enough adventures to keep him busy for decades.”

In conclusion, I want to be clear that I am not trying to suggest that *all* male medical researchers in real life have become what Sinclair Lewis describes as “less human” to meet the demands of their profession. In analyzing this work of fiction, my goal has been to explore links between gender ideology, the scientific concept of “control,” and what many observers today lament as the devaluing of human connection in modern Western medicine.